MAKÜ | Journal of Mehmet Akif Ersoy University
Economics and Administrative Sciences Faculty

e-ISSN: 2149-1658
Volume: 13 / Issue: 1
March, 2026
pp.: 288-312

Does the Management Also Have a Disease? Evaluation from the Perspective of Turkish Public Employees

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Abstract

Managers' behaviours also have an impact on the success and failure of the organisation. People who become managers in working life are under the influence of the authority and sanction power given to them as well as the responsibilities imposed on them by this duty, and their behaviours may change and they may exhibit behaviours or habits that are not welcomed by the employees working under them. Within the scope of the study, these situations are defined as management diseases. The aim of this study is to analyse management diseases from the perspective of public employees in Türkiye. A qualitative research method was used in the study and phenomenology design was selected from qualitative research designs. Data were collected from 32 volunteer participants through a structured form, and thematic analysis was conducted on 29 valid participant forms. The data analysis revealed four themes: “types of management diseases”, “causes of management diseases”, “consequences of management diseases”, and “methods for combating management diseases”. This study is significant because it emphasizes that managers' attitudes and behaviors can eventually become chronic and turn into a management disease. It identifies the causes and consequences of management diseases and offers recommendations for prevention. The management subject is at the core of the management diseases experienced in public institutions operating in Türkiye. There must be standards for the individuals appointed to management positions and the behaviors expected of them.

Keywords: Management, Public Personnel, Management Diseases, Qualitative Research.

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https://doi.org/10.30798/makuiibf.1754403

Article Type	Application Date	Admission Date
Research Article	July 31, 2025	December 30, 2025

To cite this article: Kaya, R. R., Türkmen, İ., and Erdem, R. (2026). Does the management also have a disease? Evaluation from the perspective of Turkish public employees. *Journal of Mehmet Akif Ersoy University Economics and Administrative Sciences Faculty, 13*(1), xxx-xxx. https://doi.org/10.30798/makuiibf.1754403

1. INTRODUCTION

The term "disease", used in the healthcare field, can also be used in the context of management and organization. Disease can also become contagious in management and organization. Management diseases can be defined as deviations from management-related norms. When an organization is exposed to an "infectious disease" due to various internal and external factors, personnel, self-interested groups or stakeholders who could negatively impact organizational health can potentially infect the organization, even without intending to harm it. As a result of this infection process, the organization may experience health problems and a loss of performance. On the other hand, in the case of non-communicable diseases, the issues are often chronic and worsen over time, creating long-term adverse effects on the organization (Tarride et al., 2020).

Recently, corruption and deterioration in the business world, as well as harmful and unethical attitudes and behaviours stemming from dark personality traits, have increasingly attracted attention. Even though the primary aim is achieving organizational goals, organizations can encounter difficult-to-resolve problems arising from managers, employees, and interpersonal relationships, as management is a social process. These problems, often referred to as management diseases, can disrupt the synergy and interdepartmental functioning of the organization, leading to inadequate activities and entropy. Furthermore, they distract organizations from their purpose, creating unrest, conflict, and work-related failures among employees (Kesken & İliç, 2008).

Management diseases are recognized at the organizational level, but their content, extent, and types are not yet explicit. Therefore, it is essential to define this concept, outline its conceptual framework, and identify its types and dimensions. The literature includes terms such as organizational diseases, organizational pathology, organizational deviance, organizational deviant behaviors, aggressive behaviors, immoral and unethical behaviors, syndromes, dysfunctions, anomalies, and dark sides within the scope of this topic (Orhan, 2017). Management diseases are any deviation from the ideal in management matters. Supporting this definition, organizational pathology studies view the organization as a living organism and evaluate situations that disrupt functioning and deviations from normal as pathological symptoms (Pasieczny, 2017). Similarly, inconsistencies experienced in managerial processes, performance fluctuations, inability to make quick decisions, and unworthy behaviors within the organization are defined as management pathology (Alexey et al., 2019). According to Szarcuki (2015), managerial pathologies are seen as chronic disorders that threaten organizational efficiency. In this regard, the deviation from the ideal that occurs with the occurrence of managerial pathologies is evaluated as not only reducing managerial success but also causing damage to organizational culture, decreasing personnel motivation and the development of the organization. Evaluations made on deviation from the ideal are related to how ideal management should be. In this context, Bennett and Lemoine (2014) stated that the ideal of "healthy management and healthy organization" can be achieved through open communication, ethical leadership, a learning organization

structure and continuous feedback mechanisms. The “ideal point” is a theoretical reference symbolizing the ideal. Many different ideas can be put forward regarding what it is. Naturally, determining which situations constitute a deviation from that ideal is a subjective matter. However, there are apparent deviations that most of those who think about management agree on. Management, in short, is working through others. It is the effective, efficient, and coordinated use of capital, equipment, fixtures, raw materials, auxiliary materials, and time, primarily people, to achieve specific objectives, thus serving the processes of making and implementing sound decisions (Koçel, 2011).

A syndrome is the symptoms and problems accompanying certain diseases (Yenici, 2018). On the other hand, a disease can be defined as changes, structural interruptions, functional disorders, and deviations in a part, organ, or system detectable through measurable or unmeasurable symptoms. Similar to these definitions, the structural disorders, functional weaknesses, deviations, pain, and suffering experienced by an organization during the management process constitute management diseases. The emergence of management diseases is influenced by the personalities, gender, family structure, and upbringing of individuals within a workplace, and can also be influenced by the institutional structure. The literature indicates that negative organizational behaviors are more common among individuals who have experienced violence and bullying in their past lives, who are unable to control anger and anxiety, and who are narcissistic, psychopathic, and Machiavellian (Binboğa et al., 2018; Hauge et al., 2009; O’Boyle et al., 2012). Institutional factors affecting management diseases include injustice, inequalities, insecurity, role ambiguity, role conflict, excessive workload, a stressful work environment, lack of or insufficient autonomy, conflict, restrictions, negativities in the institutional structure, organizational culture and organizational climate, working conditions, wage policies and inadequate career opportunities (De Cuyper et al., 2009; Demir & Tütüncü, 2010; Everton et al., 2007).

Situations considered managerial illnesses, which have the potential to disrupt employee happiness and mental health within the organization and disrupt internal harmony, are rooted in both individual and organizational factors originating from managers. Hariyani et al. (2024) linked toxic situations experienced in organizations to factors such as lack of merit, cognitive weaknesses of managers, abuse of authority, negative behavior toward subordinates, poor decision-making ability, failure of managers to seek input, and resistance to innovation.

