ORIGINAL ARTICLE

TEFEAS

DOI: doi.org/10.47934/tefeas.14.02.05

ÖZGÜN ARAŞTIRMA

Trakya University E-Journal of the Faculty of Economics and Administrative Sciences, 14(2), 138-152, 2025

Effect of job satisfaction on organizational blindness: A study on healthcare professionals

İş doyumunun işletme körlüğüne etkisi: Sağlık çalışanları üzerine bir inceleme

Hatice Sabırlı[1], Mehmet Yorulmaz[2]

[1]Department of Medical Documentation and Secretarial, İstanbul Vocational School of Health and Social Sciences, Bursa, Türkiye
[2]Selçuk University Faculty of Health Sciences, Department of Health Management, Konya, Türkiye

ABSTRACT

This study examined the effect of job satisfaction on organizational blindness among healthcare professionals. The study participants were nurses, doctors, auxiliary staff, administrative employees, and managers working at the Selçuk University Medical Faculty Hospital and Private Academy Hospitals in Konya and other health sectors for at least a year at their respective institutions. This study used a quantitative approach. The sample was selected using a sampling method, and the data were collected using face–to–face questionnaires with voluntary participation. The collected data were analyzed with SPSS software, and statistical analyses were performed accordingly. A demographic information form to collect data from healthcare professionals in a study was developed by Catino (2013). The Organizational Blindness Scale, adapted to Turkish by Seymen, Kılıç, and Kinter, and the Job Satisfaction scale, which was adapted to Turkish by Baycan in 1985, were used. Moreover, this study is important because it is the first to address the issues of both "Business Blindness" and "Job Satisfaction".

Keywords: Job Satisfaction, Business Blindness, Myopia.

JEL Classification: M1, M5, I3, I1.

ÖZ

Bu araştırma, sağlık çalışanlarında iş doyumunun işletme körlüğü üzerindeki etkisini incelemek amacıyla yürütülmüştür. Çalışmanın evrenini, Konya il merkezinde faaliyet gösteren Selçuk Üniversitesi Tıp Fakültesi Hastanesi ve Özel Akademi Hastaneleri'nde görev yapan hemşireler, hekimler, idari personel, yardımcı hizmet çalışanları ve yöneticiler oluşturmuştur. Araştırmaya, kurumlarında en az bir yıl görev yapmış çalışanlar dâhil edilmiştir. Verilerin toplanmasında nicel araştırma yaklaşımı benimsenmiş; örneklem seçimi için kolayda örnekleme yöntemi kullanılmış ve gönüllülük esasına dayalı olarak yüz yüze anket uygulanmıştır. Toplanan veriler SPSS programına aktarılmış ve gerekli istatistiksel analizler gerçekleştirilmiştir. Bu araştırmada sağlık çalışanlarından veri elde etmek amacıyla demografik bilgi formu, Catino (2013) tarafından geliştirilen ve Türkçe uyarlaması Seymen, Kılıç ve Kinter tarafından yapılan Örgütsel Körlük Ölçeği ile Dawis, Weiss, England ve Lofquist tarafından geliştirilen, Baycan (1985) tarafından Türkçeye uyarlanan İş Doyumu Ölçeği kullanılmıştır. Ayrıca bu çalışma, "işletme körlüğü" ve "iş doyumu" kavramlarını birlikte inceleyen öncü araştırmalardan biri olması nedeniyle literatürde özel bir yere sahiptir.

Anahtar Kelimeler: İş Doyumu, İşletme Körlüğü, Miyopi.

JEL Sınıflaması: M1, M5, I3, I1.

Cite this article as/Atıf: Sabırlı, H., & Yorulmaz, M. (2025). Effect of job satisfaction on organizational blindness: A study on healthcare professionals. *Trakya University E-Journal of the Faculty of Economics and Administrative Sciences, 14*(2), 138-152, 2025. https://doi.org/10.47934/tefeas.14.02.05

Edited by/Editör: Yasin Çakırel

Corresponding Author/Sorumlu Yazar: Assoc. Prof. Dr. Mehmet Yorulmaz, Selçuk University Faculty of Health Sciences, Department of Health Management, Konya, Türkiye
E-mail: mtyorulmaz@hotmail.com
ORCID ID: orcid.org/0000–0001–6670–165X

Received/Geliş Tarihi: 04.10.2025
Accepted/Kabul Tarihi: 06.11.2025
Publication Date/Yayınlanma Tarihi: 30.12.2025

1. Introduction

Businesses use modern management techniques to keep up with changing and evolving technologies. Traditional management techniques are insufficient to address the problems that arise in organizations, which leads to several problems in businesses. Earlier, businesses prioritized individual goals and business objectives. Although was less pronounced in earlier times, it is now considered a management disease (Uslu & Demirel, 2002). Management diseases relate to socio–psychological factors of occupational diseases that affect work characteristics and working conditions. These illnesses can result from factors such as strict management and difficult working conditions that affect employee performance. While this poses some risks for employees in the short term, it may also lead to illnesses such as behavioral disorders, organizational silence, and organizational blindness over time. A literature review reveals organizational blindness, among others, is a common business illness (Aydın, 2019). Businesses are social entities that interact with society and constantly analyze the environment through individuals within them. These analyses are crucial for businesses to adapt to changes in their internal and external environments and gain a competitive advantage in the sector. However, over time, businesses often fail to perceive the threats, opportunities, and risks brought about by changes in their internal and external environments and deviate from their capabilities (Özgül & Mengi, 2016). Studies often described this situation using terms such as business blindness, which refers to short–sightedness and organizational myopia (Seymen, Kılıç, and Kinter, 2016). The term organizational blindness originated from the loss of an organization's ability to see opportunities and risks that arise over time (Yüksel, 2017). In the literature, business blindness often appears as blind spots, tunnel vision/narrow vision (Mason, 2005; Leonardi, 2011), silo syndrome, myopia/short–sightedness, managerial myopia, management myopia, organizational myopia, and organizational blindness or business blindness (Larwood & Whittaker, 1997; Merchant & Bruns, 1986; Ebrahim, 2005; Mizik, 2010; Altınay, et al., 2012; Sato, 2012; Zhao, Chen, et al., 2012). Business blindness is one of the most important factors that shape employee job satisfaction. Failure to perceive opportunities and risks, excessive regulatory compliance, disregard for employee opinions, a lack of harmony, a lack of teamwork, and communication problems contribute to business blindness. Such problems in businesses reduce employee morale and motivation (Kartal, 2018; Seymen, Kılıç, & Kinter, 2016; Altınay et al., 2012). Employees' silence and blindness within organizations are highly likely to result in turnover, resistance to organizational learning (Morrison & Milliken, 2004), low self–confidence and low commitment (Nikolaou, Vakola, & Bourantas, 2011), poor quality of communication (Vakola & Bouradas, 2005), low performance, and reduced job satisfaction (Barçın, 2012; Aktaş & Şimşek, 2013). Businesses are initially set up with high morale and motivation. Employees, like businesses, often have high morale and motivation in the early stages of their employment; however, this may fade over time. As morale and motivation decline, so does job satisfaction. This may lead to employee desensitization to their environment, which may lead to a feeling of organizational blindness as employees fail to see opportunities and impending threats (Kılıç, 2015).

