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Evaluation of the Structure-Satisfaction Relationship in Health Organizations *

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Abstract

The aim of this paper, conducted in hospitals across Türkiye, is to investigate the relationship between organizational structure and job satisfaction, as well as to evaluate its impact on expectations and overall satisfaction. In this context, a study was carried out in hospitals operated by the Ministry of Health (MoH), universities, and private entities, examining how employees perceive the levels of formalization, centralization, complexity, and specialization that constitute the organizational structure, and how these factors influence their job satisfaction levels. We also aimed to perform a comparative analysis by illustrating the relationship between structure and satisfaction in hospitals with different ownership types, while proposing structural variables to enhance job satisfaction. The findings indicate that private hospitals significantly differ from publicly-owned and university hospitals at a notable significance level. When comparing complexity levels among hospitals, it was observed that MoH hospitals exhibited a negative difference compared to both private and university hospitals.

Keywords: Healthcare Organizations, Job Satisfaction, Ministry of Health, Organizational Structure, Structural Variables in Healthcare System.

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1. INTRODUCTION

Centralization, which includes the level and form of decision-making authority in the organization, also refers to the power and intensity of decision-making authority (Bradish, 2003, p. 16). Centralization is also defined as the evaluation criterion related to the determination of the area of authority, finance, evaluation, business relations and decision-making processes (Weels, 1990, p. 2). Formalization can be defined as a set of rules created by codified and defined jobs (Hage & Aiken, 1970, pp. 22-23), the most basic organizational structure dimension (Pugh et al., 1968, p. 65), the expectations of the institution for a certain role (Zeitz, 1984, p. 302), and the technique of job-related predictions that will find answers to the questions of when and how. Specialization is the level of dividing organizational responsibilities into separate jobs (Daft, 2008, p. 15), aiming to ensure that employees of the organization who do not have similar skills become successful in their work through repetition in order to achieve effective results (Robbins & Judge, 2013, p. 489). The number of occupational specialties included in the organization and the length of training required for each are important indicators of the level of complexity of the organization (Hall et al., 1967, p. 905).

Employee job satisfaction in hospital organizations, where health services must meet patient expectations across various scenarios and enhance societal confidence in the health system, is critically important and is believed to be influenced by the organizational structure. This study aimed to conduct comparative analyses by revealing the relationship between structure and satisfaction in hospitals that differ in ownership status and to provide recommendations regarding structural variables to enhance job satisfaction.

2. LITERATURE REVIEW

2.1. Organizational Structure

Today, human life, which begins in hospital organizations at birth, continues through interactions with various organizations to fulfill interests, wishes, and needs throughout life, ultimately concluding in health organizations where one engages with the world. The formal organizational structure can be visually represented through organizational charts (Koçel, 2003, p. 171). Conversely, in organizational literature, the term "design" is often used alongside "structure" (Hodge et al., 1996, p. 32).

Pugh categorized organizational structure into dimensions such as specialization, standardization, formalization, centralization, structuring, and flexibility (Pugh et al.,1968, p. 65). Reimann, who also examined structural differences in high and low-performance organizations, identified the dimensions of organizational structure as the degree of centralization, specialization, and formalization (Reimann, 1974, p. 693). Researchers who assert the existence of three fundamental dimensions within organizations typically recognize centralization, formalization, and complexity.

These dimensions are regarded as the most influential factors in the decision-making process (Frederickson, 1986, p. 282).

2.2. Job Satisfaction

Job satisfaction is the accumulation of emotions that arise from what the employee has experienced during this time, reflecting the sum of their feelings about their job. This accumulated sentiment regarding the employee's experiences in their working life may manifest as either satisfaction or dissatisfaction (Spector, 1997, p. 2).

From an organizational perspective, job satisfaction can be defined as the state in which employees experience happiness and a sense of fulfillment while performing their responsibilities with genuine pleasure. The workplace behaviors of employees who feel positive in their working life and carry out their profession with high motivation are seen as a clear reflection of their job satisfaction (Brent et al., 2017, p. 380). The impact of employee behavior, body language, and effective information sharing on customer satisfaction emphasizes the importance of aligning job satisfaction with organizational objectives (Naktiyok & Küçük, 2003, p. 240).

When reviewing the literature, it is clear that the factors identified between five and thirteen regarding work directly influence the development of satisfaction and establish internal and external classifications (Karaman & Altunoğlu, 2007, p. 110). Research indicates a significant correlation between employee autonomy, feedback effectiveness, job clarity, and job satisfaction (Friday & Friday, 2003, p. 430).

3. ORGANIZATIONAL DESIGN VARIABLES ORIENTED TO THE JOB SATISFACTION PROCESS: RESEARCH HYPOTHESIS

In addition to researchers who argue that job satisfaction is low among employees working in organizations with a high level of formalization, some scholars argue that there is a positive and linear relationship between organizational design or structure dimensions and satisfaction (Altunoğlu & Karaman, 2005, p. 84). In this context, it has been observed that success and job satisfaction levels increase in structures that convert procedures, rules, and regulations into more flexible forms (West et al., 1998, pp. 274-275), as concluded by Lambert et al. (2006, p. 39) in their study of 272 employees, where high levels of formalization were associated with high levels of job satisfaction.

Researchers Bucic and Gudergan (2004) explored the potential dynamic capabilities within organizational structures and found that the generation of new ideas is negatively impacted in highly centralized organizations, which in turn affects job satisfaction (Bucic & Gudergan, 2004, p. 261).

