



Assessment of the Relationships between R.I.G.H.T. Leader Behavior, Organizational Silence, Work Engagement, and Extra Role Behaviors in Hospitals

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This study is based on the doctoral dissertation of the first author at Ankara University, Department of Health Management.

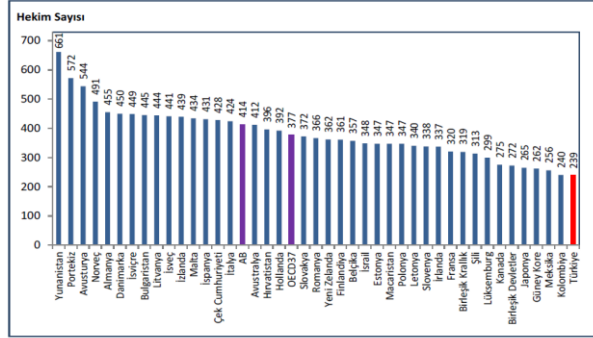
TUBITAK financial support was provided for conference participation



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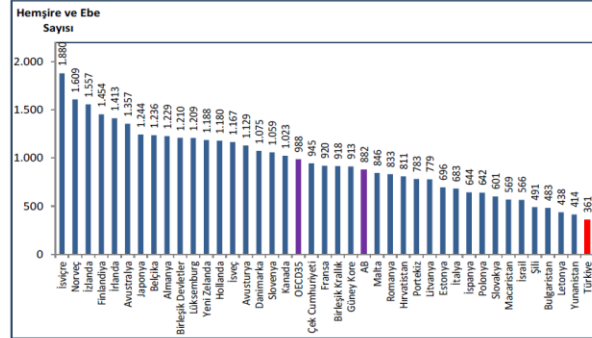
What kind of country did the data for this study come from? Let's Think on it

International Comparison of Total Number of Physicians per 100,000 People, 2022



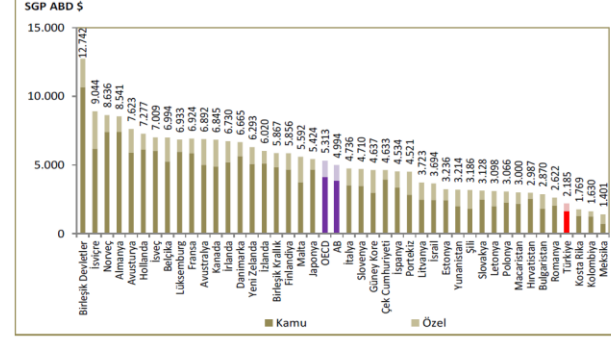
Kaynak: Sağlık Hizmetleri Genel Müdürlüğü, OECD Health Data 2024, EUROSTAT Veri Tabanı
Not: Türkiye verisi 2023 yılına aittir. Ülke verileri 2022 yılına veya yakın yıla aittir.

International Comparison of Number of Nurses and Midwives per 100,000 People, 2022



Kaynak: Sağlık Hizmetleri Genel Müdürlüğü, OECD Health Data 2024, EUROSTAT Veri Tabanı
Not: Türkiye verisi 2023 yılına aittir. Ülke verileri 2022 yılına veya yakın yıla aittir.

International Comparison of Current Health Expenditure per Capita, SGP US\$, 2022



Kaynak: TÜİK, OECD Health Data 2024
Not: Türkiye verisi 2023 yılına aittir. Ülke verileri 2022 yılına veya yakın yıla aittir.

Country success comparison of 169 countries (calculated by 8 and 15 criteria) (Kaklauskas et al. 2022)

