



## **The Relationship Between Queen Bee Syndrome and Leadership: A View To Healthcare Institutions**

Zöhre POYRAZ\* Taşkın KILIÇ\*\*

\* Health Management Master's Degree, [zohreyazar7@gmail.com](mailto:zohreyazar7@gmail.com)

ORCID Number: 0000-0003-0631-2278

\*\*Prof.Dr. Ordu University, Healthcare Management, [taskinkilic79@hotmail.com](mailto:taskinkilic79@hotmail.com)

ORCID Number: 0000-0003-2127-2622

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### **Abstract**

**Aim:** The purpose of this study was to investigate into the perception of “Queen Bee Syndrome” among female healthcare workers employed in healthcare industry, followed by an analysis of the relationship this syndrome has with female healthcare workers’ perception of “Leadership”, and to pinpoint the differences in queen bee syndrome according to certain socio-demographic characteristics.

*Corresponding author: Zöhre YAZAR POYRAZ, Health Management Master's Degree, e-mail:*

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**Methods:** Designed as a cross-sectional study, this research had a sample of 515 female healthcare workers. Research was conducted from December 2021 to March 2022 on female healthcare workers employed in Ordu province. Data was collected using “Personal Information Forms”, the “Queen Bee Phenomenon Scale”, and “Multifactor Leadership Questionnaire”. SPSS version 23.0 and AMOS 23 statistical package programs were used for data evaluation.

**Results:** The results of this study revealed a negative and statistically significant relationship between Queen Bee Phenomenon Scale subdimensions and MLQ subdimensions, suggesting that the higher the perception of queen bee syndrome among female healthcare workers, the lower their perception of leadership.

**Conclusion:** As a result of this study, a significant inverse relationship was found between subdimensions of the Queen Bee Phenomenon Scale and subdimensions of the Multifactor Leadership Questionnaire.

**Keywords:** Queen Bee Syndrome, Leadership, Female Managers, Healthcare Institutions, Female Workers

## INTRODUCTION

The metaphor of "queen bee", inspired by the Bee Colony, is used to describe the behavior of women in senior management positions who have achieved their goals. The most basic behavior pattern of female managers with Queen Bee Syndrome is that female managers who adapt to this masculine culture and rise to senior management positions in organizations where predominantly men dominate the management levels, see other women as rivals and treat them with distance (Staines et al., 1974; Derks et al. 2016). A leader is a person who has followers (Drucker, 1996), and uses power to influence other people's thoughts and actions (Zalenik, 1992). Leadership, on the other hand, is the interaction process between two or more members of a group, which includes the regulation or restructuring of perceptions and expectations (Bass, 1990).

As in almost all sectors in the world, the rate of female managers is very low (11%) in the health sector, where female employees are heavily employed (Kaya and Alkan, 2021). Some of the few female leaders who can reach the top management are exposed to the Queen Bee Syndrome, and instead of helping their fellows, they show hostility towards them. It is a paradox that is difficult to explain that female employees who cannot rise to the top due to the effects of variables such as glass ceiling syndrome, role conflict and masculine culture, are also prevented by their own sex with the queen bee syndrome (Kılıç and Çakıcı, 2016; Yücelen and Özen, 2010).

In this context, as a result of the relationship between the Queen bee syndrome and leadership concepts discussed in this study, it will be determined how this negative situation experienced by the employees who apply and be exposed to the Queen bee syndrome affects their Leadership skills and a scientific approach will be developed to overcome this. Due to the high number of female employees, this sector was chosen as a research area. On the other hand, the number of studies dealing with Queen bee syndrome and leadership in the health sector is limited in the literature. This study has the potential to fill this gap.

In this direction, the main purpose of this study is to examine the effect of the queen bee syndrome perceived by women working in the health sector on the leadership behaviours of the managers against them from the perspective of the employees.