Managers are frequently faced with making difficult decisions within the organization. At this point, the manager's cognitive capacity comes to the fore. Managers’ cognitive weaknesses lead to incorrect or inconsistent decisions. Managers' cognitive deficiencies lead to inadequate and incorrect guidance when making difficult decisions. In this regard, a study by Hodgkinson et al. (2023) indicates that managers’ cognitive deficiencies can lead to organizational errors and failures. According to Berthet (2022), managers’ lack of initiative in the decision-making process and inconsistency in their decisions, which increase organizational uncertainty, stem from factors such as error avoidance and inadequate information from subordinates. Furthermore, in some cases, managers also abuse their authority, which

is a pathological situation. This abuse of authority stems from situations such as a lack of transparency and auditability of internal organizational processes (Huang & Tian, 2021). The underlying factors of managerial situations that can be considered pathological are intense stress in the workplace, role ambiguity, and a loss of motivation. According to Wolor et al. (2022), this situation leads to damage to internal organizational relationships, attempts to conceal errors, and a stalled understanding of organizational learning.

It is known that organizational diseases have symptoms and impose significant costs on the organization. When employees fail to recognize aggressive or hostile behavior from their managers as a disease, the resolution of the problem can be delayed. Therefore, to create healthy organizations and ensure the well-being of employees, practical leadership skills must be demonstrated, organizational structure and functioning must be understood, organizational diseases must be recognized, and organizational diseases must be diagnosed and treated as quickly as possible, just like a doctor (Gül & Ağıröz, 2011).

Although disease is a medical term, it describes adverse outcomes in many areas. An abnormality in an organization's structure and functioning can be considered an organizational disease, while disorders in management-related tasks and procedures can be considered management diseases. First, its causes must be identified and diagnosed to treat a disease. Then, a treatment method is determined to eliminate the diseases, and solutions to the problems are sought accordingly. Numerous evaluations and studies are being conducted in Türkiye on managerial errors or issues in public institutions and their impact on them. However, while these studies evaluate the consequences of management problems, their underlying causes have been neglected. This research aims to identify the underlying causes of situations considered management diseases and reveal them through the perspectives of those who experience them, both as managers and employees.

2. RESEARCH METHODOLOGY

In this study, a qualitative research method was chosen. The phenomenological design, which aims to investigate phenomena we encounter many times in daily life, which we can evaluate to some extent but about which we lack in-depth knowledge, was chosen (Yıldırım & Şimşek, 2018). A structured questionnaire was selected for the study due to its ease of use in the data collection, processing, and organization processes (Gürbüz & Şahin, 2018). During the questionnaire creation phase, a structured form consisting of demographic information and 5 open-ended questions was created within the framework of the field reading and observations conducted by the researchers (Allen & Gunderson, 2011; Anastasiadis & Spence, 2020; Dobrowolski, 2017; Etzioni, 1964; Hariyani et al., 2024; Kesken & İliç, 2008; Kets de Vries, 1985; Orhan, 2017; Kersten, 2005). In qualitative research, pilot interviews are considered appropriate in order to ensure the reliability of the form by evaluating the clarity of the questions in the interview form and the scope of the answers (Creswell, 2016; Yıldırım

& Şimşek, 2018). In this context, a pilot study was conducted with 5 public employees using the created structured research form. As a result of the pilot interview, the structured form containing demographic information and 6 questions was finalized in line with the editing of questions that were considered to be poorly understandable and the advice received from a faculty member experienced in qualitative research.

The data collection technique used in this study was the open-ended survey interview, described by Rubin (1983). Due to the ongoing COVID-19 pandemic, the inconvenient working hours of public personnel, and the reservations expressed by various professional groups about participating in person, data were collected by emailing a survey form to public personnel who agreed to participate. In this respect, the research is similar to the technique described by Creswell (2016) as an internet interview. According to Creswell (2016), internet interviews are advantageous interview techniques because they eliminate time constraints, offer flexibility of location, and provide easy access. Furthermore, this technique allows participants to respond to questions at any time and place and have the opportunity for deep reflection (Opdenakker, 2006). However, the lack of non-verbal findings obtained in face-to-face interviews, the tendency for participants to give superficial or brief answers, and the resulting loss of depth in the research data are considered limitations of this technique (Meho, 2006). In addition, possible technological disruptions, failure to receive e-mail responses, and possible communication disruptions can be considered as disadvantages of this method (James & Busher, 2009).

2.1. Universe and Sample of the Research

While the level of representation, or probability, is prioritized in quantitative research, relevance to the purpose is paramount in qualitative research. While there is no clear distinction between sampling methods, “probability-based” sampling methods are generally preferred in quantitative research, while “purposive” sampling methods are used in qualitative research (Punch, 2014; Yıldırım & Şimşek, 2018). The research employed “purposive sampling”, “criterion sampling”, and “snowball sampling” techniques. To assess management ills through the eyes of public employees, public personnel working in organizations operating in the service sector in Türkiye (universities, hospitals, schools, etc.) were selected for this purpose. To ensure responses were obtained from participants with extensive professional experience, individuals with at least five years of public sector experience were selected as the criterion. Participants were also asked to suggest individuals they believed could contribute to this research, thus identifying new potential participants. As part of the research, the authors contacted public personnel working in public institutions in their area and invited them to participate. The questionnaire was sent to those who agreed to participate via email. In this context, 52 potential participants were initially contacted, and including the six individuals contacted through the snowball sampling method, the questionnaire was emailed to a total of 58 potential participants. Upon receiving the first email response from the participants, the researchers began analyzing the data.

Glaser and Strauss (1967) recommend that, in the analysis process of qualitative research, data collection should continue until a participant is identified who repeats relevant processes and concepts. Accordingly, feedback was received from 32 public employees between April 2021 and June 2021. Three participants who provided single-word responses to the survey form were removed from the research group and the analysis continued. In qualitative research, achieving data saturation is more important than sample size and distribution (Guest et al., 2020). Therefore, the data collection process was terminated with the 29th participant, after the researchers determined that data saturation had been achieved and no new themes could be generated. The fact that the ideal number of participants for phenomenological research, which is 5-25, was exceeded during the research process provides a basis for this (Polkinghorne, 1989).

The primary goal in qualitative research, unlike quantitative research, is not to generalize or establish statistical balance within the entire universe, but rather to attempt to understand the underlying causes of the researched situation (Creswell & Poth, 2018). According to Patton (2015), in qualitative research, selecting well-equipped participants who can best illuminate the research questions is more important than ensuring an "equal distribution" of the sample. Similarly, in qualitative research where a purposive sampling approach is employed, selecting participants appropriate to the purpose of the research is considered more important (Yıldırım & Şimşek, 2021). According to Merriam and Tisdell (2016), it is not mandatory to select an equal number of participants from each field; participants who will provide sufficient depth of data to represent the perspectives of each field should be preferred. Based on this information, a statistical balance was not observed among the participants' institutions in this study.

The table containing participant information is provided below.