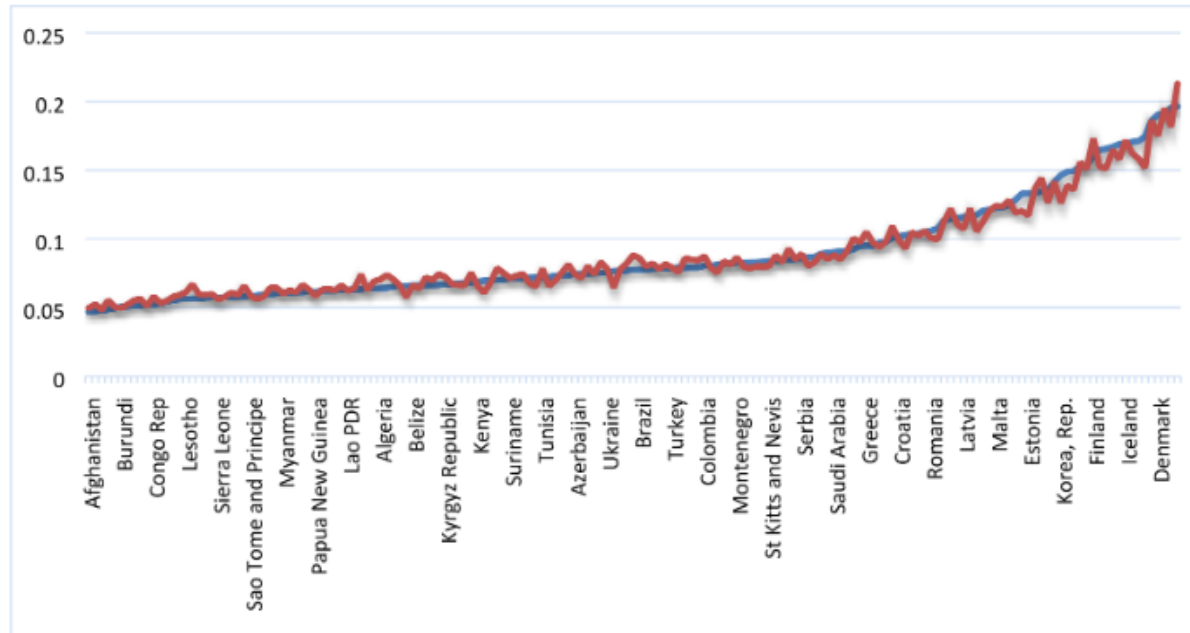


Fig. 3. Country success comparison of 169 countries (calculated by 8 and 15 criteria).

Besides, Turkey's covid case fatality rate remained below 0.6%. This is better than many developed European countries.

Worldometer, 2024

0.9% Infant Mortality Rate
77 Life Expectancy
WB, 2025

Why Extra Role Behavior in Healthcare Workers is Worth Investigating?

- Being a labor-intensive sector and simultaneous production and consumption requires workers to do more than expected
- It requires service delivery that requires cooperation and solidarity
- Staff numbers are far below the OECD average, forcing them to do more than expected.
- Given its mission, vocational and on-the-job training is important as it contributes to a culture of cooperation and solidarity.
- It can facilitate orientation in areas with high staff turnover.
- Individual initiative by people with expertise can trigger innovations and improvements.

Why is it Important for Hospital Organizations to be Psychologically Healthy?

Health Workers are Burning Out

Health Workers Quit Their Jobs

Health Workers Are Subjected to Hierarchical Mobbing

Health Workers Live in an Environment with Physical and Mental Challenges

Communication or Role Related Aspects Negatively Affect Collaboration

Recognition and Career Development Opportunities Stand Out in Increasing Motivation

(Willis-Shattuck et al., 2008; Keyko, 2016; Garth et al., 2018; Bordignon and Monteiro, 2019; Liu et al., 2019; Bayın Donar and Yeşilaydın, 2022; Poon et al., 2022 ; Zarei et al., 2024)

One of the basic requirements of social organizations, including health institutions, that want to survive is the leadership process (Kalkman, 1953).



R.I.G.H.T. Leadership

Kelloway et al. (2017) state that they developed the R.I.G.H.T. Leadership Model by synthesizing the concept of transformational leadership and the American Psychological Association's (APA) Psychologically Healthy Workplaces Model (POSM).



Recognition (Farkında Olma)



Involvement (Katılım)



Growth & Development
(İlerleme ve Gelişme)



Health and Safety
(Sağlık ve Güvenlik)

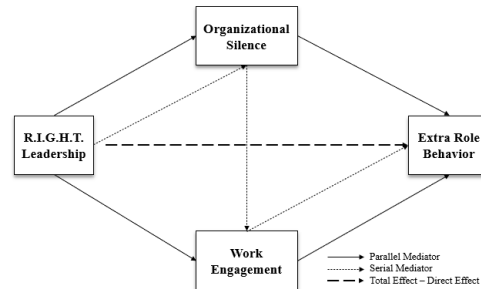


Team Work (Takım Çalışması)

Systematic reviews suggest that the relationship between leadership that promotes psychologically healthy workplaces and extra role behavior is worth examining (Yao et al., 2021).