The concept of job satisfaction is used effectively in the field of work psychology. Employees' psychological states may change over time. Several factors, either specific to individuals or arising externally, can contribute to these changes. The idea that the job itself or the working environment may affect individuals' psychological states is therefore the basis of studies on job satisfaction (Deveci, 2014). Although job satisfaction has different definitions, the goal is the same. Job satisfaction creates a work environment that enables businesses to reach their goals and motivates employees to work (Türk, 2007). Davis (1982) defined job satisfaction as the satisfaction or dissatisfaction with the job that employees do. Employee's satisfaction in all aspect has a direct impact on their contribution to the workplace, performance, and social life (Kamiloğlu, 2014). Business blindness in organizations is closely linked to the level of employees' job satisfaction. Employees who fail to perceive opportunities and threats in their businesses experience lower morale and motivation, which in turn leads to lower job satisfaction, apathy toward work, and atrophy in the long run.

Healthcare workers suffer from more business blindness than employees in other sectors. Some researchers consider burnout syndrome as an effective cause (Duquette, et al., 1994; Poncet, et al., 2007; Kılıç & Seymen, 2012). An employee who is insensitive, reluctant and has reduced communication due to burnout will atrophy over time as he becomes less social and more introverted. The causes of business blindness include, aside from burnout, mobbing, management by a single source, working in the same place for a long time, and excessive workload (Seymen, Kılıç, & Kinter, 2016). The fact that the people we interact with in the healthcare sector are patients or their relatives, combining with high workload, working with inadequate staff or insufficient personnel, lack of poor materials and equipment, problems with patients or their families, long working hours, limited opportunities for career advancement, societal disrespect, conflicts of duty with other employees (Argon, et al., 2001; Seago & Faucett, 1997), limited support from

management (Khorshid, et al., 2005), lack of social support (AbuAlRub, 2004; Lee & Henderson, 1996), environmental and management challenges, management issues (Clegg, 2001), shift patterns (McVicar, 2003; Tel & Karadağ, 2003), uncontrollable situations, management styles, lack of career opportunities and resources (Rout, 2000; Schermerhorn, et al., 2005) can all lead organizations toward business blindness, as these factors contribute to stress and decreased job satisfaction in healthcare professionals. This study examined the effect of job satisfaction on business blindness among healthcare workers. Section 1 presents a comprehensive literature review and a discussion on the concepts of job satisfaction and business blindness. Section 2 describes the importance of the research, the population and sample size, data collection tools, validity and reliability studies, the hypotheses developed, and the analysis techniques used. Section 3 outlines the result of the statistical data analysis. Section 4 presents a comparison of our results and those found in the literature. Section 5 summarizes the results and proposes suggestions for the relevant literature and applications.

2. Method

This study used quantitative methods to examine the relationship between job satisfaction and business blindness among healthcare professionals. Data were collected via face–to–face survey method from various professional groups (doctors, nurses, administrative, and technical personnel) in two large health institutions in Konya. The scales' reliability was tested using Cronbach's alpha, showing they were highly reliable. Data were analyzed with parametric tests after normality tests: t–test was used for two–group comparisons, One–Way analysis of variance (ANOVA) for comparisons of more than two groups, and Tukey's test for differences. Pearson's correlation analysis was used to show the relationships between variables, and regression analysis was used to examine the interaction between dependent and independent variables. This allowed for determining the statistical significance of the findings and addressing the research questions.

2.1. Purpose of Research

No study in the literature has addressed the issues of "Business Blindness" and "Job Satisfaction" together. Therefore, this study examined the effect of job satisfaction on business blindness.

2.2. Research Group

This study involved employees from Selçuk University Faculty of Medicine Hospital and Private Academy Hospitals, both of which are healthcare facilities in Konya city center. Participants in the group included nurses, physicians, administrative staff, auxiliary service personnel, and managers who had been employed at their respective institutions for at least a year. Table 1 outlines the sociodemographic characteristics of the healthcare professionals who participated in the study.

2.3. Data Collection Tools

The survey was divided into three parts. The first part focused on the socio–demographic characteristics of the healthcare workers participating in the study. The second part used the Operational Blindness Scale, which was developed by Seymen et al. (2016). Catino (2013), a pioneer of organizational blindness, examined the scale in three dimensions in his book Organizational Myopia. Seymen et al. (2016) used these three dimensions as a reference. Researchers subsequently introduced the subdimension "level of job routine," positing that this aspect could influence operational blindness, thereby creating a four–dimensional scale identified as "individual factors, the level of job routine, organizational factors, and sectoral factors." The survey consisted of 24 items and a five–point Likert scale.

The reliability analysis of the Business Blindness Scale revealed a Cronbach's alpha coefficient of 0.87, indicating high reliability. In the reliability analysis for sub–dimensions, Cronbach's alpha coefficient was found to be 0.71 for the individual factors sub–dimension, 0.75 for the work routine level sub–dimension, and 0.76 for the sector structure sub–dimension, confirming the reliability of these dimensions. The coefficient of 0.80 obtained for the organizational structure subdimension indicates greater reliability (Kalaycı, 2014).

The reliability analysis of the Job Satisfaction Scale yielded a Cronbach's alpha coefficient of 0.91, signifying a high degree of reliability. In the analyses pertaining to the sub–dimensions, the Cronbach's alpha coefficient for the intrinsic satisfaction dimension was 0.86, while that for the extrinsic

Table 1: Reliability Analysis Results of the Scales Used

Scales	Number of Expressions	Cronbach Alpha (α)
Job Satisfaction Scale (2 sub–dimensions)	20	0.91
1. Inner satisfaction	12	0.86
2. External satisfaction	8	0.82
Business Blindness Scale (4 sub–dimensions)	24	0.87
1. Individual factors	1–7	0.71
2. Routineness level of work	8–13	0.75
3. Organizational structure	14–20	0.80
4. Sector structure	21–24	0.76

satisfaction dimension was 0.82. These results indicate that both sub–dimensions exhibit high reliability. The reliability analysis for the Job Satisfaction Scale yielded a Cronbach's alpha of 0.91, indicating a high level of reliability. In examining the sub–dimensions, the intrinsic satisfaction dimension showed the Cronbach's alpha coefficient of 0.86, while the extrinsic satisfaction dimension had a coefficient of 0.82. These findings indicate that both sub–dimensions are highly reliable (Kalaycı, 2014).

2.4. Data Collection and Analysis

Within the scope of the survey, the researcher collected the necessary data over a certain period using a face–to–face survey method. Before administering the questionnaire, participants who volunteered were provided with detailed information about the research's purpose and content. A total of 380 questionnaires were returned, but 33 were excluded from the analyses because they contained incomplete or incorrect responses. Thus, only 347 questionnaires were analyzed. Data were cleaned after recording in a computerized database, and any incorrect coding was corrected.

Statistical analysis was conducted using SPSS 25.0. To determine the appropriate tests, the normality of the data distribution was first examined, and parametric methods were applied when appropriate. Descriptive statistics (percentages, means, and standard deviations) were used to summarize the findings. Differences between two groups were tested with an Independent Samples t–test, while comparisons among more than two groups was conducted using One–Way ANOVA. Tukey's test, a post–hoc test, was used to identify groups responsible for significant differences. In addition, relationships between variables and their level of dependence were analyzed using Pearson's correlation analysis. A simple linear regression analysis was applied to test the interactions between dependent and independent variables. In the regression analysis, the model was specified using the Enter method (Altunışık et al., 2017; Hair et al., 1998).

Table 2 presents the results of the normality test. In determining the statistical methods, the Shapiro–Wilk test results were first considered. A *p*–value above 0.05 on the Job Satisfaction scale indicated a normal distribution. Although the Enterprise Blindness scale had a *p*–value was below 0.05, its skewness (–0.36) and kurtosis (–0.29) coefficients were in the range of –3 to +3 (Karagöz, 2016), suggesting no substantial deviation from the normal distribution. Therefore, both scales were considered suitable for parametric tests, and the analyses were conducted accordingly.

