



INVESTIGATION OF THE PERCEIVED CORPORATE IMAGE AND ORGANIZATIONAL COMMITMENT OF NURSES AND MIDWIVES

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Abstract: This study aimed to examine the relationship between the perceived corporate image and organizational commitment levels of nurses and midwives working in a public hospital. A descriptive information form, the Perceived Corporate Image Scale (based on the Model of Organizational Identification), and the Organizational Commitment Questionnaire were used to collect data from a sample of 225 nurses and midwives. Data were analyzed using numbers, percentages, means, internal consistency coefficients of scales, t-test, analysis of variance, Kruskal Wallis-H test, Mann-Whitney U test, and Spearman's correlation test. The results were evaluated at the 0.05 significance level. The study group had a high mean score in perceived corporate image (3.32 ± 0.78), moderate mean scores in organization commitment (3.77 ± 0.97), affective commitment (3.97 ± 1.34), and continuance commitment (3.86 ± 1.13), and a low mean score in normative commitment (3.49 ± 1.34). There was a moderately significant positive correlation between perceived corporate image and organizational commitment ($r = 0.435$), affective commitment ($r = 0.423$), and normative commitment ($r = 0.418$). In today's competitive environment, it is recommended to focus on studies aimed at increasing the organizational commitment of employees and improving their perceived corporate image to maintain the continuity of healthcare services and gain organizational benefits.

Keywords: Nurses, Midwives, Nursing management, Organizational commitment, Public hospitals

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1. Introduction

Corporate image represents all the attitudes, behaviors, and beliefs formed in the minds of a target audience about an organization based on feelings, thoughts, and information concerning that institution or its elements as a result of interactions (Alkibay and Ayar, 2013). A corporate image is important for both internal and external stakeholders (Çınaroğlu and Şahin, 2012; Kolade et al., 2014). An organization having a good corporate image and its employees having a positive perceived corporate image increase the organizational commitment levels of its employees, allowing them to work more efficiently, attracting highly qualified personnel, increasing employee's retention levels, and providing it with a competitive advantage against other institutions serving in the same field (Bozkurt and Yurt, 2013; Tatar Baykal and Türkmen, 2014; Çetin and Tekiner, 2015; Tran et al., 2015).

In healthcare institutions, corporate image has many important functions, such as guiding the future distribution of resources and providing an idea on how to determine organizational priorities. The management of the corporate image also has an effect on patients' choice of healthcare institutions (Çınaroğlu, 2015). It has been

reported that institutions with a negative corporate image are not preferred by patients, suppliers, or healthcare professionals (Kim et al., 2012).

Organizational commitment, referring to the strength of attachment that an employee feels toward the institution at which they work, is another concept with an increasing importance for organizations (Demir and Türkmen, 2014; Eren and Demirgöz Bal, 2015; Çınar and Yeşil, 2016). Organizational commitment has many positive effects on employee behavior, such as their acceptance of the institution, seeing themselves as a part of the institution and considering this favorable, making voluntary sacrifices for the institution, and voluntarily taking a role in the promotion of the institution to the external target audience (Öztop, 2014; Rahati et al., 2015).

A low level of organizational commitment in the health sector can cause employees to feel that they are not cared about by the institution in which they work as a result of not seeing themselves as a part of the organizational structure or not having the opportunity to participate in decisions, and this may lead to a decrease in their motivation and performance (Ayden and Özkan, 2014). In addition, it has been reported that employees with low organizational commitment have increased negative



behaviors, such as arriving at work late, absenteeism, and leaving the institution (Öztop, 2014; Hoş and Oksay, 2015). Since this will negatively affect institutional performance, hospital managers should regularly evaluate the organizational commitment levels of their employees and take measures to increase these levels (Ayden and Özkan, 2014).

In the literature, it has been shown that work experience variables, such as opportunities for career advancement, participation in decision making, reward systems, and equality in workload are associated with increased organizational commitment (Dorgham, 2012). In addition, demographic characteristics, including age, gender, race, and socio-economic status (Balay, 2012; Özcan and Akdoğan, 2015), and some personal variables, e.g., intrinsic motivation, achievement motivation, and psychosocial characteristics (Öztop, 2014; Eren and Demirgöz Bal, 2015) have been reported to affect organizational commitment.

In terms of the subdimensions of organizational commitment, the clear expression of corporate goals, openness of management to employees' suggestions and their participation in decisions, clearly defined roles and responsibilities, corporate reliability, equality, and other factors making employees feel important have been associated with affective commitment; availability of other job alternatives, educational level, individual investment, and pension premiums with continuance commitment; and employee's individual feelings with normative commitment (Balay, 2012; Öztop, 2014; Tatar Baykal and Türkmen, 2014).

It has been reported that sufficient access to technological facilities and resources, opportunities provided for employees to participate in decisions taken by the management, feedback given on the work completed, and management having an effective vision are among characteristics that make an institution more attractive for employees (Balay, 2012). These concepts related to corporate image present as important factors affecting organizational commitment (Taşçı, 2014).

