



A 40-Year Bibliometric Analysis of Intensive Care-Themed Anesthesiology Specialization Theses in Turkey (1984–2025)

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Abstract

Background: Intensive care medicine holds a significant place within the specialty of anesthesiology and reanimation. Medical specialization theses prepared in this field offer valuable academic outputs that reflect the changes in clinical practice and academic orientations over time. However, studies that comprehensively examine intensive care-themed anesthesiology and reanimation specialization theses in Turkey are limited. This study aims to evaluate the temporal, thematic, and structural characteristics of these theses.

Materials and Methods: This retrospective, cross-sectional, and bibliometric study includes anesthesiology and reanimation specialization theses with an “intensive care” theme, registered in the National Thesis Center of the Council of Higher Education (YÖKTEZ) database between 1984 and 2025. The theses were analyzed in terms of year of preparation, number of pages, advisor’s academic title, accessibility status, geographical distribution, research method, and thematic focus. The data were evaluated using descriptive statistics and appropriate comparative tests.

Results: A total of 464 theses were included in the study. The majority of the theses were prepared during the 2016–2025 period, and a significant increase in the average number of thesis pages over time was observed ($p < 0.001$). The rate of open-access theses has markedly increased in recent years ($p < 0.001$). In terms of topic distribution, temporal differences were noted in the areas of sedation/delirium and organization/COVID-19.

Conclusion: In Turkey, intensive care-themed specialization theses reflect an increase in academic output and evolving clinical priorities over time. This study provides a guiding framework for future thesis planning and research in the field.

Keywords: Intensive care, medical specialization thesis, bibliometric analysis, anesthesiology and reanimation, National Thesis Center of the Council of Higher Education (YÖKTEZ)

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Introduction

Intensive care medicine is one of the most critical and multidisciplinary fields of modern healthcare and has undergone a significant scientific transformation over the past three decades, driven by advancements in clinical practices, organ support therapies, and patient management strategies. In Turkey, intensive care services are largely structured within the specialty of anesthesiology and reanimation, making the specialization theses prepared in this field a key academic reflection of national clinical practice.

Therefore, specialization theses accessible through the National Thesis Center of the Council of Higher Education (YÖKTEZ) serve as a valuable data source for monitoring the quantitative and thematic evolution of academic output in the field of intensive care in Turkey [1]. The Regulation on Medical Specialization Training emphasizes that specialization theses are not merely a graduation requirement but also important academic outputs that document the scientific orientations and research priorities of the field [2]. In this context, the thesis topics, methodological choices, advisor profiles, and accessibility statuses provide meaningful insights into the direction of a country's healthcare services and academic productivity.

Document analysis is a robust method that enables the systematic and multidimensional examination of academic texts and is frequently used in thesis review studies. In Turkey, document analysis-based studies that evaluate the thematic and methodological characteristics of postgraduate theses across various disciplines are exemplified by the research of Özenç EG et al. [3]. Similarly, in the field of medicine, there are comprehensive bibliometric studies evaluating theses prepared in different specialties. Studies on cardiovascular surgery theses [4], radiology theses [5], thoracic surgery theses [6], medical parasitology theses [7], and comprehensive evaluations of anesthesiology and reanimation theses [8] have made significant contributions to this body of literature. These analyses have revealed trends in national scientific production by examining variables such as the distribution of theses by year, topic trends, advisor

titles, research methods, geographical distribution, and publication rates [3–8]. However, it is noteworthy that the current literature lacks a study that holistically examines theses focused specifically on “intensive care” within the anesthesiology and reanimation specialty in terms of thematic, methodological, and institutional aspects. Given the increasing complexity of intensive care practice today, a systematic evaluation of theses in this field is essential to identify the strengths and weaknesses of academic production, reveal research trends, and guide future research directions.

The aim of this study is to examine medical specialization theses that include the theme of “intensive care” within the field of anesthesiology and reanimation in Turkey, using document analysis and bibliometric methods. The study seeks to evaluate the temporal distribution, thematic trends, methodological approaches, advisor titles, institution types, geographical characteristics, and accessibility status of these theses. Within the scope of the research, the preparation years, subject areas, and methodological features of the theses are analyzed in ten-year periods to reveal the evolution of academic production in the field of intensive care in Turkey over time, and to provide a guiding framework for future research directions.