Table 2: Normality Test Results

Scales	Shapiro–Wilk			Skewness coefficient	Kurtosis coefficient
	Statistics	n	p		
Job satisfaction	0.99	347	0.26	–0.16	–0.05
Business blindness	0.98	347	0.00	–0.36	–0.29

3. Results

This section presents the research findings.

3.1. Demographic Findings of Healthcare Professionals Participating in the Research

Table 3 presents the demographic findings of the study participants.

Table 3: Information About the Working Group

Age	**Number (n)**	**Percent (%)**
18–25	85	24.5
26–35	148	42.7
36 age and older	114	32.8
Job Title	**Number (n)**	**Percent (%)**
Nurse	126	36.3
Doctor	85	24.5
Auxiliary services class	70	20.2
Administrative employee	49	14.1
Administrator	17	4.9
Gender	**Number (n)**	**Percent (%)**
Woman	225	64.8
Man	122	35.2
Education Level	**Number (n)**	**Percent (%)**
Primary	12	3.5
High school	97	28.0
Associate degree	51	14.7
License	111	32.2
Other (Master's degree)	76	21.9
Work Experience/Year	**Number (n)**	**Percent (%)**
1–5 year	144	41.5
6–10 year	99	28.5
11–15 year	62	17.9
16 year and above	42	12.1
Monthly Income	**Number (n)**	**Percent (%)**
2001–2500 TL	136	39.2
2501 TL and above	211	60.8
Marital Status	**Number (n)**	**Percent (%)**
Married	223	64.3
Single	124	35.7
Hospital	**Number (n)**	**Percent (%)**
University hospital	229	66.0
Private hospital	118	34.0

As shown in Table 3, 347 healthcare professionals participated in the study. Of these, 66% (n = 229) were employed in university hospital and 34% (n = 118) in private hospitals. Regarding age distribution, 24.5% (n = 85) were 18–25 years old, 42.7% (n = 148) were 26–35 years old, and 32.8% (n = 114) were 36 years and older. Regarding the distribution by job title, 36.3% (n = 126) of the participants were nurses, 24.5% (n = 85) were doctors, 20.2% (n = 70) were auxiliary service personnel, 14.1% (n = 49) were administrative staff, and 4.9% (n = 17) were managers. In terms of gender, 64.8% (n = 225) of the participants were female, and 35.2% (n = 122) were male. Regarding marital status, 64.3% (n = 223) were married and 35.7% (n = 124) were single. In terms of professional experience, 41.5% (n = 144) of the participants had 1–5 years of experience, 28.5% (n = 99) had 6–10 years, 17.9% (n = 62) had 11–15 years, and 12.1% (n = 42) had 16 years or more. Regarding education level, 3.5% (n = 12) had completed primary education, 28.0% (n = 97) high school, 14.7% (n = 51) held an associate degree, 32.2% (n = 111) an undergraduate degree, and 21.9% (n = 76) were in other education categories. Finally, in terms of income, 39.2% (n = 136) reported income of 2001–2500 TL, and 60.8% (n = 211) reported 2501 TL or more.

3.2. t–test and ANOVA Results of Scales

As shown in Table 4, the t–test analysis examining gender differences across the scales showed no significant differences between male and female participants and the mean scores of internal satisfaction, external satisfaction, and general satisfaction ($p > 0.05$). No significant differences were observed across dimensions of individual factors, job routineness, or sector structure ($p > 0.05$). However, a significant difference was observed between gender and organizational structure mean scores ($p < 0.05$). In this dimension, men reported higher mean scores than women, indicating a higher level of business blindness among men.

As shown in Table 5, the t–test analysis showed a significant difference between participants' income status and the means of internal satisfaction, extrinsic satisfaction, and general satisfaction ($p < 0.05$). Participants with an income level of 2501 TL and above reported higher job satisfaction than those with low income levels. As shown Table 3.2, a significant difference was observed between participants' income status and the mean scores of individual factors, job routineness, organizational structure, and sector structure ($p < 0.05$). The average income of those earning between 2001–2500 TL was higher than the others, indicating that business blindness is more common among employees with low incomes.

As shown in Table 6, a significant difference was found in participants' internal satisfaction scores across job titles ($p < 0.05$). Specifically, nurses differed from doctors and managers; doctors differed from auxiliary services personnel and administrative employees; auxiliary services class differed from managers; and administrative employees differed from managers. According to the external satisfaction scores, significant differences were found between nurses and administrative employees and managers, doctors and auxiliary services class, administrative employees

Table 4: Findings of the t–test Analysis Between the Gender of the Individuals Participating in the Study and the Scales and Their Sub–Dimensions

Scales	Sub–dimensions	Gender	n	Mean	SD	t	p
Job satisfaction	Inner satisfaction	Woman	225	3.45	0.68	0.958	0.339
		Man	122	3.38	0.67		
	External satisfaction	Woman	225	3.04	0.75	0.035	0.723
		Man	122	3.01	0.78		
	Overall satisfaction	Woman	225	3.29	0.67	0.744	0.457
		Man	122	3.23	0.67		
Business blindness	Individual factors	Woman	225	2.33	0.63	0.431	0.667
		Man	122	2.30	0.65		
	Routine level of work	Woman	225	2.53	0.78	–1.523	0.129
		Man	122	2.67	0.82		
	Organizational structure	Woman	225	2.79	0.72	–2.25	**0.0226***
		Man	122	2.99	0.91		
	Sector structure	Woman	225	3.45	1.07	–0.04	0.9631
		Man	122	3.45	1.11		

*$p < 0.05$
SD: Standard deviation

Table 5: Findings of the t–test Analysis Between the Income Status of the Individuals Participating in the Study and the Scales and Their Sub–Dimensions

Scales	Sub–dimensions	Income status	n	Mean	SD	t	p
Job satisfaction	Inner satisfaction	2001–2500 TL	136	3.34	0.75	–1.922	**0.049***
		2501 TL and above	211	3.48	0.62		
	External satisfaction	2001–2500 TL	136	2.87	0.75	–3.209	**0.001***
		2501 TL and above	211	3.13	0.75		
	Overall satisfaction	2001–2500 TL	136	3.15	0.70	–2.630	**0.009***
		2501 TL and above	211	3.34	0.63		
Business blindness	Individual factors	2001–2500 TL	136	2.44	0.65	2.879	**0.004***
		2501 TL and above	211	2.24	0.62		
	Routineness of the job level	2001–2500 TL	136	2.81	0.88	4.280	**0.000***
		2501 TL and above	211	2.44	0.70		
	Organizational structure	2001–2500 TL	136	2.99	0.73	2.301	**0.022***
		2501 TL and above	211	2.78	0.83		
	Sector structure	2001–2500 TL	136	3.71	1.09	3.688	**0.000***
		2501 TL and above	211	3.28	1.04		

*$p < 0.05$

SD: Standard deviation

and managers, auxiliary services class and managers, and administrative employees and managers ($p < 0.05$). According to the general satisfaction scores, significant differences were found between nurses and doctors, nurses and managers, doctors and auxiliary services personnel, administrative employees and managers, auxiliary services personnel and managers, and administrative employees and managers ($p < 0.05$). When job titles were compared in terms of overall job satisfaction, managers reported the highest average job satisfaction, followed by doctors. The lowest average job satisfaction levels were observed among administrative employees, followed by the auxiliary services class. When evaluated by job title, individuals in high positions reported higher job satisfaction levels.