## 1. CONCEPTUAL FRAMEWORK

### 1.1. Queen Bee Syndrome

Queen bees are senior women in masculine organizational cultures who have fulfilled their career aspirations by dissociating themselves from their gender while simultaneously contributing to the gender stereotyping of other women (Derks et al., 2011a). Queen bee syndrome is a management style by female managers, where they oppress and ignore other female workers (Karakuş, 2014). In this syndrome, business life is likened to a beehive. Just as there is a need for a leader to manage a business, there is a need for a queen bee to ensure continuity and order in the hive (Özülke, 2016). Just as the queen bee fighting to stay in power of the hive, the female manager fights a similar fight (Taşdelen-Baş, 2019). A previous study showed that the queen bee effect was more common in senior management positions (Groot, 2010). Successful female professionals tend to view other women as rival. Once a senior woman sees other women as her rival, she may become prejudiced against other women and even resort to intimidating practices such as exposing them to mobbing, excluding them, not supporting them, and making them unhappy (Karakuş, 2014; Baykal, 2018; Cevher and Öztürk, 2015; Öztürk and Cevher, 2015).

Several studies found that women in professional roles described themselves as masculine, and that they exhibited masculine traits as a leadership style (Cuadrado-Guirado et al., 2015; Faniko et al., 2016; Kremer et al., 2019; Faniko et al., 2020; Neto et al., 2020). When queen bees are successful, they want other women to face and overcome the same challenges and hardships

they did, to make the same effort, to put in the same amount of hard work for years and endure the same amount of stress before they hit the top, and to suffer just the way they did. Hence, they are reluctant to support and mentor their junior counterparts (Derks et al., 2011b; İmamoğlu- Akman & Akman, 2016; Kılıç & Çakıcı, 2016; Nelson, 2016; Baykal, 2018; Permatasari & Suharnomo, 2019; Tolay, 2020). So even if queen bee behaviour can seem to be beneficial for women in achieving career success in the short term, in the long term, it may come with substantial costs that result in under-presentation of women leaders in senior positions compared to their male peers (Derks et al., 2016).

Since female managers with queen bee syndrome focus on individual female behaviours, they exhibit inhibitive behaviour against other women in order to maintain their position and achieve further progress (Mavin, 2008). Queen bee is a bad image and in workplaces taken hold of by this syndrome, people coming up with brilliant ideas may be ignored, dispraised, and attacked by the queen bee. The queen bee phenomenon is considered not healthy as it may hamper innovative work in the workplace. This type of behaviour may make women look bad (Hasabnis, 2017).

## 1.2. Previous Research on Queen Bee Syndrome

The conception of “queen bee syndrome” emerged from a study conducted by University of Michigan researchers, Staines et al. (1974). In their study, Cevher and Öztürk (2015) revealed that queen bee syndrome was among the causes of woman-on-woman bullying at work. In a study conducted on 315 female managers in Switzerland, Faniko et al. (2016) concluded that queen bee syndrome was, in most cases, not mere competitive attitude or behaviour toward all women. In a study conducted in the education sector by İmamoğlu-Akman and Akman (2016) on 14 female teachers by interview, the interviewees expressed that female managers failed to establish authority, that they did not support their subordinates, that they were underexperienced, jealous, hypercritical, and capricious, and that they had a negative attitude towards female managers due to the effect of queen bee syndrome.

In a compilation study on queen bee syndrome, Derks et al. (2016) reported that women evolved into queen bees as they climbed the career ladder in a male-dominated workplace, that they distanced themselves from their subordinates, legitimized gender inequality, and assimilated into male-dominated organizations. In her master’s thesis, Wuertele (2017) investigated the causes

of queen bee syndrome, actively opposing the rise of women, and examined the effect of queen bee syndrome on Gen Y attitudes, behaviours, and leadership styles. Karatepe and Aribaş (2017) conducted a study on the obstacles to the advancement of women and the reasons underlying those obstacles, concluding that queen bee syndrome was among the reasons why women could not come to senior management positions. In a conceptual evaluation study, Baykal (2018) described queen bee syndrome as a shift of perception in the minds of women due to the society being dominated by man.

A study by Kremer et al. (2019) asserted that queen bees described themselves as masculine while climbing the career ladder in male-dominated workplaces, while female subordinates would show themselves more feminine. In a study by Dopwell (2019), it was observed that familial connections were important for women in pursuing a career, that they had influence on the mental and emotional well-being of minority subordinates at work, and that they had queen bee effect. In a qualitative study conducted in Indonesia, Permatasari and Suharnomo (2019) found that queen bee leaders were intimidating and did not support female workers. It was found that the negative effects of queen bee syndrome outweighed the positive effects, that it put workers under stress, created an unfavourable and uncomfortable work environment, and caused disruption in company activities. A qualitative study conducted at a private university in South Africa confirmed the existence of the queen bee syndrome, asserting that it occurred as a result of social norms overflowing to the workplace (Zandria et al., 2020).

