

Arařtırma Makalesi
Research Article

**IMPACTS OF LEARNED HELPLESSNESS THEORY ON NEW
PUBLIC MANAGEMENT REFORMS: A CASE STUDY IN TURKISH
HEALTH SECTOR¹**

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Abstract: Learned helplessness is a term that is often used to describe persons who appear to behave in a passive, dependent, helpless manner. This theory indicates that an individual experiences or "learns" that in some situations there is no connection between his / her choices and actions, and the outcomes the person wants to achieve. The term "learned helplessness" was coined by psychologist Martin Seligman in 1960s. Although the theory of learned helplessness was developed for health sciences, by the time, it was extended to human behavior, providing a model for explaining depression, a state characterized by a lack of affect and feeling. Depressed people became that way because they learned to be helpless. It is nowadays extensively used in such social science branches as psychology, sociology and management.

This work attempts to further extend the theory of learned helplessness to the field of public administration/management through using it to conceptualize negative attitudes and resistance to public sector reforms in Turkey. The field survey, which is the basis for this article, was conducted through a questionnaire where multiple-choice questions were applied to the staff of the Ministry of Health. The data of the study were analyzed by SPSS analysis program and compared with the researchers' assumptions and evaluated with the help of the related theoretical framework.

Keywords: Public Administration, Health Reforms, Learned Helplessness, Turkish Health Sector, Field Study.

**YENİ KAMU YÖNETİMİ REFORMLARINDA "ÖĞRENİLMİŐ
ÇARESİZLİK" TEORİSİNİN ETKİLERİ: TÜRK SAĞLIK SEKTÖRÜ
ÜZERİNE BİR ARAŐTIRMA**

Öz: Öğrenilmiş çaresizlik genellikle pasif, bağımlı ve çaresiz bir şekilde davrandığı görülen bireyleri tanımlamak için kullanılan bir kavramdır. Bu teoriye göre bireyler bazı durumlarda tercihleri ve eylemleri ile ulaşmak istedikleri sonuçlar arasında bir bağlantı olmadığını tecrübe eder veya öğrenir. Öğrenilmiş çaresizlik kavramı 1960'lı yıllarda psikolog Martin Seligman tarafından kullanılmıştır. Bu kavram her ne kadar sağlık bilimleri alanında kullanılmak üzere geliştirilmiş olsa da zamanla depresyon, duyu eksikliği gibi durumları açıklamak üzere davranış bilimleri alanında da kullanılmaya başlanmıştır. Öğrenilmiş çaresizlik depresif insanların geldiği bu durumu çaresiz olmayı öğrenmeleri ile açıklamaktadır. Bu kavram artık psikoloji, sosyoloji ve yönetim gibi sosyal bilimlerin pek çok dalında yaygın olarak kullanılmaktadır.

Bu çalışma Türkiye'de kamu sektörü reformlarına karşı olan olumsuz tutum ve direnci kavramsallaştırmak için öğrenilmiş çaresizlik kavramını kamu

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yönetimi alanında kullanmaya çalışmaktadır. Çalışmanın temelini oluşturan saha araştırması, çoktan seçmeli soruların bulunduğu anketin Sağlık Bakanlığı personeline uygulanmasıyla gerçekleştirilmiştir. Elde edilen veriler SPSS programı ile analiz edilerek çalışmada öngörülen varsayımlar ile karşılaştırılmış ve ilgili kuramsal çerçeve doğrultusunda değerlendirilmiştir.

Anahtar kelimeler: Kamu Yönetimi, Sağlık Reformları, Öğrenilmiş Çaresizlik, Türk Sağlık Sektörü, Saha Araştırması.

I. Introduction

People have always been regarded as important asset in managing any kinds of organization, and their centrality has become more important in today's changing world (Dwivedi, 2016). Managers have always wished that they had more control over work situations and were able to understand, explain and predict employee behaviors more accurately, because any kind of negative deviation in the behavior of their employees would have strong implications on the performance levels of their organizations too.

When managerial, cultural or any other dimensions of an organization create a feeling of uncontrollability, incapability, depression, failure etc. for an unrelenting period, the employee tends to start feeling "learned helpless." This phenomenon describes the commencement of a depressive human state.