A comparison of the business blindness scale according to job title showed a significant difference between nurses and auxiliary services personnel and between auxiliary services personnel and both administrative employees and managers, according to the mean scores of the individual factors dimension ($p < 0.05$). According to the routineness dimension scores, significant differences were found across job titles ($p < 0.05$). Specificaaly, nurses differed doctors, auxiliary services personnel, and administrative employees. Doctors differed from auxiliary services personnel, administrative employees, and managers. According to the organizational structure dimension, significant differences were found across job titles ($p < 0.05$). Specifically, nurses differed from managers, doctors differed from other job groups, auxiliary services personnel and administrative employees both differed from managers. According to the sector structure dimension scores, significant differences was found across job titles ($p < 0.05$). Specifically, nurse differed from doctors and managers, doctor differed from auxiliary services personnel, administrative employees and auxiliary services class both differed from managers. When the job titles and business blindness levels of the participants were compared, auxiliary services class had the highest average in terms of individual factors, organizational structure, and sector structure and managers had the lowest average. These result are likely because of factors such as wage and status. In the job routineness dimension, administrative employees had the highest average, and doctors had the lowest average. The level of job routineness also affects business blindness, suggesting routine work contribute to high levels of business blindness.

As shown in Table 7, significant differences were found in the internal satisfaction scores across education levels ($p < 0.05$). Specifically, differences were found between primary and other (master's), high school and associate degrees, high school and other (master's), and undergraduate and other (master's). For external satisfaction scores, a significant difference was found between the education levels of high school and others (master's degree) ($p < 0.05$). For general satisfaction scores, a significant difference was found between primary education and others (master's degree), high school and others (master's degree), and undergraduate and others (master's degree) ($p < 0.05$). When the education levels of the participants and their job satisfaction levels were

Table 6: Findings of One–Way Analysis of Variance Between the Job Titles of the Individuals Participating in the Study and the Scales and Their Sub–dimensions

Scales	Sub–dimensions	Job title	n	Mean	SD	F	P	Post–hoc (Tukey)
Job satisfaction	Inner satisfaction	1– Nurse	126	3.34	0.63	5.989	**0.000***	1 < 2.5 2 > 3.4 3 < 5 4 < 5
		2– Doctor	85	3.62	0.57			
		3– YHS	70	3.33	0.74			
		4– Administrative Employee	49	3.26	0.77			
		5– Administrator Sum	17	3.93	0.42			
			347	3.43	0.67			
	External satisfaction	1– Nurse	126	3.04	0.73	7.033	**0.000***	1 > 4 1 < 5 2 > 3.4.5 3 < 5 4 < 5
		2– Doctor	85	3.14	0.71			
		3– YHS	70	2.86	0.75			
		4– Administrative Employee	49	2.78	0.79			
		5– Administrator Sum	17	3.77	0.63			
			347	3.03	0.76			
	Overall satisfaction	1– Nurse	126	3.22	0.63	6.879	**0.000***	1 < 2 1 < 5 2 > 3.4.5 3 < 5 4 < 5
		2– Doctor	85	3.43	0.59			
		3– YHS	70	3.14	0.69			
		4– Administrative Employee	49	3.07	0.74			
		5– Administrator Sum	17	3.87	0.46			
			347	3.27	0.67			
Business blindness	Individual factors	1– Nurse	126	2.24	0.62	3.075	**0.016***	1 < 3 3 > 4.5
		2– Doctor	85	2.35	0.64			
		3– YHS	70	2.51	0.66			
		4– Administrative Employee	49	2.27	0.61			
		5– Administrator Sum	17	2.03	0.57			
			347	2.32	0.64			
	Routineness of the job level	1– Nurse	126	2.55	0.75	9.142	**0.000***	1 > 2 1 < 3.4 2 < 3.4.5
		2– Doctor	85	2.21	0.70			
		3– YHS	70	2.85	0.87			
		4– Administrative Employee	49	2.90	0.81			
		5– Administrator Sum	17	2.62	0.45			
			347	2.58	0.80			
	Organizational structure	1– Nurse	126	2.84	0.79	5.053	**0.001***	1 > 5 2 > 5 3 > 5 4 > 5
		2– Doctor	85	2.91	0.83			
		3– YHS	70	2.98	0.70			
		4– Administrative Employee	49	2.94	0.80			
		5– Administrator Sum	17	2.06	0.77			
			347	2.86	0.80			
	Sector structure	1– Nurse	126	3.55	1.03	7.263	**0.000***	1 > 2.5 2 < 3.4 2 > 5 3 > 5 4 > 5
		2– Doctor	85	3.17	1.01			
		3– YHS	70	3.71	1.07			
		4– Administrative Employee	49	3.67	1.19			
		5– Administrator Sum	17	2.45	0.68			
			347	3.45	1.08			

*$p < 0.05$

Table 7: One–Way ANOVA Results by Education Level for the Scales and Sub–Dimensions

Scales	Sub–dimensions	Education level	n	Mean	SD	F	p	Post–hoc (Tukey)
Job satisfaction	Inner satisfaction	1– Primary education	12	3.12	0.56	5.574	**0.000***	1 < 5 2 < 3.5 4 < 5
		2– High school	97	3.27	0.67			
		3– Associate degree	51	3.52	0.70			
		4– Undergraduate	111	3.37	0.68			
		5– Other (M.Sc.)	76	3.69	0.59			
		Sum	347	3.43	0.67			
	External satisfaction	1– Primary education	12	2.76	0.73	2.385	**0.051***	2 < 5
		2– High school	97	2.92	0.76			
		3– Associate degree	51	3.00	0.67			
		4– Undergraduate	111	3.02	0.82			
		5– Other (M.Sc.)	76	3.24	0.70			
		Sum	347	3.03	0.76			
	Overall satisfaction	1– Primary education	12	2.97	0.58	4.442	**0.002***	1 < 5 2 < 5 4 < 5
		2– High school	97	3.13	0.67			
		3– Associate degree	51	3.31	0.62			
		4– Undergraduate	111	3.23	0.69			
		5– Other (M.Sc.)	76	3.51	0.60			
		Sum	347	3.27	0.67			
Business blindness	Individual factors	1– Primary education	12	2.39	0.66	1.527	0.194	–
		2– High school	97	2.44	0.65			
		3– Associate degree	51	2.32	0.64			
		4– Undergraduate	111	2.23	0.62			
		5– Other (M.Sc.)	76	2.26	0.63			
		Sum	347	2.32	0.64			
	Routineness level of work	1– Primary education	12	2.65	0.53	4.765	**0.001***	2 > 5 3 > 5 4 > 5
		2– High school	97	2.68	0.85			
		3– Associate degree	51	2.71	0.75			
		4– Undergraduate	111	2.67	0.78			
		5– Other (M.Sc.)	76	2.24	0.73			
		Sum	347	2.58	0.80			
	Organizational structure	1– Primary education	12	2.69	0.79	0.381	0.822	–
		2– High school	97	2.92	0.77			
		3– Associate degree	51	2.85	0.70			
		4– Undergraduate	111	2.87	0.84			
		5– Other (M.Sc.)	76	2.81	0.86			
		Sum	347	2.86	0.80			
	Sector structure	1– Primary education	12	3.60	1.03	2.988	**0.019***	2 > 5 3 > 5
		2– High school	97	3.67	1.09			
		3– Associate degree	51	3.56	1.14			
		4– Undergraduate	111	3.42	1.04			
		5– Other (M.Sc.)	76	3.12	1.06			
		Sum	347	3.45	1.08			

*p < 0.05

SD: Standard deviation

compared, the highest average job satisfaction was observed among those with a master's degree, while lowest average was found in the primary education group. Given that the healthcare industry is constantly changing and evolving, individuals with a high level of education are more likely to achieve job satisfaction because they can adapt more readily to this changing and developing situation. However, job satisfaction decreases in individuals who cannot adapt.

