International Journal of Health and Life Sciences (IJHLS) is a scholarly, multidisciplinary, open access, peer-reviewed journal that considers articles on the ….

- Nutrition and Health
- Epidemiology of Communicable and Non-communicable Diseases
- Environmental Health Hazards
- Occupational Health
- Public Health Interventions and Health Promotion
- Health Economics
- Other disciplines relevant to Public Health.

International Journal of Health & Life Sciences

[ISSN: 2383-4390] [eISSN: 2383-4382]

Free of Charge

DOI: http://dx.doi.org/10.22110/IJHLS.2017.80508
Classification: Health promotion

You can cite this article as follows:

Koçdaş M. Evaluation of the attitudes of healthcare professionals towards women managers. *Int J Health Life Sci.* 2017, 3 (1): 17-26.

International
Journal of Health& Life Sciences
2017; 3 (1): 17-26

Evaluation of the attitudes of healthcare professionals towards women managers

Murat Koçdaş [a], Selma Söyük [a], Canser Boz [*a]

[a] Health Management Department, Health Sceinece Faculty, Istanbul University, Istanbul, Turkey.

ARTICLE INFO

Article Type:
Original article

Article History:
Received: 2017-02-02
Accepted: 2017-02-30
ePublished: 2017-07-01

Keywords:
Women Managers
Healthcare Professional
Attitudes
Management

Corresponding author
Canser Boz
Email: canser.boz@istanbul.edu.tr

ABSTRACT

This research aimed to evaluate the attitudes of healthcare professionals towards women managers. This research was conducted using the general screening model. One hundred twenty-two healthcare professionals working in a public hospital affiliated to the Ministry of Health constituted the research sample for this study. Attitude Towards Women Managers Scale was used as the data collection tool. The average score of healthcare professionals' attitudes towards women managers was higher for the "Task Role Behaviors" sub-dimension than other sub-dimensions. While the attitudes of healthcare professional to women managers differed according to gender, occupation, and manager preference variables, there was no significant difference based on age, education, marital status, and seniority. Female healthcare professionals' attitudes towards women managers were found to be more positive than that of male healthcare professional in "Task Role Behaviors," "Relational Role Behaviors," and "Work Ethic" sub-dimensions. In the health sector, where the majority of women employees are, it is thought that it will be beneficial to provide government support to raise the proportion of women in management to the same level as men, to develop and implement effective policies for them, and to make arrangements to support women to become managers.

Introduction

The ultimate goal of all countries is to have a developed community. Economic development is also one of the most essential production factors to be used at the highest possible level and efficiency. However, there is an unbalanced distribution in favor of men, in terms of gender, in the world and our country with regard to the use of the most important of the production factors [1,2]. Women, who make up about half of the world's population, are taking up working lives, and the number has been increasing over the recent years but have not had the opportunity to be represented in the same way as men in participation and economic activity [3,4]. According to the human development index in the year 2015, the participation rate in workforce worldwide is 76.2% for males and 49.6% for females in the developed countries and 78.2% for males and 48.7% for females in developing countries. The labor force participation rate in our country is 71.4% for males and 30.4% for females [5]. According to the TUIK 2016 data, the participation rate of women in the labor force constituted 49.8% of the country's population which is about half of the male participation rate. While the participation rate in the 15–64 years age group is 55.4% in our country, according to gender, it is 76.2% in males and only 34.6% in females [6]. The labor force participation rates in the G20 countries, which constitute the world's largest economy, of males is 75.0% and females is 49.0% [7]. All of the conditions in our country, particularly in the public sector, are equally structured in terms of gender, and even though gender equality