Like many other developing and less-developed countries, pre-reform public administration in Turkey was characterized by bureaucratic system, excessive procedures, lack of feedback mechanisms, political interference, lack of proper promotional procedures, corruption, inflexibility etc. which used to make the employees demotivated towards their work. Since 1980s, however, Turkey has undertaken a number of far-reaching reforms in economy, politics and public administration. In public administration sphere, NPM constitutes the main base for reforms, as it is the case in many other countries. Managerialism, performance and strategic management, organizational restructuring, privatization, contracting out, regulatory reforms and private sector management philosophies and techniques have been major dimensions of recent public administration reforms.

Perhaps, the most far-reaching reforms have been witnessed in the health sector. In 2003, Turkey embarked on ambitious health system reform to overcome major inequities in health outcomes and to protect all citizens against financial risk. Turkey's experience shows that with committed leadership, middle-income countries can achieve better outcomes in their health services and improve population health, financial risk protection, and user satisfaction, through using NPM principles (Bostan, 2013). Within 10 years of implementation of NPM-like reforms, it had achieved universal health coverage and notable improvements in outcomes and equity. *"Health reforms introduced between 2003 and 2010 separated policymaking, regulatory, financing, and service-provision roles: the Ministry of Health would focus on policy and strategy development, while other agencies oversaw public health and delivery of personal health services. The Social Security Institution was established as a single payer, pooling both risk and funds from contributory health insurance and the government-financed Green Card scheme; it was responsible for strategic purchasing from providers, and its mandate was to improve service quality and efficiency"* (Atun, 2015).

Yet, the persistent success of Health Transformation Program faces a number of vulnerabilities. For instance, global economic crisis and financial-market instability threaten Turkey's strong economic growth, which is critical to sustaining investments in a health system. Although Turkey needs to create a knowledge economy in which the health system plays a major part in order to transition from a middle-income to a high-income country, universities, the country's life-sciences industry and the health system are not yet collaborating to generate adequate research and innovation. Besides, given an inadequacy of an inclusive approach in designing and implementation of the reforms, there is a widespread complain among many health care professionals that they have been alienated, resulting a pervasive feeling of helplessness.

This work explores this issue through presenting main findings of a survey conducted on health workers, both professionals and ordinary workers, in Turkish health sector.

The structuring of the work is as follows: After a conceptual overview which provides a brief description about the terms of Learned Helplessness, Learned Hopelessness and Learned Hopefulness, follows a literature review. Having given a short summary of the changes that have taken place in the health sector over the last fifteen years in Turkey, the work provides main results of a field work on the effects and extent of learned helplessness behavior among public officials, *vis-à-vis* New Public Management (NPM) type-reforms in Turkey, taking the reforms conducted by the Ministry of Health as the case study. This is followed by a section in which field research methods and applied research and evaluation techniques are described and hypotheses are included. Then, the basic findings of the research are presented in the context of the graphics and the article ends with a general evaluation section.

II. Learned Helplessness

The concept of "learned helplessness" was first theorized by Martin Seligman in (1967) to describe passive reactions of animals and humans to the events that they feel uncontrollable. The "Learned Helplessness Theory" (LHT) claims that an individual, who confronts an unsolvable task will perform poorer in a subsequent cognitive task than a naïve individual. Learning acquired in this situation impairs future learning and leads to passivity. Subsequently, the organism fails to solve subsequently a problem, even if there is a solution for the problem. Although LHT began with a number of experimental studies on dogs, the theory has broadened the scope of learned helplessness from animal behaviour to a wide variety of human behaviours that include child development, disease susceptibility, old age problem and depression (Seligman, 1975).

Following couple of years of presentation of the idea of learned helplessness, the "helplessness" theory was being questioned because it was believed that many people in helpless circumstances did not become depressed and also because this theory did not explain the guilt, shame, and self-blame that often accompanied depression. How might one feel helpless, i.e., feel at flawed, disgrace and liable about what has occurred with no capacity to control what happens (Carson and Adams, 1981). Taking these shortages into account, Abramson, Seligman and Teasdale (1978) reformulated the model of learned

helplessness in view of attribution theory, where a distinction between individual and universal helplessness was included. Attribution theory contended that individuals make causal clarification for observed events and behavior which diversely influence their activities and results (Heider, 1958; Wong and Weiner, 1981). This model clarified the part of attributions to sadness and weakness circumstances that assumes an imperative part in bringing on educated powerlessness. In this revised model, different components including authoritative culture measurements and some individual elements were appeared as indicators of educated vulnerability attributions and the outcomes of scholarly weakness were portrayed as far as motivational, subjective, and enthusiastic deficiencies in the hierarchical set up.