A comparison of the business blindness scale across education levels showed no significant difference between the individual factors dimension and education level ($p > 0.05$). According to the routineness dimension scores of the job, a significant difference was found between education levels: high school and others (master's), associate degree and others (master's), and undergraduate and others (master's) ($p < 0.05$). However, no significant difference was found between organizational structure size and education level ($p > 0.05$). According to the sector structure dimension scores, a significant difference was found between education levels, that is, high school and others (master's), and associate degree and others (master's degree) ($p < 0.05$). When participants' level of education was compared across their business blindness levels, the highest average in the sector structure dimension was observed among high school graduates, while the highest average in the routineness dimension of the job was found among associate degree holders. The lowest averages were recorded for those with a master's degree. In this case, the group experiencing the highest level of business blindness in terms of sector structure is high school graduates, while associate degree holders show the most business blindness in terms of the routineness level of the job. Conversely, other (master's) graduates exhibit the lowest levels of business blindness. Overall, it was concluded that the group with a higher level of education had fewer business jobs. Employees with a high level of education can foresee opportunities and threats in advance and better solve the problems they encounter; therefore, the risk of the organization being caught in business blindness is reduced.

Table 8 showed no significant difference between the job satisfaction scale across work experience groups ($p > 0.05$). However, in the comparison of the business blindness scale by work experience, a significant difference was found between employees with 11–15 years, 1–5 years, and 6–10 years of experience according to the mean scores of the individual factor dimensions ($p < 0.05$). According to the mean scores of the routine dimension of work, a significant difference was found between 1–5 years and 6–10 years, 6–10 years and 11–15 years, 6–10 years and ≥ 16 years of experience ($p < 0.05$). There was no significant difference between the organizational structure, sector structure, and work experience dimensions ($p > 0.05$).

3.3. Correlation Analysis Between Variables

Table 9 shows the correlation results between job satisfaction and the sub–dimensions of business blindness in healthcare workers. The analysis revealed strong and positive relationships between the sub–dimensions of job satisfaction. Specifically, a strong ($r = 0.762$; $p < 0.01$) positive correlation was found between intrinsic and extrinsic satisfaction, a very strong ($r = 0.955$; $p < 0.01$) correlation between general and extrinsic satisfaction, and a very strong ($r = 0.919$; $p < 0.01$) correlation between general and extrinsic satisfaction.

The relationship between job satisfaction and the dimensions of business blindness was generally negative. There were low negative relationships between the individual factor dimensions and job satisfaction sub–dimensions ($r \approx –0.25$), and weak negative relationships between the job routineness level and job satisfaction dimensions ($r \approx –0.43$ and –0.46). Negative relationships were observed between the organizational structure dimension and job satisfaction, with a moderate relationship with external satisfaction ($r = –0.539$; $p < 0.01$). Finally, the relationships between sector structure and job satisfaction dimensions were low and negative ($r \approx –0.40$ and –0.46).

Positive relationships were found between the sub–dimensions of business blindness. There were positive relationships between the level of routineness of the work and individual factors ($r = 0.440$; $p < 0.01$), between the organizational structure and the level of routineness of the work ($r = 0.438$; $p < 0.01$), and between the sector structure and the organizational structure ($r = 0.696$; $p < 0.01$).

Overall, the analysis concluded that there was a significant negative relationship between job satisfaction and business blindness.

3.4. Comparison of the Effects of Job Satisfaction Sub–dimensions on Business Blindness Sub–Dimensions

In Table 10, a regression analysis was conducted to examine whether job satisfaction influences the individual factor dimension, one of the sub–dimensions of business blindness. The regression model was found to be significant ($p < 0.05$). The analysis showed that 6% of the change in the individual factors was explained by the sub–dimensions of internal, extrinsic, and general satisfaction ($R2 = 0.06$). The change in internal satisfaction negatively affected individual factors by 23.1% ($B = –0.231$), external satisfaction by 20.9% ($B = 0–0.209$), and general satisfaction negatively by 25.1% ($B = –0.251$).

In Table 11, a regression analysis was conducted to examine whether job satisfaction affects the routine–level dimension of the job, a sub–dimension of business blindness. In the table, the regression model was statistically significant ($p < 0.05$). According to the analysis, 19% of the change in the

Table 8: Findings of One–Way Analysis of Variance Between the Work Experiences of the Individuals Participating in the Study and the Scales and Their Sub–dimensions

Scales	Sub–dimensions	Work experience	n	Mean	SD	F	p	Post–hoc (Tukey)
Job satisfaction	Inner satisfaction	1–1–5 year	144	3.41	0.70	1.554	0.200	–
		2–6–10 year	100	3.35	0.65			
		3–11–15 year	62	3.47	0.67			
		4–16 year and above	41	3.61	0.65			
		Sum	347	3.43	0.67			
	External satisfaction	1–1–5 year	144	3.02	0.72	1.581	0.194	–
		2–6–10 year	100	2.92	0.69			
		3–11–15 year	62	3.10	0.89			
		4–16 and above	41	3.21	0.82			
		Sum	347	3.03	0.76			
	Overall satisfaction	1–1–5 year	144	3.25	0.66	1.753	0.156	–
		2–6–10 year	100	3.18	0.62			
		3–11–15 year	62	3.32	0.72			
		4–16 and above	41	3.45	0.69			
		Sum	347	3.27	0.67			
Business blindness	Individual factors	1–1–5 year	144	2.38	0.61	2.942	**0.033***	4 < 1 4 < 2
		2–6–10 year	100	2.35	0.67			
		3–11–15 year	62	2.26	0.60			
		4–16 and above	41	2.06	0.63			
		Sum	347	2.32	0.64			
	Routineness of the job level	1–1–5 year	144	2.52	0.80	3.113	**0.026***	1 < 2 2 > 3.4
		2–6–10 year	100	2.78	0.78			
		3–11–15 year	62	2.52	0.81			
		4–16 and above	41	2.42	0.76			
		Sum	347	2.58	0.80			
	Organizational structure	1–1–5 year	144	2.86	0.78	0.424	0.736	–
		2–6–10 year	100	2.91	0.79			
		3–11–15 year	62	2.86	0.88			
		4–16 and above	41	2.74	0.80			
		Sum	347	2.86	0.80			
	Sector structure	1– 1–5 year	144	3.38	1.03	1.163	0.324	–
		2–6–10 year	100	3.62	1.12			
		3–11–15 year	62	3.43	1.11			
		4–16 and above	41	3.32	1.10			
		Sum	347	3.45	1.08			

*$p < 0.05$

sub–dimension of the routine level of work is explained by internal satisfaction, which negatively affected the routine level of work by 51.4% (B = –0.514). Similarly, 18% of the change in the routine–level sub–dimension of the of work is explained by external satisfaction, which had a negative affect of 45.1% (B = –0.451). Finally, 21% of the change in the sub–dimension of the level of routineness of the work is explained by general satisfaction, which negatively affected the routine level of work by 55.1% (B = –0.551).