is legally guaranteed on entry into employment, and therefore a large part of women's employment is in the public sector, the State Personnel Administration (DPB), it is seen that 37.27% of the women and 62.73% of the men are represented in the public sector when considering the gender distribution. When the gender distribution of the public personnel is examined according to the employment type, it is found that the female staff constitute 48.27% of the "Personnel Subject to Special Covenants" job post and 42.62% of "Instructors." Also, it is seen that women constitute 40.45% of "Officials," 29.30% of "Contracted Personnel," 25.82% of "Judge and Prosecutor," and at least 8.23% of "Permanent Worker" jobs [8]. There are many reasons for the exclusion of women from the labor market, including education, the presence of children in the 0–5 years age group in the family, marital status, inadequate legal arrangements to ensure equality between men and women, and migration from the rural areas to the city [9]. Along with the economic, social, and cultural changes in the world and Turkey, women taking up working life has increased, but there is no direct increase in the number of women in managerial positions. Women are faced with various discrimination and obstacles in the private sector and public life, especially when they attain senior management positions. They face an invisible and unobstructed glass ceiling that restricts their career development and hampers progress to senior management positions [10-13]. Women in senior management positions as not considered to be competent, and senior managers appear to be predominantly male [14-18]. According to the 2014 TUIK data, in Turkey, only 9.4% of high-ranking female managers in the public arena are identified [6]. According to the results of the study conducted on 2040 female employees working in the education, health, and finance sectors of the Women and Democracy Association (KADEM), the most important reasons why women cannot rise in their work positions in a manner similar to men are family responsibility (81.6%), the attitudes of the society towards women (78%), the attitudes of institution managers towards women (74.3%), the attitudes of their male colleagues towards women (63.9%) and the lack of interest and women (22.3%) [19]. One of the factors contributing to gender inequality and discrimination is the fact that men and women work in different jobs, and the skills requirements and job wages for women's work are lower. Developments in job evaluation methodology have shown that many jobs done by women require similar skills, responsibilities, task variation, and complexity as higher paid jobs done by men [11, 20]. Women tend to dominate professions such as cashiers, secretaries, and nursing, pre-school and classroom teachers due to the gender role stereotypes. Even in women-dominated professions, men often occupy positions that require more skill and responsibility and better-paid positions [3, 21,22]. For example, in the teaching profession, although the majority of the teachers are women, the top managers are men. Similarly, physicians and hospital administrators in the health field are often men, and nurses and assisted health personnel are mostly women [11, 17, 23, 24]. Looking at women's employment in the education sector in the 2015–2016 academic year, 94.6% of the teachers working in preschool education, 59.4% working at primary school level, 54.68% at secondary school level, and 47.1% of the teachers are women. In the teaching profession, although the majority of the teachers are women, the top managers are men. According to February 2017 data, the percentage of female principals is 7.91% and that of school principal assistants is 20.04%. The percentage of provincial national education directors in 81 provinces is 1.23% 724 in provincial national education is 0.7% [25]. When we look at the distribution of women among the teaching staff, the proportion of research assistants is 49.0% and instructors is 39.7% while that of female assistant professors is 36.0%, and the highest proportion of professors is 31.8% [8]. Female rector proportion is only 9.03% [26]. The proportion of women working in the central and provincial organizations of the Ministry of Health and its affiliated organizations is 58.5% (23,2130) and that of males is 41.5% (16,4344). Although the proportion of female employees working in the central and provincial organizations of the Ministry of Health is higher than that of men, women are represented by about one third the proportion of men in senior management positions when the representation ratio at the management level is taken into consideration.

While the proportion of male managers is 76.4% (937), that of female managers is only 23.6% (290) among the health professionals on duty [27]. While the proportion of female deputies in the Turkish Grand National Assembly is 14.7%, there is only one female minister on the ministerial board [6]. As of February 2017, There are 5082 females judges and prosecutors serving in judicial and administrative judiciary in Turkey (31.81% of total) (KSGM, 2017) [25]. "Manager" jobs are regarded as suitable for males, due to some qualifications required, throughout the world, and in our country, draw attention as one of the most attractive and studied fields in the literature. The perception that some of the qualifications required by the administration, such as courage, , responsibility, competitiveness, and activism, are far more common in men than women has led to the belief that the managerial duty is male work and has been perceived as such in the society [22, 28]. There are a number of obstacles in the process of entering the business life, and subsequently, the senior management positions [18, 29]; hence, such jobs are perceived as a man's business, and it is seen as a work area that cannot be reached by a woman [28]. For the management profession, which is seen by the communities as a profession more suitable for men, women cannot see themselves equal to men, and this negative attitude breaks the courage of women. Despite the achievements of women in managerial positions, the inadequacy of representation of women in managerial positions in both economic and political spheres of life necessitates the understanding of the causes of negative attitudes towards women managers. In order to enable women to be successful in health management, it is necessary to first clarify the point of view of health workers towards female managers. Attitudes of health workers towards female managers directly influence their performance and determine their stability at the management level. This study will try to evaluate the attitudes of health workers towards female managers.