Learned helplessness in organizations and work environment can occur due to individual characteristics and/or the culture and management approach adopted by the organization. An employee who is apathetic towards his work has adverse influence on the environment, giving rise to organizational learned helplessness. Learned helplessness that emerges organizationally is regarded as a disease, and treatment of this disease becomes important in terms of success of the organization (Kümbül, 2006:183).

In public administration systems, many problems can occur regarding employee's attitudes and behaviors such as unwillingness to work and effectively perform tasks; inability to engage in new and innovative thinking and practices; incapability to go beyond routine work and operations; being attached to conventional (traditional) methods; merely carrying out the orders; exerting effort as needed and not going beyond that; reluctance to develop oneself; low motivation; making an effort that is far below knowledge, skills and abilities required by the job. Such low performance at the job partly stems from the belief that the existing public system would not change, and/or one's own power would not be adequate to change it. As Yüksel (2015) points out, Human capital is a critical resource of public administration and learned helplessness hinders the effective use human resources the public sector. However, possible impacts of learned helplessness attitude of public employees on the performance of public administration have not been adequately explored in developing countries.

As a vital part of any organizational change, organizational learning is a critical process that helps organizations adapt to environmental changes and demands through change in behavior and acquisition of new knowledge (David, 1993:78-91). Learned helplessness ultimately prevents organizational learning and significantly impedes change in public administration. "Organizational learned helplessness is more likely to exist in organizations with large number of employees experiencing personal learned helplessness, and inhibit organizational learning. Change, innovation, adapting to the environment, efficiency, productivity, and achieving mission become more difficult in organizations with poor organizational learning. Thus, both individual and organizational adverse consequences of learned helplessness begin to occur" (Yüksel, 2012:1220).

III. Health Reforms in Turkey in Last 15 Years

In November 2002, after almost 15 years of coalition governments, the Justice and Development Party (AK Party) won the majority of the votes in the general elections and formed a single-party government. From the very first day of its period of office, the AK Party has announced a ‘fundamental restructuring of the public administration’ as one of the major goals of the new government.

Health sector reform is part of this agenda of ‘modernizing’ and ‘decentralizing’ the public administration. Claiming that effective, accessible and high quality health system is indispensable for a vigorous society and that the satisfaction of the basic health needs of everybody (with co-operation of the private sector, when necessary) is one of the basic responsibilities of the state, AK Party government announced its reform program, ‘Transformation in Health’, in December 2003.

The ‘Transformation of Health’ program lays out the main principles and major components of the reform process. Announcing the central objective of the reform as ‘establishing a high quality and effective health system which everybody can access’, the program lists its main principles as follows: ‘human centrism, sustainability, continuous quality improvement, participation (of all stakeholders), reconciliation, volunteerism, division of power, decentralization and competition in service’ (Akdağ, 2015). Furthermore, the only way to ensure a smooth and continuous process of change¹², according to the program, is through ‘small but effective interventions made within the system’ which would lead to a fundamental transformation of the health sector involving substantial changes in the ‘organization, financing and delivery of health services’.

The main components of the program can be summarized as follows (Bostan, 2013):

- Restructuring of the Ministry of Health to enhance its core functions of setting priorities, developing policies, defining standards, controlling and ensuring quality and managing public health processes, including preventive services;
- Introducing compulsory statutory health insurance for the whole population, with the possibility of supplementary voluntary health insurance operated by private insurers;
- Increasing access to health care by making use of private facilities where necessary, strengthening primary care services and family medicine, improving the referral system and giving institutions more administrative and financial autonomy;
- Improved and more appropriate training for doctors, nurses and administrators and better incentives to encourage a more even distribution of personnel across the country;
- Establishing a school of public health and a national quality and accreditation agency;
- Supporting more rational use of drugs and medical devices through the establishment of a national drug agency and a medical device agency; and improving health information systems.

Accordingly, a general health insurance gathering everybody under a single umbrella will be established. Such an insurance system will aim at decreasing the cost of health services and will encourage preventive medicine

practices. Moreover, health insurance will be separated from other insurance systems and health institutions will no longer be responsible for checking the timely payment of the premiums. The separate insurance institutions will be responsible for this task.