In a study by Neto et al. (2020) conducted on 405 female participants to investigate the existence of the queen bee phenomenon in higher education institutions in Brazil, it was observed that women in leadership positions were more engaged in work than other women, that they were more masculine, rejected gender discrimination, and were loyal to their queen bee traits. Çelen and Tuna (2021) developed a scale in a study they conducted on 134 participants in accommodation enterprises. As a result of the study, they determined that female employees believed that female managers in the enterprise posed an obstacle to other women subordinated to them, that they found female managers unsuccessful and had no positive thoughts about having a female manager, and that they rather preferred working with male managers. In a qualitative study conducted in the private sector, Yasbay-Kobal (2021) found that female managers supported their subordinates in climbing the career ladder and did not exhibit any queen bee behaviour. Ünal et al. (2022) conducted a study on 244 female participants working in accommodation establishments to

determine the perception levels of glass ceiling and queen bee syndrome and which of these concepts had more impact. As a result of that study, it was found that all dimensions of relevance for these two concepts had a certain level of effect on female workers.

As can be seen from the information obtained in the literature through studies conducted in recent years, the queen bee syndrome has been a research topic in numerous sectors and countries. Research on the concept of the queen bee has been construed that the obstacle standing in the way of women's advancement in business life is not men, but women. From the day of its conception, queen bee syndrome has been a research topic to several studies in a variety of application areas and in association with various concepts. It is considered that more studies should be done in this field.

### **1.3. Leadership**

Leadership has been a subject of intense interest to sociologists, social scientists and researchers throughout history and has been researched in many different fields. From the 1950s onwards, research on leadership gained even more popularity and it is known that there are many definitions in the literature on the concept of leadership. In simplest terms, leadership is the power to influence people and their behaviour. The leader, on the other hand, is often the person who has the greatest influence on the activities and beliefs of the organization, tries to solve problems both in and outside the organization, gives orders, makes decisions, and passes judgments (Gökalp, 2008).

### **1.4. Relationship between Queen Bee Syndrome and Leadership**

For women in senior management positions, queen bee syndrome is to maintain their existence as leadership positions bring with them a certain aspect of power. Leaders are expected to motivate, mobilize, and influence their followers. In other words, they must exert dominance in order to motivate and push followers to accomplish their tasks. At this very point, this power and dominance behaviour of leaders can often be misinterpreted. It can even happen that people in a leadership position are stamped as a queen bee. Leaders may be accused of displaying a toxic and overbearing leadership style. This perspective to leadership, accusing the leader to have been poisoned by power, aligns with the understanding that 'power corrupts even the best among us' (Wuertele, 2017). Queen bee effects in the workplace may originate from the different ways women employ to establish relationships due to their gender and the sexist stereotypes associated

with female leadership (Ellemers et al., 2012). In environments with few female leaders, women in top positions bear the burden of representing all women, and they may adopt masculine traits (e.g., dominance and toughness) to better fit in with their male peers. In fact, the less controlled women feel, the more they promote other women (Salles and Choo, 2020). The queen bee is a woman who does not help other women. Women in leadership positions can achieve success by attaching themselves to a mentor who helps them at the most critical point in their lives to improve their leadership skills (Rossbacher, 2013).

In this context, it is possible that the leadership perception of women with the perception of queen bee syndrome will also decrease. Because female leader candidates with queen bee syndrome cannot develop their leadership skills by losing their self-efficacy as a result of the queen bee behaviours they are exposed to. Based on this theoretical explanation, the following models and hypotheses have been developed.