The Purpose of the Research:

The main purpose of this research was to evaluate the attitudes of healthcare professionals towards women managers. The study was expected to answer the following questions in this direction:

1. What is the level of attitude sub-dimensions of healthcare professionals towards women managers?
2. Is there a significant difference between the socio-demographic characteristics of healthcare professionals and the attitude sub-dimensions of women managers?

There is no published work on healthcare professionals in this regard. Therefore, we believe that this study can make an important contribution to the literature. Findings at the end of the research are expected to be useful for people and organizations interested in health management. It is expected that the study data obtained will contribute to the relevant units of the Ministry of Health because this research evaluates attitudes towards women managers in an institution affiliated to the Ministry of Health.

Material and Methods

Design of the Research

In the execution of this study, a general screening model was used. A survey is based on screening models for describing an event that has existed in the past or as it exists. In the general screening model, which is one of the screening models, screening is performed on a group or a sample taken from the universe in order to arrive at a general judgment about the universe in an environment composed of a large number of elements [30,31].

The Universe of Research and Sampling

The study was conducted at the Beyoğlu Eye Training and Research Hospital between 01 December 2016 and 15 January 2017. Beyoğlu Eye Training and Research Hospital was the universe for this research and consisted of 160 health personnel. Incorrect or incompletely filled questionnaires were not included in the study.

The 122 health personnel who agree to participate in the study constituted the study sample.

Data Collection Method

As a data collection tool, a questionnaire consisting of two sections was used for the research. In the first part, demographic information such as age, gender, occupation, educational status, and duration of occupation of health workers participating in the survey was included. In the second part, the Attitudes Towards Women As Managers Scale (ATWOM), consisting of 27 items, was used to measure the attitudes towards female managers. The data were collected by the researcher through face-to-face surveys. Before the questionnaire was administered, it was ensured that the participation in the study was entirely on a voluntary basis, and it was important for the participants to sincerely and thoroughly investigate the questions to give accurate results so that the information obtained in the research could be used for scientific purposes only. The study was approved by the ethics committee of the Istanbul University Faculty of Medicine Clinical Research Ethics Committee.

Attitude Scale Towards Women Managers

ATWOM, developed by Aycan et al. (2012), was used in our research to determine the attitudes towards women managers [32]. The scale was finalized by analyzing the data collected from two different samples. In the first sample, data obtained from 456 Turkish employees working in 23 institutions was applied for scale, validity, reliability, and factor analysis. In the second sample, data obtained from 312 undergraduate and graduate students were used to test the validity and reliability of the final scale, and the last figure of the scale was revealed. The final of the scale formed in the seventh Likert-type grading format was composed of 27 items, 14 of which are negative and 13 positive. The participants' responses to each statement could vary from 1 (absolutely disagree) to 7 (strongly agree). The ATWOM consists of 3 sub-dimensions: "Task Role Behaviors" consisting of 14 items, "Relational Role Behaviors" consisting of 9 items; and "Work Ethics" consisting of 4 items. In the first sample, the internal consistency coefficient (Cronbach's alpha) value was found to be 91 while it was 90 in the second sample. In our study, α = 92 (Table 1). If the calculated alpha coefficient is $0.80 \leq \alpha \leq 1.00$, then the scale has a high degree of reliability [31, 33]. In this study, it can be said that the attitude towards female managers was measured with a high degree of reliability.

Table 1. Reliability Analysis of Attitude Scale for Women Managers

Cronbach's Alpha	Number of items
0.928	27

Analysis of Data

SPSS version 20.0 was used for the analysis of the data obtained from the questionnaires between March 6, 2017-24 and March 2017. The internal reliability of the data was tested by calculating the Cronbach's alpha coefficient, and the error margin was accepted as 0.05. Negative expressions in the measure were inverted during data entry. Frequency and percentages, arithmetic mean and standard deviations were used to present the descriptive properties of the participants. The Kolmogorov-Smirnov test was used to test the subscales with non-normal distribution. Mann-Whitney U and Chi-Square test were used to compare two independent groups, and Kruskal-Wallis H test was used to compare two or more independent groups. The Mann-Whitney U test was used to make binary comparisons to determine which groups were significantly different in the results of the Kruskal-Wallis test [33].