Materials and methods

This study was designed as a retrospective, cross-sectional, bibliometric, and document analysis-based investigation of medical specialization theses on the subject of “intensive care” prepared within the field of anesthesiology and reanimation in Turkey, covering the period from 1984 to 2025. The study data were obtained from the open-access thesis database of the National Thesis Center of the Council of Higher Education (YÖKTEZ) (<https://tez.yok.gov.tr/UlusalTezMerkezi>). The data collection process and thesis analysis were completed as of September 2025.

During the search process, the advanced search screen of the YÖKTEZ system was first used to perform a query using the keyword “intensive care”, without applying a restriction on thesis type. Among the retrieved theses,

those recorded as “Medical Specialization Theses” were selected. In the next step, theses that specified “Anesthesiology and Reanimation” as the department in the “Department” field were filtered. Theses that met these criteria were included in the study, while those that did not meet the criteria or were thematically irrelevant were excluded. All theses were independently assessed by two researchers to determine their eligibility, and the review process was conducted using the document analysis approach [7]. In cases of disagreement between the researchers, a consensus-based decision-making method was applied.

The theses included in the study were categorized and analyzed using a systematic approach based on a set of descriptive variables. The year of preparation and total number of pages of each thesis were recorded. The academic titles of the thesis advisors were classified as professor, associate professor, assistant professor (Dr. Lecturer), and other academic titles. The accessibility status of each thesis was evaluated as either open access or restricted access. In addition, the geographical distribution of the institutions where the theses were prepared was classified according to Turkey’s regions, including Marmara, Aegean, Central Anatolia, Black Sea, Mediterranean, Southeastern Anatolia, and Eastern Anatolia.

In terms of research methodology, the theses were categorized as retrospective, prospective, experimental, review, and other types of research. The thesis topics were grouped under intensive care themes, including sepsis/infection, mechanical ventilation, sedation/delirium, nutrition/metabolism, hemodynamics/electrolytes, scoring systems/mortality, organ failures, organization/COVID-19, and other intensive care topics. To assess changes over time, the theses were divided into four decade-based time periods—1984–1995, 1996–2005, 2006–2015, and 2016–2025—and analyzed in 10-year intervals. The collected data were transferred to Microsoft Excel and analyzed using descriptive statistical methods.

Statistical Analysis

The data obtained in this study were analyzed using descriptive and comparative statistical methods. Continuous variables were expressed as mean \pm standard deviation, while categorical variables were presented as frequency and percentage. Continuous variables were assumed to be normally distributed. For comparisons between time periods, one-way analysis of variance (ANOVA) was used for continuous variables, and the distribution of categorical variables across periods was evaluated using the chi-square (χ^2) test. For variables with mutually exclusive categories, a single statistical test was applied and one p-value was reported per variable. All statistical tests were conducted two-tailed, and a p-value < 0.05 was considered statistically significant. Statistical analyses were performed using IBM SPSS Statistics (Version 25; IBM Corp., Armonk, NY, USA). Microsoft Excel was used for data organization.

Results

As a result of the search strategy applied in this study, an initial search of the YÖKTEZ database using the keyword “intensive care” yielded a total of 2731 thesis records. When the results were filtered to include only those classified as “Medical Specialization Theses,” the number decreased to 1425. Following the application of an additional filter for the “Anesthesiology and Reanimation” department, a total of 464 theses were identified for inclusion in the analysis. Among the reviewed theses, the earliest dated work was from 1984, which was accepted as the starting point of the study period. When the distribution of theses across ten-year periods was examined, theses prepared between 1984 and 1995 accounted for 1.07% of the total ($n = 5$), followed by 5.61% in the 1996–2005 period ($n = 26$). A marked increase in thesis production was observed during the 2006–2015 period, during which 30.17% of the theses were prepared ($n = 140$), while the highest proportion was recorded in the 2016–2025 period, comprising 63.15% of all theses ($n = 293$). Figure 1 illustrates the temporal distribution of thesis production, and detailed results of the period-based comparisons are presented in Table 1.