In contrast to Srivastava's (2010) findings, which concluded that complexity levels do not directly influence employees' job satisfaction (Srivastava et al., 2010, p. 261), some studies suggest that higher job satisfaction levels are reported by those who perceive the organizational structure as complex (Folami & Bline, 2012, p. 215). Brumels and Beach conducted a survey in 2008 involving 348 trainers

from the National High School Athletic Coaches Association to investigate the relationship between complexity levels and job satisfaction in university athletics departments. The research indicated a negative correlation between complexity levels and job satisfaction, revealing that as complexity increased, employee job satisfaction decreased (Brumels & Beach, 2008, p. 377).

Based on these studies, it has been determined that the dimensions of organizational structure-namely formalization, centralization, and complexity-impact job satisfaction, leading to the formulation of the following hypotheses.

H1: The level of formalization in hospitals affects employees' job satisfaction.

H2: The level of centralization in hospitals affects employees' job satisfaction.

H3: The level of complexity in hospitals affects employees' job satisfaction.

H4: The level of specialization in hospitals affects employees' job satisfaction.

Hospitals in Türkiye must be categorized into three groups based on their ownership structures: those affiliated with the Ministry of Health, which is the primary health service provider; university hospitals; and private hospitals. Conversely, private hospitals, which have distinct organizational reasons and structures, can be established under Private Hospitals Law No. 2419. These hospitals are managed by boards of trustees or executive boards, with a managing director responsible for administrative, medical, and technical services. Unlike public hospitals operated by the Ministry of Health, which prioritize meeting public needs and are established and operated regardless of profitability, private hospitals that are planned in regions with dense populations and high income levels are driven by profitability (Köseoğlu & Ocak, 2010, p. 72).

On the other hand, university hospitals, referred to as health practice and research centers under Article 3 of Higher Education Law Number 2547, are expected to lead innovations in the healthcare industry. They provide services to individuals to foster healthy societies and offer comprehensive solutions to emerging issues, delivering the best medical care. Additionally, they fulfill the roles of educating service providers and identifying advanced techniques for diagnosis and treatment. Established as research and application centers, university hospitals can utilize training as professional practice units to develop regulations for their internal operations and to contribute human resources to the health sector. The administrative, financial, and technical services of university hospitals are organized by chief managers, who have the opportunity to establish an additional budget and revolving fund within their financial framework. However, despite being managed by the rector through appointments, they lack a complete standard in terms of management and organization (Uğurluoğlu, 2015, p. 53).

The recognition that enhancing the quality of healthcare services is achievable by boosting the job satisfaction levels of healthcare workers, regarded as internal customers, led to the introduction of a

performance-based payment system, which was initially piloted in 10 institutions in 2003. Beginning in 2004, this system has been implemented across all hospitals offering primary, secondary, and tertiary healthcare services under the Ministry of Health. The primary objective of the system, which aims to reward employees with additional payments proportional to their contributions to health services, is to elevate service quality and patient satisfaction alongside employee job satisfaction. In this context, the Ministry of Health has aimed for a measurable increase in employee satisfaction (Kaya et al., 2013, p. 35). However, when the additional funds allocated to employees are modified without maintaining budget discipline, and organizations encounter financial difficulties, attempting to cover expenses for maintenance, upgrades, equipment, and human resources from the revenues of the revolving fund negatively affects the satisfaction levels of healthcare workers employed in university hospitals (Danacı, 2010, p. 145). The job satisfaction levels of employees in private health institutions were found to be higher than those in hospitals affiliated with the Ministry of Health and universities, with the satisfaction levels of health workers in university hospitals being assessed as the lowest (Şahin et al., 2017, p. 94).

Considering the differences arising from ownership in terms of legislation, organizational objectives, and allocated resources, the following hypothesis statements have been developed to evaluate the potential variations in hospitals and employee job satisfaction levels:

H5: Differences exist in the organizational structures of hospitals that operate under distinct institutional systems based on ownership.

H6: Variations are present in employee job satisfaction levels among hospitals that function under separate institutional systems based on ownership.

4. RESEARCH METHODOLOGY

4.1. Sample and Data Collection

The data required for this study were collected from health professionals working in private, public, and university hospitals in Trabzon in 2019. The study was conducted using a face-to-face survey method, and a survey form consisting of 61 statements was created to measure the dimensions of the organizational structure, perspectives on general job satisfaction, and the level of relationship between them. Considering the intense working conditions, the response rate might be low, and potential errors in the completed questionnaires were acknowledged. A total of 600 questionnaires were distributed to achieve the necessary sample size. Six of the 530 returned questionnaires were excluded due to deficiencies, resulting in a total of 524 questionnaires included in the analysis. The response rate of the analyzed surveys is 87.3%. This percentage and the number of questionnaires provide a strong representation of the research population.

The analysis of the research commenced with the scale tests prepared to access the data. Analyses were evaluated at a significance level of $p = 0.05$. The reliability and validity analyses of the scales used to reveal the organizational structure and job satisfaction were conducted with the assistance

of SPSS and LISREL package programs. Confirmatory factor analysis was conducted separately for the organizational structure and job satisfaction scale, and it was determined that the factor loadings of the items were between 0.35 and 0.81. Additionally, regression and variance analyses were also performed.

It is stated that the relationship between the data and the model is indicated by CMIN/DF ($2 \leq \chi 2/sd \leq 5$) and that a goodness of fit index value of $.85 \leq GFI$ is considered an acceptable measure for fit (Karagöz & Ağbektaş, 2016, p. 279). The model fit values obtained as a result of the analysis of the organizational structure scale are also within acceptable limits, as shown in Table 1. On the other hand, Table 2 shows the fit index values of the job satisfaction scale.