Results

Table 2 shows the socio-demographic characteristics of the 122 health workers participating in the survey. The data shows that 27.9% (N = 34) of the health professionals are below 29 years of age, and 28.7% (N = 35) are 44 years old and above. Women constitute 68.0% (N = 83) of the employees. In terms of qualification, 43.7% (N = 53) of the participants were physicians and 40.2% (N = 49) were nurses; 18.9% (N = 23) of the health professionals had a

pre-license, 24.6% (N = 30) had a bachelor's degree. Married participants constituted 70.5% (N = 86) of the total sample. It was seen that 23.0% of the employees (N = 28) worked in this institution for 1–5 years, and 18.9% (N = 23) worked for 21 years. A positive attitude about the work experience with female managers was seen in 40.2% (N = 49) of the health professionals in the sample. Concerning the managerial preferences of health workers, 45.1% (N = 55) preferred the executive positions, and only 18.9% (N = 23) of the female managers did not prefer it. When Table 3 is examined, it can be seen that the average of the attitude scores of the health workers for the "Task Role Behaviors" subscale ($\overline{X}$ = 64.32; SS = 15,263), and the female managers' "Relative Role Behavior" ($\overline{X}$ = 42.90; SS = 9,956) and the average of the attitude scores of the subscales of ''Working Ethics'' of female managers ($\overline{X}$ = 20.72; SS = 4,114). When the item numbers were taken into consideration, the mean values for the GRD, IRD, and ÇA subscales were respectively ($\overline{X}$=64,32/14=**4,59**; $\overline{X}$=42,90/9=**4,76** ve $\overline{X}$=20,72/4=**5,18**). Mann Whitney U analysis of the scale for gender attitudes towards female managers is presented in Table 4. The "Task Role Behavior" (U = 1039.5; p = 0.001) average differ significantly according to gender, in the "Relational Role Behavior" (U = 1298.5; p = 0.079), and "Work Ethics" (u = 1369.0; p = 0.169); there were no significant differences in the dimensions. The average score of female health workers attitudes towards the dimension "Task Role Behaviors" ($\overline{X}$ = 68.48) was higher than that of female managers' ($\overline{X}$ = 46.65) attitudes. The female participants "Relational Role Behavior" attitudes ($\overline{X}$ = 65.36) was higher than that of male health professionals ($\overline{X}$ = 53.29). In the same way, the average score of female participants "Work Ethics" attitude ($\overline{X}$ = 64,51) was higher than that of male health workers ($\overline{X}$ = 53,29).

Table 5 shows the Kruskal-Wallis H test results according to the participants' professions. A significant difference (p < 0.05) was seen in terms of "Relational Role Behavior" (χ^2 = 8.397; p = 0,015) and "Working Ethics" (χ^2 = 10.017; p = 0.007) sub-dimensions. To determine the source of the differences, the groups were compared with each other by the Mann Whitney U test. A difference was found between "nurse" and "other health personnel" for ''Relative Role Behavior,'' ''Other Health Personnel,'' and ''Work Ethics'' subscales. Although there was no significant difference in terms of "Task Role Behaviors" (χ^2 = 5,203; p = 0.074) subscale, the Mann Whitney U test showed that the results of the binary comparisons between "nurse" and "other health personnel" (P = 0.41) were significantly different.

According to Table 6, there was a significant difference in terms of the sub-dimensions of "Task Role Behaviors" (χ^2 = 18.081; p = 0.0001) and "Relative Role Behaviors" (χ^2 = 14.470; p = 0.05).

To determine the source of the differences, the groups were compared with each other by the Mann Whitney U test. Task Role Behaviors average differs women manager preference and men manager preference also men manager preference and Neutral (table 7). In addition Relational Role Behaviours avarage differs women manager preference and men manager preference and also women manager preference and Neutral. (p < 0.05). While 25.3% of the female health workers preferred female managers, only 5.1% of the male health workers preferred woman managers. There was a statistically significant difference between gender and manager preference (p < 0.05). Also, 15.1% physicians and 30.6% nurses preferred woman managers, and there was a statistically significant difference between the physicians, nurses, and other health personnel with regard to woman manager preference (p<0.05) (table 8).

On examining the data in the table 9, none of the health workers who had a negative work experience with female managers preferred female managers, while 34.7% of the health workers who had a positive work experience preferred female managers. There was a statistically significant difference between the work experience and the managerial preference among health workers (p < 0.05).