However, it is unclear how this interaction will take place. Due to the nature of the concepts, leadership and extra role behavior are closely related to some other common concepts in theory and practice.

This study aims to shed light on this relationship and increase the limited evidence by controlling the role of concepts such as organizational silence and work engagement, which are considered to be very important for hospitals and are at the intersection of these concepts in theory.



Type

The research is a correlational and cross-sectional descriptive study. It is also a methodological research with a partial scale adaptation.

Population

Hospital	Population		Sample	
	Physician	Nurse	Physician	Nurse
Education Research Hospital	333	752	77	172
Private Hospital	50	69	17	41
TOTAL	383	821	94	213
Adaptation Study (University Hospital)	724	705	84	92

Data Collection Tools

Measurements in the research were made in 7-point Likert type.

R.I.G.H.T Leadership Scale (Biricik Gulseren et al., 2021).

Organizational Silence Scale (van Dyne et al., 2003)

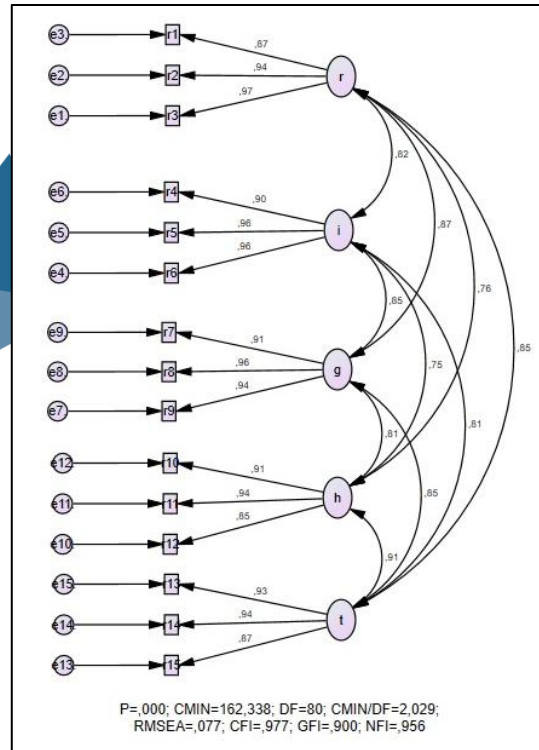
Work Engagement Scale (Schaufeli et al., 2006)

Extra Role Behavior Scale (Spector et al., 2010)

Data Analysis

SPSS 25.0, Process Macro 4.1 and AMOS 25 programs were used for data analysis. Descriptive statistics, scale averages and normal distribution evaluations were made. The construct validity of the R.I.G.H.T. Leadership Scale was tested with confirmatory factor analysis. In mediation analysis, Baron and Kenny's (1986) method and Bootstrap method were applied at 95% confidence level.

EFA and CFA Results of R.I.G.H.T. Leadership Scale



Kaiser-Meyer-Olkin Measure of Sampling Adequacy				0,948	
Bartlett's Test of Sphericity			Appx. Chi-Square		6360,598
			df		105
			Sig.		0
Factor Load Range					0,633 - 0,849
Total Variance Explained				%	90,6
Covariance Matrix Based Eigenvalues					1,094 - 38,348
Factor Loadings of Items					
Items	1	2	3	4	5
Recognition 2			0,781		
Recognition 1			0,739		
Recognition 3			0,730		
Involvement 1		0,816			
Involvement 2		0,802			
Involvement 3		0,738			
Growth and Development 3				0,729	
Growth and Development 2				0,718	
Growth and Development 1				0,608	
Health and Safety 2	0,849				
Health and Safety 3	0,812				
Health and Safety 1	0,688				
Team Work 3					0,694
Team Work 1					0,648
Team Work 2					0,633

Method: Principal Component Analysis, Rotation Method: Varimax with Kaiser Normalization