Table 1. Results of the DFA Fit Index Related to Organizational Structure Scale

Indexes	Measurement Model	Acceptable Fit
CMIN/DF	2.30	$2 \leq \chi 2/sd \leq 5$
AGFI	0.85	$.85 \leq AGFI \leq .90$
GFI	0.88	$.90 \leq IFI \leq .95$
CFI	0.95	$.90 \leq GFI \leq .95$
NFI	0.93	$.90 \leq CFI \leq .95$
NNFI(TLI)	0.93	$.90 \leq NFI \leq .95$
IFI	0.95	$.90 \leq TLI \leq .95$
RMSEA	0.69	$.05 \leq RMSEA \leq .08$
SRMR	0.77	$.05 \leq SRMR \leq .10$

Table 2. CFA Fit Index Results for Job Satisfaction Scale

Indexes	Measurement Model	Acceptable Fit
CMIN/DF	4.13	$2 \leq \chi 2/sd \leq 5$
AGFI	0.85	$.85 \leq AGFI \leq .90$
GFI	0.89	$.90 \leq IFI \leq .95$
CFI	0.96*	$.90 \leq GFI \leq .95$
NFI	0.95	$.90 \leq CFI \leq .95$
NNFI(TLI)	0.91	$.90 \leq NFI \leq .95$
IFI	0.96*	$.90 \leq TLI \leq .95$
RMSEA	0.71	$.05 \leq RMSEA \leq .08$
SRMR	0.59	$.05 \leq SRMR \leq .10$

*(Perfect fit)

The reliability of the scales was assessed using the method of internal consistency, evaluated according to Cronbach's Alpha criteria. Cronbach's Alpha, which yields a value between 0 and 1,

indicates reliability as it approaches 1 (Morgan et al., 2004, p. 122). The process of item correlation was examined through a three-step item deletion procedure, with the analysis repeated after each step. In the final stage of this process, it was determined that the Cronbach's Alpha values of the scales used were at an acceptable level. The results of these analyses for each scale are discussed in the findings section.

Factor analysis was also conducted on the scales regarding reliability and validity. Factor analysis, which offers advantages such as enhancing the significance level of existing variables and generating new variables, aims to uncover the relationships between the items. In Confirmatory factor analysis, the factor under which the items are grouped is known in advance (Şimşek, 2007, p. 7). In this regard, Confirmatory factor analysis can be viewed as a demonstrative analysis. In our study, both exploratory and Confirmatory factor analyses were performed on the Organizational Structure Scale. However, due to its universal nature, only Confirmatory factor analysis was carried out for the Job Satisfaction Scale. SPSS software was employed for Exploratory factor analysis, while LISREL software was utilized for Confirmatory factor analysis in our study.

4.2. Measures

When creating the survey form, reliable and validated scales previously employed in the literature were utilized. In this context, Posdakoff and MacKenzie (1994) were referenced to determine the level of formalization, Hage and Aiken (1967) for centralization, Hall et al. (1967) and Jackson (2007) for complexity (differentiation), and Schaffer (1986), Olson et al. (2005), Pugh et al. (1968), Walton (1981), and Tannenbaum (1992) for specialization. Consequently, a 34-item scale was developed to assess organizational structure.

Satisfaction levels of healthcare professionals were measured using the Minnesota Satisfaction Scale developed by Weiss et al. (1967), whose validity and reliability were established. The scale, translated into Turkish by Baycan in 1985, consists of 20 statements aimed at assessing internal satisfaction, external satisfaction, and overall job satisfaction (Gönültaş et al., 2018, p. 32). Statements 42-54 in our questionnaire are designed to measure internal satisfaction, while statements 55-61 are intended for measuring external satisfaction. The entirety of the satisfaction scale statements is focused on assessing overall job satisfaction (Weiss et al., 1967, p. 110).

Additionally, 7 questions prepared to evaluate the demographic and environmental characteristics of the employees were included in the questionnaire.

4.3. Ethical Considerations

Participation in this study was voluntary. Informed consent ensured that students were aware of the confidentiality of their collected data and their right to withdraw from the research. Each student was assigned a personal code to maintain confidentiality and facilitate data matching across surveys. Ethics approval was granted by the Social and Human Sciences Ethics Committee (Reference:

88656144-000-E.19002 24182). Ethics approval and other permissions obtained from local authorities, institutions, and hospitals are available from the corresponding author upon request.

5. RESULTS

The distributions of responses provided by participants to the directed questions aimed at identifying the employees who took part in the survey within the research criteria are summarized in Table 3.

Table 3. Findings Regarding Participants' Demographic and Descriptive Characteristics

CHARACTERISTIC		F	%	CHARACTERISTIC		F	%
Gender	Female	339	64.7	**Education**	Primary School	6	1.1
	Male	185	35.3		High School	106	20.2
Marital Status	Married	390	74.4		Associate's Degree	131	25.0
	Single	134	25.6		Bachelor's Degree	221	42.2
					Graduate Degree	60	11.5
Age Range	Younger than 25	45	8.6	**Years of Service in the Profession**	Less than 5 years	99	18.9
	25-42	322	61.5		5-15 yıl	207	39.5
	43-54	134	25.6		15-25 yıl	167	31.9
	55-65	23	4.4		More than 25 years	51	9.7
	Older than 65	-	-				
Employment Institution	Private	64	12.2	**Occupation**	Health Administrator	32	6.1
	University	207	39.5		Doctor	53	10.1
	Ministry of Health	253	48.3		Nurse	159	30.3
					Other	280	53.5

5.1. Findings Regarding Organizational Structure Scale

In this section of the analysis, we will present reliability analysis, exploratory and confirmatory factor analyses, and descriptive statistics for our organizational structure scale.

