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The Effects of Nepotism, Cronyism and Political Favoritism on the Doctors Working in Public Hospitals

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ABSTRACT The aim of the present study is to determine the opinions of doctors regarding hospital implementations related to nepotism, cronyism and political favoritism and to identify the effects of such implementations on doctors. Qualitative research method was used in the study, and data was collected by applying the interview technique. According to the study results, most of the participants relate favoritism with "unethical behaviors". According to specialists' opinions, "unfairness in appointing managers" is one of the main favoritism implementations in hospitals. This proved that political favoritism is evident while appointing managers in public hospitals. The doctors that participated in the study stressed that favoritism in hospitals will "damage the sense of fairness of workers". Participants stated that to prevent favoritism exercises in hospitals, instead of political and ideological criteria, objective criteria, specialty and merit should be taken into consideration while appointing managers.

INTRODUCTION

The term favoritism first came to discussion by General Jackson who stressed that the system of favoritism was being misused; therefore, the term entered the literature (Tortop 1994). Having various ties and engagements that exist within organizations, and while no pecuniary benefits are sought, some workers are privileged. This implementation having no economic value of any kind is referred to as favoritism (Berkman 1983). Although, it is regarded as a problem in all organizations, and despite various measures to prevent it, favoritism continues to exist.

The term favoritism (Oktay 1983) refers to emphasizing specific criteria in human relations such as being from the same town or having the same political views, and disregarding universal standards that direct management systems. It can also be defined as wrongly and unlawfully favoring people that public officers have connection with. As a result of such exercises, the side that favors can gain social and psychological benefits such as "being appreciated" (Tarhan et al. 2006). It is evident in the literature that favoritism is implemented in various ways. The most common favoritism types that are implemented are; nepotism (favoring relatives), cronyism (favoring friends and associates) and political favoritism (henchman and partisanship).

The elements of nepotism are mainly observed in underdeveloped countries where relationships and traditional connections work as strong mediums to influence decisions (Ozsemerci 2003). The term nepotism derives from the Latin word "nepos" which means "nephew" (Kiechel 1984). This term that's referred to as "nepotismo" in Italian has been used to define some "popes" that granted personal benefits for their families (Iyiisleroglu 2006). Today, nepotism is used to define people that abuse their power in favor of their relatives. The reason why "nepotism" is unfavorable is because during the Renaissance period some Pope's sought to assign their nephews to eminent positions. Such implementations during that period had negative effects on church efficiency and other peoples' moods (Ford and McLaughlin 1985). Nepotism is the state of favoring organization workers based on family ties rather than the qualifications that the profession requires (Cinar 1997; Berkman 1983). It illustrates people of the same family favoring each other. In this case, the individual is favored due to family connections rather than his credentials.

Another type of favoritism, cronyism can be defined as; being appointed to a public service job or obtaining a concession in the profession based on friendship or citizenship relations (Aktan 1999). Although, there are not many differences between nepotism and cronyism, in nepotism the favored person is a "relative" while it is a "friend, associate" in cronyism (Ozsemerci 2003; Tarhan et al. 2006). Besides, cronyism offers desired outcomes for some people (high salary, immediate promotion etc.); it has damag-

ing effects on organizations (Khatri and Tsang 2003).

Political favoritism is when political parties demonstrate favoritism to their supporters and unduly grant them with benefits. The fact that public officers favor some workers that have similar political views while they practice their profession is frequently brought to the agenda. Organizations are composed of individuals. Expecting organization managers or other workers to constantly behave in an objective manner will be too optimistic. It is normal to somewhat exhibit favoritism anywhere that humans exist (Ozsemerci 2003; Tarhan et al. 2006). Infected with political favoritism, organization managements are affected by political views and political factors play a big role in appointments in many positions in the public service area (Eryilmaz 2002).