WHO claims that health reforms of Turkey is distinguished success story which other middle income countries can emulate, using improvements in a number of important health system performance measures as well as statistics on the health system. “ *It is particularly noteworthy that life expectancy (at birth) increased from 71 in 2000 to 75 in 2009, according to WHO estimates (World Health Report 2011), a significant improvement in a relatively short period of time. In part, this was brought about by a major reduction in infant and under five mortality rates. Increasing immunization rates and expansion of the immunization programs helped contribute to this decline. Maternal mortality also declined significantly in part due to an increase in the percentage of deliveries taking place in hospital*” (WHO, 2012). Equally impressive is the increase in general satisfaction with the health sector, which grew from 39.5% in 2003 to 75.9% in 2011 (TurkStat - Life Satisfaction Survey, 2011).

These outcomes were attained, in part, through investments in the health sector to increase access to health care, in that the number of acute care hospital beds per 100,000 population increased from 211 in 2002 to 243 in 2011 (MoH 2011). Furthermore, the number of physicians (per 100,000 populations) increased from 117 in 2002 to 166 in 2011 and the number of general practitioners from 46 per 100,000 in 2002 to 50 per 100,000 in the same period. In addition to the total resources increase, geographic distribution of health care providers also improved (WHO, 2012).

IV. Field Study on Learned Helplessness in Turkish Health Sector

A. Objective and Importance of the Study

The objective of the study is to identify whether the theory of learned helplessness still maintains its explanatory power in public administration, and explore how seniority, position and demographic characteristics affect learned helplessness levels of managers and employees, if there is a strong tendency of learned helplessness, as well as by identifying the reasons of such an attitude.

This study contributes to public administration literature thanks to its three features. First, it identifies the factors that lead to learned helplessness attitude and reveals how this attitude affects public servants. Second, it uses the theory of learned helplessness, which is a theory developed in the field of medicine and used in different disciplines, in the field of public administration and especially public administration reforms for the first time.. Thirdly, as psychological implications of public administration reforms on employees are not adequately addressed in the public administration literature, this work modestly fills this gap.

B. Methodology

The research which this work is based on was held through a questionnaire conducted in in the Turkish Ministry of Health (MoH). Participants to the questionnaire were selected by random sampling method

from among middle aged and older managers and staff of different units of MoH who were supposed to experience failed reforms of the past a couple of decades before the Health Transformation Project, as the theory of learned helplessness stress the importance of past experiences in developing a negative attitude to new initiatives. The formula for calculating adequate sample size was as follows:

“N” Target Group	“α” Significance Levels	“t” values	“(p.q)” values	“d” Accepted sampling error values	“n” Calcul ated Sample
		1.96	0.5x0.5	0.07	
5702	0.05	t ² =3,8416	0,25	d ² =0,0049	370

Although there are instruments to measure personal helplessness, no instrument is available for public employees. Therefore, the researcher developed an original questionnaire to collect the data on public employees. The questions were provided on a 5 point likert scale (1: strongly agree, 5. strongly disagree). The questionnaire was composed of two sections. Section I contained 5 questions on position, gender, seniority and demographic characteristics. Section II contained items that measure learned helplessness in the public sector. The questionnaire was sent to the target group and 370 of them filled the questionnaire and returned back to the researcher. Data was then entered into and analyzed using SPSS (Statistical Package for Social Sciences) program.

This study is the first known empirical research conducted in MoH in Turkey and is among a few research which investigates the impact of learned helplessness in the field of public administration. Being an exploratory research, a case study methodology was utilized that focuses on the relationship between negative attitudes of managers and workers of a government organization and some psychological issues such as their past experiences. Based on the findings of this exploratory research, future studies that employ comparative methodology with a broader scope would be valuable.

This work has 2 equally important hypotheses which are tested at the subsequent sections of the work below:

H1. There is a strong tendency towards a learned helplessness attitude in Turkish health sector.

H2. There is a strong relationship between demographic factors such as age and seniority and learned helplessness attitude among public sector staff.

C. Profiles of the Respondents

Major features of the respondents to the questionnaire were as follows:

•Age distributions of the respondents were as follows; 45.1% of the respondents were in "30-39 Age" group while 24.1% of them in 40-49, 23.8 of them in 50-59 and 6.8 of them in 20-29 age groups. The percentage of respondents over "60 years" was only 0.3%.