Reliability analysis serves as the foundation for measuring and interpreting the obtained values. Initially, the correlation level between each item and the total score from the questionnaire is evaluated individually, and its alignment with the overall scale is tested. In the fourth stage of the analysis, conducted according to the principles outlined in the analysis methods section and accepted within the literature, it was observed that the total correlation for any item was no less than 0.30, which was established as the cut-off point (Table 4). Furthermore, it was concluded that removing any item from the scale would not result in a significant increase in the Cronbach's alpha reliability coefficient, which was calculated to be 0.885.

Table 4. Reliability Analysis Regarding the Organizational Structure Scale: Fourth and Last Step

Item No	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item Total Score Correlation	Cronbach's Alpha Coefficient if Item Deleted
Item 8	65.8855	130.599	.546	.878
Item 9	66.1775	125.313	.571	.878
Item 10	66.2615	128.794	.543	.878
Item 11	65.9504	129.439	.604	.877
Item 12	65.8817	129.649	.587	.877
Item 13	65.6660	131.385	.527	.879
Item 14	65.1718	136.678	.307	.885
Item 23	65.1870	136.462	.320	.885
Item 24	65.4943	131.505	.536	.879
Item 25	65.3779	135.731	.369	.883
Item 26	65.7824	132.526	.494	.880
Item 30	65.7748	133.551	.413	.882
Item 31	65.7271	131.725	.533	.879
Item 32	66.0248	132.736	.466	.881
Item 33	66.2061	133.265	.450	.881
Item 34	66.0515	134.680	.429	.882
Item 35	65.7061	133.244	.479	.881
Item 36	65.5821	134.993	.385	.883
Item 37	66.1660	132.433	.479	.880
Item 38	66.1069	128.356	.606	.876
Item 39	66.4141	129.337	.555	.878

General Scale	Arithmetic Mean	Variance	Standard Deviation	Number of Items	Cronbach alpha
	69.1298	144.721	12.03001	21	0.885

As a result of the factor analysis, it was found that the factor loadings of 21 items in the scale were not lower than 0.30, and the items were grouped into four factors. Based on the expressions in the scale, the 1st Factor was named the formalization level, consisting of 6 statements; the 2nd Factor was named the specialization level, consisting of 7 statements; the 3rd Factor was named the complexity level, consisting of 5 statements; and the 4th Factor was named the centralization level, consisting of 3 statements. When examining the total variance results for the scale, it is observed that the formality dimension accounts for 30.921% of the variance, the specialization dimension accounts for 11.017% of the variance, the complexity dimension accounts for 9.327% of the variance, and the centralization

dimension accounts for 5.255% of the variance. The KMO (Kaiser-Meyer-Olkin Measure of Sampling Adequacy) sample adequacy measure (0.893), which demonstrates the suitability for applying descriptive factor analysis to the obtained data, and the degree of sphericity (Bartlett's Test of Sphericity; 4248.687 p<.000), which indicates the potential for significant factors to emerge from the research data, are at an adequate level. The reliability of the scale, as indicated by Cronbach's alpha coefficient in the table, is 0.885, which exceeds the acceptable level recommended in the literature for reliability.

5.2. Findings Regarding Job Satisfaction Scale

The Minnesota Job Satisfaction Questionnaire, widely utilized in the literature to assess job satisfaction levels, underwent confirmatory factor analysis. The estimation results of the Minnesota Short Form scale model, employed to gauge job satisfaction, were analyzed within the framework of confirmatory factor analysis. In the "Standardized Solution" menu, it is essential to evaluate that the factor structure of the scale and its load values should be 0.30 or higher (Seçer, 2013, p. 150). Upon examining the regression weights (parameter estimates) derived from the model, it was noted that the standardized regression weight of the items was no less than 0.35.

Initially, correlation analysis was employed to test the hypotheses underpinning the research and to ascertain the nature of the relationship between the factors constituting the organizational structure and job satisfaction, including its sub-dimensions. In the correlation analysis conducted to identify the direction and degree of the relationship between two variables, if a relationship exists, the correlation coefficient denoted by the letter "r" ranges from -1 to +1. In this context, the sign of "r" indicates the direction of the relationship, while the magnitude of the coefficient reflects its degree. A negative value signifies an inverse link between the variables, whereas positive values indicate the increase and decrease in the values of both variables (Köksal, 1994, p. 377).

When examining the relationship between organizational structure and job satisfaction in general terms, a positive and significant correlation is observed between the two variables at the 99% significance level (r = 0.464) (Table 5). Additionally, there is a positive and significant relationship between job satisfaction and the level of formalization (r = 0.371), centralization (r = 0.332), complexity (r = 0.190), and specialization (r = 0.441), which are sub-dimensions of organizational structure. The relationship between specialization and internal satisfaction (r = 0.404), external satisfaction (r = 0.411), and general satisfaction (r = 0.441) is stronger than that of other organizational structure factors (Table 5). These results suggest that the characteristics of the dimensions representing the organization's structure are related to job satisfaction. The specialization dimension shows a stronger correlation in this relationship, while the correlation is weaker in the complexity dimension.

