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An Investigation on Decision Making Process of Managers: A Research in The Framework of Attention Based View of Strategic Management

Mehmet BAĞIŞ[1]
İsmail ŞİMŞİR[2]
Mehmet Nurullah KURUTKAN[3]
Harun KIRILMAZ[4]

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Abstract: The aim of this study is to examine the components that direct the attention of the managers in the decision making process. In the study, attention based view (ABV) which is one of the views of strategic management was used. In the research conducted with the method of multiple case studies, the data were collected with the help of interviews, observations and secondary data resources. Data analyzed by guided directed qualitative content analysis. According to findings reveal the formal / informal action and interaction rules, players, structural positions, and resources as components that affect executive attention. In separating state, university and private hospitals managers, in public hospitals emphasize the inadequacy of institutions that regulate formal / informal actions and interactions. Private hospitals, on the other hand, complain that the restrictions on publicity and advertising are not loosened within certain rules. Another finding shows the presence of context-specific actors such as politicians, bureaucrats, neighbors, compatriots, acquaintances and family members, which affect the executive attention, except for the actors mentioned in the components of ABV. Another finding reveals the effects of structural positions on executive attention. These effects are manifested in the forms of cooperation, competition, conflict and coalition relations. Finally, it is seen that human resources, physical resources, technological resources and financial resources affects positively or negatively the attention of managers of both state, university and private hospitals.

Keywords: Strategic Management, Attention Based View, Decision-Makers, Attention, Hospital Management.

[1] *Assist. Prof., Sakarya University of Applied Science, Faculty of Applied Sciences, Department of International Trade and Finance, https://orcid.org/0000-0002-3392-3376*
[2] *Assist. Prof., Sakarya University of Applied Science, Faculty of Health Sciences, Department of Health Management, https://orcid.org/0000-0001-7460-9634*
[3] *Associated. Prof., Duzce University, Business Faculty, Department of Health Management, https://orcid.org/0000-0002-3740-4231*
[4] *Associated. Prof., Sakarya University, Business Faculty, Department of Health Management, https://orcid.org/0000-0001-6055-6826*

An Investigation on Decision Making Process of Managers: A Research in The Framework of Attention Based View of Strategic Management

Yöneticilerin Karar Alma Süreci Üzerine Bir İnceleme: Stratejik Yönetimin Dikkat Temelli Görüşü Çerçevesinde Bir Araştırma

Öz: *Bu makalede hastane yöneticilerinin dikkatini ve karar alma sürecini yönlendiren bileşenler incelenmiştir. Çalışmada stratejik yönetimin dikkat temelli görüşünden (attention based view) yararlanılmış ve çoklu vaka çalışmaları kullanılmıştır. Bulgular, formel/informel eylem ve etkileşim kurallarını, oyuncuları, yapısal görevleri ve kaynakları yönetici dikkatini etkileyen bileşenler olarak ortaya çıkarmaktadır. Devlet ve üniversite hastanelerindeki yöneticiler formel/informel eylem ve etkileşimleri düzenleyen kurumların yetersizliğine vurgu yapmaktadır. Özel hastaneler ise tanıtım ve reklam konusundaki kısıtlamaların belli kurallar dâhilinde gevşetilmemesinden yakınmaktadır. Bir başka bulgu dikkat temelli görüşün bileşenlerinde söz edilen oyuncular dışında yönetici dikkatini etkileyen siyasetçiler, bürokratlar, komşular, hemşeriler, tanıdıklar ve aile üyeleri gibi bağlama özgü oyuncuların varlığını göstermektedir. Diğer bir bulgu, yapısal görevlerin yönetici dikkati üzerindeki etkilerini ortaya koymaktadır. Bu etkiler işbirliği, rekabet, çatışma ve koalisyon ilişkileri şeklinde kendini göstermektedir. Son olarak insan kaynakları, fiziksel kaynaklar, teknolojik kaynaklar ve finansal kaynakların tüm hastane gruplarındaki yöneticilerin dikkatini olumlu veya olumsuz şekilde etkilediği ortaya çıkmıştır.*

Anahtar Sözcükler: *Stratejik Yönetim, Dikkat Temelli Görüş, Karar Vericiler, Dikkat, Hastane Yönetimi.*

GENİŞLETİLMİŞ ÖZET

Araştırma Problemi

Bu makalenin amacı yöneticilerin dikkatini ve karar alma sürecini yönlendiren bileşenleri incelemektir.

Araştırma Soruları

Çalışma hastanelerde yöneticilerin dikkatini ve karar alma sürecini yönlendiren bileşenler nelerdir? Ve benzer hizmeti üreten fakat farklı güdülere sahip hastanelerde yöneticilerin dikkatini ve karar alma sürecini yönlendiren bileşenler açısından bir farklılık var mıdır? sorularına cevap aramaktadır.

Literatür İncelemesi

Dikkat temelli görüşle ilgili görgül çalışmalar kimya (Hoffman ve Ocasio, 2001), sağlık (Yu, 2005; Eggers, 2009), bilgisayar (Hung, 2005: Bouquet vd., 2009), bilgi ve iletişim teknolojileri (Kaplan, 2008; Maula ve Zahra, 2013; Ocasio ve Wilson, 2017), yazılım (Rhee ve Leonardi, 2017) ve sigortacılık (Greve, 2008) endüstrilerinde yapılmıştır. Bunun yanında, havacılık endüstrisi (Cho ve Hambrick, 2006), yarı iletkenler (Nadkarni ve Barr, 2008), yükseköğretim yayıncılığı (Thornton ve Ocasio, 1999), girişim sermayesi endüstrisi (Jääskeläinen vd., 2006), hizmet (Gebauer, 2009) ve tüketim malları endüstrisi (Kammerlander ve Ganter, 2015) gibi farklı endüstriler de araştırmalara dâhil edilmiştir.

Bu çalışmalar kurumlar (Hung, 2005; Nigam ve Ocasio, 2010; Thornton ve Ocasio, 1999) endüstri (Hoffman ve Ocasio, 2001; Nadkarni ve Barr, 2008; Yu vd., 2005), uluslararası işletmecilik (Bouquet ve Birkinshaw, 2008; Bouquet vd., 2009), strateji (Gebauer, 2009; Greve, 2008; Kaplan, 2008; Ocasio ve Joseph, 2008; Ren ve Guo, 2011) ve dikkat arasındaki ilişkilere odaklanmışlardır. Bu çalışmaların yanında çevresel belirsizlikler (Cho ve Hambrick, 2006), krizler (Rerup, 2009), teknoloji (Eggers ve Kaplan, 2009; Maula vd., 2013;

Kammerlander ve Ganter, 2015) ve sosyal ağlar (Rhee ve Leonardi, 2018) gibi değişkenlerin yönetici dikkati üzerindeki etkileri de araştırmalara konu edilmiştir.

Buraya kadar değerlendirilen araştırmalar, dikkat temelli görüşün temel bileşenlerinden dikkat yapılarının tamamını bir çalışmada test etmemiştir. Çalışmalar genellikle kurumlar, endüstri, teknoloji, firma stratejileri, performans, çevresel belirsizlikler, kriz ve sosyal ağlar, uluslararası bağlam vb. gibi bir veya birkaç yapısal değişkeni incelemişlerdir. Ayrıca görüşle ilgili kamu örgütleri ve hastanelerde yapılan görgül çalışmaların yetersiz olduğu dikkat çekmektedir. Diğer taraftan, "farklı güdülere sahip ve benzer hizmeti üreten örgütlerde de yöneticilerin dikkatini yönlendiren bileşenler açısından herhangi bir farklılık bulunmaktadır mıdır?" sorusu araştırmalara konu edilmemiştir. Bu çalışma görüşün temel bileşenlerinin bağlama göre değişen etkilerini incelemesinin yanında, farklı güdülere sahip ve benzer hizmeti üreten örgütlerde dikkat yapılarının yöneticiler üzerindeki etkilerine odaklanarak yazındaki çalışmalardan farklılaşmaktadır.