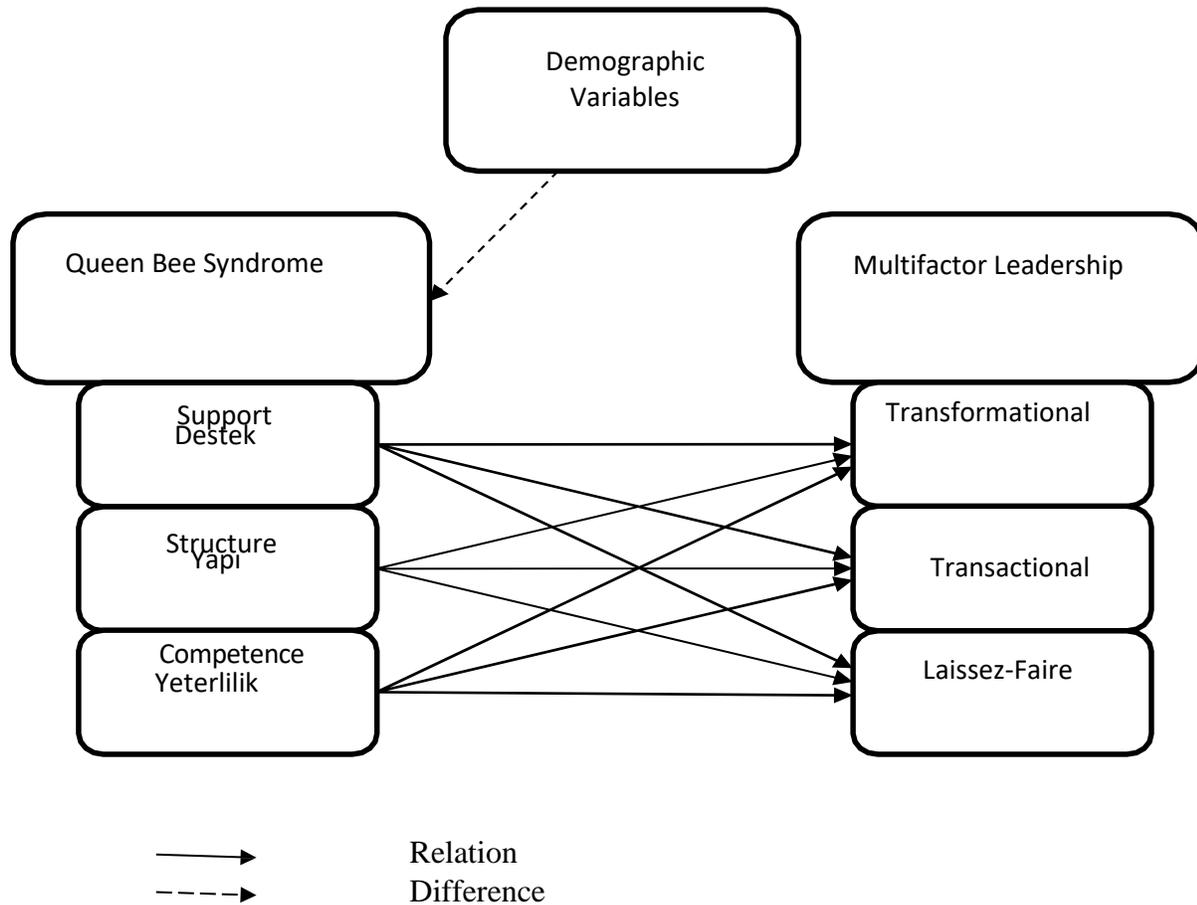
## 2. RESEARCH METHODOLOGY

### 2.1. Model and Hypotheses of Research

The hypotheses created according to the research model are stated below:

- H1:** Queen bee syndrome perception has an effect on leadership.
- H2:** Support subdimension differs significantly according to marital status.
- H3:** Structure subdimension differs significantly according to marital status.
- H4:** Support subdimension differs significantly according to job title.
- H5:** Structure subdimension differs significantly according to job title.
- H6:** Support subdimension differs significantly according to manager preference.

This research was planned to examine the relationship between queen bee syndrome and leadership (Figure 1). The model of research was as shown below:



**Figure 1. Research Model on the Relationship between Queen Bee Syndrome and Leadership Perceptions among Female Healthcare Workers.**

## 2.2. Population and Sample of Research

The population of this cross-sectional study consisted of female healthcare workers working in Ordu, Turkey. Among the non-probability sampling techniques, the convenience sampling method was chosen and first contact with the sample was established through an online questionnaire, followed by a face-to-face questionnaire. According to the information obtained, it was determined that there were a total of 4448 female health workers in Ordu. To identify the minimum required sample number, the sample calculation formula for populations of known number was employed (Yazıcıoğlu and Erdoğan, 2004). Accordingly, it was calculated that a minimum of 354 health workers needed to be reached, and as a result of data collection, a total of 515 people were reached, going beyond the initial number targeted. The sample was determined by paying attention to the coverage of all education levels, age, units and hospitals.