•59.8 % of the respondents were male, while 40.2% of them were female.

•Education levels of the respondents were also asked because it was thought that the education levels would affect perceptions of public personnel

on reforms and the effects of reforms on public personnel. In terms of educational levels respondents, 42.2% of them were graduates of BA level programs, while the ratio of Master / PhD graduates constitutes 19.2%. Graduates of vocational school constitute only 13% of the respondents, while primary school graduates were only 2.7 %.

- The majority of the respondents (78.1%) was non-executive personnel. This group was followed by middle level managers (11.1%) and lower level managers (8.6%). Percentage of top level managers was only 2.2 of the respondents. The total number of respondents with a managerial post was 81 which constitute 21,9% of the total.

- In terms of the total service period of the respondents within MoH, 42.2% of them have served less than 10 years, while 18.6% of them between 16-20 years and 8.6% of them 21-25 years. The ones who have served over 26 years constituted only 3,5 of the total respondents.

V. Major Findings

Major findings of this research are presented below under 4 headings: Perceptions of personnel in health sector about the recent health reforms, individual attitudes of personnel against reforms and changes within health sector workplaces which come as a result of health reforms, effects of reforms and innovations on health sector personnel and whether a strong tendency of learned helplessness has been developed within health personnel.

A. Reform Perceptions

One of the factors that determine the extent to which participants assessed the need and amount of information about health reforms is their sensitivity to these reforms and their impacts. In other words, the respondents' interest in health reforms affects their perception of these reforms. For this reason, the respondents were asked whether they were interested in public administration and especially reforms in the field of health and whether they were following them (Table 1).

Table 1. Interest in and Follow-up on Health Care Reforms

	Number of respondents	%
Not interested at all	3	0,8
Not interested	12	3,2
Partly interested	94	25,4
Interested	223	60,3
Certainly interested m	38	10,3
Total	370	100,0

As seen from the table; 10,3 % of the respondents claim that they are certainly interested in and follow up the reforms, while 60,3 % of them answered as “I am interested in and follow up reforms in a reasonable level”, 25,4 % of them “I am partly interested in them”. Total percentage of the respondents who claim that they are not interested in and follow up health reforms is only 4 percent. This data shows that the vast majority of survey participants is interested in and follows up public management and particularly health reforms.

Table 2. Need for Reforms

	Number	%
Certainly not necessary	5	1,4
Not necessary	10	2,7
Undecided	35	9,5
<i>Necessary</i>	246	66,5
Certainly necessary	72	19,5
Total	368	99,5
Not answered	2	0,5
	370	100,0

Approximately 87% of those responding to the survey stated that the reforms in the country were necessary and useful. The proportion of those who disagree with this view is only 13% (Table 2).

Table 3. State of Public Institutions Being Ready for Reforms From a Managerial Perspective

	Number	%
Not ready at all	10	2,7
Not ready	55	14,9
<i>Partly ready</i>	204	55,1
Ready	86	23,2
Certainly ready	13	3,5
Total	368	99,5
Unanswered	2	0,5
	370	100,0

Majority of the respondents claimed that their institutions were quite ready (55,1% partly ready, 23% ready and 3,5 % certainly ready). The rate of those who say their organizations are not ready for reforms constitute only 17,6 % of the total respondents (Table 3). In terms of the reasons (of being not ready), expressed during the course of conducting the questionnaire, the ones who were expressed loudly are, in turn, as follows:

- It takes a long time to change the organizational structure and organizational culture;
- The philosophy change required for this work has not yet been realized;
- Institutional culture change is not available;
- It cannot be implemented because the staff is not conscious of restructuring;
- There is not yet an exemplary institution that successfully implements these innovations;
- The institutional structure is so hard that it can never be changed;
- These reforms cannot be implemented because the bureaucracy is intense;
- The existing bureaucratic structure is sufficient, no need for innovation;
- The existing infrastructure for these innovations, for example technology, is insufficient;
- The number of staff is insufficient for implementation.

Approximately 66% of respondents indicated that they are ready to implement reforms (Table 4).