Favoring individuals or attaching priority to specific group members is a widespread and normal case in some societies. In addition, favoritism is the leading problem in public administration. Public officers resort to favoritism due to cases such as colleague requests or political expectations (Khatri and Tsang 2003; Aktan 1994). Favoritism doesn't occur only for political tendencies but also due to citizenship, being a member of the same club, having graduated from the same school (Sezer 2006). Favoritism implementations in organizations can occur based on; family ties, acquaintanceship and log-rolling. Such relations can lead public officers to exercise favoritism or take one' side while they practice their work. In addition, such implementations in organizations will not always bring advantage to people, because the person is favored based on friendship or citizenship rather than on professional success, performance will be negatively affected. This is because once a person obtains a privilege without deserving it, he won't feel obliged to work much and won't show high performance. Studies on the theoretical framework of favoritism are abundant in the literature. However, in Turkey there are no studies on medical doctors concerning favoritism. In the present study favoritism is examined within the context of medical doctors.

This study aimed at determining to what extent doctors face favoritism implementations that are based on acquaintanceship relations or political connections, and also determining what kind of effects these implementations have on doctors and the organization. The purpose of the study is to identify the opinions of medical doctors on favoritism implementations in hospitals and to determine the effects of such implementations on doctors. In this respect, their opinions on this issue were analyzed and suggestions were put forward based on study findings.

MATERIAL AND METHODS

Qualitative research method was used in the study. Qualitative research method can be defined as; a study in which qualitative data collection methods such as observation, interviewing and document reviewing are used, and in which a qualitative process is followed to put forward perceptions and events in their natural environment in a realistic and integral way (Yildirim and Simsek 2005). The interview technique was used in the study and data was collected with the semi-structured interview technique. The interview technique can be grouped as structured, semi-structured and unstructured techniques. In the semi-structured interview technique, questions are defined beforehand and data is collected according to these questions (Karasar 1998).

The work group of the study consists of 26 specialist doctors. Criterion sampling from the purposeful sampling techniques was used in the study. Purposeful sampling enables a detailed study on circumstances that are believed to nest inside themselves deep information (Patton 1997). The prime concern in criterion sampling is to study all the circumstances that counterbalance a series of criteria. The criterion or criteria can be created by the researcher or a readily prepared criterion list can be used (Yildirim and Simsek 2005). The key criterion of the study was "specialist doctors" and "general practitioners" were not included in the study. In accordance with this criterion, volunteering based interviews were made with "26 specialists" working in public hospitals in the city of Kutahya, Turkey.

Data was collected through interviews made with specialists in their offices, during their availability. Semi-structured interview forms which were prepared by researches were given to specialist doctors to determine their views on; nepotism, cronyism and political favoritism. Questions on the interview form were prepared after rigorous discussions with experts in the field and doctors. The sound records recorded dur-

ing the interviews with the specialist were typed on interview printout forms on the computer. To ensure internal validity of the interview form, it was checked by three specialists and the form was given its final shape. As it is well known, the internal validity of a qualitative study is related to whether the researcher will be able to measure the data with the instrument and method he is using (Yildirim and Simsek 2005).

Data was analyzed with the descriptive analysis technique. In this technique, the data collected is summarized and interpreted according to previously defined themes. The aim of descriptive analysis is to offer the findings to readers in their arranged and interpreted forms. During the data analysis phase, participant responses were coded accordingly with the aims of the study and the frequency of responses were determined. The phases of the descriptive analysis process are given below (Miles and Huberman 1994; Yildirim and Simsek 2005):

Developing the Coding Key

During the process, researches create a framework for data analysis with the help of the study questions and further, develop a coding key with different titles in accordance with the framework.

Coding the Data

Researches independently mark the coding key for each question.

Comparing the Codes and Credibility

At this phase, the coding of researches are compared and an agreement is made. The credibility of the study questions is calculated with, for each question, P (Percentage of Agreement) = [Na (Agreement) / Na (Agreement) + Nd (Disagreement)] X 100) formula (Miles and Huberman 1994). The reliability co-efficient for the 1st question is 91.01%; the 2nd question 87.73%; the 3rd question 87.12%; the 4th question 90.22%. The credibility average for the study questions was 89.02% and the study was accepted as credibility.

Interpreting Findings

In this phase the most common answers were taken into consideration and were interpreted.

Specialists that work in public hospitals were asked these questions during the data collection process:

1. What do you think the concept of favoritism refers to?
2. What are the examples of favoritism in hospitals?
3. What are the effects of favoritism implementations on doctors?
4. What are your suggestions to prevent such implementations in hospitals?