Table 1. Participant Information

Nickname	Gender	Age (years)	Profession	Professional Experience	Managerial Experience
Miraç	Male	57	Physician	35	Yes
Zeynep	Female	54	Civil Servant	26	Yes
Yusuf	Male	53	Teacher	28	Yes
Kerem	Male	51	Academician	30	Yes
Yakup	Male	51	Personnel Chief	26	Yes
Hasan	Male	50	Teacher	27	Yes
Abdullah	Male	48	Specialist	24	Yes
Recep	Male	46	Academician	21	Yes
Talha	Male	46	Civil Servant	24	Yes
Mahir	Male	46	Civil Servant	15	No
Fatih	Male	45	Civil Servant	25	No
Salih	Male	43	Academician	10	Yes

Erdem	Male	40	Health Officer	20	No
Emir	Male	39	Academician	17	Yes
İsmail	Male	39	Academician	13	Yes
Göktuğ	Male	38	Academician	7	Yes
Ömer	Male	38	Teacher	6	Yes
Musa	Male	38	Specialist	13	No
Mert	Male	37	Health Officer	11	No
Toprak	Male	37	Personnel Chief	18	Yes
Cemre	Female	33	Academician	10	No
Nazlı	Female	33	Academician	8	No
Ayaz	Male	33	Civil Servant	17	Yes
Hüseyin	Male	32	Emergency Medical Technician	7	No
Yağız	Male	32	Academician	8	Yes
Baran	Male	32	Academician	5	Yes
Sena	Female	31	Academician	7	Yes
Metehan	Male	30	Civil Servant	9	Yes
Umut	Male	28	Academician	5	No

2.2. Data Analysis

As part of the research, the survey forms collected from each participant were compiled into a Word document without any modifications to create a data set (42 pages). To this end, descriptive analysis (Altunışık et al., 2012; Yıldırım & Şimşek, 2018), an analysis method that evaluates themes based on the research questions, and thematic analysis (Braun & Clarke, 2006, p. 79), which allows for the creation of repetitive, meaningful data groups and the aggregation of these groups into higher categories, were used. During the analysis phase, the researchers coded the data set separately and then came together to conduct comparisons and thematic analysis. The resulting themes were evaluated by a committee of two assistant professors and one assistant research assistant experienced in qualitative research. The necessary adjustments were made following the evaluations, the committee convened a second time, and the analysis was finalized.

2.3. Ethical Aspects of the Research

To evaluate the research ethically, an application was made to the Süleyman Demirel University Social and Human Sciences Ethics Committee, and the committee's decision, dated 25.03.2021 and numbered 2021/105, found it ethically appropriate.

3. RESULTS

The data analysis revealed four themes: “types of management diseases”, “causes of management diseases”, “consequences of management diseases”, and “methods for combating

management diseases". Figure 1 summarizes the network of relationships and findings related to these themes.

Figure 1. Management Diseases Model

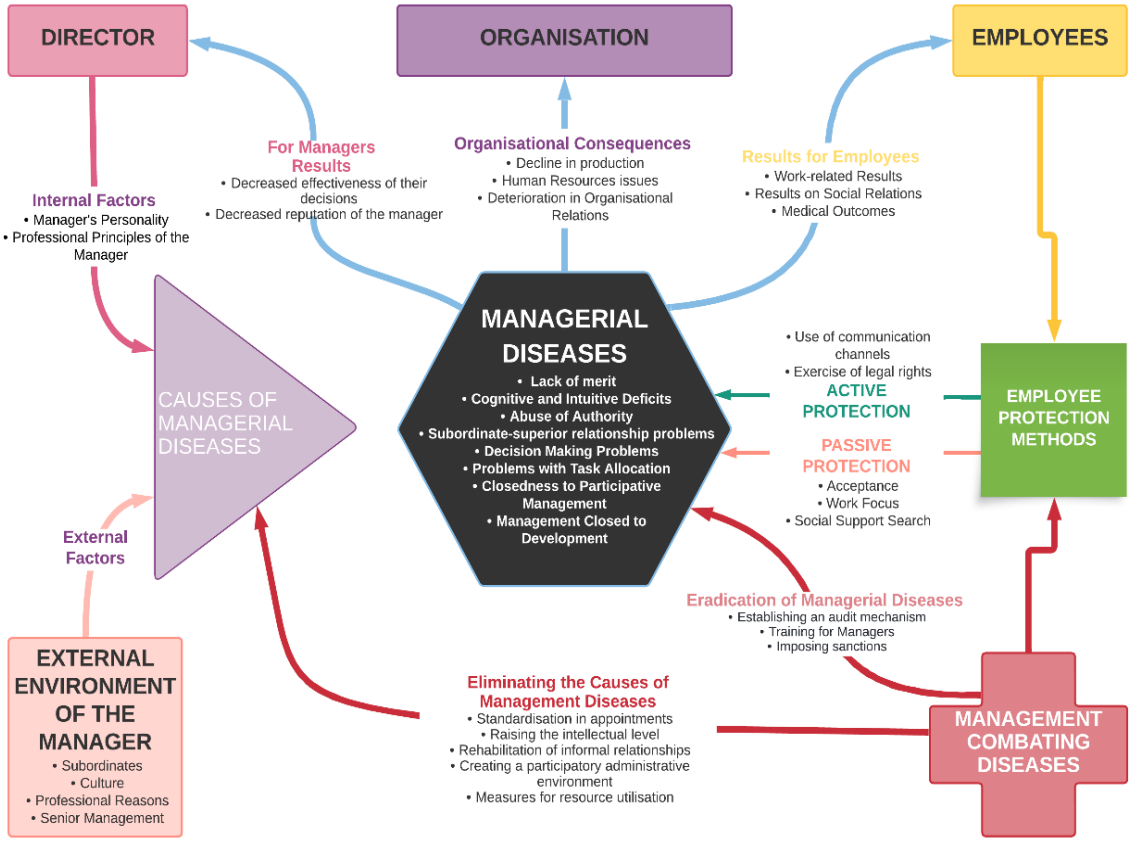


Figure 1 shows 8 (with 13 sub-dimensions) main administrative illnesses occurring in Turkish public organizations. These illnesses have "internal" causes stemming from the manager's individual characteristics and "external" causes stemming from the manager's environment. Administrative illnesses have negative impacts on managers, the organization, and the staff. Employees exposed to administrative illnesses resort to active protective measures, such as using the complaint mechanism, or passive protective measures, such as remaining silent and focusing on their work. Figure 1 emphasizes the need to protect personnel from these illnesses, eliminate administrative illnesses, and eliminate the factors that cause administrative illnesses.

3.1. Types of Management Diseases

The research revealed that there are 13 different management diseases in Turkish public organizations, each with its sub-dimensions: lack of merit, cognitive and intuitive deficits, abuse of authority, subordinate-superior relationships problems (delusions of superiority, lack of empathy), diseases related to decision-making (inability to take initiative, inconsistency in decisions, incompetent

decision-making), problems with task allocation, closedness to participative management, and management closed to development.