Yöntem

Araştırmada nitel araştırma yöntemleri kullanılmıştır. Araştırma tasarımı olarak çoklu nitel vaka çalışması (multiple qualitative case study) tercih edilmiştir (Yin, 2013). Veriler yönlendirilmiş nitel içerik analiziyle incelenmiştir.

Bulgular ve Sonuçlar

Araştırmanın bulguları formel/informel eylem ve etkileşim kurallarını, oyuncuları, yapısal görevleri ve kaynakları yönetici dikkatini etkileyen bileşenler olarak ortaya çıkarmaktadır. Devlet ve üniversite hastaneleri ile özel hastane ayrımında, kamu hastanelerindeki yöneticiler formel/informel eylem ve etkileşimleri düzenleyen kurumların yetersizliğine vurgu yapmaktadır. Özel hastaneler ise tanıtım ve reklam konusundaki kısıtlamaların belli kurallar dâhilinde gevşetilmemesinden yakınmaktadır. Bir başka bulgu, dikkat temelli görüşün dikkat yapıları bileşenlerinde söz edilen oyuncular dışında, yönetici dikkatini etkileyen siyasetçiler, bürokratlar, komşular, hemşeriler, tanıdıklar ve aile üyeleri gibi bağlama özgü oyuncuların varlığını göstermektedir. Diğer bir bulgu, yapısal görevlerin yönetici dikkati üzerindeki etkilerini ortaya koymaktadır. Bu etkiler işbirliği, rekabet, çatışma ve koalisyon ilişkileri şeklinde kendini göstermektedir. Son olarak insan kaynakları, fiziksel kaynaklar, teknolojik kaynaklar ve finansal kaynakların, hem kamu hastaneleri hem de özel hastane yöneticilerinin dikkatini olumlu veya olumsuz şekilde etkilediği ortaya çıkmıştır.

1. Introduction

Organizations exhibit different behaviors where markets in which environmental uncertainty is high and competition is fierce. Certain opportunities and threats such as economic crises, financial problems, technological developments, digitalization and institutional regulations occurred in that markets give form to firm behaviors. Organizations update their strategies and competences responding those opportunities and threats or die when they don't

manage to comply with. Divulging these behavior dissimilarities amongst firms is one of the major issues in strategic management (Rumelt et al., 1994).

Strategic management scholars have tried to clarify these problematics harnessing various approach and views since 1980's. Positioning school (Porter, 1980; 1981), resource based view (Barney, 1991), dynamic capabilities (Teece and Pisano, 1994; Teece et al., 1997), knowledge based view (Grant, 1996a; 1996b), strategy as a practice (Whittington, 1996), attention based view (Ocasio, 1997), relational view (Dyer and Singh, 1998; Lavie, 2006) and institution based view (Peng et al., 2009) are among these approach and views.

Fundamental components of attention based view is utilized in the present study. Notion of attention originated in Carnegie School (Cyert and March, 1963; March and Simon, 1958; Simon, 1947). Simon (1947) who is one of the representatives of the school argued that managers have ability of bounded attention because of bounded rationality. March and Simon (1958) opted the concept of focus of attention as the baseline in another study. Focus of attention is defined as issues that decision-makers have focused in the context that they are in at any time and are selective (Kahneman, 1973) relating the answers (Ocasio, 1997). Once again, other representatives of the school Cyert and March (1963) highlighted the importance of attention in adaptation to environment and defined attention as a scarce resource.

The concept of attention set forth by Carnegie School was reevaluated and set ground for ABV (Ocasio, 1997). ABV defined as attentive decision-makers to recognize, codify and evaluate opportunities and threats in the environment and creating responses to them (Ocasio, 1997: 189). This view tries to get a grip about attention of decision-maker combining structural components and persons' cognitive features. Fundamental components of the model is composed of six category: (1) the environment of decision; (2) the repertoire of issues and answers; (3) procedural and communicational channels-the firm's situated activities, communications and procedures; (4) the firm's attention structures-its rules of the game, players, structural positions, and resources; (5) decision-makers; and (6) organizational moves (Ocasio, 1997: 192). ABV fails to account for organizations' resources relating competitive advantage, their performance and maintaining their heterogeneity under competitive pressures. Nevertheless, it helps in explaining resources enabling heterogeneity amongst organizations and organizational moves (Ocasio, 1997: 204-205). ABV have been utilized in present study to assess elements capturing managers' attention and organizational moves. Because of that any objective like explaining performance or strategies of organizations was not set.

Considering remarks presented until now, present study seeks an answer following two questions within the scope of attention structures which is the fourth basic component of the model: 1. What are the components steering managers' attention and decision making process in hospitals? 2. Is there any difference in terms of the components steering managers' attention and decision

making process among hospitals producing similar services but having different motives? Contribution of the present study could be collected under two title within the frame of answers given these questions. The former is to make visible the effects of basic elements of ABV that can change according to context. The latter is to manage identifying difference in components steering attention in organizations producing similar services but assumed having different motives.

2. Literature Review

Literature concerning ABV can be judged in two categories as theoretical and empirical studies. Simon (1947), Kahneman (1973), Ocasio (1997), Ocasio and Joseph (2005), Barnett (2008), Ocasio (2011), Shepherd et al. (2017), Ocasio and Joseph (2017) and Joseph and Wilson (2018) are line up among those contributing theoretical studies. While Simon (1947), as one of those researchers, put emphasis on ability of managers about bounded attention, Kahneman (1973) dealt with connections between attention and effort. And Ocasio (1997), developed basic elements of the view establishing connection between organizational structure and cognition. Main objective of the model developed by Ocasio (1997) was to make an explanation of how decision-makers in any firm put in order and allocate their attention. Ocasio (2011) developed alternative premises focusing on the role of attention in clarification of organizational adaptation and change making improvements on the model thereafter. Ocasio and Joseph (2005), working through on the model developed by Ocasio (1997) also utilized from ABV to understand connections between macro and micro perspectives in strategy processes.

While Barnett (2008), who is one of those writers that inclines towards conceptual studies examined the subject of how attention structures of the firm formalizes real options reasoning of managers, Shepherd et al. (2017) developed an attention model concerning opportunity perceptions of senior managers in strategic actions. Once again while Ocasio and Joseph (2017) who are two of those writers that inclines towards conceptual studies discussed the process of how attention formalizes strategy, Joseph and Wilson (2018) made an explanation for connections between attentions of managers and theory of the growth of the firm. Finally Ocasio et al. (2018) utilized from communication as a variable formalizing organizational attention in the process of strategic change.

Apart from conceptual studies examined thus far, other studies in the literature can be assumed in the category of empirical studies. These studies conducted in a wide variety of industries such as chemical (Hoffman and Ocasio, 2001; Nadkarni and Barr, 2008; Bouquet et al., 2009), health (Yu et al., 2005; Kabanoff and Brown, 2008; Eggers, 2009; Nigam and Ocasio, 2010), computer (Hung, 2005: Bouquet et al., 2009), information and communication technology (Kaplan, 2008; Kabanoff and Brown, 2008: Bouquet et al., 2009: Maula et al., 2013; Ocasio et al., 2018), software (Bouquet et al., 2009; Rhee and Leonardi, 2018), general insurance (Greve, 2008), airlane industry (Cho and Hambrick,

2006), semiconductor (Nadkarni and Barr, 2008; Bouquet et al., 2009), higher education publishing (Thornton and Ocasio, 1999), venture capitalist industry (Jääskeläinen et al., 2006), service (Gebauer, 2009) and consumer goods industry (Kammerlander and Ganter, 2015).