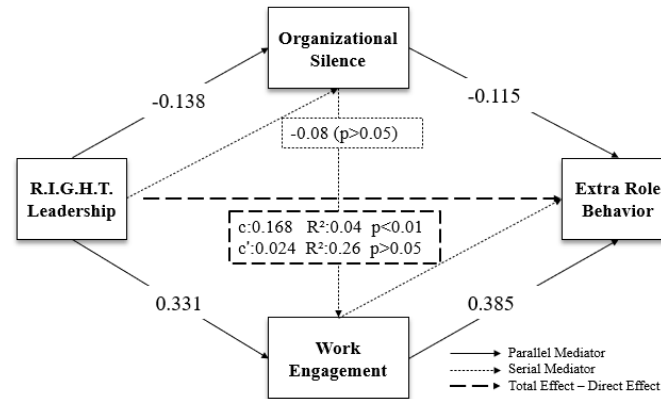
+ Measurement Invariance - Configural, Metric, Scalar, Strict

Correlations and Measurements

Variables	Mean	ss.	1	1.1	1.2.	1.3	1.4	1.5	2	2.1	2.2	2.3	3	3.1	3.2
1. R.I.G.H.T. Leadership	4.77	1.42	1												
1.1. Recognition	4.73	1.63	,884	1											
1.2. Involvement	4.44	1.69	,878	,731	1										
1.3. Growth & Development	4.78	1.60	,931	,810	,780	1									
1.4. Health & Safety	4.98	1.47	,841	,632	,638	,729	1								
1.5. Teamwork	4.91	1.59	,915	,745	,736	,822	,773	1							
2. Organizational Silence	3,19	1.06	-,12*	ad	-,185	-,11*	ad	ad	1						
2.1 Acquiescent Silence	2.86	1.32	-,14*	-,12*	-,221	-,13*	ad	ad	,730	1					
2.2. Defensive Silence	2.56	1.18	-,153	-,12*	-,235	-,13*	ad	-0,102	,808	,622	1				
2.3. Prosocial Silence	4.45	1.70	ad	ad	ad	ad	ad	ad	,693	,120*	,270	1			
3. Work Engagement	4.78	1.46	,322	,334	,287	,303	,243	,259	ad	-,149	ad	,153	1		
3.1. Vigor	4.49	1.56	,309	,325	,298	,292	,213	,238	ad	-,151	ad		,910	1	
3.2. Dedication	5.06	1.54	,297	,299	,250	,280	,253	,241	ad	-,159	ad	,143*	,945	,791	1
3.3. Absorption	4.78	1.62	,291	,309	,251	,274	,213	,244	ad	ad	ad	,173	,934	,750	,848
4. Extra Role Behavior	5.20	1.20	,198	,189	,226	,155	,147*	,160	ad	-,177	-,13*	,139*	,490	,418	,460

Sample ANOVA Test

Variables	N	RIGHT L.		Recognition		Involvement		Growth and Development		Health and Safety		Teamwork		Org Silence		Accepting - Defensive Silence		WE		Vigor		Dedication		Absorption		Extra Role Behavior	
		\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s	\bar{x}	s
Satisfaction with Working in the Organization																											
Satisfied	108	5,48	1,1	5,59	1,1	5,13	1,5	5,56	1,2	5,49	1,3	5,63	1,3	3,26	1,2	2,61	1,3	5,56	1,2	5,39	1,4	5,76	1,3	5,51	1,3	5,44	1,2
Partially	158	4,54	1,4	4,51	1,6	4,26	1,6	4,53	1,6	4,76	1,5	4,61	1,6	3,18	1,0	2,55	1,2	4,63	1,3	4,25	1,3	4,94	1,4	4,67	1,5	5,15	1,2
Not Satisfied	41	3,82	1,4	3,31	1,7	3,35	1,8	3,70	1,7	4,52	1,6	4,21	1,6	3,11	1,0	2,54	1,0	3,33	1,5	3,05	1,6	3,69	1,7	3,24	1,6	4,81	1,2
ANOVA Test(p)		0,001		0,001		0,001		0,001		0,001		0,001		0,685		0,901		0,001		0,001		0,001		0,001		0,012	
Post Hoc		1,23		1,23		1,23		1,23		1,23		1,23						1,23		1,23		1,23		1,23		1,23	