3.1.1. Lack of Merit

According to participants, the primary management disease is managers' incompetence, both in terms of their education and professional qualifications, their appointment despite their incompetence, and their failure to make competent appointments. Participant Mr. Ayaz assessed this situation as pathological: "*Managers' inability to accept their positions, **their lack of appropriate skills**, and their **less educated and knowledgeable** nature than their subordinates constitute a pathological situation.*" Mr. İsmail, an academician, stated, "*At the root of all these problems lies a **lack of merit**. We frequently encounter such problems in **positions held without merit**.*" This assessment indicates that incompetence is a pathological condition within organizations.

3.1.2. Cognitive and Intuitive Deficiencies

Another of the participants' thoughts regarding the types of management diseases is that the management level is cognitively and intuitively inadequate. On this subject, participant Mr. Musa stated, "*In general, I think it is the **lack of knowledge about the position** of the manager and the **lack of managerial qualities** required for that position.*" Mr. Yakup, who has 26 years of public sector experience, defined "*management diseases as the problematic reactions experienced by managers who **lack the experience and competence** to direct and organize individuals collectively and to deal with problems or processes*." He thus assessed managers' cognitive and intuitive inadequacy as a management disease.

3.1.3. Abuse of Authority

According to participants, managers' abuse of their authority was considered a form of disease. In this context, some participant opinions indicating that managers used their authority as a threat were as follows: "*A manager who sees me and others in my position as a threat to his career, engages in behavior that **prevents me from pursuing a master's degree**...*" (Mr. Emir, Academician), "*A manager who, knowingly or unknowingly, **prioritizes his thoughts and interests over the interests of the institution** and uses his authority against institutional principles, standards, and personnel work.*" (Mr. Talha, Civil Servant), "*My manager **threatened me with dismissal***" (Mr. Hüseyin, Emergency Medical Technician), "*Managers try to get their subordinates to do all their errands, **treat them like servants**, and believe they have **unlimited authority** over their subordinates... For example, an assistant taking the dean's or director's children to and from daycare.*" (Mr. Umut, Academician).

3.1.4. Subordinate-Superior Relationships Problems

The research identified management disease in the relationships between superiors and subordinates. Responses received in this context were grouped under the subthemes of lack of empathy

and delusion of superiority. The participants' managers' inconsiderate behavior toward their employees was interpreted as a lack of empathy within the scope of the research. One of the participants stated, "*I had an experience where I had to go to the hospital with a high fever to get a medical report after* ***my supervisor refused to give me permission to take time off until noon when I was feeling ill***." (Mr. Emir, Academician).

According to participants, managers who view themselves as superior to their staff can pose a managerial problem. Within the scope of the research, this situation has been described as a delusion of superiority. Mr. Baran shared his experience on this subject: "*...****an egoist who thinks he does everything himself and talks*** *about it that way, who takes the* ***leading role in every positive event and the punitive position in every negative event****, who cannot offer any talent or capacity but acts in a '****I am the boss****' manner and causes the most damage to the institution. In a successful activity, they take credit for everything, saying, '****I made it happen this way, I said that, I fixed this, I did that****.' In a failed situation, they* ***blame the weakest staff member****. If necessary, they can even cause them to lose their job depending on the importance of the work.*" Similarly, some participants described this situation: *"...managers'* ***narcissistic behavior*** *and* ***feeling that they are indispensable in their work*** *can be cited as examples.*" (Mr. Mert, Health Officer). "*With his* ***excessive self-importance****, he thinks that everything he does is the best, and he dislikes other people.*" (Ms. Sena, Academician).

3.1.5. Decision-Making Problems

Participants' statements regarding problems with managerial decisions were grouped under the theme of decision-making-related diseases, coded as inability to take initiative, failure to stand by decisions, and inconsistency in their decisions.

According to participants, those in management positions in business life should be able to exercise initiative in their decisions. In this regard, participants Mr. Erdem and Mr. Ayaz stated, "*...they* ***feel responsible only to the person who appointed them****. They* ***cannot take initiative*** *or* ***feel the power within themselves****...*" (Mr. Erdem, Health Officer) and "*Managers, especially in public institutions****, fail to fulfill legally mandated actions due to fear of the staff or political authority****...*" (Mr. Ayaz, Civil Servant), emphasizing that managers hesitate to take initiative and that this constitutes a disease.

Similarly, the inability of management to stand behind its decisions has been assessed as a disease. Some of the relevant participant statements include: "*An example could be a manager who constantly delegates responsibilities to lower levels but* ***does not stand behind them when something happens***" (Mr. Baran, Academician), "***Failure to stand by one's decisions*** *and excessively authoritarian management styles can be seen as opposite diseases*." (Mr. Miraç, Physician).

According to participants, it is a managerial disease for a manager to change a previously made decision without being aware of it, or to exhibit negative behavioral changes upon assuming their managerial position. Ms. Cemre commented, "*The cause of these diseases is that the same behaviors*

are being done to them. I think they ***repeat the same behaviors*** *when they become managers.*" (Ms. Cemre, Academician) and Mr. Musa commented, "***Giving orders without considering the demands and conditions of the place*** *they come from is a disease in the truest sense of the word.*" (Mr. Musa, Specialist).

3.1.6. Problems with Task Allocation

Based on participant feedback, it was observed that some problematic situations regarding task distribution were highlighted as management disease. In this context, Mr. Talha stated, "*Managers who are* ***unaware of who is doing what tasks****, starting from the lowest-level employees*" (Mr. Talha, Civil Servant), evaluating a manager's profile that causes problems in task distribution. Mr. Hüseyin, on the other hand, highlighted this situation with the statement, "*Issuing orders to staff* ***beyond their job authority and responsibilities*** *(e.g., making a nurse do cleaning work)*" (Mr. Hüseyin, Emergency Medical Technician), highlighting this situation. He also emphasized unfair task distribution, stating, "***Task injustice among employees*** *is a common occurrence.*" (Mr. Hüseyin, Emergency Medical Technician).

3.1.7. Closedness to Participative Management

According to participants, some managers do not seek their staff's input or respect their decisions. This type of management disease has been assessed as closedness to participative management. Examples of participant opinions: "*Managers* ***do not value the opinions*** *of their subordinates who know the job.*" (Mr. Ayaz, Civil Servant), "*There may be situations where managers* ***do not listen to employees*** *with whom they disagree,* ***remain indifferent*** *to their problems,* ***and ignore their suggestions****.*" (Mr. Emir, Academician), "*Managing fieldwork from behind a desk,* ***commenting on work without understanding*** *it, but* ***not participating*** *in it has become a widespread problem in our country.*" (Mr. Talha, Civil Servant), "*Not consulting his subordinates so that his lack of knowledge on a subject does not become apparent, and* ***making decisions without seeking expert opinion or consultation****...*" (Mr. Umut, Academician).