Table 5. Correlation Table for Organizational Structure and Job Satisfaction Dimensions

FACTORS		Internal satisfaction	External satisfaction	Overall Satisfaction
Formalization	Pearson Correlation	.323**	.372**	.371**
	Sig. (2-tailed)	.000	.000	.000
	N	524	524	524
Centralization	Pearson Correlation	.292**	.330**	.332**
	Sig. (2-tailed)	.000	.000	.000
	N	524	524	524
Complexity	Pearson Correlation	.231**	.095*	.190**
	Sig. (2-tailed)	.000	.030	.000
	N	524	524	524
Specialization	Pearson Correlation	.404**	.411**	.441**
	Sig. (2-tailed)	.000	.000	.000
	N	524	524	524
Organizational Structure	Pearson Correlation	.431**	.425**	.464**
	Sig. (2-tailed)	.000	.000	.000
	N	524	524	524

To test the impact of the level of centralization, one dimension of organizational structure, on internal and external satisfaction, as well as overall job satisfaction, the regression equation considered the centralization level as the independent variable, while internal satisfaction, external satisfaction, and general job satisfaction were treated as dependent variables. Centralization accounts for 8.5% of internal satisfaction, 10.9% of external satisfaction, and 11% of total job satisfaction. Furthermore, it is evident that the independent variable's influence on internal satisfaction (=0.292), external satisfaction (=0.330), and overall job satisfaction (=0.332) is significant. The level of specialization, another dimension of organizational structure, was examined for its effects on internal, external, and overall job satisfaction using a regression equation where the specialization level served as the independent variable and the dependent variables were internal, external, and overall job satisfaction.

The specialization level explains 16.3% of internal satisfaction, 16.9% of external satisfaction, and 19.4% of overall job satisfaction. Additionally, the independent variable's impact on internal satisfaction (=0.404, $p<0.001$), external satisfaction (=0.411, $p<0.001$), and overall job satisfaction (=0.441, $p<0.001$) is significant. The effect of specialization on internal satisfaction is greater than that of other structural dimensions ($\beta=.274$) (Table 6). It was also noted that the effects of centralization and complexity on internal satisfaction were not significantly pronounced. When these results are considered collectively, they indicate that the levels of specialization and formalization have a more substantial impact on internal satisfaction than other structural dimensions.

Table 6. The Impact of Organizational Structure and its Dimensions on Job Satisfaction and its Dimensions

Factors	Dependent Variables					
	Internal Satisfaction		External Satisfaction		Overall Satisfaction	
	β	t	β	t	β	t
Formalization Level	.171**	3.818	.263**	6.087	.225**	5.201
Centralization Degree	.087	1.856	.124**	2.735	.110	2.430
Complexity Level	.024	.536	-.170**	-3.910	-.059	-1.358
Specialization Level	.274**	5.279	.310**	6.184	.313**	6.213
Durbin Watson	1.771		1.705		1.768	
R^2	.197		.250		.247	
Adjusted R^2	.191		.245		.241	
F	31.840**		43.328**		42.514**	

After identifying the differences in the dimensions of the organizational structure regarding ownership, LSD analysis was conducted to ascertain the source of these differences. According to the LSD analysis data, the average for private hospitals differs from that of the MoH (Ministry of Health) (.57182) and university hospitals (.72377) in terms of the level of formalization. There is no statistically significant difference between the MoH and university hospitals regarding formalization levels. This indicates that private hospitals are more formal than both the MoH and university hospitals.

In terms of centralization, the averages for private hospitals differ from those of the Ministry of Health (.41780) and university hospitals (.49348). No significant difference was found between the averages of the Ministry of Health and the university hospital. This suggests that the level of centralization in private hospitals is higher than that of the MoH and university hospitals.

In terms of the complexity, the average for MoH Hospital significantly differs from the averages of private hospitals (-0.28965) and university hospitals (-0.19016). This indicates that, unlike the other three dimensions, there is a statistical difference between the averages of university hospitals and the Ministry of Health in the findings related to complexity in the analysis of ownership structures. Conversely, no significant difference was observed between the averages of private hospitals and university hospitals. This result suggests that employees perceive both private and university hospitals as more complex than the MoH hospital.

In terms of specialization levels, the averages of private hospitals differ significantly from those of the Ministry of Health hospital (0.45253) and the university hospital (0.44362). However, no significant difference is observed between the averages of the Ministry of Health hospital and the university hospital. This suggests that private hospitals exhibit a higher level of specialization compared to both the MoH Hospital and the university hospitals.

Regarding formalization, centralization, and specialization, private hospitals, Ministry of Health hospitals, and university hospitals show considerable differences from one another. However, there are

no notable distinctions between university hospitals and Ministry of Health hospitals in these aspects. The Ministry of Health, private hospitals, and university hospitals differ significantly in terms of complexity, while no significant difference exists between private hospitals and university hospitals. Therefore, hypothesis H5 was partially supported.

A one-way analysis of variance was conducted to determine whether there are differences in internal satisfaction, external satisfaction, and general job satisfaction among employees in hospitals with distinct corporate identities based on ownership. For all three satisfaction variables, the averages for private hospital employees are higher. Conversely, there was no significant difference in the internal satisfaction levels of employees in the Ministry of Health and university hospitals. A similar outcome was observed for external satisfaction, with health workers in private hospitals reporting higher external satisfaction than those in the Ministry of Health (0.44563) and university hospitals (0.54312). There was no significant difference in external satisfaction levels between employees in the MoH and university hospitals. Similar findings were noted for overall job satisfaction. Although significant differences exist between private hospitals and the MoH and university hospitals regarding internal, external, and general satisfaction, no significant difference was found between university hospitals and MoH hospitals for the same factors. In this regard, hypothesis H6 was partially accepted.

The correlation between the degree of formalization and internal, external, and job satisfaction is stronger in hospitals affiliated with the Ministry of Health (MoH) compared to other hospitals. However, this relationship is less pronounced in private hospitals.

The connections between internal, external, and job satisfaction are more strongly correlated with centralization levels in private hospitals than in other institutions. This trend is particularly evident in terms of external satisfaction.

When examining the relationships between the level of complexity regarding ownership and satisfaction, a significant correlation emerges between the complexity perceived by MoH and private hospital employees and their internal, external, and job satisfaction. A notable relationship exists between the complexity level and internal satisfaction for university hospitals. The impact of complexity on job satisfaction is more pronounced in MoH hospitals than in other types of hospitals.