### 2.3. Data Collection Tools of Research

Research data was collected using “Personal Information Forms”, the “Queen Bee Phenomenon Scale”, and “Multifactor Leadership Questionnaire”.

**Personal Information Form** Comprised 9 variables aimed at identifying the participants’ personal characteristics, including age, educational background, job title, professional experience, income level, marital status, managerial experience, type of manager they prefer working with, and type of manager they find successful.

**Queen Bee Phenomenon Scale** This scale was developed by Çelen and Tuna (2021) to determine the perception of queen bee syndrome among female employees. The scale consists of 3 subdimensions (support, structure, and competence) and 27 items. The scale is of a 5-point Likert type. The higher the score, the higher the perception of queen bee syndrome.

The Scales have the necessary reliability and validity results.

**Multifactor Leadership Questionnaire (MLQ)** The scale, developed by Bass and Avolio in 1990, was adapted into Turkish by Akdoğan (2002). MLQ is a 5-point Likert scale comprising a total of 36 items and 3 factors (transformational leadership, transactional leadership, and laissez-faire leadership).

These surveys measure the queen bee syndrome and leadership perceptions of female health workers towards female managers from the perspective of the employee.

**Analysis of Data:** Data were evaluated using SPSS, version 23.0 statistical package program. AMOS 23 package program was used to determine the validity of data collection tools. As a result of the examination of the skewness and kurtosis values, it was seen that the data exhibited a normal distribution. The descriptive characteristics of the sample are given using number, percentile distribution, mean and standard deviation. While ANOVA and t-test were used to compare parametric variables, path analysis was used to search for relationships. Therefore, this study addressed the issue (Table 1, Table 2, Table 3, Table 4, Figure 1, Figure 2).

### 3. ANALYSIS

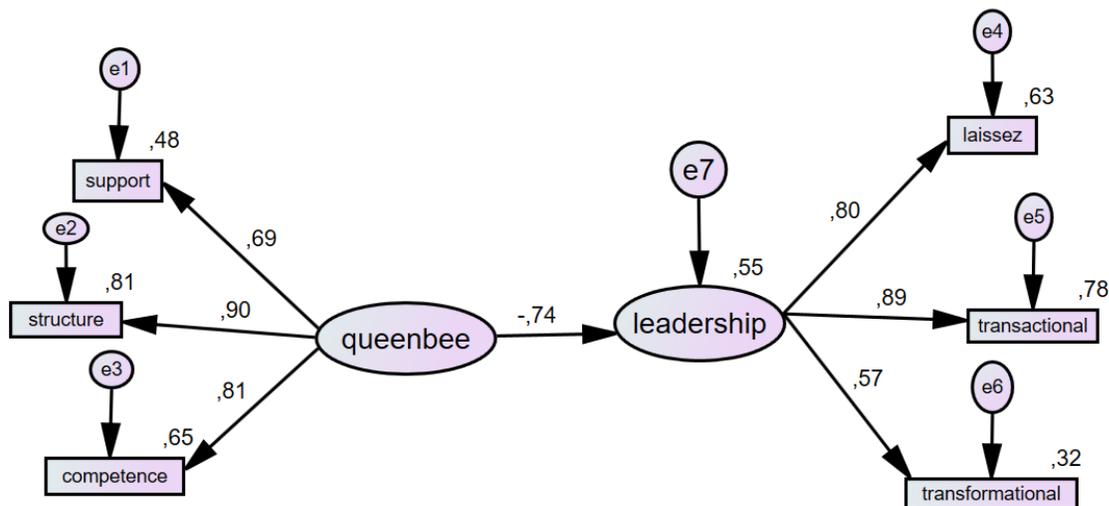
**Table 1 Distribution of Demographic Characteristics (n=515)**