3.1.8. Management Closed to Development

Within the research scope, the responses indicated that managers' attempts to maintain the status quo and their resistance to innovation were considered a disease. "*Managers can become* ***closed to learning new information*** *over time and even forget what they already know*." (Mr. Umut, Academician), "***Ignoring new ideas and perspectives*** *traps managers in a vicious cycle...*" (Mr. İsmail, Academician), "*...managers who are* ***not open to innovation*** *and are stuck in their ways are truly ill.*" (Mr. Ömer, Teacher), "*...the* ***disregard of new developments or changes****...*" (Mr. Hasan, Teacher) are some of the participant opinions that express this situation.

3.2. Causes of Management Diseases

The analysis revealed that management diseases have internal causes originating from the manager himself and external causes originating from the manager's external environment. In this context, it was determined that management diseases have two internal causes, namely "*causes stemming from personal circumstances and causes stemming from professional principles*," and four external causes, namely "*causes stemming from subordinates, cultural causes, professional causes, and causes stemming from senior management.*"

3.2.1. Internal Factors

According to the statements of public personnel participating in the research, under the theme of internal causes, the sub-themes of "*causes arising from personal circumstances*" and "*causes arising from professional principles*" were created. The causes expressed in the participants' statements by directly emphasizing the manager's personal characteristics were brought together under this theme. In this regard, participants Mr. Hüseyin, Mr. Recep, and Mr. Emir described the management disease arising from the personal characteristics of their managers as follows: "***Personal inadequacies** (lack of managerial skills), **ego, lack of empathy, political pressure, desire for more money, love of power**.*" (Mr. Hüseyin, Emergency Medical Technician), "*Managers with an **inferiority complex**, who have not developed themselves **materially and spiritually**, and whose **moral and human maturity** has not evolved*." (Mr. Recep, Academician), "*Forgetting that their subordinates are human beings and behaving **harshly, rigidly, and selfishly** toward them*." (Mr. Emir, Academician).

The attitudes adopted by managers in the workplace and participants' views regarding their professional understanding were evaluated as reasons stemming from professional principles. The relevant views are as follows: "*These diseases stem from a lack of confidence in themselves and others on the part of managers who **shout at, insult, and belittle staff, and demand that no action be taken without their approval***." (Mr. İsmail, Academician), "*The **pressures** they consciously or unconsciously exert to control and dominate subordinates, along with authority and power... Insulting language and harsh reactions... It may stem from **managers' egos inflated** by their positions, opportunities, and luxuries such as salaries, cars, and chauffeurs*." (Mr. Umut, Academician).

3.2.2. External Factors

The analysis revealed that management diseases can also arise from factors external to the manager and the organization. Relevant participant opinions were categorized into subordinate-related, cultural, professional, and upper management-related causes. The responses received from participants within the scope of the research indicated that management diseases can also stem from inadequate subordinates, both in terms of knowledge and skills, and insufficient numbers. Regarding this situation, Mr. Musa stated, "*Among other reasons, misguided decisions by **subordinates can lead to errors***." (Mr. Musa, Specialist), suggesting that management diseases can also stem from subordinates. Ms. Nazlı and

Mr. Recep stated, "*As long as a manager is surrounded by **cheerleaders applauding** them, they will **not hear different ideas** and will ultimately suffer defeat...*" (Ms. Nazlı, Academician), and "*I believe managers can become **blind to situations and people** as a result of being surrounded by people who **constantly validate them***" (Mr. Recep, Academician) emphasizes that subordinates' behavior, which could be interpreted as sycophancy, can lead managers into mistakes. Similarly, with the words, "*The burden falling on the manager due to the **incompetence and inadequacy** of the staff also leads to mistakes*." (Mr. İsmail, Academician), Mr. İsmail emphasizes the impact of subordinates' abilities on a manager's success.

Participants believe that the character traits of managers and potential managers are influenced by the society they live in and the culture in which they are raised. Mr. Salih emphasizes this in this context by saying, "*For those who hold positions based on merit, the general problem is the **upbringing conditions**. The **education and guidance they receive from their families** in childhood can influence many people's decisions and actions*." (Mr. Salih, Academician). Similarly, Ms. Cemre states, "*When they become managers, **they repeat the same mistreatment they were subjected to**. This situation, passed down **from generation to generation**, will unlikely change after a while*." (Ms. Cemre, Academician).

There are also causes for management diseases that stem from the conditions of the management profession. In this context, Mr. Mert and Mr. İsmail, who participated in the evaluations, said, "*I observe that managers, especially those in **contract positions, feel constant anxiety** about the possibility of their contracts not being renewed, and for this reason, they fall into depression...*" (Mr. Mert, Health Officer), "*The increase in **bureaucratic difficulties** at work and the **intensification of processes** eventually leave managers **under excessive strain** and, in some cases, lead to **blockages***." (Mr. İsmail, Academician) emphasizes the professional causes.

In addition to lower and middle management, upper management can contribute to developing management diseases within an organization. Weaknesses in appointments made by upper management, use of human resources, and employee training are considered to be causes of management diseases originating from upper management. Some participants' views on this matter are as follows: "*They have attained their positions in management not because of their strong leadership qualities, but because of their **strong political connections***." (Mr. Musa, Specialist), "*Additionally, in appointments to administrative positions, the demands of **political authorities** or **personal connections** are prioritized over those of experts or hardworking individuals.*" (Mr. Talha, Civil Servant).

3.3. Consequences of Management Diseases

The study found that management diseases have consequences that affect "employees", "managers", and "the organization". In this context, it was determined that management diseases can affect employees' work, social relationships, and health. Additionally, management diseases will

decrease the effectiveness of the manager's decisions and lead to a decline in the manager's reputation. The consequences of management diseases for the organization were identified as consequences related to production, human resources, and organizational relationships.

3.3.1. Consequences for Employees

Participants stated that management diseases cause employees to lose their sense of belonging to their work and a decline in performance. Participant Mr. Erdem evaluated this situation within the context of employees' commitment to the organization, stating, "*Sick managers lead to difficulties in establishing work peace, employee dissatisfaction, burnout, **weak organizational commitment**, and the **tendency to quit**.*" (Mr. Erdem, Academician). Similarly, Mr. Metehan stated, "*Staff **lose their sense of belonging** to the organization, disrupting the friendly work environment within the organization and **reducing employee productivity**.*" (Mr. Metehan, Civil Servant). Ms. Sena and Mr. Umut, who believe that management diseases cause employees to intend to leave, commented on this situation as follows: "*Managers make employees **unhappy, employees don't want to come to work, they leave their jobs, they retire**, etc.*" (Ms. Sena, Academician) and "*It can lead to **job dissatisfaction and inefficiency** in subordinates, even leading to the **intention to leave**.*" (Mr. Umut, Academician).