FINDINGS

The findings were offered in accordance with the aim of the study and the questions. The primary aim of a qualitative study was to offer a descriptive and realistic picture of the research subject, not to reach generalizable results through numbers (Yildirim and Simsek 2005). Participants' opinions were described as they were and study findings were not generalized. Frequencies were evaluated and participants' opinions were given as a whole while findings were put forward. Common findings were presented as favoritism implementations in public hospitals and solution offers. The answers that doctors gave for the first question "what do you think the concept of favoritism refers to?" were analyzed and the results are presented in Table 1.

Table 1: Doctor opinions on what the concept of favoritism refers to

Opinions	*Frequency*
Unethical behaviors	18
Unfairness	15
Discrimination	11
Distrust	11
Citizenship	8
Self-interest based relationship	7
Friendship based relationship	7
Kinship	6
Corruption	4
Total of opinions	87

According to Table 1, most of the doctors regard "favoritism" as an "unethical behavior". It means that participant doctors attributed to the concept of favoritism are; unfairness, discrimination, distrust, citizenship, self-interest based relationship, friendship based relationship, kinship and corruption" respectively. Ay-

dogan (2012) stressed that sharing the same political views, sharing the same ideology are the reasons for favoritism. According to a study conducted by Barnett and Kellermanns (2006) favoritism implemented in organizations negatively affect worker performance. The answers that doctors gave to the second question "what are the examples of favoritism in hospitals?" were analyzed and the results are given in Table 2.

Table 2: Doctor opinions on how favoritism is implemented in hospitals

Opinions	*Frequency*
Unfairness in appointing managers (the influence of political and ideological views)	22
Inequity in the distribution of the working capital	19
Prioritizing friendship relationships	13
Acting more flexible to people who share the same political view	10
Privileging ones who have a higher seniority	7
Arbitrary treatments of managers	4
Privileging woman doctors in some cases	3
Total of opinions	78

According to specialist opinions, "unfairness in appointing managers" is one of the main favoritism implementations in hospitals. This data proves that politics plays a role in the appointment of hospital managers. It can be said that political favoritism is effectively implemented in public hospitals. According to Eryilmaz (2002), political favoritism is an important indicator of corruption in management, and this case is more common in developing countries. The favoritism attitudes of managers also weaken the sense of fairness of the workers (Karacaoglu and Yoruk 2012). In addition, justice, being one of the most valuable principles in social life, people act responsibly in this issue (Chegini 2009). According to Table 2, some participants regard favoritism implementations as; "Inequity in the distribution of the working capital, prioritizing friendship relationships, acting more flexible to people who share the same political view, privileging ones who have a higher seniority, arbitrary treatments of managers and privileging woman doctors in some cases". According to another study by Basol and Kaya (2009), worker who have a better relationship with their chiefs and share the same political and religious views have a better advantage when compared to other workers of the same place. Participants' opinions on the third question "what are the effects of favoritism implementations on doctors?" are given in Table 3.

Table 3: Opinions on the effects of favoritism implementations in hospitals on doctors

Opinions	*Frequency*
Damage on the sense of fairness	15
Low performance	14
Dissatisfaction	14
Low motivation	11
Burnout	8
Work stress/Uneasiness	8
Conflict/Self-despair	6
Distrust in workers/workplaces	6
Low organizational commitment	4
Total of opinions	86

According to Table 3, doctors that participated in the study stressed that favoritism implementations in hospitals will "damage the sense of fairness of workers". Lack of motivation and morale, distrust, dissatisfaction of workers, depression and many other moods are all results of favoritism (Chegini 2009; Abdalla et al. 1998). If workers think that they are fairly managed, they will trust their managers' decision making strategies and, therefore, will be motivated to show commitment and collaborate with the organization (Cremers 2004). Participants' opinions about the effects of favoritism in hospitals on doctors can be listed as "low performance, dissatisfaction, low motivation, burnout, work stress/uneasiness and distrust in workers/workplaces". It is highly probable that worker performance will be low in workplaces that experience favoritism (Khatri and Tsang 2003). According to a study on this issue (Arasli and Tumer 2008); favoritism increases work stress and this causes dissatisfaction in workers. In addition, such implementations will cause the sense of fairness of workers to disappear. Lack of trust will negatively affect job satisfaction, motivation and performance (Blute 2009). The last question about the aim of the study was "what are your suggestions to prevent such implementations in hospitals? Suggestions that participants put forward to prevent favoritism in hospitals are given in Table 4.