Table 2. Demographic characteristics of healthcare professional participating in the survey (N = 122)

Variables		N	%
Age	29 years and under	34	27.9
	30-36 years	19	15.6
	37-43 years	34	27.9
	44 years and over	35	28.7
Gender	Woman	83	68.0
	Man	39	32.0
Occupational	Physician	53	43.4
	Nurse	49	40.2
	Other *	20	16.4
Education	High school	5	4.1
	Associate degree	23	18.9
	Degree	30	24.6
	Post graduate	11	9.0
	Medical faculty	24	19.7
	Specialty in medicine	29	23.8
Marital status	Single	36	29.5
	Married	86	70.5
Total		122	100

Table 3. Demographic characteristics of health workers participating in the survey (N = 122)

Variables	Age	N	%
Term of employment	1-5 years	28	23.0
	6-10 years	21	17.0
	11-15 years	7	5.7
	16-20 years	10	8.2
	21 years and over	23	19.0
Working with a Female Manager	Worked	100	82.0
	Not worked	22	18.0
Work experience with female manager	Negative	15	12.0
	Neutral	36	30.0
	Positive	49	40.0
	Not worked	22	18.0
Manager preference	Woman	23	19.0
	Man	44	36.0
	Neutral	55	45.0
Total		122	100

Table 3. Descriptive datas according to sub-dimensions of the ''Attitudes Towards Women Managers Scale''

Sub-Dimensions	Min	Max	Ort	SS
Task Role Behaviours (TRB)	26	98	64.32	15.263
Relational Role Behaviours (RRB)	13	63	42.90	9.956
Work Ethic (WE)	8	28	20.72	4.114

Table 4. Mann-Whitney U Test Results of Attitudes Towards Women Managers Scores According to Gender

Sub-Dimensions	Gender	N	Mean Ranks	Mann-Whitney U	P
Task Role Behaviours	Woman	83	68.48	1039.5	0.001*
	Man	39	46.65		
Relational Role Behaviours	Woman	83	65.36	1298.5	0.079
	Man	39	53.29		
Work Ethic	Woman	83	64.51	1369.0	0.169
	Man	39	55.10		
N= 122					

Table 5. Kruskal-Wallis H test results of attitudes towards women manager's scores according to occupations

Sub-Dimensions	O+	N	Mean Rank	KWX2	P	S++
Task Role Behaviours	Physician	53	58,14	5.20	0.074	
	Nurse	49	69,76			
	Others	20	50,18			2-3*
Relational Role Behaviours	Physician	53	65,84	8.39	0.015	1-3*
	Nurse	49	65,35			
	Others	20	40,58			2-3*
Work Ethic	Physician	53	66,59	10.01	0.007	1-3*
	Nurse	49	65,29			
	Others	20	38,73			2-3*
N=122						

+ Occupation

++Significanc

Table 6. Kruskal-Wallis H test results of attitudes towards women manager's scores according to manager preference

Sub-Dimensions	Manager Preference	N	Mean Ranks	KWX2	P	Significance
Task Role Behaviours	Woman	23	79,20			1-2*
	Man	44	44,23	18,081	0,000	
	Neutral	55	67,92			2-3*
Relational Role Behaviours	Woman	23	83,78			1-2*
	Man	44	49,23	14,470	0,001	1-3*
	Neutral	55	62,00			
Work Ethic	Woman	23	74,35			
	Man	44	58,82	3,770	0,152	
	Neutral	55	58,27			
N=122						

Table 7. Health professionals manager preference according to gender (N=122)

	Manager Preference									
Gender	**Woman**		**Man**		**Neutral**		**Total**		**χ2**	**P**
	N	%	N	%	N	%	N	%		
Woman	21	25,3	25	30,1	37	44,6	83	100	8,286	,016*
Man	2	5,1	19	48,7	18	46,2	39	100		

*p<0.05

Table 8. Health professionals manager preference according to occupation (N=122)

	Manager Preference									
Occupation	**Woman**		**Man**		**Neutral**		**Total**		**χ2**	**P**
	N	%	N	%	N	%	N	%		
Physician	8	15,1	25	47,2	20	37,7	53	100		
Nurse	15	30,6	10	20,4	24	49	49	100	14,583	0,006*
Others	0	0	9	45	11	55	20	100		

*p<0.05

Table 9. Health professionals manager preference according to work experience (N=122)

	Manager Preference									
Work Experience	**Female**		**Male**		**Neutral**		**Total**		**χ2**	**P**
	n	%	N	%	N	%	N	%		
Negative	0	0	9	60	6	40	15	100		
Neutral	3	8,3	18	50	15	41,7	36	100	22,567	0,00*
Positive	17	34,7	7	14,3	25	51	49	100		