In Table 12, a regression analysis was conducted to examine whether job satisfaction influences the organizational structure dimension, a sub–dimension of business blindness. Table 12 shows that the regression model is statistically significant ($p < 0.05$). According to the analysis, 16% of the change in the organizational structure dimension is explained by internal satisfaction. The change in internal satisfaction negatively affected the organizational structure dimension by 48.2% (B = –0.482). External satisfaction explains 29%

Table 9: Correlation Analysis Between Job Satisfaction Sub–dimensions and Business Blindness Sub–dimensions

Scales	Sub–dimensions		Job satisfaction			Business blindness		
			Inner satisfaction	External satisfaction	Overall satisfaction	Individual factors	Routineness level of work	Organizational structure
Job satisfaction	External satisfaction	r	0.762**	–	–	–	–	–
		p	0.000	–	–	–	–	–
		n	347	–	–	–	–	–
	Overall satisfaction	r	0.955**	0.919**	–	–	–	–
		p	0.000	0.000	–	–	–	–
		n	347	347	–	–	–	–
Business blindness	Individual factors	r	–0.245**	–0.250**	–0.263**	–	–	–
		p	0.000	0.000	0.000	–	–	–
		n	347	347	347	–	–	–
	Routineness of the job	r	–0.436**	–0.430**	–0.461**	0.440**	–	–
		p	0.000	0.000	0.000	0.000	–	–
		n	347	347	347	347	–	–
	Organizational structure	r	–0.406**	–0.539**	–0.493**	0.341**	0.438**	–
		p	0.000	0.000	0.000	0.000	0.000	–
		n	347	347	347	347	347	–
	Sector structure	r	–0.401**	–0.462**	–0.454**	0.304**	0.464**	0.696**
		p	0.000	0.000	0.000	0.000	0.000	0.000
		n	347	347	347	347	347	347

**$p < 0.01$

Table 10: Regression Analysis Between Individual Factors Sub–dimension and Job Satisfaction Sub–dimensions

Dependent variable	Independent variable	B	Sh	t	F	p	R^2
Individual factors	Fixed	3.115	0.172	18.081	22.071	0.000	0.06
	Inner satisfaction	–0.231	0.049	–4.698			
Individual factors	Fixed	2.956	0.137	21.612	22.925	0.000	0.06
	External satisfaction	–0.209	0.044	–4.788			
Individual factors	Fixed	3.144	0.166	18950	25.613	0.000	0.06
	General satisfaction	–0.251	0.050	–5.061			

Table 11: Regression Analysis Between the Routine Level of the Job and the Job Satisfaction Sub–dimensions

Dependent variable	Independent variable	B	Sh	t	F	p	R^2
Level of routineness of work	Fixed	4.351	0.200	21.760	80.853	0.000	0.19
	Inner satisfaction	–0.514	0.057	–8.992			
Level of routineness of work	Fixed	3.954	0.159	24.793	78.069	0.000	0.18
	External satisfaction	–0.451	0.051	–8.836			
Level of routineness of work	Fixed	4.390	0.191	23.009	92.984	0.000	0.21
	General satisfaction	–0.551	0.057	–9.643			

of the change in the organizational structure subdimension. The change in external satisfaction negatively affects the organizational structure dimension by 56.8% (B = –0.568). General satisfaction explains 24% of the change in the organizational structure sub–dimension. Thus, the change in general satisfaction negatively affected the organizational structure dimension by 59.2% (B = –0.592).

In Table 13, a regression analysis was conducted to identify whether job satisfaction affects the sector structure dimension, which is one of the sub–dimensions of business blindness. Table 13 shows that the regression model was statistically significant ($p < 0.05$). According to the analysis, 13% of the change in the sector structure subdimension is explained by internal satisfaction. The change in endogenous satisfaction negatively affected the sector structure subdimension by 47.6% (B = –0.476). External satisfaction explains 17% of the change in the sector structure subdimension. The change in external satisfaction negatively affected the sector structure subdimension by 48.4% (B = –0.484). General satisfaction explains 17% of the change in the sector structure subdimension. Thus, the change in general satisfaction negatively affected the sector structure subdimension by 54.5% (B = –0.545).

4. Conclusion, Discussion, and Recommendations

This study examined the relationship between job satisfaction and organizational blindness among healthcare professionals and showed a significant correlation between the two variables. The findings suggest that a higher level of job satisfaction may help reduce organizational blindness. Moreover, comparisons of demographic factors showed that perceptions of job satisfaction and organizational blindness varied according to age, position, tenure, and educational background. As no studies so far have examined operational blindness and job satisfaction, this study addresses this gap in the literature. These findings are also important for guiding future studies, generating discussions, and enabling comparisons across different samples. Our findings on job satisfaction show that managers are the occupational group with the highest job satisfaction, while administrative workers report the lowest. Education level emerged as an important criterion in determining job satisfaction; healthcare professionals with higher education levels demonstrated greater job satisfaction. This study also concluded that wages are among the most important factors determining job satisfaction among healthcare workers, with higher incomes associated with greater job satisfaction. Good wages imply better living conditions, which are reflected in employees' work performance the work of employees with improved living conditions. Wages, as a means of meeting individual needs and desires, represent the rewards for employees' efforts. Job satisfaction tends to decreases when employees are not adequately compensated for their efforts. Considering gender, men are more likely to experience operational blindness than women. Furthermore, the income levels of healthcare workers participating in this study appeared to impact operational blindness. Low income levels make healthcare workers more vulnerable to operational blindness. Those working in the support services class are the most affected, followed closely by administrative staff. Employees' education levels also contribute to operational blindness: the lower the education level, the higher the level of operational

Table 12: Regression Analysis Between Organizational Structure Dimension and Job Satisfaction Sub–dimensions

Dependent variable	Independent variable	B	Sh	t	F	p	R^2
Organizational structure	Fixed	4.520	0.204	22.163	68.221	0.000	0.16
	Inner satisfaction	–0.482	0.058	–8.260			
Organizational structure	Fixed	4.591	0.149	30.731	141.557	0.000	0.29
	External satisfaction	–0.568	0.048	–11.898			
Organizational structure	Fixed	4.805	0.188	25.571	110.746	0.000	0.24
	General satisfaction	–0.592	0.056	–10.524			

Table 13: Regression Analysis Between Sector Structure Dimension and Job Satisfaction Sub–dimensions

Dependent variable	Independent variable	B	Sh	t	F	p	R^2
Organizational structure	Fixed	4.345	0.225	19.300	54.637	0.000	0.13
	Inner satisfaction	–0.476	0.064	–7.392			
Organizational structure	Fixed	4.181	0.175	23.957	75.264	0.000	0.17
	External satisfaction	–0.484	0.056	–8.675			
Organizational structure	Fixed	4.495	0.213	21.102	72.931	0.000	0.17
	General satisfaction	–0.545	0.064	–8.540			