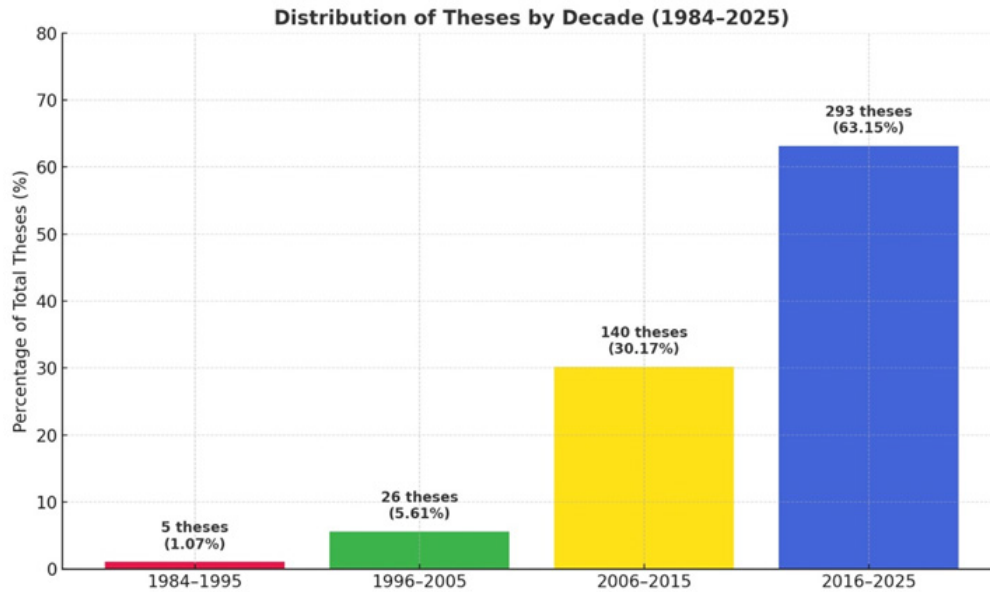


Figure 1. Distribution of Intensive Care-Related Anesthesiology and Reanimation Specialization Theses Across Decade-Based Periods (1984-2025)

Table 1. Distribution and Characteristics of Intensive Care-Related Anesthesiology and Reanimation Specialization Theses by Period

Parameters	1984-1995 n=5	1996-2005 n=26	2006-2015 n=140	2016-2025 n=293	P*
Page Count, mean ± SD	60.4 ± 21.3	56.85±10.62	66.37±17.58	71.99±18.90	p < 0.001
Advisor's Academic Title					
Professor, n (%)	-	16 (61.55)	67 (47.86)	168 (57.34)	0.019
Associate Professor, n (%)	-	7 (26.93)	39 (27.86)	79 (27.96)	0.57
Assistant Professor (Dr. Lecturer), n (%)	-	1 (3.84)	19 (13.57)	25 (8.53)	0.053
Specialist Physician, n (%)	1 (20)	1 (3.84)	15 (10.71)	21 (7.17)	0.27
Unknown, n (%)	4 (80)	1 (3.84)	-	-	< 0.001
Accessibility Status of the Thesis					
Open Access, n (%)	-	5 (19.23)	130 (92.86)	292 (99.66)	< 0.001
Restricted Access, n (%)	5 (100)	21 (80.77)	10 (7.14)	1 (0.34)	
Geographical Region					
Marmara Region, n (%)	3 (60)	12 (46.16)	41 (29.29)	127 (43.34)	0.026
Aegean Region, n (%)	2 (40)	7 (26.92)	27 (19.29)	39 (13.31)	0.052
Central Anatolia Region, n (%)	-	2 (7.69)	23 (16.43)	60 (20.48)	0.070
Mediterranean Region, n (%)	-	4 (15.39)	12 (8.57)	20 (6.83)	0.214
Black Sea Region, n (%)	-	1 (3.84)	9 (6.43)	12 (4.09)	0.63
Eastern Anatolia Region, n (%)	-	-	10 (7.14)	15 (5.12)	0.448
Southeastern Anatolia Region, n (%)	-	-	18 (12.85)	20 (6.83)	0.047
Research Method					
Prospective Study, n (%)	4 (80)	18 (69.23)	76 (54.29)	152 (51.88)	0.071
Retrospective Study, n (%)	1 (20)	8 (30.77)	64 (45.71)	141(48.12)	
Experimental Study, n (%)	-	-	-	-	-
Distribution by Topic					
Sepsis/Infection, n (%)	0	5 (19.23)	23 (16.43)	39 (13.31)	0.53
Mechanical Ventilation, n (%)	1 (20)	3 (11.54)	13 (9.29)	18 (6.14)	0.37
Sedation/Delirium, n (%)	2 (40)	6 (23.08)	14 (10)	8 (2.73)	0.001
Nutrition/Metabolism, n (%)	1 (20)	3 (11.54)	11 (7.86)	18 (6.14)	0.39
Hemodynamics/Electrolytes, n (%)	0	-	10 (7.14)	30 (10.24)	0.173
Scoring Systems/Mortality, n (%)	1 (20)	5 (19.23)	30 (21.43)	62 (21.16)	0.99
Organ Failures, n (%)	0	1 (3.84)	17 (12.14)	16 (5.46)	0.068
Organization/COVID-19, n (%)	0	-	1 (0.71)	44 (15.02)	< 0.001
Other Topics, n (%)	0	3 (11.54)	21 (15)	58 (19.80)	0.147