Participants stated that diseases would have consequences on employees' work lives and their social relationships outside of work. The relevant participant comments are presented below. Mr. Kerem, commenting on this situation, stated, "***Employees' lack of interest in work, family, and life** as a whole negatively impacts their subordinates' work lives and even their personal lives.*" (Mr. Kerem, Academician). Mr. Yağız, on the other hand, commented on the social consequences with the words, "*Not being able to **spend time with family and friends**.*" (Mr. Yağız, Academician).

Participants Mr. Göktuğ and Mr. Umut stated that management diseases can also have medical consequences for employees. Their assessments in this context include, "*It can lead to **sleep disturbances, stress, headaches, heart problems**, etc.*" (Mr. Göktuğ, Academician) and "*It can cause **psychological problems** such as an inferiority complex, feeling incapable of doing anything, excessive **stress, and anxiety**.*" (Mr. Umut, Academician).

3.3.2. Consequences for Managers

Participant opinions indicate that management diseases can decrease the effectiveness of managers' decisions and diminish a manager's reputation. Participant opinions include: "*They cause managers' qualities to be debated, and a manager who engages in **debate begins to lose their leadership skills.***" (Mr. Baran, Academician), "*Objections are directly conveyed to upper management, causing the manager **to lose their position**.*" (Mr. Musa, Specialist), "*Subordinates' **respect and trust in the manager diminishes.***" (Mr. İsmail, Academician). "*In a sense, a manager will **lose their competence** by delegating all tasks to their subordinates, thus outsourcing them, and thus becoming a hollowed-out manager, just like an empty organization.*" (Mr. Umut, Academician).

3.3.3. Organizational Consequences

Management diseases have been identified as having organizational consequences related to "production, human resources, and organizational relations." Participants stated that management diseases have consequences related to the production process and outputs. Some of the relevant participant comments include: "*It can cause **work to slow down, production to stop, and the resolution to take time**...*" (Mr. Yusuf, Teacher), "*If the opportunities offered to managers to conduct work more effectively and efficiently **begin to serve personal goals rather than organizational goals, work will be disrupted***" (Mr. Umut, Academician), "*most importantly, **a lack of work production***" (Mr. Salih, Academician), "***decreased productivity, high employee turnover**, and employees not acting following the organization's mission and vision*" (Mr. Mert, Health Officer).

Participants stated that management diseases lead to problems with human resources staffing and disruptions in employee training. Relevant participant comments included: "*Decreased productivity, **high employee turnover**, and employees' failure to act in line with the organization's mission and vision*" (Mr. Mert, Health Officer); "*If managers are unwilling to delegate their work or lack the skilled personnel to do so, managers develop severe chronic diseases, leading to long-term management turnover and **resulting in a waste of skilled labor***" (Mr. İsmail, Academician); and "*While this may seem like the profitable situation the organization owner desires, the resulting dissatisfaction **reflects negatively on the manager and the organization** in the long run.*" (Mr. Musa, Specialist).

Participants stated that management diseases lead to consequences such as the deterioration of the organizational climate, the deterioration of organizational commitment, and the deterioration of the organizational communication environment. Participant comments included: "*The main problem is **workplace unrest**, and the difficulties in communicating with the manager to prevent this*" (Mr. Emir, Academician), "*The constant problems and arguments between staff and other department personnel and senior managers, the **disruption of horizontal and vertical communication***" (Mr. Metehan, Civil Servant), and "*The lack of order in the workplace and the **disruption of the atmosphere of peace among employees**...*" (Ms. Zeynep, Civil Servant).

3.4. Combating Management Diseases

The research explored employees' solutions to management diseases and their coping strategies. Within this framework, the theme of combating management diseases comprised subthemes on how employees protect themselves against management diseases, how to eliminate their consequences, and recommendations for preventing their emergence.

3.4.1. Employee Protection from Management Diseases

According to participant feedback, employees combat management diseases by resorting to active protection methods, such as using the complaint mechanism, or passive protection methods, such as remaining silent and focusing on their work.

Situations such as participants attempting to exercise their legal rights and using various communication channels were evaluated as the employee taking action and were considered active protection. Within the scope of active protection, Mr. Ayaz said, "***I try to convince them by explaining*** *as best I can.*" (Mr. Ayaz, Civil Servant). Mr. Baran stated, "*You need to make moves that make your manager successful,* ***gain their trust****, and plan one step ahead before the disease sets in*" (Mr. Baran, Academician), indicating that subordinates are striving to overcome this situation by acting proactively and putting in more effort.

Participants Mr. Emir, Mr. Göktuğ, and Mr. Toprak emphasized the complaint mechanism, stating, "*We will try to explain our concerns to the best of our ability, and if that is not possible, we will* ***try to resolve the issue with a higher authority****. If no resolution is reached, we can initiate an* ***investigation through an internal complaint form***." (Mr. Emir, Academician). "*I* ***report the situation to higher authorities****. I am using* ***legal complaint mechanisms***." (Mr. Göktuğ, Academician), "*I am ensuring that actions are taken within the* ***framework of the law and regulations****!!!*" (Mr. Toprak, Personnel Chief) Unlike the others, Sena and Cemre state that they try to resolve the issue by sharing it with other individuals and the manager themselves: "*By* ***sharing*** *the details of the incidents with* ***my colleagues*** *who are experiencing the same issues, I can find solutions such as reaching a* ***common decision and forming a shared opinion****.* ***I seek advice. I consult others****. If there is any effort I can make, I show it.*" (Ms. Sena, Academician), "*I* ***try to resolve the issue by sharing my thoughts*** *on the matter with the manager when I think a behavior is wrong*" (Ms. Cemre, Academician).

Employees who accept situations considered to be management diseases and do not try to change the existing situation, but instead take it or ignore it, are deemed to be practicing passive protection. Some participants' views on passive protection methods are as follows: "*No matter what you do or what happens, you* ***continue to work*** *knowing what will happen to you... If you have no alternative job or if you love your institution, you* ***wait for your manager's management to end***" (Mr. Baran, Academician), "***I stay away from personal communication outside of work as much as possible***" (Mr. Göktuğ, Academician), "*First, I* ***tend to accept the situation****, then I try to implement possible solutions. However, when I cannot change certain things, I accept that and choose one of two methods: either* ***adapting to the circumstances*** *or, if I have the strength, fighting back or leaving the environment*" (Mr. Miraç, Physician), "***I ignore it*** *and focus on my work, students, and long-term goals."* (Ms. Nazlı, Academician), "*Methods that result in the least harm, such as changing jobs or avoiding arguments with the manager, etc., are applied as* ***passive resistance methods***" (Mr. İlyas, Academician), "*I* ***try to avoid dealing with my manager*** *by doing my job as well as possible*" (Mr. Yağız, Academician).