Empirical studies have been focused on relationships amongst institutions (Hung, 2005; Nigam and Ocasio, 2010; Thornton and Ocasio, 1999) industry (Hoffman and Ocasio, 2001; Nadkarni and Barr, 2008; Yu et al., 2005), international business administration (Bouquet and Birkinshaw, 2008; Bouquet et al., 2009), strategy (Gebauer, 2009; Greve, 2008; Jääskeläinen et al., 2006; Kabanoff and Brown, 2008; Kaplan, 2008; Ocasio and Joseph, 2008; Ren and Guo, 2011; Joseph and Ocasio, 2012) and attention. Alongside these studies effects of certain variables such as environmental uncertainty (Cho and Hambrick, 2006), crises (Rerup, 2009), technology (Eggers and Kaplan, 2009; Maula et al., 2013; Kammerlander and Ganter, 2015) and social networks (Rhee and Leonardi, 2018) on attention of managers have been discussed.

These studies have not tested the whole of attention structures which is one of the fundamental components of ABV. Studies examined only one or a few structural variables such as institutions, industry, technology, firm strategies, performance, environmental uncertainty, crisis and social networks and international context. Additionally, inadequacy of empirical studies conducted in public organizations and hospitals relating this view draws attention. However, the question of "is there any difference with regard to components steering attention of managers in organizations producing similar services but having different motives" have not been discussed in any study. Present study becomes different from other studies in the literature as examining effects of fundamental components of the view depending upon context and focusing effects of attention structures on managers' decision making process in organizations having different motives but producing similar services.

3. Methodology

Qualitative research method was utilized in present study. This method ensures interpreting of inferences obtained enabling close examination of phenomena and cases that are examined in their own context (Merriam, 2015: 5; Patton, 2014: 33). More clearly it enables examining foundational components of ABV peculiar to context. Multiple qualitative case study is preferred as research design (Yin, 2013) and usage of case studies can be seen in the literature. That design was preferred to be able to make generalization.

Selection of the hospitals was like two state hospitals, two university hospitals and a private hospital. While all of the hospitals basically have motivation for producing healthcare service, it was deemed as public hospitals were pursuing to be efficient but not seeking profit. It was reached up to this judgement after examining data gathered from hospitals financial datasets and interviews. It was deemed as university hospitals were also pursuing to be efficient but not seeking profit similarly, however that they were research-

development oriented. This assumption was reached as a result of the hospitals educating faculty members and publishing scientific articles. Finally, it was deemed as private hospitals have motivation to seek profit alongside to be efficient. It was again reached up to this judgement with the help of data gathered from hospital financial dataset and interviews. With reference to subject matter acknowledgements, organizations from which data resources derived were diversified opting for hospitals that have different motives and triangulation which enables improving trustworthiness was carried out.

Trustworthiness of the study were improved by diversifying data gathering techniques. Interviews conducted with managers, observations and examining secondary data resources were amongst those techniques. Interviews were conducted with each of the hospital managers mostly by two researchers and sometimes one researcher lasted thirty minutes in average. They were also audio recorded with the permission of interviewees with the aim of preventing data loss and then these records were deciphered. Information relating hospitals and number of managers interviewed can be seen in the Table 1.

Table 1: *Information about hospitals*

Information about Hospitals	A Public Hospital	B Public Hospital	C University Hospital	D University Hospital	E Private Hospital
Year Established	1995	2005	1951	1996	2016
Number of Campus	1	1	2	1	1
Number of Buildings	2	2	4	2	1
Number of Managers	5	9	22	17	7
Interviewed Managers	4	5	6	3	3
Faculty Members	0	0	129	130	0
Number of Physicians	45	95	523	0	54
Other Personnel	316	675	2395	622	400
Number of Wards	2	3	38	18	23
Number of Bed	55	250	970	400	102
Intensive Care Beds	4	40	143	56	34
2018 Revenue	3.156.737[5]	8.262.793	47.389.137	13.855.041	1[6]
2018 Income	4.443.173	10.702.579	56.699.041	14.588.758	

Source: Developed by the authors.

Managers who interviewed were chosen three different administrative levels. That administrative levels can be specified as administrative managers/their deputies, healthcare services managers/their deputies and chief

[5] *Income and expenses are given in dollar currency (12 March 2020)*

[6] *Even if Hospital E shared their financial information with the researchers, it was not disclosed because of the management didn't want to be published.*

physician officers/their deputies. Choosing managers from three different management level helped triangulation and diversification of resources. That was regarded as contributing to the enhancement of the trustworthiness of the study. Reviewing secondary data resources enabled obtaining information about hospitals such as number of employee, wards, beds, campuses, buildings and their financial status. These data were accessed after examining Healthcare Information Management Systems of the Hospitals and presented in Table 1. The last data collection method used in the study is participant observations. One of the researchers doing participant observations have been holding a managerial position in one of the healthcare facilities where present study conducted since last 2.5 years. This researcher attended the most of the managerial meetings both inside and outside of the hospital, both before and during the research period.

4. Results

Directed Qualitative Content Analysis was utilized as analysis technique on data derived as a result of the study. Objective of that analysis technique is to expand and validate conceptually a theory (Hsieh and Shannon, 2005: 1281). Therefore it is more likely to reach findings corroborating to the theory than contradictory (or not corroborating) to the theory. Notions of the ABV was tested and validated in this study. Within this scope, components inferred from ABV derived to collecting, analyzing and evaluating of data and interpreting of findings. Determining codes on the basis of an existing theoretical frame enabled study to conduct deductive instead of inductive (Creswell, 2016: 52; Mayring, 2004: 162-163). In other words, study was carried out from themes to codes (quotations) not from codes to themes. This type of case studies which is conducted with themes inferred from a theoretical frame can be found in the literature (Hoffman and Ocasio, 2001; Öztürk, 2019). According to that, components of the theory relating attention structures deducted primarily and presented in Table 2. Testing of components of the model was limited only with subcomponents of the attention structures. Because testing all components of the model would exceed the scope of a single study.

Table 2. *Subcomponents of the model relating attention structures*

Attention structures	Internal/external firm	Rules of the game
		Players
		Structural positions
		Resources

Source: Extracted from Ocasio's (1997) study

After that, some quotations from interviews was made to show evidence of relevant components (Perakyla, 2005: 870). Hence, ultimate dimensions were acquired making certain sorting-merging transactions within the framework of components dominating the research in the stage of decoding the data (Coşkun, 2014: 41). Triangulation method that assists the enhancement of trustworthiness

of the research was utilized by analyzing the data by researchers separately. The method of agreement was preferred in handling of disagreements among researchers relating findings in consequence of data analysis (Üsdiken and Wasti, 2002).

4.1. Rules of the Game

Rules of the game are formal or informal principles of action, interaction and interpretation guiding decision-makers during fulfilling duties in organizations or restricting their actions (Ocasio, 1997). Rules of the game, furthermore, can be expressed as formal or informal institutions to which managers have to comply (North, 1990). While formal institutions are composed of law, legislative regulations and rules, informal institutions are composed of cultural values and ethics (Peng et al., 2009).