blindness. Participants in the study were divided into two groups: private and university hospital employees. Job satisfaction and operational blindness levels of healthcare workers did not differ significantly between these hospital types. However, a study by Eroğlu (2015) on two public hospitals in Istanbul found that healthcare personnel at Eyüp State Hospital reported higher job satisfaction than those at Viranşehir State Hospital. This difference is believed to be related to the hospital's location. When compared with this study, the difference in the results appears to stem from the hospital being public. This is because the conditions in private hospitals differ from those in public hospitals. If the conditions in a public hospital are better than those in a private hospital, this can help explain higher employee satisfaction. A study by Seymen et al. (2016) measuring operational blindness among healthcare and energy sector employees found that healthcare sector employees have a higher perception of operational blindness than energy sector employees. Burnout syndrome is a major factor contributing to high levels of operational blindness among healthcare workers. It leads to emotional exhaustion, reduced motivated, diminished sensitivity, and weak communicative in their environment (Maslach & Jackson, 1981; Maraşlı, 2003; Sılığ, 2003). Employees experiencing burnout tend to become less communicative and withdrawn, which can lead to their atrophy over time. Participants were evaluated using the standardized scales, and some noteworthy results were observed. On the job satisfaction scale, participants expressed dissatisfaction with their pay, working conditions, praise they received for their work, and opportunities for advancement in their jobs. Pay is a significant factor in determining job satisfaction. Dissatisfaction with an employee's pay can lead to reluctance at work. Disinterested individuals may struggle to stay informed about developments around them. Factors such as working conditions, excessive workload, and routine work can all contribute to a decline in job satisfaction. Employees expected to be rewarded for a job well done, and the absence of rewards can be discouraging. Employees who do not do their job willingly experience lower job satisfaction. While every individual strives to achieve a better position. However, being unable to advance in one's current position, in other words, stagnating, can lead to despair, routine, and ultimately low job satisfaction. Participants also expressed satisfaction with their ability to help others, maintain stable job, establish a place in society, and make use of their talents. However, a study by Halıcı & Yurtseven (2002) found that the lowest level of satisfaction among healthcare workers was the opportunity for advancement in their jobs. Gözüm (1996) noted that the aspect of healthcare workers providing the least satisfaction was the opportunity for advancement. These results are consistent with findings from other studies. Participants in the business blindness scale argue that they follow the innovations in their work, can easily recognize their own shortcomings and remain curious about the developments in their field. In addition, participants stated that they could not easily give up their habits, noting strict rules within their organization and sector, their work was suitable for routine, and perceived their managers as inflexible. When employees cannot easily give up their habits, they start to apply the same method every time they encounter a problem. Strict rules in the organization and managerial inflexibility make employees reluctant to freely express their opinions, thus leading to anxiety and fear. The routinization of an employee's work can prevent them from recognizing opportunities and risks that arise in the business over time, referred to as business blindness. To prevent this situation, organizations should discourage employees following rigid habits, promote managerial and organizational flexibility, encourage employees to express their opinions openly without fear, and minimize factors that contribute to routinization. The study found a significant negative relationship between job satisfaction and business blindness among healthcare workers. In other words, higher levels of business blindness of healthcare workers increases their job satisfaction and vice versa. In this study, the regression model used to determine whether job satisfaction affects business blindness was statistically significant. Accordingly, job satisfaction negatively affects business blindness, and the occurrence of business blindness within organizations can be explained by job satisfaction. Low job satisfaction among healthcare workers leads to their business blindness. A literature review shows that this study is the first to directly examine the effect of job satisfaction on business blindness. Considering these results, various suggestions have been proposed to increase job satisfaction and reduce business blindness in health institutions and other organizations.

– It is important to continuously evaluate, analyze, and improve process management. As doing the same job in the same unit for extended periods may lead to business blindness, rotation practices should be implemented.

– Employee motivation can be strengthened by involving employees in decision–making processes, prioritizing organizational intelligence, and assigning them to units where they wish to work voluntarily.

– Managers should be sensitive to employees' wishes and needs. Improving wage and reward policies in line with workload and working conditions can increase motivation. Implementing innovative organization practices, creating environments where employees can share their ideas, and strengthening inter–unit communication are effective measures to prevent business blindness. Moreover, healthcare management professionals will enhance the quality of healthcare service delivery (Yorulmaz, 2024).

– It is recommended that employees should be assigned tasks aligned with their educational background to ensure that tasks do not overstrain their capacity, tasks are distributed accordingly, and training, seminars, and symposiums are organized to enhance job satisfaction.

Authorship Contributions: Conception/Design of study: Sabırlı, H., & Yorulmaz, M., Data Acquisition: Yorulmaz, M., Data Analysis/Interpretation: Sabırlı, H., Drafting Manuscript: Sabırlı, H., Critical Revision of Manuscript: Yorulmaz, M., Final Approval and Accountability: Sabırlı, H., Technical or Material Support: Yorulmaz, M., Supervision: Yorulmaz, M.

Artificial Intelligence Usage Statement: Artificial intelligence–based tools, solely for language editing, improving readability, and providing formatting support.

Data Sharing Statement: The data of this study were collected with the approval of the ethics committee and based on the voluntary participation of the participants.

Conflict of Interest: The authors have not reported any conflict of interest.

Financial Disclosure: The authors declare that they did not receive any financial support for this study.

References

AbuAlRub, R. (2004). Job stres, job performance, and social support among hospital nurses. *Journal of Nursing Scholarship, 36*(1), 73–78. https://doi.org/10.1111/j.1547–5069.2004.04014.x

Aktaş, H., & Şimşek, E. (2013). The role of organizational culture in the relationship between organizational silence and individual performance: you can't shut up, you can't shut up. *21. Paper presented at the National Management and Organization Congress.* Kütahya: Dumlupınar University.

Altınay, A., Mercan, N., Aksanyar, Y., & Sert, S. (2012). Business blindness, silo syndrome and organizational intelligence as a solution proposal. *Journal of Organization and Management Sciences, 4*(1), 13–19. https://doi.org/10.17067/ojms.2012.01.02

Altunışık, R., Cokşun, R., & Yıldırım, E. (2017). *Research methods in social sciences SPSS applied* (9 b.). Sakarya: Sakarya Publishing.

Argon, G., Özgür , G., & Vatan, F. (2001). *Managerial stress in nurse managers* (Cilt 58). Denizli: International Nursing Management Conference Abstract Book.

Aydın, A. (2019). The mediating role of organizational learning in the effects of training and development on organizational blindness and organizational silence in human resources management: an application in the tourism sector. *Master's Thesis, Selçuk University Graduate School of Social Sciences*.

Barçın, N. (2012). A research on the effect of organizational silence on organizational commitment and job satisfaction in businesses. *Master's Thesis. Çukurova University Institute of Social Sciences.*

Baycan, F. (1985). Analysis of some aspects of job satisfaction in groups working in different groups. *Master's Thesis*, *Boğaziçi University Institute of Social Sciences*.

Catino, M. (2013). *Organizational myopia: problems of rationality and foresight in organizations*. Cambridge: Cambridge University Press. https://doi.org/10.1017/CBO9781139011495

Davis, K. (1982). *Human behavior in business* (5 b., Cilt 5). (K. Tosun, Çev.) İstanbul: İstanbul University.

Deveci, S. (2014). The relationship between job satisfaction and life satisfaction in healthcare workers (Antalya Atatürk State Hospital Nurses Example. *Master's Thesis, Beykent University, Institute of Social Sciences, Department of Business Management*.

Duquette, B., Sandhu, B., Sandhu, B., & Beaudet, L. (1994). Factors related to nursing burnout: a reviev of empirical knowledge. *Issues in Mental Health Nursing, 15*(4), 337–358. https://doi.org/doi:10.3109/01612849409006913

Ebrahim, A. (2005). Accountability myopia: losing sight of organizational learning. *Nonprofit and Voluntary Sector Quarterly, 34*(1), 56–87. https://doi.org/10.1177/0899764004271458

Eroğlu, B. (2015). Investigation of job satisfaction in health workers in health institutions. *Master's Thesis, Istanbul Medipol University Institute of Health Sciences*.

Gözüm, S. (1996). Investigation of factors affecting job satisfaction, burnout and absenteeism in nurses and midwives working in preventive health services. *Ph.D. Thesis, Atatürk University Institute of Health Sciences*.