*p<0.05

Discussion and conclusion

As there is no previous published work on health workers attitudes towards female managers, the results of the current study will be discussed in comparison with the work done among other sector employees on this issue. When the results of this research conducted in 122 health workers were examined, it was found that there is a meaningful difference in the managerial preferences based on the health professionals' gender, profession, and being female managers. While 25.3% of the female health workers prefer to work with female managers, only 5.1% of the male health workers prefer female managers. Also, 15.1% of physicians and 30.6% of nurses

prefer to work with female managers. While none of the health workers who had a negative experience with women managers preferred to work with them, it was determined that 34.7% of the health workers who had a positive work experience preferred to work with female managers. According to the study conducted by KADEM on 2040 female employees working in the education, health, and finance sectors, 27.4% of the women prefer to work with male managers while 19.2% prefer female managers; 53.4% said that there would be no difference in the manager preference based on gender. In the same study, 25.5% of the healthcare workers in the hospital preferred to work with male managers while 22.8% preferred female managers; 51.8% of the women had no gender preference [19]. According to research results of Randstad, a human resource consultancy firm, in 34 countries in 2016, at least 24 hours per week, with a minimum of 400 people in each country, 42% of women and 29% 58% of the women and 71% of the men prefer to work with a male manager [34]. The health workers' attitudes towards female managers were found to have a higher score compared with other dimensions in terms of "Task Role Behaviors," while they were found to have a lower score in "Work Ethic" dimension. While the attitudes of health workers towards female managers differed according to gender, occupation and manager preference variables, age, education, marital status, and years of service did not show any significant difference. It was determined that the female health workers' attitudes towards female managers were more positive than that of male health workers in terms of "Task Role Behaviors," "Relational Role Behaviors," and "Work Ethic.." According to the study results of Çalık et al. (2012) on primary school teachers, it has been found that the attitudes towards female managers differ according to gender and do not show any significant difference in terms of age and occupational seniority. In the same research, it was determined that female teachers' attitudes towards female managers were more positive than that of male teachers in terms of "Task Role Behavior," "Relational Role Behavior," and "Work Ethic.." Teachers' attitudes towards female managers were found to be higher in the "Task Role Behaviors" dimension than in the other dimensions and lower in the "Relational Role Behaviors" dimension [35]. According to another study conducted by Asar and Çelikten (2016) on the teachers and administrators of female managers, the attitudes towards female managers showed a significant difference based on gender in all three sub-dimensions; only marital status showed "Relational Role Behaviors." It was determined that there was a meaningful difference in the size. It was observed that the attitudes of the teachers towards the female managers had a higher average score in the dimension of "Relational Role Behaviors" than in other dimensions and had a lower average score in the "Task Role Behaviors" dimension than the other dimensions [36]. Another study conducted by Baştuğ and Çelik (2011) examined the attitudes of teachers, administrators, and inspectors working in primary education towards female managers. When the attitude subscale scores of the teachers towards the female managers were examined, it was found that the "Task Role Behaviors" subscale had a higher average attitude score than the other subscales. Similarly, in our study, it was determined that the health workers had a higher average score for attitude in "Task Role Behaviors" subscale than the other subscales [37]. Sakallı-Uğurlu and Beydoğan (2002) investigated how patriarchy, gender discrimination, and gender differences affect the attitudes of Turkish undergraduates towards female managers, and male participants exhibit less positive attitudes towards female managers than female participants [38]. In a study by Guney et al. (2006) regarding the attitudes towards women managers in Turkey and Pakistan, it was determined that both women and men in Turkey had a negative attitude towards female managers, and women had more negative attitude compared with men [29]. There is a meaningful difference in terms of the "Relational Role Behaviors" and "Work Ethic" sub-dimensions of the health workers for the female managers compared with other professions. The source of the diversity was found to be between "nurse" and "other health personnel" for the ''Relative Role Behavior,'' ''Other Health Personnel,'' and ''Work Ethics'' subscales. Although there was no significant difference in terms of "Task Role Behaviors" sub-dimension according to participants' profession, it