These rules or institutions[7] are composed of a set of implicit assumptions, norms, and values and incentives providing information to decision-makers about how to interpret organizational reality, what are the appropriate behaviors, and how to succeed. Rules of the game ensure both an action of logic, a set of cultural values and incentives and assist to arrangement of organizational conditions such as coordination, negotiation, conflict and competition (Ocasio, 1997: 196) or hamper of them. Juridical, legal regulations relating healthcare services regulating hospital manager's actions and interactions and driving their attention fall into group of formal rules or institutions if it was evaluated in the sense of this study. For instance, inpatient treatment institutions operating regulation, public fiscal management and control law, public procurement law, public procurement contracts law, travel expense law, SUT (health application notification), civil servants law, regulations, circulars, communiqués issued by the Ministry of Health etc. takes part in this group. These rules of formal action and interaction both guide actions of managers and limit to them.

As for in the informal principles of action and interaction group, there is mostly norms, cultural values and ethical conduct that wouldn't be regulated by formal rules. For instance, informal principles of actions and interactions and demands and priority expectations hampering implementation of formal rules of compatriots, friends, neighbors, politicians, employees working in different public institution and bureaucrats can be considered within this scope. Quotations made from interviews is given in Table 3 with the aim of evaluating effects of formal and informal rules on attention of decision-makers.

It can be stated that both informal and formal action rules are effective jointly on the managers' patterns of attention share when evaluated within the framework of the model's foundational components. Pressure on managers based upon informal action and interaction rules revealed that managers having difficulty to make decision according to formal action and interaction rules. In

[7] *Both Ocasio's (1997) and North's (1990) notions of formal and informal rules was used in the same meaning.*

other words, more than political institutions, effect of policy makers and bureaucrats can be seen on managers. Additionally, it is concluded that same formal rules would be interpreted different by different hospital managers based on statements of the managers. This indicate that different managers make different decision relating same execution. Besides, deferring acts of different hospitals with respect to legal regulations makes managers face with dilemma and problem of institutional trust.

Table 3. *Theme, category, quotations and labels pertaining to rules of the game*

T[8]	C	Quotations derived from interviews	L
Attention Structures	**Rules of the Game**	The nursing services directive both simplifies and complicates the job. Legislation on interns is insufficient as it is an education and research hospital. (I2)	**Formal Action and Interaction Rules**
		Public financial control law and SUT are very affecting. ***Half of the shift is spent with SUT. It even takes a little more than half.*** (I3)	
		The biggest problem of our legislation is firstly it is not explicitly written, and second a large variety of its application by the practitioners, even if written explicitly. It is also open to interpretation. For example, I think that the Public Procurement Law has at least 400 different practices in 800 or so hospitals. Likewise, the Public Financial Control Law is the same. (I6)	
		One of the biggest problems we have is about legislation. Even in two different units of the ministry, what one of them calls white, the other would call black. It is also not clearly defined. Who will do this now? (I8)	
		There is no clear legislation in the transition regarding permanent workers. (I12)	
		We have the biggest problem in financial legislation. It is not easy to eliminate practical differences or hesitations. For example, let alone every province, even every institution perceives and applies separately of travel expense law. Or payments related to risky units in the revolving fund legislation. ***Different institutions related to the legislation can do different applications.*** (I14)	
		For example, two different regulations say two different things about whether or not the x-ray technician is responsible for fluoroscopy shots in the operating room. While the inpatient treatment institutions operating regulation says that the fluoroscopy does not shot by x-ray technician, in the job definition of the health personnel of 2013, fluoroscopy shooting is among the duties of the x-ray technician. Both are regulations. Which one will beat the other? There is no answer to the question of who will shoot the fluoroscopy. ***These contradictions in the legislation*** exhaust us. (I14)	

[8] *"T" stands for themes, "C" stands for categories, "L" stands for labels, "I" stands for Interviewee*

Continuation of Table 3: *Theme, category, quotations and labels pertaining to rules of the game*

Attention Structures	**Rules of the Game**	***Legal proceedings*** related to forensic cases or work accidents take our time. In addition, there are difficulties ***in signing consent forms***. We are having trouble when the patient tries to get the procedure done without signing. It can also cause communication difficulties. For example, problems occur when we do not perform the procedure without signing the consent form of the patient who wants to have an injection. (I19)	**Informal Interaction and Action Rules**
		For this reason, it is better ***to relax the restrictions on publicity and advertising within certain rules***. ***Also, the numbers you spend with the service you provided do not match. Prices of services that we provide do not always change, they change with a law and a rule, but the prices of the supplies that we buy are very variable***. This puts private hospitals in distress. Public hospitals are also experiencing them. (I20)	
		We are having problems with patients and their relatives about remuneration (I21)	
		Most importantly, when running the rules, we often encounter requests for irregularity. A situation that is conscientiously disturbing. In other words, there is a structure that people want rules to be stretched when their affairs come into question. So our people, ***our bureaucrats and we should put aside priority expectations, any more***. (I1)	
		There's a perception in the reality of Turkey ***as politics aims to solve the health problems of the citizens***. ***Local politicians, unionists or compatriots are trying to get involved for a patient*** that we met in emergency service and took into inpatient ward. In fact, they do not need to be engaged. The process has a mechanism in itself and is very rational. There is a perception that a man must necessarily intervene. (I1)	
		Bureaucrats and politicians and colleagues mostly get involved for patients. A person who does not call you at normal times reaches you by phone and asks how you are doing in a way, then they can make requests that are not so illegitimate. Local personnel suffer more from this subject. (I1)	
		Bureaucrats come with illegal requests. There are patients who want what cannot happen. There are those who say leave me home. When I ask to patient where his house, he says I live in Konya. And ***when I say I can't send it, bureaucrats and politicians interfere in and say why don't you transact the affair of the citizen***. (I3)	
		Our people are now trying to get contact to politician without calling MHRS (Central Hospital Appointment System). They then are calling me, too "As if I'm responsible for MHRS!" (I6)	
		The acquaintances await attention, especially when my work is intense. (I10)	
		Most fellow relatives bother. As I am from here, requests for help from them affect me. (I16)	
		Patients and their relatives in the first place. Almost an hour of today is spent solving their problems. ***Then the neighbors***. (I17)	
		I usually set limits but if I need to make a ranking, ***I should say it as acquaintances***. I say that by separating the Provincial Health Directorate, it is about our business. In the first place, ***I can say the courthouse. They trouble us by demanding exceptional service***. (I18)	
		The demands of such politicians, bureaucrats, friends and neighbors do not take much our time. We just say welcome, the staff in the relevant units quickly solve the problems. (I19)	

Source: Developed by the authors.

Another finding with regard to rules of formal action emphasizes inadequacy of institutions regulating actions and interactions of managers in public and university hospitals. As can be seen in Table 3, regulations are said to be remain incapable about certain subjects. This case indicates that there are inadequacy of regulations in institutional context of public and university hospitals and there existence of poor institutions (Meyer et al., 2009; Peng, 2003). It could be expressed that hospitals having different practices in any subject would affect negatively managers' decision making process and that would cause loss of time and money, when evaluated within the scope of attention sharing patterns of managers. Likewise, it could be again expressed that lacking of legislative infrastructure that would affect decision making process in any subject would make managers to be timider in that process. It could also be expressed that this inadequacy in legislative infrastructure drive managers to consider legal aspect of the responsibilities and make them more reluctant to take initiative.