Predictors	OS			WE			ERB			ERB		
	b	LLCI	ULCI	b	LLCI	ULCI	b	LLCI	ULCI	b	LLCI	ULCI
R.I.G.H.T. Leadership (RL)	-0.138*	-0.23	-0.04	.331*	0.22	0.44	0.168*	0.07	0.24	0.024#	-0.06	0.11
Organizational Silence (OS)				<u>-0.08#</u>	<u>-0.21</u>	<u>0.05</u>				-0.115*	-0.216	-0.01
Work Engagement (WE)										0.385*	0.30	0.47
	R²= 0,03			R²=0,10			R²=0,04			R²=0,26		
RL - ERB	Unstan. E (b)			BootLLCI			BootULCI			Stand. E (β)		
Direct Effect	0,024#			-0,06			0,11			0,130*		
OS Indirect Effect	0,015*			0,00			0,03			0,018*		
WE Indirect Effect	0,127*			0,07			0,18			0,150*		
<u>OS-WE Serial Indirect Effect (Ind3)</u>	<u>0,004#</u>			<u>-0,00</u>			<u>0,01</u>			<u>0,005#</u>		
Total Effect	0.168*			0.07			0.26			0.198*		
C1	-0.111*			-0.17			-0.05			-,131*		

The study concluded that leadership behaviors play a significant role in healthcare professionals' extra-role behaviors. However, based on the findings, this influence is indirect and mediated by other concepts, similar to the evidence in the literature.

In this context, it is crucial for physician and nurse leaders to be aware of their employees' abilities and talents, to utilize their abilities, knowledge, and skills when making decisions, and to support their development and advancement.

This is essential for enhancing employees' job engagement. Because this situation can also encourage them to go beyond their job descriptions and exert effort towards their colleagues, patients, and the organization.

Therefore, it is recommended that managers be aware of the R.I.G.H.T. leadership concepts and exhibit behaviors accordingly, and that various policies and educational programs be implemented to support this.



THANK YOU



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A Subspecialty in Medical Administration: A National Case Study in Physician Leadership Training

Yoel Angel, MD, MBA



**TEL AVIV SOURASKY
MEDICAL CENTER
ICHILOV**

A vertical strip on the left side of the slide showing a detailed, ornate dome of a classical building with a tiled roof and decorative elements.

No conflict of interests

The Research Team



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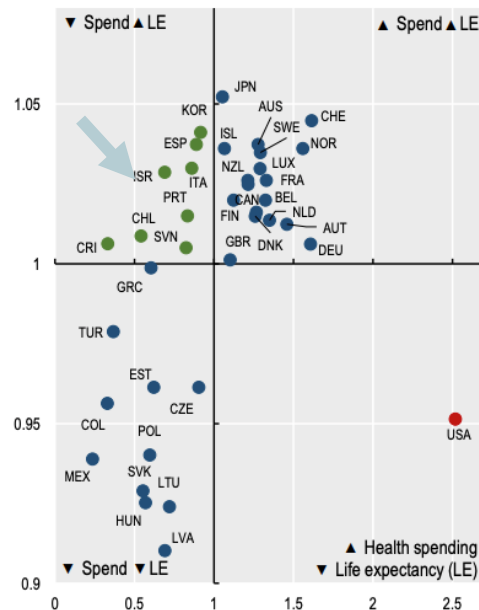
A vertical strip on the left side of the slide showing a close-up of a classical building's dome and facade, featuring ornate architectural details and a tiled dome.

Background

Israeli Healthcare Landscape (2023)

- Population: ~10 Million
- Universal Health
- Hybrid Healthcare System
- 33,000 physicians (3.57 / 1000 persons)
- Health expenditure: 7.2% of GDP

Figure 1.7. Life expectancy and health expenditure



Source: OECD Health at a Glance 2023

Healthcare Leadership

- In the Israeli healthcare system, many senior positions are held by physician-administrators
- Israel is the only country with a recognized **subspecialty** in Medical Administration, which since 2013 is required to fill senior roles
- Many other OECD countries offer training programs – but they are voluntary, of varying duration, and intended for a diverse audience

Objective of the Medical Administration Subspecialty

“to provide residents with the skills, knowledge and behavior required to fulfill managerial roles in the healthcare system.