According to Table 4 opinions that doctors agreed mostly on are: In order to prevent favoritism in hospitals; objective criteria, specialty and qualifications should be emphasized in ap-

pointing managers, managers should behave accordingly with ethical principles and laws, rewarding and assigning should be based on merit and performance. Besides, adopting a transparent management mentality, providing regular trainings for doctors and enabling accountability in management were among participant suggestions. However, some doctors agree that favoritism implementations in hospitals will not be prevented.

Table 4: Doctor opinions on preventing favoritism in hospitals

Opinions	*Frequency*
Objective criteria, specialty and merit should be the benchmark in appointing hospital managers.	22
Managers should behave accordingly with ethical principles and laws	18
Rewarding and assigning should be based on merit and performance	17
A transparent management mentality should be adopted	11
Knowledge acquisition opportunities in hospitals should be open	8
Managers should regularly receive trainings	7
Accountability should be ensured in administrated	6
Favoritism implementations in hospitals are unavoidable	6
Total of opinions	95

DISCUSSION

The results of the study, which aimed at identifying the opinions of medical doctors on favoritism implementations in hospitals, and determining the effects of such implementations on doctors, can be summarized as:

Most of the doctors describe favoritism as an "unethical behavior". Within this context, it can be said that unethical implementations such as favoritism can negatively affect the sense of fairness of hospital workers (Arasli et al. 2006; Karakose and Kocabas 2009). Meanings that participant doctors attributed to the concept of favoritism are; "unfairness, discrimination, distrust, citizenship, self-interest based relationship, friendship based relationship, kinship and corruption" respectively. Keles et al. (2011) stated that implementations that are based on friendship and associate relationships will negatively affect the motivation and sense of fairness of workers.

According to participants' opinions, "unfairness in appointing managers" is the most common favoritism implementation experienced in hospitals. This proves that political favoritism is extremely evident in appointing managers in public hospitals. Similarly Eryilmaz (2002) underlines that political factors play a crucial role in appointing managers in public institutions. In addition, some doctors list other favoritism implementations as; "Inequity in the distribution of the working capital, prioritizing friendship relationships, acting more flexible to people who share the same political view, privileging ones who have a higher seniority, arbitrary treatments of managers and privileging woman doctors in some cases". A study conducted by Bute and Tekarslan (2010) put forward that when favoritism implementations increase in an organization, trust in managers and job satisfaction decreases.

Doctors stressed that favoritism implementations in hospitals will initially "damage the sense of fairness of workers". Asunakutlu and Avci (2010) underlined that there is a strong connection between favoritism perception and organizational justice perception. A study conducted by Polat and Kazak (2014) stated that there is a significant relationship between the favoritism attitudes of managers and the organizational justice perceptions of workers. Participants also stressed that favoritism implementations in hospitals will lead to "low performance of doctors, dissatisfaction, depression, burnout, work stress/uneasiness and distrust in workers/workplace". In other studies conducted on this issue, it has been underlined that lack of trust and justice in organizations will negatively affect the job satisfaction, motivation and performance levels of workers (Karakose 2007; Gunel 2005).

According to the opinions of participant doctors, in order to prevent favoritism implementations in hospitals, managers should be appointed without exercising political favoritism, and according to objective criteria, specialty and merits. In addition, managers should behave accordingly with ethical principles and laws, skills and performance should be the main concern in rewarding and assigning phases. However, some doctors stated that no matter what measures are taken, favoritism implementations in hospitals cannot be prevented.

CONCLUSION

In conclusion, meeting the demands and expectations of personnel plays a crucial role in a

public hospital achieving its goals. Therefore, in order for doctors to do service for their organization, their physical and biological needs should be met; their morale and job satisfactions should be high. Thus, any kind of favoritism implementation that may cause negative effects on workers should be avoided, otherwise, such implementations may; damage the sense of fairness of workers, destroy team spirit, lead to low performance and as a result to individual and organizational failure.

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