When findings evaluated within the scope of rules of informal action and interaction, it can be seen that social networks, politicians, bureaucrats, unionist, compatriots, neighbors and acquaintances would take too much time of managers and drive their attention. Social networks normally would have positive or negative effect on producing brand new thoughts (Rhee and Leonardi, 2018). When evaluated within the scope of findings, it could be stated that friends, bureaucrats, politicians, compatriots and acquaintances prevent managers from focusing their duties. Moreover, that would cause such problems for managers as distractibility, attention sharing problems and problems in decision making process. These findings support the study of Rhee and Leonardi (2018) that they demonstrated positive and negative effect of social networks on attention.

When evaluated within the frame of the model, it can be seen that formal and informal action and interaction rules have effects on attention sharing and decision making process of managers in public and university hospitals. Public hospitals highlight inadequacy and discrepancies in regulations in terms of formal action and interaction principles. Private hospitals as for complain not loosening restrictions for principles about advertising and promotion within certain rules. Considering informal action and interaction principles, it can be seen that managers in public hospitals complain about interactions with actors such as politicians, bureaucrats, friends, acquaintances and neighbors; but managers of private hospitals do not mention that matter.

4.2. Players

Players are social actors or group of actors who are structurally autonomous and who affect decision and actions of decision-makers with their social impacts, powers and controls (Burt, 1982). Players establish control on decision-makers with their individual and structural resources. CEOs and senior managers are those both who affect attention distribution and whose attention distribution are affected. Apart from these players, middle level managers, team

leaders, employees and union representatives are amongst those who affect attention distribution in the organization. Furthermore, union presidents, customers, competitors, suppliers, institutional investors, financial analysts, counselors, other associations in business world and business media are those who are out of organizations take part within this scope (Ocasio, 1997: 197). Regarding present study, chief physician officers/their deputies and other managing drivers/their deputies are decision- makers both those who affect attention and whose attention distribution are affected. Physicians, healthcare staff, union representatives and other workers are those who are other players in hospital.

Table 4. *Theme, category, quotations and labels pertaining to players*

T	C	Quotations derived from interviews	L
Attention Structures	**Players**	***Nutrition, tumor commission, intensive care commission and transplantation commissions are very active and I am interested in them***. ***Mortality and morbidity commissions*** work out of holiday periods as much as possible. We also meet periodically with the operating room commission. (I1)	**Individuals, Departments and Groups in Hospital**
		Problems with doctors or cleaning staff concern us. I have to devote more time to emergency service and intensive care unit. There are relatives of patients who act against the visiting hours. More than one person wants to enter the patient. Because people are tense, both patient relatives and patients complain. Therefore, ***employees meet with us very often to leave emergency service and intensive care unit***. (I2)	
		Managers, doctors, and other healthcare professionals are the dominant identities in my daily engagement. There are personnel who are not in his/her place while the patient is waiting in the queue. It may strain me a secretary go out to dinner at 11.45, come back 13.15 and a patient waiting even if for a minute in the queue. Also, ***elder physicians are very far from the IT sector.*** It is very difficult to print epicrises. They do not know about the conveniences we have developed for them. (I3)	
		I mostly deal with the problems of the legal unit. Rather than workload, there is an individual situation in terms of the age of the friends there. So there is a situation arising from the insufficient quality of human resources. I also deal with the problems of the units that work integrated with the units I am responsible for. For example, if a doctor has requested a device, I would deal with the ***doctor***, and if the nurse has requested a material, I would deal with the ***nurse***. (I4)	
		We mostly experience difficulties in the material consumption warehouse. Problems arise due to the ***insufficient quality of the staff*** rather than the nature of the work. (I5)	
		I mostly deal with the problems of technical staff. Since it is the most relevant unit in the field, it has problems both among themselves and with other people. And a ***trusteeship unit***. We are not dealing with trustee's own problems, but the problems that other employees reflect on them. (I6)	

Continuation of Table 4: *Theme, category, quotations and labels pertaining to players*

Attention Structures	**Players**	We decided communication as a solution ***to the tension between the in-hospital units and groups***. I tried to give education first. We started a study called verbal communication. For example, ***I strictly forbade to make transactions with the user account of the physician*** based on the problems experienced. We also established an innovation team. We will make our own invention. Likewise Zeynep Kamil received 50 patents. We transfer good practices from different hospitals. We started a study called theatrical education in order to make the communication education more fun, effective and permanent. We started three hospital applications. Each unit will choose three hospitals and perform benchmarking. For example, as a health care manager, I visited Anatolia Medical Center, which was affiliated with John Hopkins. (I7)	**Individuals, Departments and Groups in Hospital**
		I mostly meet with the ***group of doctors***. I also constantly deal with the problems of the ***data group from the permanent workers***. (I9)	
		We have been and nested with x-ray technicians since last two months. Because we had to change their work systems a little depending on the number of people. (I10)	
		While ***the number of outpatient visits in the hospital we came from was 500, it is 1500 here***. ***Since we have to take care of more patients in a smaller place, anger ratio increase and thus problems occur between medical secretaries and patients***. (I11)	
		In terms of operation, dialogue process and number, we are mainly ***mingle with our purchase department and warehouses***. ***Technical services and hospitality services*** are the most portraying to us in terms of problems. Between these two, hospitality services are somewhat ahead in terms of having a counterpart in humanity. The second issue is refectory services. (I15)	
		I am responsible for the ***administrative staff***. I mostly have problems with the group of ***permanent workers***. Especially in general support services. (I16)	
		I mostly ***have problems with the group of nurses*** because they have one-to-one contact with the patient and they do a wide variety of work. X-ray technicians are ranked at the second. In other words, I can say that the groups of staff who are in more contact with the patient. (I17)	
		We mostly ***have problems with x-ray technicians***. ***So much so that 40 or so lawsuits, 60 or so SABIM (Communication Center of Ministry of Health) and CIMER (Presidency's Communication Center) complaints. Perhaps we would have been in a very different position today if we spent the effort somewhere else instead on them for three years***. (I18)	
		Mostly nurses and clinical support staff. We spend more time with the problems of the units that are more in contact with the patients and their relatives, such as the emergency service and inpatient wards. Apart from this, the problems of the closed areas such as the operating room and intensive care units are come up to a minor level and these dissolve in itself without growing. (I19)	
		We can say ***medical accounting, purchasing, corporate marketing and patient services***. Since these parts contain issues that we need to be more proactive, we are more intensely interested in them. G (20)	
		Patients' relatives, companions, and complaints from the blood collection unit are common. I am dealing with ***unionists*** because it is the official process. (I2)	
		Bureaucrats come with illegal requests. Bureaucrats and politicians interfere in and say why don't you transact the affair of the citizen. (I3)	

Continuation of Table 4: *Theme, category, quotations and labels pertaining to players*