Variable	Category	n	%
Age	18-24	73	14.2
	25-34	133	25.8
	35-44	193	37.5
	45 and above	116	22.5
Marital Status	Married	355	68.9
	Single	160	31.1
Income Level	2999 and below	38	7.4
	3000-5999	173	33.6
	6000 and above	304	59.0
Educational Background	High School	82	15.9
	Associate degree	116	22.5
	Bachelor's degree	268	52.0
	Postgraduate	49	9.5
Job title	Midwife-Nurse	240	46.6
	Health Officer	120	23.3
	*Other	155	30,1
Professional Experience	0-10 years	201	39.0
	11-20 years	166	32.2
	21 years or more	148	28.7
Managerial Experience	Yes	124	24.1
	No	391	75.9
**Manager Preference	Female manager	130	25.2
	Male manager	206	40.0
	Both	179	34.8
Manager Found Successful	Female manager	134	26.0
	Male Manager	213	41.4
	Both	168	32.6

\*Other = Physician, dentist, physiotherapist, audiometrist, pharmacist

\*\*Type of manager preferred working with

14.2% of the sample were in the age range of 18-24 years, 25.8% were in the age range of 25-34 years, 37.5% were in the age range of 35-44 years, and 22.5% were aged 45 years and above. A significant part of the sample (68.9%) consisted of married individuals, whereas 31.1% were single. Looking at mean income levels, it can be seen that the sample's average income was mainly between 3000-5999 TL (33.6%) and 6000 TL and above (59.0%). In average, half of the sample (52.0%) had a bachelor's degree, while the rate of individuals with an associate degree was 22.5%. Nearly half of the sample consisted of midwives-nurses (46.6%), while the rate of health officers and others was calculated to be 23.3% and 30.1%, respectively. Looking at professional experience, it can be seen that the rates of all categories were close to each other. The rate of individuals with 0-10 years of experience was 39.0%, those with 11-20 years of experience was 32.2%, and the rate of those with 21 years or more of experience was 28.7%. While the majority of the sample (75.9%) did not have managerial experience, 24.1% had managerial experience. With regard to manager preference, it can be seen that 25.2% of the participants stated they would prefer working with a female manager, 40.0% with a male manager, and 34.8% stated both. In terms of the manager type perceived successful according to gender, the participants reported that they found male managers more successful than female managers. 41.4% of the participants found male managers successful, 26.0% female managers, and 32.6% both (Table 1).



**Figure 2. Diagram 1. The Relationship Between Queen Bee Syndrome Perception and Leadership**

Queen bee: perception of queen bee syndrome; leadership: multidimensional leadership; support:

Queen bee syndrome perception support sub-dimension; structure: queen bee syndrome perception support sub-dimension; competence: perception of queen bee syndrome competence sub-dimension; laissez: multi-factor leadership scale sub-dimension of liberal leadership; transformational: multi-factor leadership scale transformational leadership sub-dimension; transactional: multi-factor leadership scale, continuity leadership sub-dimension (Gürbüz and Şahin, 2015; Meydan and Şeşen, 2011; Sümer, 2006).

In order to examine the relationship between the perception of queen bee syndrome and leadership, a model was established, and goodness of fit values were examined. According to the findings, the model's goodness-of-fit values were found at the desired level and were considered significant. When the goodness of fit values of the model are examined,  $\chi^2/df$ : 4.15; AGFI: .90; GFI: .96; CFI: .97; RMSA: .07 and NFI: .96 values, so it was understood that the initial structural model met the values of goodness of fit as a whole. When the path between queen bee perception and leadership was examined, it was observed that there was an inverse and significant relationship ( $t=-10,631$ ,  $p<0.001$ ). According to this finding, as the perception of queen bee syndrome increases, the leadership score decreases. Accordingly, Hypothesis H1 was accepted. Therefore, this study addressed the issue (Figure 2).

**Table 2. T-Test Results by Marital Status**

Factor	Category	n	Mean	Ss	Significance
<b>Support dimension</b>	Married	355	3.02	.60	$t=3.183$
	Single	160	2.84	.59	$\text{Sig}=.002$
<b>Structure dimension</b>	Married	355	2.94	.72	$t=1.718$
	Single	160	2.83	.73	$\text{Sig}=.087$

T-test analysis of the sample's mean scores in Queen Bee Phenomenon Scale support subdimension according to marital status showed that the mean score of married individuals ( $\bar{x}=3.02$ ) was statistically significantly higher than the mean score of single individuals ( $\bar{x}=2.84$ ) ( $\text{Sig}<.05$ ). Accordingly, **Hypothesis H2 was accepted.**