The analysis conducted to evaluate the influence of the four independent variables on the dependent variables yielded significant results across hospitals with different ownership structures. In Ministry of Health hospitals, the organizational structure had the most substantial effect on job satisfaction, while university hospitals exhibited the least impact compared to other hospital types.

6. RESULTS AND DISCUSSION

Organizations aiming to achieve their goals amid national and international competition engage in a struggle to be both efficient and perform above average to sustain their continuity in the current information age. Therefore, organizations should prioritize ensuring job satisfaction among their

employees to maximize the effectiveness of their human resources. Job satisfaction, defined as individuals' emotional response to their job roles, arises from the interplay of psychological, physiological, and environmental factors, significantly contributing to the organization's efficiency and long-term goal attainment. Job satisfaction, which merits examination through various variables, has also been evaluated from the perspective of organizational structure (Oldham & Hackman, 1981, p. 78). Previous research investigating the relationship between structural characteristics such as size, centralization, formalization, specialization, and complexity in organizations and employees' level of job engagement has revealed a paradox. Some studies found that structural parameters positively influenced job satisfaction and increased it, while others indicated the opposite, leading to a decrease in job satisfaction (Altunoğlu & Karaman, 2005, p. 84).

The first variable of this research is the level of formalization. While some studies indicate that decentralized organizations, where employees engage in decision-making processes and adopt an empowered workforce approach beyond formal communication channels, enhance job satisfaction by demonstrating flexible management behaviors instead of adhering to standard procedures (Altunoğlu & Karaman, 2005, p. 94), other studies have found high job satisfaction in environments characterized by high levels of formalization (Lambert et.al., 2006, p. 39). In our study, six statements were utilized to measure the perceived level of formalization, resulting in an average score of 3.15.

Our research revealed a positive and significant relationship between the level of formalization and job satisfaction, as well as between formalization and both internal and external satisfaction. We defined the level of formalization as the degree of role definition, rules, authority relationships, communication, power distance, norms, sanctions, and procedures. This level not only mitigates potential tensions between organizational and professional demands but also aids in establishing a trustworthy institutional image (Organ & Greene, 1981, p. 250). The research findings align with existing literature, suggesting that by predefining what, when, and how tasks should be performed in hospitals, formalization can enhance the tendency to avoid uncertainties and positively influence job satisfaction.

The second variable in our study, structured within the research questions, is the level of centralization. This variable was measured using three expressions, yielding an average score of 3.03.

When examining the literature, it can be stated that there are studies supporting a positive and linear relationship between the degree of centralization in organizational structure and satisfaction, as well as studies indicating that decentralization positively affects employee job satisfaction and both internal and external satisfaction levels. Particularly, it has been observed that employee involvement in decision-making reduces absenteeism and turnover rates and has a positive relationship with satisfaction (Bragg & Andrews, 1973, pp. 732-733). A study conducted on nurses in California hospitals with bed capacities ranging from 200 to 500 also interpreted that a decentralized structure directly affects job

satisfaction (Shoemaker & El-Ahraf, 1983, p. 75). In this study, it was noted that the degree of centralization has a significant positive effect on job satisfaction and its sub-dimensions, namely internal and external satisfaction. The positive effect of centralization on job satisfaction can be supported by the assumption that Turkish society embraces a hierarchical culture. Therefore, in organizations where power distance is high, resistance to change is observed, and the prevailing command-and-control approach is more effective than participation in decision-making in Turkish society and ultimately in organizations. In Turkish society, where being recognized as an individual is important, the structure of the society values belonging to a group, and expectations from leaders are shaped accordingly (Sargut, 2001, p. 234). In the Turkish societal structure, where leaders or managers are considered parental figures in the workplace, unlike Western studies suggesting that decentralization increases job satisfaction through participation in decision-making processes in superior-subordinate relationships, it is believed that the positive impact of the degree of centralization on internal, external, and overall job satisfaction can be among the reasons.

Within the organizational structure, we can discuss the level of complexity, also known as organizational differentiation, in terms of the diversity and depth of departments and hierarchical levels. Complexity is assessed along its dimensions: horizontal, vertical, and geographical. The variety of organizational goals and multiple major activities represents general complexity, while vertical differentiation is indicated by hierarchical depth, and horizontal differentiation is determined by the degree of differentiation among units. It is assumed that an increase in horizontal differentiation based on the organizational structure will lead to an increase in complexity. In our study, which aims to measure the level of complexity, we utilized five statements, and the average perceived complexity level was calculated to be 3.72.

In the research, it was found that the independent variable of complexity positively influenced job satisfaction. In our study, the relationship between complexity and the dependent variables of internal satisfaction, external satisfaction, and job satisfaction was evaluated separately, and it was observed that complexity positively influenced job satisfaction as well as its sub-dimensions, namely internal and external satisfaction.

Hospitals, which play a significant role and are large-scale entities within the healthcare system, are complex organizations centered around human subjects. The positive impact of perceived complexity level on satisfaction in our study arises from the differentiation of tendencies, expectations, responsibilities, and professional structures. Therefore, healthcare professionals, who have a crucial role in addressing sensitivities related to human health and managing complex processes, may experience increased satisfaction due to the respect they receive in society, among other reasons.

The fourth variable in this research is the level of specialization. To measure it, seven expressions were utilized in our study, resulting in an average perceived specialization level of 3.20.