Attention Structures	**Players**	Apart from these, ***neighbors, relatives and acquaintances*** are also effective because I am in from … city. There are those who come because of their appointment and illness. (I4)	**Individuals, Departments and Groups out Hospital**
		We are mostly in contact with ***accountantship*** related to notifications of consumption. We try to solve with them the troubles experienced. We have troubles with ***companies***. If we accept 100% of the week, it can occupy between 10-20%. For example, we could only call ***a company that cause trouble in fulfilling its obligation in the specifications, tell them about our problems and explain our suffering, and therefore they occupied our half day***. (I5)	
		Especially recently in the ***Municipality***. Because we have a lot of collaboration with the municipality. For example, we got support from them in solving the parking problem and arranging a garden. (I8)	
		It can be latish payment from ***SSI (Social Security Institution)***. Rather, our financial department deals with it. Accordingly, we may experience difficulties in revolving fund payments. ***Press organizations*** are also making biased news. (I11)	
		Local media often don't report positive things easily. But it makes the negative points bigger. Especially they wants VIP treatment when they come to the hospital. They write in the newspaper that there is injustice and there is favoritism, but when they come they wants the most favoritism. They are usually two-faced and I don't like it. (I12)	
		The most ***provincial health directorate***. All kinds of positive/negative act of it affect us in the first degree. Secondly, we can say ***local media***. Sometimes they motivate us in a positive way, but sometimes they upset us. In the end, we are affected. (I14)	
		Most fellow relatives bother. When I am from here, requests for help from them take most of my time. (I16)	
		Patients and their relatives in the first place. Almost an hour of my fay is spent solving their problems. Then the ***neighbors***. (I17)	
		I usually set limits but if I need to make a ranking, I have to say it as ***acquaintances***. (I18)	
		In the first place, ***I can say the courthouse. They want us to work with exceptional service***. (I18)	
		In order to keep up with innovations, we conduct research on internet on **innovations** in health care services, education planning of nursing services, sustainability of care services and education of nursing services. As we are a new institution, our hospital has the impression that it is constantly developing. We are a hospital that constantly tries to raise its line, adds new services about the medical device and the procedures to be applied. I see such issues as features that distinguish us from our ***competitors***. (I19)	
		In addition to competing with private hospitals, we have become competitive with city hospitals and other public hospitals. (I20)	
		We can express that Provincial Health Directorate, SGK (social security institution), press organizations and social media as the organizations mainly affecting us (I21)	

Source: developed by the authors.

Patients, suppliers, union presidents, other hospitals which are located in same area or competitors, provincial health directorate, ministry of health, other public institutions and organizations involved in providing healthcare services,

local and national media are among actors or group of actors who are out of hospitals. Certain quotations from interviews is given with the aim of evaluating the effect of actors or group of actors on attention of decision-makers in Table 4. Regarding foundational components of the model, players driving attention and decision making process of managers might be examined under two headings as individuals, departments and groups in hospital and individuals, firms and organizations out of hospital. Physicians, nurses, midwifes, lab and x-ray technicians and other workers are among individuals affecting attention distribution. As for department, emergency service, intensive care unit (ICU), civil department, procurement department, stock office, income accrual office and technical support departments and their supervisors are among them. These findings demonstrate that middle level managers have effects on attention and decision making process of senior management (Ren and Guo, 2011). Examination of Table 4 indicates that individuals and departments driving manager's attention are of those that mostly they are responsible (Ocasio, 1997: 190). Besides, other individuals and departments having close to individuals and departments being responsible for are also highlighted.

First of the emphasis involved in individuals and departments that drives attention in hospital is to concentrate on relationships between patients/their relatives and hospital staff. For instance, problems of medical record clerks, emergency service and ICU staff with patients/their relatives sets an example to this case. A second example of component driving attention are problems that physicians with low technology adaptation level have with manager responsible of data processing unit. A third component having impact on attention of managers is though process of seeking legal remedy of staff against management. For example, remarks of eighteenth interviewee confirm this case.

Another finding reveals that managers have intense relationship with individuals, suppliers and organizations from out of hospital. For instance, problems having with suppliers in the process of service supplying affect intensely attention and time of managers. Once again, collaborations made to remove problems with organizations like municipalities have effect on managers. Other organizations affecting managers' attention and decision making process are complaining departments especially like Presidency's Communication Center to whom employees transmit their complaints. Yet another organization affecting managers is courthouse with their personnel demanding exceptional service.

Apart from these issues affecting attention of managers, certain processes such as R&D, innovation and best practices in different hospitals have positive effect on manager's attention as remarked by seventh interviewee. One manager of private hospital who is nineteenth interviewee remarks similar issues about following the latest developments and innovations affecting attention positively.

Marketing also emerged as an important variable for private hospitals. Managers in state hospitals didn't mention issues such as R&D and innovation at all. Another remarkable finding that managers of private hospital would see

public and private hospitals around as competitors. That case can be regarded as an important element driving attention of private hospitals managers

Existence of players specific to context draws attention apart from players stated in the model considering fundamental components of the model with examinations about players made up until now. For instance, there are players in the model such as politicians, bureaucrats, neighbors, compatriots, acquaintances and family members apart from those players who mentioned in the fundamental components of the model.

4.3. Structural Positions

Structural positions are social identities and roles that ensure decision makers relationship with other structural positions in and out of the organization and determine their functions and aspects. These positions guide decision-makers about how to think and act in organizations. Besides, they form negotiations, coordination and discussion in organization. Besides that, positions provide a hierarchical authority in resolution of conflicts relating subunit targets and in mobilization of resources (Ocasio, 1997: 197-198). These positions allow attention to be delivered to different department of the organization. They also enable decision-makers to focus their time and effort to certain problems and solutions, while ignoring others. Considering present study, duties of hospital managers in decision-makers position are within the scope of this group. For instance, current duties of chief physician officers/their deputies, administrative managers/their deputies, healthcare services managers/their deputies and support services and quality managers/their deputies which are the structural positions in public and university hospitals can be regarded within this scope. Directorate, finance, patient services and quality managers can be examined within this scope. These positions enable each manager to drive their attention to their area of responsibility, while ignoring others. For instance, while chief physician officers focusing issues relating physicians, they do not prioritize fiscal issues that much.

Table 5. *Theme, category, quotations and labels pertaining to structural positions*

T	C	Quotations derived from interviews	L
Attention Structures	**Structural Positions**	**According to the assignment done by chief physician**, we have a contact with the **Provincial Health Directorate** regarding the issues in the city of ….. We are dealing with macro issues with the Ministry of Health. For example, we cooperated with the ministry to establish Obesity Center and held many meetings. (I1)	**Structural Positions in and out of Hospital**
		Our most important problem I have seen is the situation stems from that we are supervisor on faculty members. Normally, the head of the faculty members in medicine faculty is the dean of the faculty. When a problem arises with the relevant faculty members, communication channels and their functioning are prolonged. (I1)	
		There were two deputy directors. Now there are Mrs. Kadriye and Mrs. Nuray. We have defined separate areas of responsibility for each. In this way, we were able to start looking at the events a little higher. We have defined the task area of each. (I1)	

Continuation of Table 5. *Theme, category, quotations and labels pertaining to structural positions*

T	C	Quotations derived from interviews	L
Attention Structures	**Structural Positions**	**At the management review meetings, we attended weekly, we found that the hospital experienced resource sharing problems among managers (decision makers) with different structural tasks**. In particular, it was observed that the manager of administrative and financial affairs and the manager of health care services directly interfere with each other's working area and remain in conflict. For example, manager of administrative and financial affairs can put pressure on the director of healthcare services and does not provide the necessary financial support residing his/her authority on the matters that require financial resources and that health care services must fulfill within the framework of health quality standards, efficiency and manager performance criteria. This situation directs the attention of the director of health care services to this problem and causes manager attention sharing problems (Observer).	**Structural Positions in and out of Hospital**
		I mostly meet with **responsible nurses** to carry out health services. Then there are administrative meetings we held for **coordination with the chief physician**. There are also meetings with the **Head Administrative Office**. (I2)	
		We have mainly information exchange meetings amongst administrative managers. In our meetings between executives, we consider financial issues as well as addressing all issues. Then we have administrative and medical meetings about the staff. (I6)	
		There is only one support and quality management in our province. We have problems in terms of being a decision mechanism in material supply since authority, budgets etc. are not fully defined. For example, we have certain obligations like preparing hospital emergency action plan etc. within the performance criteria of the managers. When the responsibility of the technical services, which were previously in the **support services management**, was given to the **administrative financial affairs management** after the task sharing, the works such as elevator maintenance, which was not done before saying that we have no money, started to be done faster. (I8)	
		Another issue that negatively affects the attention sharing patterns of the **chief physician and administrative financial affairs manager** is related to financial resources. For example, the head physician has problems in opening new outpatient clinics and buying new surgical instruments. The main source of the problems is that the manager of the financial affairs does not sign the tender approval document regarding the procurement and thus does not allow the procurement. In such a case, the chief physician tries to convince the director of administrative affairs. The attention and effort of the chief physician for a long time focuses on the realization of this purchase. This negatively affects the chief physician's attention to different areas. (Observer)	
		There are certain points that managers in Provincial Health Directorate wouldn't reach the reality regarding hospitals. They would make certain decisions that are disjointed the field and made with the manner of "I did it. It is ok." For example, in the last week they sent bills to all hospitals. But I see they have done wrong. We will send the invoices back. We have an income meeting there, they didn't mention it there. So if you asked first, why would you cut and send the bills just because it came to your mind? (I14)	