3.4.2. Elimination of Management Diseases

According to participants, to eliminate the consequences of management diseases, it is necessary to establish a control mechanism, train employees and managers, ensure standardization in appointments

and duties, and apply sanctions. Relevant participant opinions: "*For managers to be **monitored** by their subordinates, it is **necessary to control** the manager's performance through surveys and other tools to ensure their development or the **control** of higher-level managers*" (Mr. İsmail, Academician), "***Mechanisms of both moral and organizational accountability** are the first suggestions that come to mind. In this sense, every organization may need a **strict monitoring mechanism***" (Mr. Umut, Academician), "***Removing the manager from their position** could be a solution to these problems*" (Mr. Göktuğ, Academician), "***Terminating their position** regardless of their social-political status will solve the problem at its root*" (Mr. Talha, Civil Servant), *"…the manager **should be retired** if they meet the retirement conditions.*" (Mr. Mahir, Civil Servant)

3.4.3. Recommendations for Preventing Management Diseases

Within the scope of the opinions of the employees participating in the research on preventing the emergence of management diseases, it has been determined that all employees should be given various trainings and their intellectual level should be improved through activities aimed at ensuring cultural development, the effects of non-work relations on work life should be reduced by providing rehabilitation of informal relations, a participatory managerial environment should be provided in managerial activities and measures should be taken for the use of both human and financial resources in organizations.

The views of Mr. Ayaz, Ms. Cemre, and Mr. Erdem, who emphasized merit in ensuring standardization in appointments and task distribution, are as follows: "***Merit criteria** should consist of **objective criteria***" (Mr. Ayaz, Civil Servant), "*The duties and responsibilities of the employee should be **clearly defined***" (Ms. Cemre, Academician), "*Those who deserve it should occupy the position they **rightfully deserve**. This entitlement should not be static and one-time, but should be ongoing. Preferences that are close to the ideal should be made, where **objective criteria** meet subjective characteristics*" (Mr. Erdem, Health Officer).

Some participants' views on developing intellectual capacity are as follows: "*No one is perfect forever. **Continuous training and development** should be done in action, not words*" (Mr. Erdem, Health Officer). "*A **public administration program with a comprehensive curriculum** should be offered in a public institution, befitting the title. The program's core curriculum should focus on **empathy and communication skills, within the framework of ethics, responsibility, justice, rights, and equality**. Furthermore, trainees should be advised to develop their **observation skills, read books, recite poetry, and memorize beautiful sayings and stories***" (Mr. Emir, Academician). "*Management should be **viewed as a test**. Prospective candidates should be taught **basic moral and human values**. A **social and cultural code** should be developed regarding management ethics.*" (Mr. Recep, Academician).

Furthermore, participants believe that removing managers from the influence of informal networks could solve management diseases. Regarding this, participants stated: "*Managers should*

avoid political concerns and leave these relationships *aside in their professional lives.*" (Mr. Ayaz, Civil Servant); "*Social events should be organized, communication should be strengthened,* ***the informal structure should be resolved****, and attention should be paid to these dynamics...*" (Ms. Sena, Academician); and "*There are situations where managers cannot do what they must do in the face of* ***political pressure***." (Mr. Yakup, Personnel Chief).

Another solution to management problems has been identified as creating a participatory management environment. In this context, participants stated, "*Employees should be* ***involved in management decisions****, and* ***all opinions should be respected****. Employees should express their problems as a unit and demand solutions.*" (Ms. Cemre, Academician). Participant opinions included, "*In important decisions, the* ***opinions and suggestions of subordinates****, along with the manager, should be taken into account.*" (Mr. Metehan, Civil Servant) and "Unfortunately, I cannot offer a general suggestion, but it may be possible to **develop a culture of consultation**." (Mr. Salih, Academician).

Among the solutions to management diseases, Ms. Cemre stated the following regarding measures for resource utilization: "*Work flow charts should be created, and* ***tasks should be distributed equally among employees*** *by managers*" (Ms. Cemre, Academician), and Mr. İsmail stated the following: "*It is not considered within the scope of managerial diseases, but* ***staff shortage*** *is also important, a solution should be found for this situation*" (Ms. İsmail, Academician).

4. DISCUSSION

The research found that the most significant factor in the emergence of management diseases is the behavior of managers or those serving in management positions. Based on participant feedback, the first management disease identified is how employees or management positions are appointed to their positions improperly. In the workplace, incompetence arises when, for various reasons, appointments or assignments are made without the necessary competencies.

Participants considered management diseases to include being appointed to management positions without merit, making appointments without regard for merit, injustice among employees during appointments, and prioritizing or taking sides in appointments. In the research conducted by Yılmaz and Çakıcı (2021), favoritism is shown as the main reason for incompetence in Turkish public organizations, and the most dominant type of favoritism is determined to be political favoritism. According to Greenberg (1990), if managers show favoritism or take sides in organizational appointments, internal justice will be compromised, and polarization will ensue. In addition to incompetence, managers' lack of knowledge of regulations, their work area, and their lack of understanding of the boundaries of their assigned responsibilities were considered managerial diseases under cognitive and intuitive deficiencies. In this regard, a study by Hodgkinson et al. (2023) indicates that managers' cognitive deficiencies can lead to organizational errors and failures. Similarly, Mumford et al. (2000) found that managers' cognitive and intuitive deficiencies can complicate decision-making

processes and hinder the trust of subordinates. Among these diseases, egotistical behaviors in management positions and behaviors that claim they will do the job best were considered delusions of superiority. A delusion of superiority develops when an individual is caught up in emotions such as pride, arrogance, grandiosity, selfishness, know-it-allism, and self-righteousness (Karadeniz, 2017). Dunning-Kruger Syndrome is one of the concepts closely related to the delusion of superiority. People tend to have overly positive views of their abilities in many social and intellectual domains. This tendency actually causes less-talented individuals to dramatically overestimate their abilities and performance based on objective criteria, compared to their more competent peers (Kruger & Dunning, 1999).

Furthermore, another disease related to the superior-subordinate relationship, reported by participants, was a lack of empathy among managers. This situation is considered narcissistic leadership. A study by Brunell et al. (2008) on narcissistic behavior in managers emphasized that individuals working with narcissistic leaders have low levels of cooperation and poor decision-making skills. Similarly, a study by Kock et al. (2019) found that individuals working with managers lacking empathy experience lower organizational commitment. In the study conducted by Yağıcı and Küçük (2022), it was determined that "the narcissistic leadership perceptions of employees reduce the level of psychological well-being and increase the level of work alienation."