In light of this information, this study was conducted to determine the relationship between the perceived corporate image and organizational commitment of nurses and midwives working in a public hospital.

The research questions were as follows;

- What are the perceived corporate image levels of nurses and midwives?
- What are the organizational commitment levels of nurses and midwives?
- Is there a relationship between the perceived corporate image and organizational commitment levels of nurses and midwives?

2. Materials and Methods

This study was conducted with a descriptive and analytical design between February and May 2016. A total of 468 individuals, including 363 nurses and 105

midwives, working in a public hospital constituted the study population. Using the sampling formula for a known population, the required sample size was calculated as 212 people with a 5% margin of error and at the 95% confidence interval. Considering the possibility of data loss, the data collection tool was administered to 235 individuals who volunteered to participate in the study and were not on paid/unpaid, pregnancy, maternity, or medical leave during the study period. After excluding those with incomplete data, 225 individuals were included in the sample. Research data were collected using a data collection tool consisting of a total of 36 questions in three parts: a descriptive information form, the Perceived Corporate Image Scale (PCIS), and the Organizational Commitment Questionnaire (OCQ).

2.1. Descriptive Information Form

This form constituted the first part of the data collection tool and was prepared by the researchers in line with the relevant literature data (Bayın and Önder, 2014). It included 11 questions related to the participants' socio-demographic characteristics, such as age, gender, and marital status, as well as duration of employment in the current institution, employment unit or position, and working schedule.

2.2. Perceived Corporate Image Scale (PCIS)

This is an instrument adapted to Turkish by Gürbüz (2010) from the Model of Organizational Identification developed by Mael and Ashforth (1992). It consists of seven statements evaluated based on a five-point Likert-type scoring. Negative questions in items 5 to 7 are reverse scored. The internal consistency reliability coefficient (Cronbach Alpha) of the scale is 0.83. A high score from the scale indicates a positive perceived corporate image. The permission to use the scale was obtained from Gürbüz via e-mail. In the current study, the Cronbach alpha reliability analysis coefficient for PCIS was calculated as 0.83, indicating a high degree of reliability.

2.3. Organizational Commitment Questionnaire (OCQ)

The organizational commitment levels of the participant nurses and midwives were measured using OCQ developed by Allen and Meyer. These authors initially addressed two subdimensions of organizational commitment: affective commitment and continuance commitment. In 1990, they included normative commitment as the third subdimension (Varlı, 2014; İspirli, 2016). The original version of the scale consists of a three-dimensional structure and 24 items finalized by Meyer et al. (1984-1997). The Turkish version of OCQ, prepared by Wasti (2000), consists of a total 18 items under the three subscales of affective commitment (items 1, 3, 5, 7, 8, and 11), continuance commitment (items 2, 4, 6, 13, 15, and 16), and normative commitment (items 9, 10, 12, 14, 17, and 18). Scoring is based on a seven-point Likert type. Items 2, 3, 8, 11, and 14 include negative statements and are reverse scored. High scores obtained

from the scale indicate that employees have a high level of organizational commitment. In her validity analysis, Wasti (2000) reported the Cronbach alpha coefficients of affective commitment, normative commitment, and continuance commitment as 0.79, 0.75, and 0.58, respectively for the public sector, and 0.78, 0.80, and 0.60, respectively for the private sector. In the current study, the permission to use the scale was obtained from Wasti via e-mail. We found the Cronbach alpha reliability coefficient of OCQ to be 0.81, indicating a high level of reliability. For the subscales, this coefficient was calculated as 0.55 (moderate reliability) for continuance commitment, 0.76 (fairly high reliability) for affective commitment, and 0.78 (fairly high reliability) for normative commitment. In this study, the version of the scale that was reported to be reliable by Wasti in 2000 was used. Recent studies recommend the re-evaluation of the reliability of the scale. The moderate reliability reported for the continuance commitment subscale can be considered as a limitation in terms of the evaluation of this dimension in the study.

2.4. Statistical Analysis

In the analysis of the data, number, percentage, and mean values were used as descriptive statistics, and the Cronbach alpha internal consistency coefficients and mean scores of the scales were calculated. The conformity of the data to the normal distribution was evaluated with the one-sample Kolmogorov-Smirnov test. In the comparative analysis, the t-test, analysis of variance, Kruskal-Wallis test, and Mann Whitney-U test were used, and the Spearman correlation test was undertaken for the correlation analysis. The results were evaluated at the 0.05 significance level.

3. Results

Considering the age distribution of the entire sample, the majority of the participants were in either the 30-39 years' group (35.1%, n = 79) or the 40-49 years' group (32.0%, n = 72). Nearly half (48.9%, n = 110) of the participants had a bachelor's degree and 33.3% (n = 75) had an associate degree. Most participants were clinical staff (60%, n = 137) and had been working for five years or less in the institution where the study was conducted (64.9%, n = 146). Most participants (76.4%, n = 172) worked in day shifts and on-call rotations (Table 1).