Continuation of Table 5. *Theme, category, quotations and labels pertaining to structural positions*

Attention Structures	**Structural Positions**	**We do a business that when looking from outside, one would think that "What is being done here". If 10 official letters come to the institution, six of them come directly to us. The seventh turns and finds us. We are asked about our opinion about the eighth. Although health services and administrative financial affairs seem to be separate from each other as an administrative structure, for instance, a drug, a bed sheet also in the ward are my issue. Therefore, things somehow turn to administrative financial affairs. (I15)**	**Structural Positions in and out of Hospital**
		Third also, the person on the intermediate channel may not agree with the person who give the order above. After all, if you are in a position to notify a topic to someone as a deputy director, and if you do not think in the same way with the manager, you would say "manager wants this". Otherwise, you would say "we decided like this as the administration, we want it to be this way". (I15)	
		Another observation of our in weekly management review meetings is the conflicts experienced in the management of human resources. For example, employees who are affiliated with administrative financial affairs go to the chief physician, who is at the top level, structurally and hierarchically, on issues where they cannot find a solution to their problems. In such a case, chief physician can make different decisions from administrative financial affairs and healthcare services managers using the authority of his status and structural position. This situation leads to conflicts and competition between other managers and chief physician. Conflict and competition negatively affect the attention sharing process of both the chief physician and the other managers. (Observer)	

Source: Developed by the authors.

Similarly, execution of nursing services is not focal point of administrative managers and their deputies. But sometimes, certain transitivity relating attention distribution amongst position could be seen. Quotations compiled from interviews is given in Table 5 in order to evaluate effects of actor or actor groups on attention of decision-makers. Effects of players on hospital managers or structural positions of them examined under the title of players. Thus, effects of hospital managers on each other's' attention is focused in this subheading.

Considering foundational components of the model, it appears that structural positions in hospitals or decision-makers are the elements driving each other's' attention. It is obviously seen that elements affecting attention amongst each other are rather on issues about sharing of fiscal resources. Additionally, communication and job share amongst managers are also amongst issues affecting attention sharing and attention focus. These problems amongst managers and structural positions can be evaluated within the frame of cooperation, competition, conflict and coalition relationships (Cyert and March, 1963). For instance, management revision meetings that managers made between each other can be handled within cooperation issues. Relationships of managers regarding financial and human resources management and sharing as for can be examined within the frame of competition, conflict and coalition relationships.

Quotations from eighth interviewee in Table 5 can be cited as harmonization of issues driving managers' attention with their area of

responsibility, and ignoring issues out of their area of responsibility. That finding is consistent with the premise of "what issues and solutions decision-makers mentioned in the fundamental components of the model focused and what they do depends on a definite context and condition that they find themselves in" (Ocasio, 1997). Another finding indicates that managers are exposed to excessive centralistic manners of the senior management team that occupy structural positions out of organization. Remarks of the fourteenth interviewee support this case: "There are certain points that managers in Provincial Health Directorate wouldn't reach the reality regarding hospitals. They would make certain decisions that are disjointed the field and made with the manner of 'I did it. It is ok.'". That finding indicates the effects of structural positions out of organization on attention patterns of managers in organization.

4.4. Resources

Resources are abstract and concrete set of assets that enable organizations to carry on their activities, to produce goods and services (Wernerfelt, 1984). Resources that are embedded in the standard operating processes (Cyert and March, 1963) and routines and capabilities (Nelson and Winter, 1982) of organization enable organization to survive and to fulfill their duties utilizing different common capabilities. Resources regarding the model can be collected under four title as human, physical, technological resources and financial capital (Ocasio, 1997: 198). Human resources can be regarded healthcare workers of different occupations, administrative personnel, physicians and other workers in terms of the present study. Hospital buildings, campuses, parking lots, warehouses are amongst the physical resources. And hardware used in informatics infrastructure, software and medical devices are amongst the technological resources. Finally, resources that enable sustainability of hospital and procurement of all inputs can be qualified as financial resources. Resources are assets both enabling organizations activities and restricts them because of their lack of. Quotations excerpted from interviews is given in Table 6 with the aim of evaluating the effects of actors or groups of actor on attention of decision-makers. Considering foundational components of the model, it is obviously seen that human, physical, technological and financial resources have intensely affect attention of managers of both public and private hospitals. Emphasis especially laid on inadequacy of resources makes resources a restrictive factor in terms of variables that direct managers' decision making and attention.

Discourse of the managers intensifies more on quality and quantity of human resources, considering resource categorization. It reflects on remarks of the managers that qualitative inadequacy of those resources would cause disruption of business and operations and create problems in technology usage.

Table 6. *Theme, category, quotations and labels pertaining to resource*

T	C	Quotations derived from interviews	L
Attention Structures	**Resources**	The most ***human resources occupy me***. I try to do things that will organize the team well. The work of the nurse and other healthcare professionals is mainly within my area of responsibility. (I1)	**Human Resources, Physical Resources, Technological Resources and Financial Capital**
		Mainly ***technological resources*** attract my attention and interest. I am more interested in processes for reducing physical strength. There are ***inadequacy of*** intensive care beds and ***physical space***. Units with a large patient circulation have problems. Since there isn't sufficient intensive care bed, we have to refer 30-35 patients in a month (I2)	
		Financial resources are where all types of resources are linked and resolved. If you have money, you do not have difficulty in obtaining all other resources. Nowadays, economic crisis is the most challenging issue. I use "Miamed" ***from technological sources***. I spend at least two hours a day here. I think the informatics infrastructure is very important. (I3)	
		Financial and physical resources are insufficient. In terms of technological infrastructure, there may be a problem between billing, income accrual and data processing and in relation to integration with SGK. In the data processing infrastructure, we see that an input transaction that should normally be blocked does sometimes take place in the records. For example, there may be a negative balance in the warehouses. Even if the user excess pulls out, the system should prevent this. (I4)	
		Physical inadequacies are among the factors that affect us the most. The hospital is getting bigger and bigger but the storage room remained the same. We keep our products in the corridors. For this reason, we are at risk of being stolen at any time. The next stage can be called the ***insufficiency of financial resources***. We mostly earn from the invoice we have issued to SGK. Expense is more than income. We always close the year-end with negative. Regarding ***physical inadequacy in warehouse areas***, because of having no new place, we send surplus of the products to the other campus and try to keep them there. (I5)	
		We have problems with the health directorate outside the hospital. In the end, we reach a compromise. It is also a ***money related problem rather than a communication problem. If we had Money we would get along quite well, but the currency fluctuations and the economic crisis are affecting us negatively. There are tensions between physical problems and professional groups. Especially stems from money. Low earner keeps his/her eyes on hand of high earner.*** Nurse earns 50-60 TL, physician earns 8.000-10.000 TL. If the other earns 1000 TL instead of 50-60, this sound will never be heard. Legislation is bad. ***In terms of data processing infrastructure, although our network is very good, our hardware is not very good***. (I6)	
		There is only one support and quality management in our province. ***We have problems in terms of being a decision mechanism in material supply since authority, budgets etc. are not fully defined. We make our planning at the beginning of every year, but we have never been the decision maker. In other words, there exists a situation like "we have drums but drumstick is on the hand of someone else"***. ….. ***Physical space inadequacy***. This reflects on bed problem, too. We are a 1000-bed hospital with three campuses. Every day, 20-25 people in the emergency room are waiting for the bed to be emptied. We divide many corridors and so on, even without a bed, by taking the service area. (I8)	