These span across multiple dimensions such as interpersonal leadership, data analysis, decision making and more”

The Medical Administration Subspecialty

- Overseen by the Scientific Council of the Israel Medical Association
- Requires a base specialty and an **advanced degree** (MPH / MHA / MBA)
- **Decentralized** — any approved healthcare institution with >2 specialists may train residents
- **2-year training** in a management position, including 6-month rotation in another (category of) institution
- Includes **written and oral board exams** covering Health Economics, epidemiology, state laws and regulations and more

Milestones in subspecialty development

Early 1980s

First management training for physicians offered by Haifa University

1987

Subspecialty in Medical Administration recognized by the MoH

1990-1991

“Founders of the field” declared

1992

First board examinations conducted

1999

Examinations and curriculum revised

2013

Ministry of Health mandates Medical Administration Subspecialty to apply for Director or Deputy Director of hospitals / HMOs

2015

“Inbar” program for healthcare leadership launched

Study Objectives

1. To describe the development of the subspeciality in Medical Administration in Israel.
2. To describe the characteristics of the specialists in Medical Administration in Israel.

Methods

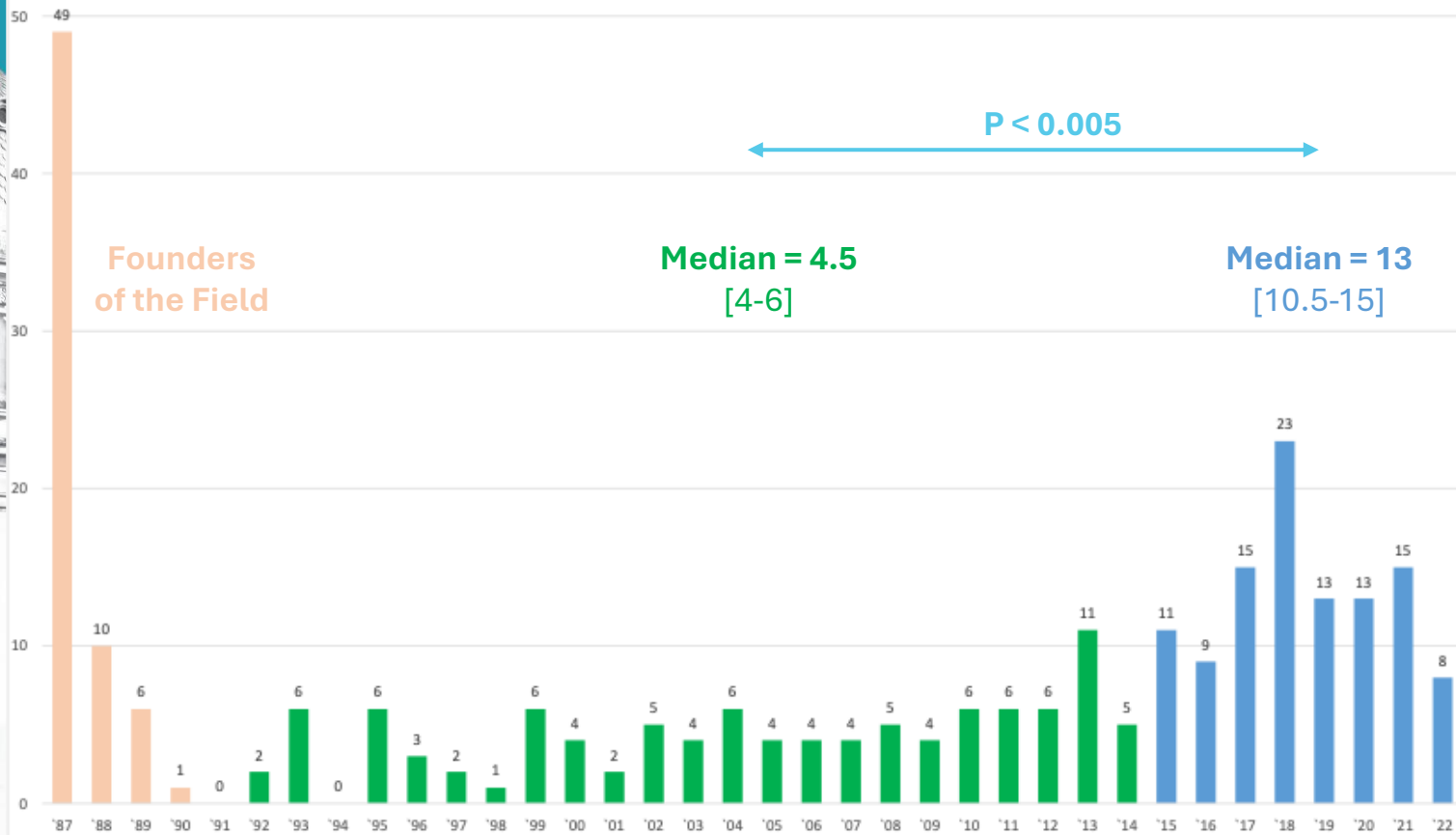
More database was queried to identify all specialists in Medical Administration