The impact of the level of specialization, viewed as a reflection of the experience and training acquired by healthcare professionals over time, on job satisfaction within hospital organizations is significant and positively oriented. Conversely, when the four independent variables are assessed collectively, it becomes evident that the perceived level of specialization exerts a stronger influence on overall job satisfaction than the other independent variables. The level of specialization, which directly influences hospital preference from the perspective of external customers such as patients and their families, is described by Parasuraman et al. as essential for ensuring competence within the fundamental elements of service quality. In comparison to other organizations in the service sector, the significance of the level of specialization as a key factor among the distinctive features of hospitals, and its assessment as a fundamental element for the advancement of healthcare systems, justifies its notable differentiation from other variables (Zerenler & Öğüt, 2007, p. 505). Private hospitals exhibited higher averages across all categories than MoH and university hospitals, according to an analysis of structural variables for hospital organizations with diverse ownership. In this context, while the average level of formalization in private hospitals was 3.721, it was calculated as 3.149 for MoH hospitals and 2.997 for university hospitals. However, no substantial difference was found between university and MoH hospitals.

We assess that the primary reason for the distinct differentiation of private hospitals from state-owned and university-affiliated hospitals regarding formalization is attributed to legal regulations. In addition to the legal requirements binding public institutions, private hospitals are established and operated under the provisions of Law No. 2219 "Private Hospitals Law," Law No. 1219 "Law on the Manner of Practice of Medicine and Medical Arts," "Private Hospitals Rules," and "Private Hospitals Regulation" (Dönbekçi et al., 2018, p. 675). Furthermore, private hospitals, recognized as legal entities in the form of joint-stock companies according to Articles 312-346 of the Turkish Commercial Code and primarily focused on profit (Kavuncubaşı & Yıldırım, 2012, p. 148), also differ from others in terms of formalization due to their unique circumstances. In addition to their aforementioned legal obligations, we regard the fact that private hospitals are directly subject to the oversight of the Ministry of Health as a significant reason necessitating differentiation in their level of formalization. Conversely, the notion that institutional performance, which aids in addressing potential financial issues, is most influenced by the level of formalization (Öztürk, 2014, p. 164), serves as a crucial justification for the differentiation of private hospitals from state-owned and university hospitals concerning formalization.

In terms of formalization, there is no significant distinction between university hospitals and those operating under the Ministry of Health. While university hospitals have the authority to develop and implement their internal regulations, they remain managed within the framework of the "Inpatient Treatment Institutions Operation Regulation" to comply with Law No. 2547 on Higher Education. This results in similar practices regarding rules, procedures, traditions, job requirements, and employee preferences. Therefore, it can be concluded that there is no substantial difference in terms of

formalization. Additionally, although they may lack a standardized organizational structure, university hospitals do not exhibit meaningful differentiation in their level of formalization compared to Ministry of Health hospitals, owing to the establishment and operation of upper-middle and lower-level management bodies and their commitment to the principle of public interest. Furthermore, in our country, due to the incomplete implementation of the patient referral chain principle, university hospitals, which aim to focus on complex cases in healthcare delivery services, have developed a tendency to provide clinical and polyclinic services to patients who could be treated at primary and secondary healthcare facilities, thereby eliminating application differences (Tengilimoğlu et al., 2014, p. 215). In this context, patients' ability to choose any hospital without regard to the patient referral chain or the ineffective functioning of the referral system gradually shifts the organizational structure of the hospital away from the required qualifications, increasing the formal similarities between organizational mission and professional goals.

According to the findings of a comparative examination of the organizational structures of hospitals under various ownerships, the average level of centralization for private hospitals was determined to be 3,432, for MoH hospitals it was 3,014, and for university hospitals, it was 2,938. These values indicate that private hospitals differ significantly from MoH and university hospitals at a statistically significant level.

However, there was no notable distinction between university and Ministry of Health hospitals. In contrast to MoH and university hospitals, which operate under a centralized and bureaucratic structure, private hospitals, as observed in our study, exhibited a higher level of centralization (Fabnoun & Chaker, 2003, p. 290). This result can be explained by the fact that there is no dismissal under normal conditions in hospitals owned by organizations directly affiliated with the state, while employees in the private sector face risks regarding job security. Additionally, the presence of professional managers in private hospitals suggests that deficiencies in legal infrastructure and participation in the process increase the financial pressure on health workers and, consequently, the perception of centralization (Kerman et al., 2011, p. 103).

When comparing the data on complexity levels among hospitals, it was noted that MoH hospitals performed worse than both private and university hospitals. Conversely, our study did not indicate a significant relationship between private hospitals and university hospitals. In this context, the average complexity level was calculated as 3.906 for private hospitals, 3.616 for MoH hospitals, and 3.806 for university hospitals. The disparity in complexity level between MoH and university hospitals is believed to arise from the efforts of university hospitals, established as "application and research centers" by Article 3 of the Higher Education Law, to meet the demands of their educational and research roles. Despite the financial and managerial challenges, they encounter, university hospitals, which provide both education and patient care, distinguish themselves from MoH hospitals in terms of complexity level through these initiatives (Çınaroğlu, 2018, p. 193). Additionally, the position of the

chief physician, regarded as an office appointed by university rectors and lacking any managerial authority, seemingly aligns with the organizational structure of the Ministry of Health but also impacts the differentiation of the organizational framework (Karahan, 2007, p. 85). A suggested strategy for addressing the organizational and structural challenges faced by university hospitals is affiliation, which can be viewed as inter-institutional cooperation (Uğurluoğlu, 2015, p. 61). The perceived differences in complexity level between private hospitals and MoH hospitals by employees may be attributed to variations in public relations activities conducted by hospitals (Tengilimoğlu & Kılıç, 2004, p. 197). Specifically, the limited information activities carried out in MoH hospitals may lead to inadequate explanations of complex tasks and procedures to the employees compared to private hospitals.