was determined that there was a significant difference between the results of the bilateral comparisons made between “nurse” and “other health personnel..” There was a meaningful difference between the participants "Task Role Behavior” and "Relative Role Behavior” sub-dimensions according to the participants' manager preferences. When the groups were compared in pairs in order to determine the source of the difference, Task Role Behaviors avarage differs women manager preference and men manager preference also men manager preference and Neutral. In addition Relational Role Behaviours avarage differs women manager preference and men manager preference and also women manager preference and Neutral. ($p < 0.05$). There was no significant difference between the managerial preferences of participants in terms of the "Working Ethics” sub-dimension. In our study, the attitudes of health professionals towards female managers did not show any significant difference based on age, education, marital status, and years of service. In another study evaluating the attitudes of primary school teachers to female managers, it was found that there was no significant relationship between age and years of service in all the three sub-dimensions [35]. In another study evaluating the attitudes of teachers and administrators towards female managers in educational institutions, it was determined that there was a significant relationship between marital status and ''Relational Role Behavior'' sub-dimension, unlike that in our study. Similarly, we did not find a significant difference between ''Task Role Behavior'' and ''Labor Ethics'' in our study [36]. Future studies on the health care providers can be done on a larger sample. It is expected that our study data will be a significant contribution as there is no earlier published work on health workers attitudes towards female managers. Our research findings are expected to be useful for people and organizations interested in health management. It is expected that the study data will contribute to the relevant units of the Ministry of Health because this research evaluated the attitudes towards women managers of health professionals working in an institution affiliated to the Ministry of Health. It is expected that this research will be a source for future research. It is necessary to make arrangements to support women to the same extent as men in management, and with state support, develop and implement effective policies for women and to support them to become managers. Regulations, such as improvement of women's working conditions and provision of day care for working women, will play a positive role in promoting women to senior management positions, leading women to take more place in working life.

References

1. Ozer M, Bicerli K. Panel Data Analysis of Female Labour Force in Turkey. Journal of Social Sciences. 2003-2004; 3 (1): 55-85.
2. Celik Y. Health Economics (Third Edition). Ankara, Turkey: Siyasal Publishing Distribution; 2016.
3. Adler NJ. Women in Management Worldwide. International Studies of Management and Organization. 1988; 16 (3-4): 3-32.
4. Burke RJ. Cultural Values and Women’s Work and Career Experiences. In R. S. Bhagat and R. M. Steers (eds) Cambridge Handbook of Culture, Organizations, and Work; 2009.
5. Human Development Index (HDI). http://hdr.undp.org/en/content/human-development-index-hdi Accesed (08.03. 2017).
6. Turkish Statistical Institute (TUIK). Women with Statistics http://www.tuik.gov.tr/PreHaberBultenleri.do?id=24643 Accessed (16.03.2017).
7. International Labour Organization. World Employment Social Outlook Trends 2016. http://ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_443480.pdf Accessed (12.03. 2017).
8. State Personnel Administration (DPB). http://www.dpb.gov.tr/tr-tr/istatistikler/kamu-personeli-istatistikleri Accessed (18.03.2017).
9. Korkmaz A, Korkut G. The Determinants of Female Participation to Labour Force in Turkey. The Journal of Suleyman Demirel University Faculty of Economics and Administrative Sciences. 2012; 17(2): 41-65.
10. Baxter J, Wright EO. The Glass Ceiling Hypothesis a Comparative Study of the United States, Sweden, and Australia. Gender & Society. 2000; 14 (2): 275-294.
11. Wirth L. Breaking Through the Glass Ceiling Women in Management. Geneva: International Labour Office; 2001.