* One-way ANOVA and χ^2 test; n: Number; P <0.05= Significance level; SD: Standard Deviation.

Comparative Analysis of Thesis Characteristics by Period

When the number of pages of the theses was compared across time periods, a statistically significant difference was observed in the mean page count between periods ($p < 0.001$). In the comparison of academic titles of thesis advisors, a statistically significant difference was found in the proportion of theses supervised by Professors across the periods ($p = 0.019$). However, no significant differences were found in the proportions of theses supervised by Associate Professors and Specialist Doctors ($p = 0.57$ and $p = 0.27$, respectively). While a borderline trend was observed for theses supervised by Assistant Professors it did not reach statistical significance ($p = 0.053$).

In contrast, the distribution of theses with unknown advisor titles (classified as “Unknown”) showed a statistically significant difference between periods ($p < 0.001$).

Regarding the accessibility status of the theses, there was a statistically significant difference in the proportion of open-access theses across the different periods ($p < 0.001$).

Regional and Methodological Distribution of Theses

When the geographical distribution of the theses was examined, a statistically significant difference was observed in the proportion of theses from the Marmara Region across different periods ($p = 0.026$). For the Aegean and Central Anatolia Regions, borderline trends were noted, although the differences did not reach statistical significance ($p = 0.052$ and $p = 0.070$, respectively).

No significant differences were found in the thesis proportions from the Mediterranean, Black Sea, and Eastern Anatolia Regions across the time periods ($p > 0.05$). However, the distribution of theses from the Southeastern Anatolia Region showed a statistically significant difference across periods ($p = 0.047$).

Regarding the research methodologies employed in the theses, no statistically significant difference was observed between periods in terms of prospective and retrospective study designs ($p = 0.071$). Notably, no thesis with an

experimental study design was found across the analyzed time periods.

Thematic Distribution of Theses

When comparing the distribution of theses according to their thematic focus, statistically significant differences were observed across time periods for theses classified under sedation/delirium and organization/COVID-19 ($p < 0.001$).

For the other thematic categories, no statistically significant differences were found between periods ($p > 0.05$).

A borderline trend was noted for theses related to organ failure, but this difference did not reach statistical significance ($p = 0.068$).

Discussion

The periodical evaluation of intensive care-themed medical specialization theses in the field of anesthesiology and reanimation in Turkey reveals the quantitative and thematic transformation of academic production over time. In particular, the marked increase in thesis production since the mid-2000s appears to parallel the expansion of academic activities and the transition toward a more systematic structure in the field of anesthesiology and reanimation. Indeed, a bibliometric analysis by Özdemir et al. reported that specialization theses in Turkey have gained a more organized structure in recent years, with a notable expansion in the diversity of research topics [9]. Similarly, in Yıldız’s study, it was emphasized that academic publications in the field of anesthesiology have increased since the 2000s, and that open access opportunities have been a key factor supporting this growth [10].

In this context, the observed increase in intensive care-themed theses is considered to be part of the broader structural transformation reflected in the overall upward trend of medical specialization theses in Turkey. Another possible underlying reason for this increase is the notable expansion in the number and service capacity of intensive care units in Turkey over time [11].

In our study, when evaluating the structural characteristics of the theses, a notable finding was the increase in average page count in the most recent period. This suggests that theses have become more detailed and in-depth not only in quantity, but also in terms of content and scope. This trend in academic production may be associated with the increasing diversification of subspecialty topics within the field of anesthesiology and the growing specificity of research questions. In fact, a recent bibliometric analysis by Wu et al. demonstrated that research in the field of anesthesiology has significantly expanded both in volume and thematic depth, with intensive and detailed scientific output even in relatively narrow subfields such as nerve blocks [12]. In this context, the increase in thesis page count can be interpreted as consistent with the broadening scope and growing methodological complexity of academic work conducted in the field of intensive care.