Table 4. Whether They Are Ready or not to Implement Reforms

	Number	%
Not ready at all	1	0,3
Not ready	22	5,9
Partly ready	101	27,3
<i>Ready</i>	214	57,8
Completely ready	32	8,6
Total	370	100,0

B. Perceptions of health Personnel about the Views of the MoH about Themselves

Participation in decisions that affect the organizational organization as a whole cannot be underestimated in terms of employee motivation and satisfaction.

Table 5. Participation of the Personnel in the Decision-Making Process Regarding Work Areas in Their Institutions

	Number	%
Never participated in the process	20	5,4
Not participated sp far	81	21,9
<i>Partly participated</i>	153	41,4
Participated	94	25,4
Completely participated	20	5,4
Total	368	99,5
Unanswered	2	0,5
	370	100,0

Participants in the questionnaire participated in the decision-making process related to their study areas in 41.4%, 4% partly, 30% satisfactorily, and 5.4% fully participated (Table 5). It is seen that the ratio of those who cannot participate and the participation rates are close to each other.

While 46% of respondents said that their institutions value themselves partially, 17% of them think that they are not valued at all. It is striking that 63% of the participants think negatively on this issue (Table 6).

Table 6. The Ratio of the Perceptions of Personnel Who Feel That They Are Being Seen as a Value in Their Organization

	Number	%
Never valued	18	4,9
Not valued	44	11,9
<i>Partly valued</i>	170	45,9
Valued	118	31,9
Certainly valued	18	4,9
Total	368	99,5
Unanswered	2	0,5
	370	100,0

C. Individual Reactions Against Reforms and Changes Within Workplaces

Whether the staff is a project to contribute to the restructuring of their institutions (Table 7);

Table 7. Whether the Staff Has a Project to Contribute to the Restructuring of Their Institutions

	Number	%
Yes	92	24,8
<i>No</i>	273	73,8
Total	365	98,6
Unanswered	5	1,4
	370	100,0

Only 24.8% of the respondents indicated that they had projects that would contribute to better implementation of reforms or innovation in their constituencies. The most frequent response to the question of why they do not tend to produce projects are as follows, in turn of importance: poor implementation of the previous projects, the view that similar projects and applications were unsuccessful in the past, and the feeling that the organization's management is not willing to consider the projects.

Table 8. Application Possibility

	Number	%
Yes	38	41,3
<i>No</i>	54	58,7
Total	92	100,0

About 59% of those who produce projects claim that they have not been able to implement their projects (Table 8). The reasons of not implementing projects are attributed by respondents to resistance within the organization, technological insufficiency of their respective organization, inability to get approval from management to apply the projects and to suspend the project with the fear of getting negative reaction from management and colleagues.

Major answers to the question about their perceptions on the most important problems in the institutions they work for are as follows excessive bureaucratic structure, negative attitudes of the administrators, lack of coordination with other institutions, inadequate development of the institutional culture, unnecessary expenditure of institutional resources and inadequate visionary institutional leaders. Contrary to popular belief, gender discrimination is at a very low rate.

Table 9. Efforts to Solve These Problems in Their Institutions

	Number	%
Yes	135	36,5
No	233	62,7
Total	368	99,5
Unanswered	2	0,5
	370	100,0

When we look at the figures in Table 9, it is seen that 62.7% of the survey participants do not make an effort to solve problems in their organization. This rate shows that when an individual who was not able control his/ her work conditions at the past becomes able to do so with his / her effort, he / she does not take the necessary actions to intervene. Here, we witness a “discouraged employee influence” (Bjornstad, 2006), in that individuals tend to keep themselves away from events that lead to trauma in the past, even if the same result is not likely now and in the near future. In other words, as an individual, public employees are helpless (seeing that they have no control over change) and that they can exhibit this helplessness for the next negative situations, because the organization will not change the negative situation against the initial efforts of the employees.

The most obvious answers to what the staff are trying to solve in the face of the shortcomings or problems within their workplace are as follows:

- I use the possibilities at hand to solve the problem
- I have communicated the issue to a higher level, either verbally or in writing
- I showed the solution of the problem to the institutional administrators either verbally or in writing
- I notified the institutional employee who caused the problem spontaneously
- I communicated the problem with the communication tools without giving a name
- I have communicated the issue to a politician, with the expectation that the problem would be solved through his intervention more easily.