Continuation of Table 6. *Theme, category, quotations and labels pertaining to resource*

T	C	Quotations derived from interviews	L
Attention Structures	Resources	***Technological resources in the first place and human resources in the second place*** attract my attention. These two are closely interdependent, especially since the people who govern the technology regardless of how improve as it might. The ***inadequacy of the physical areas*** is a huge problem. For example, office furniture set given by state do not fit here. I use the office suite holdover my old clinic. A cardiologist was going to be given us, I was not able to find suitable place to set polyclinic. There is also ***serious shortage of financial resources***. (I11)	Human Resources, Physical Resources, Technological Resources and Financial Capital
		The most important is ***human resources***. These resources are also important, as people who require to enter data correctly and those who process it in financial and other issues. (I12)	
		Regardless of which technology and system you build; you produce a job through people. It is the ***human resource*** that is at the heart of everything here. The more sufficient this ***human resource*** is in terms of quality and quantity, the more service you can provide. (I15)	
		Administrative or financial reports that have an impact on managerial decision-making are generally obtained from ***technological sources***. Therefore, I think ***technological resources*** are more important. ***Physical insufficiency*** causes insufficiency in both clinical and administrative fields. Since subcontractor service is not available, staff shortage becomes a problem. Since there are not so many assignment, ***shortage of personnel*** is an important problem, especially in general support services. (I16)	
		Due to the ***insufficiency of physical areas***, we may have to have several inpatient wards in the same unit. (I17)	
		We have serious problems with the quality and quantity of ***human resources***. For example, there are person-based disabilities. We have trouble cleaning staff. During the transition to permanent worker, we have loss about 17%. In addition, 14 specialist physicians have gone. Other than that, there is a renowned serious problem with the x-ray technician. I have a nurse problem in intensive care units. (I18)	
		I have serious problems because my number of bed is inadequate and I cannot physically eliminate this. (I19)	
		Now, sharing the data wirelessly with both the physicians and our staff makes our work very easy. In addition, we want to follow ***technological innovations*** at the rate of our budget. First of all, we spend a lot of money ***on cyber security. Data security*** is very important to us. We are making choices regarding medical devices of those which will meet ***technology*** level that will be able to serve us not today even being integrable 5-10 years later. At the same time, besides competing with private hospitals, we become ***competitive with city hospitals and other public hospitals***. We also focused on ***health tourism***. You have to meet certain standards in order for the patient to prefer you both on ***social media and health tourism***. Especially for health tourism, we have established an infrastructure for this, from translators, transfer services, even those who desire (especially for accompanying people) to the touring of touristic places. We have now established a directorate. ***We have created an international health services and corporate marketing department.*** (I20)	

Source: Developed by the authors.

It also appears that remarks of the managers in subjects related inadequacy of physical resources head rather towards inadequacy of physical space and problems resultant from that. For instance, there are serious problems relating

ICU beds and storage space in hospitals. It can be stated that inadequacy of the ICU beds would increase referral rates and cause severe patient safety problems because of time lost in search for nearest available ICU bed. It also be stated that inadequacy of storage space would severely pose a problem in material safety. Hospital managers state that technological resources would both positively and negatively affect processes, routines and operations. Quality of human resources using technology and adaptation of them to technology is particularly highlighted with technological resources. Finally, elements affecting attention with regard to financial resources seem to be focused on economic crises. Unexpected economic crisis driving attention of managers is consistent with the study of Rerup (2009) unexpected crises driving attention of managers.

All of resources types affects attention of managers in the subjects of attention focus, attention sharing and attention fluctuation, considering components of the model. It can be stated as the key contextual finding of the model in that subject is not defining of the authority of the decision-makers about management of resources with hard limits. That case stems from poor or inadequate institutional regulations (Peng, 2002; 2003). Inadequate institutional regulations prevent resources to be used efficiently and effectively. That prevention then brings about hospital inefficiency. It demonstrates that of an element drive in attention and resembling each other between public and private hospitals concentrate on emphasis to inadequacy of physical space. A finding on the other hand differentiating each other between public and private hospitals is on the subject of technological resources. Managers of public hospitals highlight on importance of technological resources, qualification of people using them and inadequacy of them. Emphasis of managers of private hospitals intensify to technology, adaptation and internalization of technology and competition conducted against public hospitals. Additionally, private hospital managers indicate different those from public hospitals that they further intensify on the subjects relating healthcare tourism, use technology at the utmost level in this issue and create a new department reorganizing organizational structure with regard to the subject.

Conclusion

To explain briefly the conclusions of the study on the basis of findings, firstly it can be stated that the managers voice serious complaints relating formal/informal rules of the game. Particularly poor and inadequate institutions cause problems of attention sharing and not to be able to focus of attention in managers (Kahneman, 1973; Ocasio, 2011). Secondly players being one of the attention structures are actors that affect positively or negatively managers both in and outside of the hospital. Findings demonstrate that positive sides of the relational density which managers experienced with players are lesser. Negative sides of the relational density then render planning, evaluation, execution, organization and inspection functions of the managers inoperable. Effects of

divergent actors and players on bounded attention of managers (Ocasio, 1997; Simon, 1947) prevents organizations to develop a long term perspective.

Thirdly the current structural positions of the managers are seen as an important variable that directs the attention of the managers among each other. This situation arises from the presence of matrix management structure in hospitals. In other words, the existence of more than one executive position whose responsibilities and powers are intertwined causes this situation. Tensions between these tasks and positions reveal distractions in managers regarding the management and sharing of concrete and abstract resources. Fourthly the results obtained regarding the resources show that the administrators make serious emphases on financial inadequacy due to the economic crisis. It is seen that all managers have a common opinion especially regarding human resources, physical resources and insufficient financial resources.

Finally after the explanations made so far, ABV about the basic components of the original contribution of this study is to provide evidence supported the context of Turkey. Previous studies in this area mainly focus on organizations operating in Western developed markets and little is known about what ABV in developing economies. It is meaningful to support the ABV developed in the context of the developed country with the findings in the context of the developing country. Besides giving findings specific to the context of Turkey, the other can be expressed as an original contribution to the study.

Future research can focus on two different topics. First, what are the individual variables that limit and facilitate attention? For example, how do the factors such as individuals' psychological problems, emotions, heuristics and biases (Kahneman et al., 1982), personality traits, historical backgrounds, education, and motivation affect the attention of managers? can be the subject of research. The second point is that this view emphasizes the structural variables that affect the attention of decision-makers and is a static model (Barnett, 2008). For this reason, explanations of the model about the variables that affect the attention of the managers in a certain period of time remain limited. Subsequent studies may focus on the effects of components that affect managers' attention patterns over time. Within the framework of this focus questions such as “How do the attention patterns of managers change over time?” can be subject to research.

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