When analyzing the distribution of academic titles of thesis advisors, a clear trend of change over the periods was observed. In particular, the increased proportion of advisors holding the titles of Professor and Associate Professor in recent years suggests that thesis studies are now being conducted within a more institutionalized and academically rigorous framework. Previous thesis analyses in the field of anesthesiology and reanimation have similarly reported that the majority of advisors hold senior academic titles, which has been interpreted as a natural outcome of the long training period and high level of expertise required in the field [8]. Likewise, studies examining cardiovascular surgery specialization theses have shown that thesis advisors predominantly have higher academic titles [4]. Although the proportion of theses supervised by specialist doctors appeared relatively high in the early periods of our study, this finding is likely linked to the very low absolute number of theses in that era and was not statistically significant (see Table 1). Such proportional fluctuations due to small sample sizes are methodologically expected in early-period data and should be interpreted with caution. On the other hand, the quality of the supervision process has previously been shown to significantly influence both the academic depth and the scientific output of theses. In this regard, Bothra et al. reported that structured supervision and training

in thesis writing significantly improved postgraduate students' academic competencies and the overall quality of their theses [13].

In this context, the temporal shift in the academic titles of thesis advisors is considered a key factor that is reflected in the structural and scientific quality of intensive care-themed specialization theses.

The findings related to the open access status of theses indicate a clear and statistically significant change across the study periods. While in the earlier periods the majority of theses were largely restricted from access, there has been a marked increase in open access availability since the 2010s. This shift should be interpreted not as a change in the scientific content of the theses, but rather as a structural transformation resulting from the digitization of national thesis databases and the strengthening of open access policies over time. The rise in open access is widely regarded as a positive development in terms of promoting scientific transparency and enabling broader dissemination of academic knowledge. In fact, Kakar and colleagues demonstrated that the open accessibility of theses in national databases can significantly influence the likelihood of these works later being converted into published articles [14]. Therefore, the increasing open access rates observed in our study likely reflect a systemic improvement that enhances the visibility and potential academic impact of intensive care-themed specialization theses.

When examining the geographical distribution of the theses, it was observed that the Marmara Region consistently produced the highest number of intensive care-themed specialization theses across all time periods. This finding can be associated with the concentration of academic and clinical infrastructure in major cities and reference centers in Turkey. Similarly, studies analyzing cardiovascular surgery specialization theses have also reported that a significant portion of theses originate from large urban centers [4]. On the other hand, the increasing proportion of theses prepared in the Aegean, Central Anatolia, and Southeastern Anatolia Regions in later periods suggests that academic production has gradually become more geographically widespread over time.

Bibliometric thesis analyses conducted in various medical specialties in Turkey have also noted a trend of regional centralization in academic output, while highlighting that contributions from peripheral regions have increased in recent years [7]. A comprehensive review on the regional distribution of anesthesiology workforce similarly reported that academic and clinical capacity remains concentrated in large centers, although a partial shift in this balance has been observed over time [15]. The regional distribution pattern observed in our study is thus considered a structural feature that reflects the spatial distribution of healthcare services and academic human resources in Turkey.

When examining the distribution of theses by research methodology, no statistically significant difference was found between periods in terms of the proportions of prospective and retrospective studies. However, it was observed that prospective studies were relatively more common in the early periods, while the proportion of retrospective studies gradually increased in later years. This pattern suggests that the two study designs are not mutually exclusive but rather reflect a shifting emphasis over time. A similar trend was reported in a bibliometric analysis of radiology specialization theses in Turkey, which showed that the majority of theses were retrospective in design, and that this proportion increased over time [5]. Likewise, thesis analyses conducted in the fields of cardiovascular surgery [4] and thoracic surgery [6] also emphasized the dominance of retrospective studies. This has been attributed to factors such as easier access to clinical data, time constraints, and limited research resources.

A noteworthy finding in our study is the absence of theses with an experimental study design across all examined periods. This may be attributed to the ethical, logistical, and infrastructural limitations inherent in conducting experimental research within intensive care settings. Indeed, thesis analyses conducted in surgical and interventional disciplines have also reported that experimental studies are documented at very low rates [4, 7]. In this context, our findings suggest that while the research methodologies in intensive care-themed anesthesiology and reanimation specialization theses

have remained structurally consistent over time, there has been a growing shift toward retrospective designs, in alignment with the practical realities of clinical practice.