Another type of disease that emerges in the managerial sphere is decision-making disease. This disease involves managers' inability to take initiative and make decisions without consulting their superiors. This has been characterized by managers' failure to make new decisions without consulting their superiors, excessive dependence on upper management, failure to exercise the power derived from their authority, and behaviors that shirk responsibility and save the day. According to Morrison and Phelps (1999), in organizations with oppressive upper management, managers who cannot make decisions outside of top management's demands and remain subservient to them lead to organizational inertia. In the research conducted by Akduru (2020), it was determined that organizational inertia in Turkish public organizations is the most important reason for conflicts within the organization and also causes disruption of work done. Another disease related to decision-making is inconsistency in decisions. Contradictions between the behavior of managers before and after assuming their current position and discrepancies between their initial and final decisions within the scope of managerial activities are considered inconsistencies in decisions. De Cremer (2003) found that inconsistency in managers' decisions negatively impacts perceptions of organizational justice and employee job satisfaction. In this context, a study conducted by Simons (2002) found that individuals working with managers with consistent behavior and decisions have high levels of organizational trust.

Managers' failure to stand behind their decisions or their inability to maintain a resilient stance against external factors exhibited an impoverished decision-making attitude. In this regard, some participants stated that managers may act under the influence of individuals within the organization

(sycophants) or outside the organization (political pressure), and that they cannot stand behind their own decisions. According to Vigoda-Gadot and Drory (2006), managers' decisions are distorted in organizations characterized by sycophantic behavior, which reduces the organization's performance capacity. Similarly, Appelbaum and Hughes (1998) state that flattery is an important tactic to influence those with power within the organization and is usually tried by many individuals within the organization. According to Ferris et al. (2005), managers' failure to stand behind their decisions due to internal and external pressures undermines employees' confidence in future decisions.

The study revealed that participants experienced difficulties with task distribution, which stemmed from administrative factors. Participants viewed such situations as burdening new hires with excessive work, overloading skilled employees with excessive work to avoid responsibility, unclear job descriptions, and managers taking on responsibilities assigned by upper management that are not the unit's responsibility as problems. Colquitt et al. (2001) stated that injustice in task distribution reduces perceptions of organizational justice and undermines job satisfaction. Furthermore, role ambiguity and conflict in the work environment increase employee stress and burnout (Rizzo et al., 1970; Schmidt et al., 2014). Similarly, Semmer et al. (2015) found that burdening employees with excessive work motivation reduces their motivation to perform their jobs.

When examining the causes of the aforementioned management diseases, the primary causes stem from the manager's inner world, work principles, and behaviors. Managers' economic and emotional needs, personal humanitarian principles, and inadequacies in knowledge, skills, or experience are considered internal causes of management illnesses. Research by Lazaridou (2007) confirms this. Accordingly, in the field of education, a manager's lack of managerial skills is a significant factor reducing employee performance. Management diseases that are not directly related to the manager but indirectly cause changes in the manager's decisions and management approach include: reasons arising from the attitudes of subordinates; cultural reasons arising from the structure of the organization in which the manager works or the society in which they were raised (e.g., the family and environment in which the manager was raised); professional reasons arising from the manager's role (e.g., the work environment, the scope of decision-making, and legislation); and, in addition, reasons arising from the decisions and attitudes of upper management, another managerial area. These are considered external causes of management diseases.

Management diseases have negative consequences for employees, managers, and the organization. As a result of management diseases, employees are likely to experience adverse outcomes such as decreased performance, a diminished sense of belonging, and intention to leave. This can result in the loss of qualified personnel, which is considered the most critical resource for organizations to achieve sustainable competitive advantage-human capital (Colquitt et al., 2001). In support of this, the research conducted by He et al. (2021) reveals that managerial morbidities reduce the psychological and cognitive capacities of employees and reduce job performance and business continuity. The loss of

skilled personnel reduces productivity and forces organizations to bear direct and indirect costs such as recruiting new personnel and ensuring their adaptation to the organization, job, and colleagues.

Management diseases have consequences not only for employees but also for managers themselves. Managers can experience repercussions such as loss of reputation, diminished respect and trust from subordinates, questioning of their decisions, and a decrease in the effectiveness and influence of their choices (Brown & Treviño, 2006; Kellerman, 2004). Managers' success depends on efficiently and effectively using all resources, especially human resources, at their disposal. From a human resources perspective, managers' success depends on their subordinates' acceptance and ability to maintain their respect and reputation. In this context, management illnesses that managers commit for personal gain or short-term goals lead to undesirable long-term consequences for themselves and their organizations.

Organizations' ignoring management diseases leads to negative consequences for employees, managers, and the organization. Therefore, organizations must strive to improve and prevent management diseases. In the research conducted by Henriksen and Dayton (2006) on employees in health organizations, it was determined that turning a blind eye to administrative errors reduces the job satisfaction and performance of employees and creates burnout on staff by revealing organizational silence. Research has identified active and passive methods to protect employees from management diseases. Accordingly, when employees encounter management diseases, they use verbal communication methods such as talking and persuasion to prevent harm to themselves and the organization. If they cannot find a solution, they use internal complaint mechanisms and litigation. This is considered a search for organizational justice (Greenberg, 1990). In organizations lacking a participatory management approach, it seems unlikely that employees will use active protection methods against management diseases. In such cases, employees resort to passive protection against management diseases. Employees have reported using passive protection methods such as ignoring management diseases, avoiding off-duty meetings, accepting and fulfilling assigned tasks and orders without questioning, changing jobs, quitting, and retiring. As a result of passive protection methods, problems and disruptions within the organization are covered up, creating the perception that there are no problems within the organization. Organizational silence occurs when employees become insensitive to organizational issues (Pinder & Harlos, 2001).

5. CONCLUSION

To reduce and eliminate the consequences of management diseases for employees, managers, and the organization, organizations should establish oversight mechanisms and, when necessary, implement sanctions. Establishing a transparent and accountable structure within the organization and conducting periodic audits of employees and managers can eliminate the negative consequences of

management diseases. It may also be necessary to implement sanctions as a result of these audits, where required. Transparent feedback on audit results and decisions should be provided to employees.

Organizations must be aware of management diseases, eliminate their consequences, and, most importantly, prevent them. To prevent management diseases, organizations must implement measures such as developing standardized practices in appointments and task distribution, improving the intellectual capabilities of managers and staff, rehabilitating informal relationships to foster healthy communication and interaction, fostering a participatory management environment within the organization, and ensuring the optimal and equitable use of organizational resources.

This study is significant because it emphasizes that managers' attitudes and behaviors can eventually become chronic and a management disease. It identifies the causes and consequences of management diseases and offers recommendations for prevention. The management subject is at the core of the management diseases experienced in public institutions operating in Türkiye. There must be standards for the individuals appointed to management positions and the behaviors expected of them.

This study examined management diseases through the eyes of public sector personnel. However, it is an undeniable fact that managerial competence deficiencies and conditions considered management diseases exist in the private and public sectors. Therefore, future studies that include personnel working in both the public and private sectors and utilize semi-structured interviews to obtain more detailed data are crucial to highlighting the importance of this topic.

Ethics committee approval for the study was obtained from the Süleyman Demirel University Ethics Committee on March 25, 2021, with decision number 105/6.

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

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

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

The authors declare that they contributed equally to all processes of the study.

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