12. Korkmaz H. Gender Discrimination Againts the Women at the Management Positions and Glass Ceiling Syndrome. The Journal of Academic Social Science. 2014; 2(5): 1-14.
13. Soysal A, Baynal T. Glass Ceiling Syndrome in Health Institutions: A Review in Kayseri Private Health Institutions. The Journal of KSÜ Social Science. 2016; 13 (2): 225-264.
14. Aycan Z. Key Success Factors for Women in Management in Turkey. Applied Psychology: An International Review. 2004; 53 (3): 453 –477.
15. Kulualp HG. Exceeding Obstacles of the Glass Ceiling Syndrome in the Strategic Human Resource Management. Public-Business. 2015; 14 (1): 99-123.
16. Negiz N, Yemen A. Female Administrators in Public Organizations: Female Problematique in Administration in Terms of Administrator and Employee. SDU Faculty of Arts and Sciences Journal of Social Sciences. 2011; 24: 195-214.
17. Kılıc T, Cakıcı AB. A Comparative Study on Glass Ceiling Perception of Female Employees in Health and Education Sector. The Journal of Hacettepe Health Administrative. 2016; 19 (3): 283-303.
18. Oztürk Z, Bilkay TA. Careers of Women Working in Public Hospitals of Turkey Perceptions of Barriers and Glass Ceiling Syndrome. Journal of Gazi University Social Sciences. 2016; 3(6): 89-101.
19. Caha H, Caha O, Aydın S. Women Working in the Service Sector Problems and in front of the Promotion Barriers. KADEM (Women and Democracy Association), 2016. (http://kadem.org.tr/hizmet-sektorunde-calisan-kadinlarin-yasadiklari-sorunlar-ve-yukselmelerinin-onundeki-engeller-arastirma-raporu/ Accessed (15.03. 2017)
20. Davidson MJ, Burke R. (Eds.). Women in Management Worldwide: Progress and Prospects (2nd ed.). Surrey, UK: Gower; 2011.
21. Schein VE, Mueller R, Lituchy T, Liu J. Think Manager–Think Male: A Global Phenomenon? Journal of Organizational Behavior. 1996; 17(1): 33–41.
22. Arıkan S. Leadership Behaviors of Women Managers and an Application in Banking Sector. The Journal of Gazi University Faculty of Economics and Administrative Sciences. 2003; 1(5): 1-20.
23. Urhan B, Etiler N. The Gender Analysis of Women's Labour in Health Sector. Work and Society. 2011; 2011/2: 191-216.
24. Tahtalıoglu H. The Effects of Glass Ceiling Syndrome on Women in Higher Education Institutions in Turkey. Journal of Nigde University Economics and Administrative Sciences. 2016; 9(2): 89-105.
25. General Directorate of Women's Status (KSGM). Women In Turkey. T.C. Ministry of Family and Social Policy General Directorate of Status of Women. Ankara; 2017.
26. Council of Higher Education (YOK). https://istatistik.yok.gov.tr/ Accessed (15.02.2017).
27. URL:http://www.gazetekamu.com/saglik-bakanligi-teskilatinda-yoneticilerin-dagilimi. html Accessed (12.02.2017).
28. Balgiu BA. Perception of Women as Managers. The Difference of Attitudes Between Employees and Non-Employees. Social and Behavioral Sciences. 2013; 78: 330 – 334.
29. Güney S, Gohar R, Akıncı SK, Akıncı MM. Attitudes Toward Women Managers in Turkey and Pakistan. Journal of International Women's Studies. 2006; 8(1): 194-211.
30. Karasar N. The Scientific Research Method (26th Edition). Ankara, Turkey: Nobel Academic Publishing; 2014.
31. Islamoglu AH, Alnıacık Ü. The Research Methods in Social Sciences (5th Edition). İstanbul, Turkey: Beta Publishing Distribution; 2016.
32. Aycan Z, Bayazit M, Berkman Y, Boratav HB. Attitudes Towards Women Managers: Development and Validation of a New Measure with Turkish Samples. European Journal of Work and Organizational Psychology. 2012; 21(3): 426-455.
33. Kalaycı S. SPSS Applied Multivariate Statistical Techniques (7th Edition). Ankara, Turkey: Distribution of Asil Publications; 2016.
34. RANDSTAD. http://www.randstad.com.tr/media/wm/randstad-workmonitor-erkek-calisanlar-yoneticilik-pozisyonlari-icin-desteklenirken-calisanlar-cinsiyet-esitligi-olan-takimlarda-calismayi-tercih-ediyorlar.pdf Accessed (20.04.2017).
35. Calık T, Kosar S, Daglı E. Evaluation of the Attitudes Towards Women Manager Working in Primary Schools. Journal of Turkish Educational Sciences. 2012; 10 (4): 637-662.
36. Asar R, Celikten M. Evaluation of the Attitudes Towards Women Managers Working at Educational Institutions. International Journal of Society Researches. 2016; 6 (10): 8-19.
37. Bastug OYO, Celik B. (2011). Attitudes of Teachers, Principals and Supervisors towards Woman Administrators in Primary Schools. Educational Administration: Theory and Practice. 2011; 17 (1): 63-76.
38. Sakallı-Ugurlu N, Beydogan B. Turkish College Students ' Attidutes Toward Women Managers: The Effects of Patriarchy, Sexism, and Gender Differences. The Journal of Psycology. 2002; 136 (6): 647-656.