When the temporal distribution of thesis topics is evaluated collectively, it becomes evident that in the early periods, due to the limited sample size, thesis themes clustered around more “core” or foundational intensive care topics. In subsequent decades, as clinical practice matured, thesis topics expanded to include more specific and current issues. The lack of statistically significant differences over time in the themes of sepsis/infection and mechanical ventilation may be attributed to the persistent and timeless relevance of these topics in intensive care practice. Apparent percentage variations—especially in early periods—can be methodologically expected and explained by the very small absolute number of theses in those years (e.g., $n = 5$).

In contrast, the statistically significant change observed in the theme of sedation/delirium ($p = 0.001$) suggests that this topic became a dominant research focus for a particular period. The relative decline in later years may reflect the standardization of sedation practices and a shift in research attention to other critical issues. Although no statistically significant changes were found in the nutrition/metabolism category, the clinical importance of nutrition-related complications—especially aspiration pneumonia in enteral feeding—is well documented in the literature. Consequently, the safe implementation of feeding strategies remains a continuing focus of academic interest, including in thesis research [16]. In this context, the ongoing presence of nutrition/metabolism theses throughout the study period provides a rational basis for developing future research that focuses on more refined outcomes, such as aspiration risk, achievement of nutritional goals, and clinical endpoints.

The significant increase in theses classified under the organization/COVID-19 theme ($p < 0.001$) clearly demonstrates that thesis topics are responsive not only to clinical needs but also to acute health crises and system-level demands. Indeed, numerous studies focusing on COVID-19 patients in intensive care have aimed to predict prognosis and develop effective clinical strategies [17, 18]. Taken together, these findings indicate that thematic

shifts over time reflect the evolving priorities of intensive care practice within anesthesiology and reanimation in Turkey. Furthermore, this study provides a reference framework that can be used in future thesis planning and research design to justify which topics emerged during which periods and why.

Limitations

This study has several limitations. First, the research was designed using document analysis and bibliometric methods; therefore, the methodological quality, sample sizes, and clinical outcomes of the theses were not evaluated in detail. As a result, the findings reflect the structural and thematic characteristics of the theses rather than their content depth. Second, the limited number of theses from early periods may have caused some proportions to appear relatively high or low, potentially leading to statistical fluctuations in period-based comparisons. Third, the thematic classification of the theses was based on titles, abstracts, and key descriptive data, which inevitably led to generalizing certain theses under broader categories.

Nevertheless, despite these limitations, this study offers a comprehensive and longitudinal evaluation that reveals long-term trends in intensive care-themed specialization theses within the field of anesthesiology and reanimation in Turkey.

Conclusion

This study demonstrates that intensive care-themed medical specialization theses within the field of anesthesiology and reanimation in Turkey have shown a significant quantitative increase between 1984 and 2025, accompanied by a thematic and structural transformation.

In particular, the acceleration in thesis production since the mid-2000s appears to align with the increase in the number of intensive care units, the growing complexity of clinical practice, and the shift of academic output into a more institutionalized framework.

When the thesis topics are examined, it is evident that core areas of intensive care practice—such as sepsis, mechanical ventilation, and mortality have demonstrated continuity across all time periods. In contrast, topics such

as sedation/delirium and organization/COVID-19 have emerged more prominently in response to period-specific clinical priorities and acute health crises.

In addition, observed changes in advisor academic titles, thesis page counts, and open access rates suggest that thesis projects have become more structured, visible, and comprehensive over time.

When these findings are evaluated collectively, it can be said that intensive care-themed specialization theses are not merely individual academic requirements, but also serve as significant academic outputs that reflect the shifting clinical and systemic priorities of intensive care practice in anesthesiology and reanimation in Turkey.

The period-based trends revealed by this study are expected to provide a guiding reference for future thesis planning and research in terms of topic selection, methodological approach, and academic strategy.

Ethics / Informed Consent

This study did not require ethical committee approval, as it was conducted using data obtained solely from publicly available sources. No individual-level data, personal identifiers, or confidential information were accessed or analyzed at any stage of the research.

Data Availability Statement

The data supporting the findings of this study were obtained from the publicly accessible database of the Council of Higher Education National Thesis Center (YÖKTEZ). All data analyzed are available through this open-access platform, and no additional or proprietary datasets were created or used in the course of the study.

Disclosure

The authors report no financial, personal, or professional relationships that could be perceived as influencing the design, conduct, or reporting of this study.

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