Data on base specialties, time of certification, residence were analyzed

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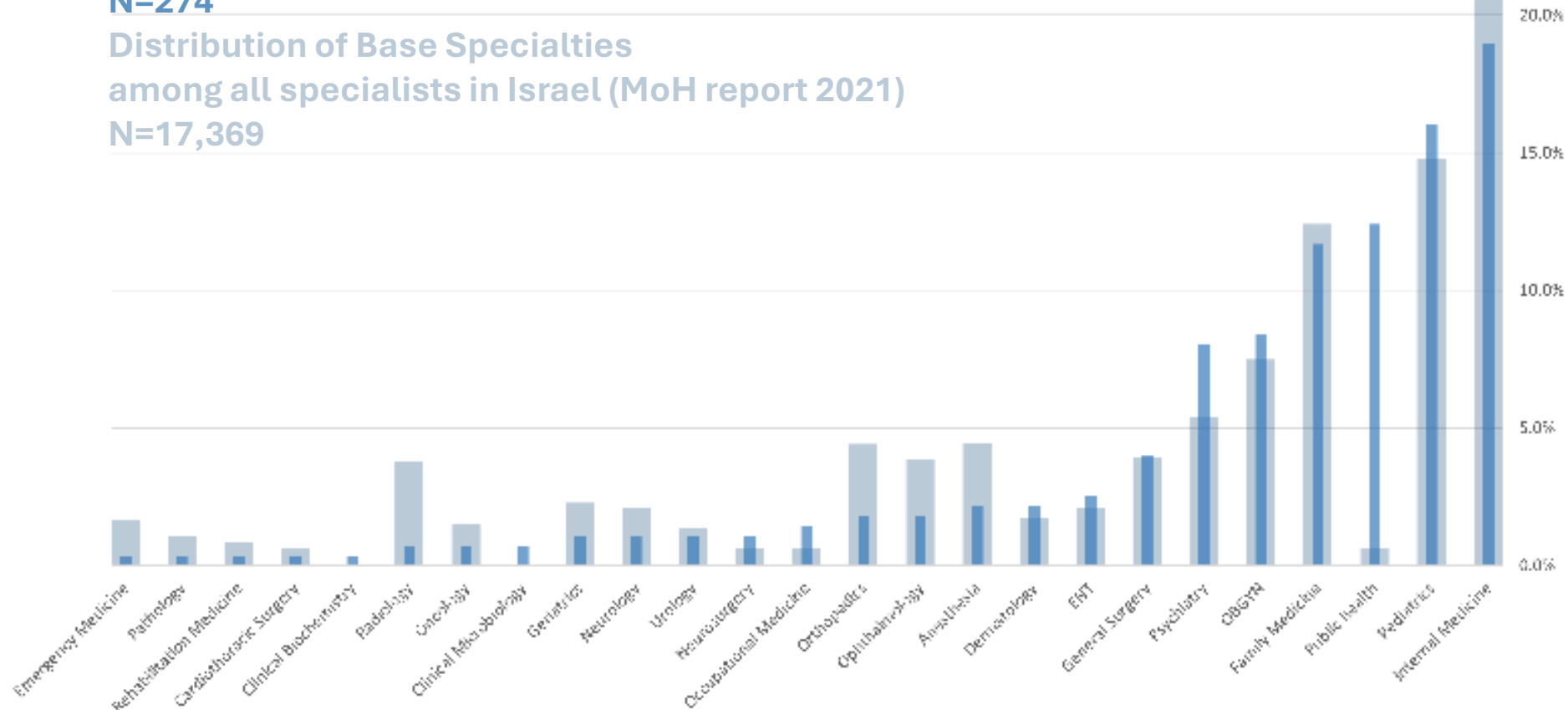
Results