A key in the theory of learned helplessness is that the individual cannot use his / her preference. In other words, he / she would have little desire to make an effort to change the situation which he / she complain about. Assuming that this individual is functioning in a public institution, the individual with a learned helplessness attitude would contribute to the formation of a public structure that lacks the decisions to be taken on a healthy basis as a result of attitudes and behaviors that he or she will perform. Within this perspective, the basic reasons for the staff who have not tried to solve the problems in the institution can be listed as follows:

- I was silent due to the bureaucratic obstacle (60%)
- I chose not to think about the problem in order to predict that I would be ineffective in solving the problems (51,7%)
- I came to ignore the problems, in order to keep my internal integrity (21,5%)
- I received psychological support because these problems affected me (14.5%)

The majority of respondents (61.4%) believe that their potential has been wasted because of insufficient institutional participation. Participants stated that being unable to have a say in problem solving affected their psychology significantly (54.1%). However, the tendency to get support from a psychologist is very low (14.5%), as they are afraid of being misunderstood in society, even in their family. They are afraid of being misunderstood if they

tell the negativities and problems in their organizations, even within their workplaces to their superiors (74,6%).

Table 10. To Try Again

	Number	%
Never try again	17	4,4
Not try again	103	27,9
<i>It depends, not sure</i>	132	35,5
<i>Try again</i>	89	24,0
Certainly will try again	26	7,1
Total	367	98,9
Unanswered	3	0,5
	370	100,0

On the issue of making an effort to solve the perceived problems similar to the ones which they has negative experience, almost one third (32,3 %) of the respondents claim that they will not to try again even if they perceive the existing situation is pretty similar to the ones in the past which they themselves had a negative experience (Table 10). It clearly shows that they have a learned helplessness attitude, in that according to the learned helplessness model of Seligman and Maier (1967), when the uncontrollable negative consequences are encountered, the individual experiences instinctive, cognitive and emotional deficits and accordingly the individual is inadequate to conduct the necessary behaviors in the environments where control is possible.

D. Effects of Reforms and Changes Within Workplaces on Personnel

Major impacts of changes in workplaces that came with health sector reforms in Turkey do have at least three dimensions:

- An intention to change of work among health personnel
- Increasing stress in the workplace
- Psychological effects of the reform process on the health personnel.

D.1. Intention of Health Personnel About Work (Institution) Change

As seen from Table 11, almost one third (30.6 %) of public employees in Turkish health sector have an intention to change the organization which they work for, while 20,5 % of them are undecided.

Table 11. Intention of Health Personnel about Work (Institution) Change

	Number	%
Never thought	50	13,5
<i>Not have such an intention</i>	129	34,9
Undecided	76	20,5
Thinking of it	85	23,0
Certainly will do it	28	7,6
Total	368	99,5
Unanswered	2	0,5
	370	100,0

Major reasons for such an intention of work change include:

- Negative behaviors of managers and employees within the workplace (22,4 %)
- Work stress (22,7 %)
- The changes brought about by the reforms have put business within the workplace out of control (51,5 %)
- Unnecessary changes within organizational structure (27,6%)
- Gender discrimination (12,9 %)
- Insufficient income (52,2%)
- Inadequacy of technological and social infrastructure within the institution (30,6 %).

D.2. Increasing Stress in the Workplace

The factors which cause stress in the workplace:

- Anxiety about being unsuccessful;
- Oppression within the organization
- Reforms make my workplace out of my control
- Fear of losing my current position
- Excessive work intensity
- New kinds of Works which employees are not used to perform before
- Persistence of hierarchical structure and bureaucratic system in a different way
- Cases of nepotism for political reasons.

D.3. Psychological Effects the Reform Process on Personnel

Most important psychological effects the reform process on personnel include;

- having difficulties in making decisions compared to the old ones (45.3%)
- inadequacy of attention problem (38.1%)
- decreasing work efficiency (44.9%)
- decreasing self-confidence (25%)
- feeling that they are being punished (25%)
- feeling guilty (12,4%)
- non-voluntary anxiety (29%)
- being more nervous and uneasy than before (34.1%).

E. Tests of the Hypotheses of the Study

The three main hypotheses mentioned in the methodology part of the research will be tested in this section. Pearson Chi-square test, which shows the ratio of the relationship between variables as a hypothesis test method, will be applied; Hypotheses will be tested using independent variables, comparative analysis method. Hypotheses are being used during the testing phase of the SPSS 11.0 analysis program. The relationship between the variables in the study will be analyzed with 95% confidence as the level of significance is accepted as 5%.