T-test analysis of the sample's mean scores in Queen Bee Phenomenon Scale structure subdimension according to marital status showed that the difference was insignificant ( $\text{Sig}>.05$ ). Accordingly, **Hypothesis H3 was rejected. Analyzes based on marital status were discussed (Table 2).**

**Table 3. ANOVA Test Results by Job title**

Factor	Category	n	Mean	Ss	Significance
<b>Support dimension</b>	Midwife-Nurse	240	3.05	.56	F=1.549
	Health Officer	120	2.90	.60	Sig=.040
	Other	155	2.89	.65	
<b>Structure dimension</b>	Midwife-Nurse	240	3.03	.66	F=2.222
	Health Officer	120	2.84	.70	Sig=.007
	Other	155	2.77	.71	

ANOVA analysis of Queen Bee Phenomenon Scale support subdimension score differences according to job title is given in the table above. A comparison of the groups' scale mean scores showed that the scale mean score of the midwife-nurse group ( $\bar{x} = 3.05$ ) was statistically significantly higher than the health officer ( $\bar{x} = 2.90$ ) and other job title group ( $\bar{x} = 2.89$ ) (Sig.<.05). Accordingly, **Hypothesis H4 was accepted.**

ANOVA analysis of Queen Bee Phenomenon Scale structure subdimension score differences according to job title is also given in the table above. A comparison of the groups' scale mean scores showed that the scale mean score of the midwife-nurse group ( $\bar{x} = 3.03$ ) was statistically significantly higher than the health officer ( $\bar{x} = 2.84$ ) and other job title group ( $\bar{x} = 2.77$ ) (Sig.<.05). Accordingly, **Hypothesis H5 was accepted (Table 3).**

**Table 4. ANOVA Test Results by Manager Preference**

Factor	Category	n	Mean	Ss	Significance
<b>Support dimension</b>	Female manager	130	2.56	.56	F=2.441
	Male manager	206	3.29	.51	Sig=.000
	Both	179	2.89	.51	

According to ANOVA analysis of the sample's mean scores in Queen Bee Phenomenon Scale support subdimension according to the type of manager they preferred working with; the difference between groups was found to be statistically significant (Sig. <.05). The findings showed that the Queen Bee Phenomenon Scale mean score ( $\bar{x} = 2.74$ ) of those who prefer working with a male manager was statistically significantly higher than the mean score of those who preferred working with both ( $\bar{x} = 2.35$ ) and those who preferred working with women ( $\bar{x} = 2.27$ ). Accordingly, **Hypothesis H6 was accepted. Manager preference was also evaluated (Table 4).**

### 3. DISCUSSION

In this study, a negative and statistically significant relationship was found between queen bee syndrome subdimensions and leadership subdimensions. The limited number of studies in the literature investigating in to the queen bee syndrome including its subdimensions makes the present research even more so important. İmamoğlu-Akman and Akman (2016) conducted a study that qualitatively examined the queen bee syndrome with focus on support, structure, and competence. Çelen and Tuna (2021) examined the differences between subdimensions of queen bee syndrome and demographic variables, while Ünal et al. (2022) made an analysis that addressed the concept of glass ceiling together with the subdimensions of queen bee syndrome. The studies mentioned here are similar to the present study and they are in accord with other previous studies (Derks et al., 2011b; Öztürk and Cevher, 2015; Cevher and Öztürk, 2015; Akdöl and Menteş, 2017).

It was found that the perception of queen bee syndrome support subdimension differed significantly according to marital status, but not in terms of structure subdimension, suggesting that married individuals have a higher perception of queen bee syndrome as they have more family responsibilities compared to single individuals and do not receive support for becoming a manager. The result obtained on perception of support dimension is similar to the results obtained in other studies (Derks et al., 2011b; Öztürk and Cevher, 2015; İmamoğlu-Akman and Akman, 2016; Şengül et al., 2019; Çelen and Tuna, 2021). However, Çelen and Tuna (2021) found in their study significant differences between the marital status variable and structure dimension.