Annual number of new specialists (N=277)

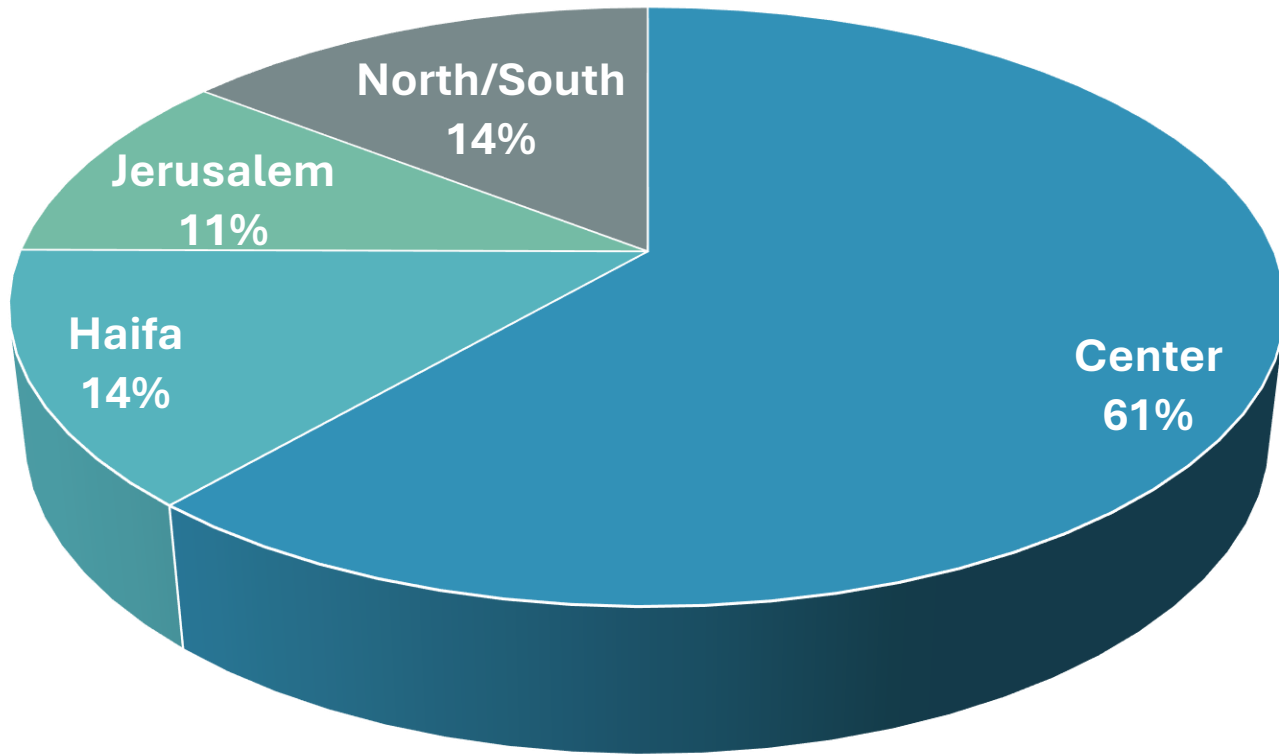


Distribution of base specialties among specialists in Medical Administration N=274

Distribution of Base Specialties
among all specialists in Israel (MoH report 2021)
N=17,369



Only 14% of specialists reside outside major metropolitan areas (N=277)



Conclusions

It works! A subspecialty in Medical Administration is a feasible and effective mechanism for large-scale leadership training at a national level

Equity gap: under-representation of specialists coming from peripheral areas and some base specialties

Limitations

Descriptive data only, without a control group

Very limited data available on public MoH website

Data excludes deceased specialists

Areas for future research

Do organizations lead by specialists in Medical Administration outperform those run by others?

Why do physicians pursue this specialty and how does it affect their career path?

A cluster of colorful geometric shapes, including triangles and polygons in shades of pink, teal, and blue, positioned above the "THANK YOU" text.

THANK YOU



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in Yoel Angel