The first hypothesis was about the effects the reforms and the changes taking place within health workplaces as a result of health reforms and the question of whether these changes create a learned helplessness attitude among health personnel. Whether or not there was an association between them was found by performing a Pearson Chi-Square test. According to this; high ratio of the responses of "I am having a lot of difficulties in making decisions compared to pre-reform situation", "My work is getting less efficient", "I am worried that things are becoming out of my control" and "I have become more nervous" indicates a strong learned helplessness attitude among health personnel in Turkey.

The second hypothesis was about the relationship between learned helplessness attitude and demographic factors such as age and seniority at the work in the public sector. Age and the seniority at work in the public sector were found to be significantly correlated by crossing the Chi-Square test. Accordingly, when both comparative tables are examined, it can be seen that as age and seniority at the work increase, it is seen that individuals behave in a manner that overlaps with learned helplessness behavior. Taking findings of this study into account, it would not be over optimistic to claim that not only age and seniority in the work, other demographic factors such as education level, and gender would impact learned helplessness. These factors may result in differentiation in individuals' emotional capability of maintaining self-confidence, and generating alternative solutions to obstacles and problems.

VI. Conclusions

The main conclusion of this work would be that the theory still preserves its explanatory power on the reactions of public service officials towards administrative reform in Turkey. There is a strong tendency towards such a pessimistic reaction. These results are to some extent similar to findings of another research by the author in Turkish local government (Ates, Cavusoglu and Çürüksulu, 2014). This means that policy-makers have to deal with the psychological dimension of the reforms along with other dimensions in order to conduct effective public sector reforms.

In the literature, resistance to change is frequently addressed at the macro (institutional) level rather than at the individual level. Institutional change resistance is generally considered to be related to organizational culture. However, as the change is a process that begins and is practiced at individual level and organizational change is not possible without personal change, individual /psychological dimensions of resistance to change should be more stressed in public sector.

In the process of massive reforms which are, naturally, affect lives of public employees to some extent, such issues as resistance of managers and employees to change become of vital importance. Public employees, whether at managerial level or not, are expected to efficiently and effectively implement the reforms rather than being a barrier in front. In order to make public employees willing to voluntarily implement reforms, they need to be persuaded by their managers and by politicians in two grounds: Reforms will improve their, at least do not worsen their work conditions, and the recent reform package will likely be successful in contrast to previous failed reform cases.

With change, individuals may be concerned about the current status of the organization. The change can bring about some innovations on the formal structure of the organization. Some departments may rise or lose their significance. Instead of old relations in organization, new relations come. Persons who think that their status, prestige, authority and other possibilities will be lost will resist the changes. This environment is reflected in the decisions to be made on the institutional basis and the change in administration is in a negative way.

Public managers' attitudes towards reforms are largely determined by past business experiences. Each past entry is a negative reference to past experience, as past work experiences often include negativity and obstacles. Even though the conditions are improved, the molds that the minds of the past have formed do not easily go away. This situation is explained by the theory of helplessness learned in social psychology. "Public administration is inadequate to meet the needs of society, because the reforms that are carried out in order to improve the administration and simplify the bureaucratic processes do not reach the desired results, "(Eryılmaz, 2005: 238). From the definition of learned helplessness theory, the negative consequences and experiences that one has in the life of a person can be influential in decisions they will make in the future.

Public administrators have past experiences as the basis for their hesitations about implementing reforms. Negative experiences that managers have experienced in the past prevent them from being in new leaps. What is done is that the negative attitude about the fact that too much will not change is one of the most important problems preventing change in public administration. This negative attitude, which the managers have, directs all their behavior. Today, it can be said that it will be very difficult to change due to the negative attitude that is emphasized even if the working conditions and authorities of public administrators are increased. Depression caused by learned helplessness leads to negativities on the individual in working life. This situation can cause both public organizations and their employees to decrease the efficiency and increase the public expenditures and cause the internal energy to lose unnecessary level.

One of the underlying reasons for learned helplessness can be the fear of personal failure in work and the feeling that the workplace would be become more uncontrollable for health personnel. In this respect, in order to overcome these psychological problems, it would be necessary to provide a general psychological therapy which all staff are encouraged to attend.

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