It was found that the perception of queen bee syndrome support dimension differed significantly according to job title. Midwives and nurses have a higher perception of this dimension than other occupational groups. A possible reason could be that they do not receive support from their managers. Also, it is thought that their negative thoughts about their managers possibly stem from their past experiences. Çelen and Tuna (2021) obtained similar results in terms of the job title variable. Likewise, in a qualitative study conducted on nurses, Şengül et al. (2019) found that female managers were more suitable for managerial positions in healthcare services, but that the presence of more than one female manager could cause competition and conflict in the workplace, and this was more prevalent especially in female managers of the same status.

It was found that the perception of queen bee syndrome support dimension differed

significantly according to manager preference. Female workers tend to prefer working with a male manager (Bickford, 2011). In a study by Stoker et al. (2012), it was found that managers are usually stereotyped as masculine, and that female employees, mostly female managers, preferred working with male managers. In other studies, it was found that the perspective and attitude toward female managers in the education and tourism sectors was negative (İmamoğlu- Akman and Akman, 2016; Hurst et al., 2018; Çelen and Tuna, 2021; Mert, 2022). Studies show that employees prefer working with male managers in workplace environment (Cevher and Öztürk, 2015; İmamoğlu- Akman and Akman, 2016; Tolay, 2020; Çelen and Tuna, 2021; Mert, 2022).

#### 4. CONCLUSION AND RECOMMENDATIONS

In this study, the relationship between queen bee syndrome perceptions and leadership perceptions of female health workers working in the health sector was examined. Female managers are discussed from the perspective of female employees. The aim of the study is to evaluate the views of female health workers regarding female managers in the context of queen bee syndrome. No other study has been found that examines this concept together with leadership. In addition, there is a scarce number of studies on queen bee syndrome in the health sector. This study provides new information to the field.

Research was limited to female healthcare workers working in Ordu province, and hence, it is not possible to generalize the results.

The results of this study revealed a negative and statistically significant relationship between Queen Bee Phenomenon Scale subdimensions and MLQ subdimensions, suggesting that the higher the perception of queen bee syndrome among female healthcare workers, the lower their perception of leadership.

Female employees who perceive queen bee syndrome in their managers in the health sector may think that their managers see themselves as competitors, complicate their work and treat them inappropriately. Just as the only dominant queen bee in the hive is the female manager in the health sector, female employees who perceive that the dominant person is the female manager may see that they have a low chance of rising to the top and may think that they are not given a job opportunity. It is suggested that the perceptions of female employees working under queen bee pressure and stress should be investigated in more detail.

Trainings on topics like self-esteem, leadership, and mentorship should be given to female managers and female workers to reduce queen bee syndrome.

Married individuals were found to have a higher perception of queen bee syndrome support subdimension than singles, and midwives-nurses than other job title groups, based on which it was concluded that married individuals and midwives-nurses were less supported by their families and managers. This being case, it can be said that the said groups experience more conflict and competition in their workplaces and have a negative perspective toward female managers. This dimension showed that female workers did not receive support in their workplace and private life, and that conflict between women is more common. Queen bee syndrome structure subdimension was found to be significantly higher in midwives-nurses compared to other groups, suggesting that midwives and nurses have a higher perception of the structure dimension indicative of their attitude and behaviour towards the character and personal traits of female managers, which is attributable to the long working hours of midwives and nurses, them being exposed to managers to a higher extent, and the occupational group consisting mostly of women. Female managers are recommended to focus on their goals rather than their subordinates and be more willing to support other women. Providing manager training for women in lower and middle positions before they are promoted to a higher position, and giving special leadership training to women working in senior management positions can reduce queen bee effects. Special leadership training should be given to midwives-nurses and married staff.

The other variables, namely marital status and manager preference did not differ in terms of structure subdimension. 25.2% of female healthcare workers reported they would prefer working with female managers, 40.0% with male managers, and 34.8% with both. Furthermore, 41.4% found male managers successful, 26.0% female managers, and 32.6% both. It is thought that this can be attributed to women's negative experiences in the past.

Research should be conducted on women who have broken the glass ceiling and overcome the queen bee syndrome to shed light on other women. It is recommended that a scale be developed to measure the perception of queen bee syndrome, which should be validated cross-culturally and compare the views of male and female workers. In order to explain the concept of queen bee syndrome comprehensively, the concept should be investigated together with variables such as organizational commitment, organizational justice, personality, intention to leave, and culture.

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