In our study, the averages related to the levels of specialization, formality, and centralization, derived from the organizational structure variables of hospitals that differ in ownership, reveal similarities. In this context, the average level of specialization was calculated as 3.598 for private hospitals, 3.145 for MoH hospitals, and 3.154 for university hospitals. University hospitals and MoH hospitals, however, did not exhibit any significant differences. It is believed that specialized staff and the level of specialization are crucial parameters in the hospital preferences of healthcare service consumers, namely patients and their families (Akyürek & Orhaner, 2017, p. 245). The distinction between private and public hospitals, where complexity and specialization are deemed significant, introduces various differences in terms of cost and quality, with private hospitals being favored despite their costs due to shorter waiting times (Çınaroğlu & Şahin, 2013, p. 285). Furthermore, there is a prevailing belief that the job satisfaction of current employees is affected by the organizational structures and approaches established by employees possessing the requisite knowledge and skills for the job (Kuşluvan & Kuşluvan, 2005, p. 195). The rapid advancement of technology and treatment methods in the healthcare sector, along with the growing importance of competitive strategies for sustainability, heightens the demand for specialized staff. Private hospitals, characterized by a dynamic managerial structure, aim to enhance their degree of specialization and visibility to demonstrate their awareness of the healthcare market. Simultaneously, they must prioritize this process more than others to navigate financial challenges. We assess that the change in the degree of specialization in private hospitals is attributable to the aforementioned reasons, aligning with the differentiation of ownership structures.

The differences in organizational structures between private and publicly-owned institutions, such as the Ministry of Health and university hospitals, stem from their founding rationales, responsibilities toward societal expectations, adaptations in problem-solving methods due to financial challenges, and ultimately, clear distinctions in their objectives. While the primary aim of public health facilities, including the Ministry of Health and university hospitals, is to enhance the health status of their citizens, private hospitals emphasize productivity and profitability as more significant (Demirbilek & Çolak, 2008, p. 109). Given the perspective that the healthcare system should serve the entire society, we assert that collaborative efforts among stakeholders are vital concerning organizational structure,

encompassing service provision, healthcare financing, the range of services, public education about healthcare, and the formulation of healthcare legislation and policies. However, it is crucial to address the needs within hospital organizations in a way that meets them and effectively manages the balance between time, quality, and cost (Tekin, 2015, p. 500). The income and opportunities that differ due to varying education levels within the management approach and organizational structure of public institutions can foster feelings of envy and lead to the emergence of discouragement within the organization (Naktiyok et al., 2015, p. 125). Consequently, these grievances can be cited as a reason for the dissatisfaction of employees working in the Ministry of Health and university hospitals regarding their jobs and work environments.

According to average levels of job satisfaction, as well as internal and external satisfaction, employees in private hospitals report higher satisfaction levels compared to those in public and university hospitals. Conversely, there is no significant difference in the averages of job satisfaction, internal satisfaction, and external satisfaction among employees of public institutions, such as the Ministry of Health and university hospitals.

Opportunities for advancement are crucial indicators of job satisfaction for employees (Çetin et al., 2013, p. 158). Nepotism, viewed as a negative factor due to its reliance on subjective decisions rather than competence, leads to grievances and adversely affects job satisfaction (Kurt & Doğramacı, 2014, p. 83). In this context, the perception of political nepotism, which occasionally surfaces in public administration, is believed to negatively impact public employees and contribute to lower job satisfaction in both public and university hospitals compared to private hospitals. Ensuring that promotions within institutions are made without the influence of political nepotism is a vital parameter for job satisfaction among all employees (Çetinkaya & Tanış, 2017, p. 615). In contrast, private hospitals may emphasize transparent criteria for advancement in human resource management, which is essential for achieving a competitive edge, maintaining market services, and enhancing their corporate image. The equitable implementation of employee promotion requests based on these criteria can positively influence job satisfaction levels (Tanner, 2007, p. 4).

There can be several reasons for the lack of differentiation in job satisfaction levels between university hospitals and Ministry of Health hospitals. From the employees' perspective, we can attribute this to similarities in the job application and acceptance processes, job security, salary, and working conditions. In this regard, we believe that undergoing a similar preparation process for the Public Personnel Selection Exam (KPSS) and starting work under the 4b employment status according to Law No. 5510 on Social Security, along with the determination of salaries and additional income through collective bargaining between public unions and government officials held every two years, diminishes differentiation in job satisfaction. Conversely, employees in private hospitals are employed under Labor Law No. 4857, and their job acceptances are conducted through corporate interview methods. Private hospital employees, who are subject to performance-based remuneration depending on their assigned

department and responsibilities, may have different arrangements for working hours and leave, which can be considered fundamental reasons for differentiation from Ministry of Health and university hospital employees in terms of internal satisfaction, external satisfaction, and overall job satisfaction.

The results demonstrated that stressors such as centralization, excessive specialization needs, lack of advancement and development opportunities, and bureaucratic obstacles arising from the organizational structure significantly affect employees' job satisfaction levels. Addressing these negative factors will positively impact the job satisfaction levels of employees.

Depending upon the output of this study, we concluded that hypotheses H1, H2, H3, and H4 were supported.

Ethics committee approval for the study was obtained from the Atatürk University Ethics Committee on August 1, 2019, with document number 88656414-000-E.1900224636.

The authors declare that the study was conducted in accordance with research and publication ethics.

The authors confirm that no part of the study was generated, either wholly or in part, using Artificial Intelligence (AI) tools.

The authors declare that there are no financial conflicts of interest involving any institution, organization, or individual associated with this article. Additionally, there are no conflicts of interest among the authors.

The authors declare that their contribution ratios to the study are as follows: First Author 80%; Second Author 20%.

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