Hair, J., Black, W., Babin, B., Anderson, R., & Tatham, R. (1998). *Multivariate data analysis* (Cilt 5). Upper Saddle River NJ: Prentice Hall.

Halıcı, A, A., & Yurtseven, G. (2002). Associating employee and consumer satisfaction in the service sector: a pilot study in a foundation university hospital. *Journal of Modern Hospital Management, 6*(1), 24–40.

Kalaycı, Ş. (2014). *Spss Applied Multivariate Statistics Techniques* (6 b.). Ankara: Asil.

Kamiloğlu, B. (2014). *Job Satisfaction and Organizational Commitment in Healthcare Workers (The Case of Merkezefendi State Hospital Nurses).* Istanbul: Master's Thesis, Beykent, Institute of Social Sciences, Department of Business Management, Department of Hospital and Health Institutions Management.

Karadağ, E., Başaran, A., & Korkmaz, t. (2009). The relationship between primary school teachers' perceived leadership styles and job satisfaction. *Journal of Balıkesir University Institute of Social Sciences, 12*(21), 32–45.

Kartal, N. (2018). *Analysis of organizational myopia on the axis of servant leadership: a research on employees of educational institutions.* Istanbul: Işık University, Institute of Social Sciences, Master's Thesis.

Khorshid, L., Eşer, İ., & Güneş, Ü. (2005). Work stress in nurses. *3. International & 10. National Nursing Congress Abstract Book*, (s. 115). Izmir.

Kılıç, T. (2015). *How did they succeed?* (Cilt 52). Few Books.

Kılıç, T., & Seymen, O. (2012). Analysis of factors affecting burnout syndrome in the health sector and a research. *Journal of Management and Economics, 16*, 47.

Larwood, L., & Whittaker, W. (1997). Managerial Myopia: Self–Serving Biases in Organizational Planning. *Journal of Applied Psychology, 62*(2), 194–198. https://doi.org/10.1037/0021-9010.62.2.194

Lee, V., & Henderson, M. (1996). Occupational stress and organizational commitment in nurse administrators. *Administration, Journal of Nursing, 26*(5), 21–28. https://doi.org/10.1097/00005110-199605000-00006

Leonardi, P. (2011). Innovation blindness: culture, frames, and crossboundary problem construction in the development of new technology concepts. *Organization Science, 2*(2), 347–369. https://doi.org/10.1287/orsc.1100.0581

Maraşlı, M. (2003). Burnout levels of high school teachers according to some characteristics and learned strength levels. *Ph.D. Thesis, Ankara, Hacettepe University, Institute of Social Sciences.*

Maslach, C., & Jackson, S. (1981). *Manual of Maslach Burnout Inventory* (2 b.). California: Consulting Psychologists Press.

Mason, R. (2005). *Avoiding epistomological myopia.* In: Inquiring Organizations: Moving from Knowledge Management to Wisdom. Eds: IGI Global. https://doi.org/10.4018/978-1-59140-561-3.ch001

McVicar, A. (2003). Workplace stress in nursing: a literature review. *Journal of Advanced Nursing, 44*(6), 633–642. https://doi.org/10.1046/j.1365-2648.2003.02853.x

Merchant, K., & Bruns, J. (1986). Measurement to cure manegement myopia. *Journal of Applied Psychology, 29*(3), 56–64. https://doi.org/10.1037/0021-9010.71.3.467

Mizik, N. (2010). The theory and practice of myopic management. *Journal of Marketing Research, 47*(4), 594–611. https://doi.org/10.1509/jmkr.47.4.594

Morrison, W., & Milliken, F. (2004). *Sounds of silence* (Cilt 25). New York: Stern Business.

Nikolaou, I., Vakola, M., & Bourantas, D. (2011). *The role of silence on employes' attitutes "the day after" a merger* (Cilt 40). Personnel Review. https://doi.org/10.1108/00483481111118583

Özgül, B., & Mengi, B. (2016). *Corporate sustainability and assurance "internal audit".* Istanbul: Beta Publishing.

Poncet, M., Toullic, P., Papazian, L., Kentish–Barnes, N., Timsit, J., Pochard, F., Azoulay, E. (2007). Burnout syndrome in critical care nursing staff. *American Journal of Respiratory and Critical Care Medicine, 175*(7) 698–704. https://doi.org/10.1164/rccm.200606-806OC

Rout, U. (2000). Stress amongst district nurses: a preliminary investigation. *Journal of Clinical Nursing, 9*, 303–309. https://doi.org/10.1046/j.1365-2702.2000.00342.x

Sato, H. (2012). Routine–based view of organizational learning and mechanisms of myopia. *Annals of Business Administrative Science*, 1145–1154.

Schermerhorn, J., Hunt, J., & Osborn, R. (2005). *Organizational behavior* (Chapter 16: Change, Innovation and Stres). USA: Ninth Edition, John Wiley & Sons, Inc.

Seago, J., & Faucett, J. (1997). Job strain among registered nurses and other hospital workers. *Journal Of Nursing Administration, 27*(5), 19–25. https://doi.org/10.1097/00005110-199705000-00006

Seymen, A., Kılıç , T., & Kinter, O. (2016). Detailed conceptual analysis and measurement of organizational blindness (organizational myopia): evaluation with the help of a developed scale. *Eurasian Academy of Sciences Social Sciences Journal, 1*, 212–222. https://doi.org/10.17740/eas.soc.2016.MSEMP-18

Seymen, A., Kılıç, T., & Kinter, O. (2016). Örgütsel körlüğün (örgüt miyopisi) ayrıntılı kavramsal analizi ve ölçümü: geliştirilen bir ölçek yardımıyla değerlendirme. *Eurasian Academy of Sciences Social Sciences Journal, 1*, 212–222. https://doi.org/10.17740/eas.soc.2016.MSEMP-18

Sılığ, A. (2003). Investigation of bank employees' burnout levels in terms of various variables. *Master's Thesis, Anadolu University, Institute of Educational Sciences*.

Tel, H., & Karadağ, M. (2003). Determination of coping situations of healthcare professionals with stress experiences in the working environment. *Journal of Nursing Research and Development, 2*(1). https://doi.org/10.69487/hemarge.694656

Türk, M. (2007). *Organizational Culture and Job Satisfaction.* Ankara: Gazi.

Uslu, Ş., & Demirel, Y. (2002). A research on the problems of employees in SMEs. *Journal of the Institute of Social Sciences, 12*, 173–184.

Vakola, M., & Bouradas, D. (2005). *Antecedents and consequences of organizational silence: an empirical investigation* (Cilt 27). Employee Relations.

Weiss, D., Dawis, R., England, G., & Lofquist, L. (1967). *Manual for the Minnesota Satisfaction Questionnaire.* In Minnesota Studies in Vocational Rehabilitation. University of Minnesota.

Yüksel, A. (2017). Analysis of organizational dysfunction: dysfunctional momentum and the abilene paradox. *Journal of Management and Economics, 24*(3), 669-686. https://doi.org/10.18657/yonveek.371958

Yorulmaz, M. (2024). *Evaluation of Health Service Quality in City Hospitals*. Evolutionary Studies in Imaginative Culture. https://doi.org/10.70082/esiculture.vi.1092

Zhao, Y., Chen, K., Zhang, Y., & Davis, M. (2012). Takeover protection and managerial myopia: evidence from real earnings management. *Journal of Accounting and Public Policy, 31*, 109–135. https://doi.org/10.1016/j.jaccpubpol.2011.08.004