The mean PCIS score was determined as 3.32 ± 0.78 for the whole sample, 3.33 ± 0.77 for the nurses, and 3.24 ± 0.82 for the midwives, indicating high levels of positive perceived corporate image. There was no statistically significant difference between the nurses and midwives in terms of the mean PCIS scores ($P = 0.524$) (Table 2). The mean OCQ score was found to be 3.77 ± 0.97 for the whole study group, 3.80 ± 0.96 for the nurses, and 3.61 ± 0.99 for the midwives, revealing moderate levels of organizational commitment. The mean scores in the OCQ subscales indicated moderate levels of affective commitment (3.97 ± 1.34 for the whole sample, 4.00 ± 1.35 for the nurses, and 3.76 ± 1.32 for the midwives) and continuance commitment (3.86 ± 1.13 , 3.89 ± 1.13 , and 3.71 ± 1.12 , respectively), and low levels of normative commitment (3.49 ± 1.34 , 3.51 ± 1.33 , and 3.37 ± 1.41 , respectively). There was no statistically significant difference between the nurses and midwives in terms of the mean OCQ scores ($P = 0.307$) (Table 2).

Table 1. Sociodemographic and professional characteristics of the participant nurses and midwives

		n	%
Age group	19-29 years	65	28.9
	30-39 years	79	35.1
	40-49 years	72	32.0
	50 years and over	9	4.0
Educational level	High school	20	8.9
	Associate degree	75	33.3
	Bachelor's degree	110	48.9
Duration of employment in current institution	Postgraduate degree	20	8.9
	0-5 years	146	64.9
	6-15 years	46	20.4
	16-21 years	18	8.0
Unit	22 years and over	15	6.7
	Inpatient ward	137	60.9
	Intensive care	23	10.2
	Emergency department	24	10.7
	Training unit	2	0.9
	Outpatient clinic	18	8.0
Working schedule	Operating room	21	9.3
	Only day	53	23.6
	Day shifts and on-call rotations	172	76.4

Table 2. Nurses and midwives' mean scores in the Perceived Corporate Image Scale and Organizational Commitment Questionnaire

		Mean	SD	SSR	Test value	P value
Perceived corporate image	Nurse	3.33	0.77	1-5	0.642*	.524
	Midwife	3.24	0.82			
	Total	3.32	0.78			
Organizational commitment	Nurse	3.80	0.96	1-7	1.033*	.307
	Midwife	3.61	0.99			
	Total	3.77	0.97			
Affective commitment	Nurse	4.00	1.35	1-7	2810.000**	.211
	Midwife	3.76	1.32			
	Total	3.97	1.34			
Continuance commitment	Nurse	3.89	1.13	1-7	0.896*	.375
	Midwife	3.71	1.12			
	Total	3.86	1.13			
Normative commitment	Nurse	3.51	1.33	1-7	0.529*	.599
	Midwife	3.37	1.41			
	Total	3.49	1.34			

*t-test, ** Mann-Whitney U test, SSR= scale score range, SD= standard deviation

A significant difference was found in the perceived corporate image of the nurses and midwives according to their educational levels ($F = 4.216$; $P = 0.006$). According to the post hoc Tukey honest significant difference (HSD) test, the mean PCIS score was significantly lower among the nurses with a bachelor's degree compared to those with an associated degree ($P = 0.005$). There was also a significant difference in the perceived corporate image of

the nurses and midwives in relation to their working schedules ($t = 2.356$; $P = 0.019$). It was determined that the employees that only worked during the day had a more positive level of perceived corporate image than those working shifts (Table 3). No statistically significant difference was observed in perceived corporate image according to age group, duration of employment in the institution, and employment unit ($P > 0.05$).

Table 3. Comparison of perceived corporate image according to the educational level and working schedule of nurses and midwives

Educational level		n	%	Mean	SD	Test value	P value
Perceived corporate image	High school	20	8.9	3.18	0.75	4.216**	.006*
	Associate degree	75	33.3	3.55	0.80		
	Bachelor's degree	110	48.9	3.16	0.72		
	Postgraduate degree	20	8.9	3.46	0.87		
Working schedule							
Perceived corporate image	Only day	53	23.6	3.54	0.79	2.356***	.019*
	Day shifts and on-call rotations	172	76.4	3.25	0.76		

* $P < 0.05$, **Analysis of variance, ***t-test, SD= standard deviation

The organizational commitment of the nurses and midwives statistically significantly differed according to their duration of employment in the current institution ($F = 2.687$; $P = 0.047$) (Table 4). However, since there was no p value less than 0.05 in the post hoc Tukey HSD test performed to determine the source of the difference, this significance was evaluated as a statistical error. When the mean score in affective commitment was compared according to the duration of employment, it was determined that the affective commitment of employees who had been working in the institution for 22 years or longer (mean rank = 142.93) was significantly higher than those that had been working

there for 0-5 years (mean rank = 103.51). This result was confirmed by the post hoc Tukey HSD test (chi-square = 9.568; $P = 0.023$) (Table 4).

When compared according to the working schedules, there were significant differences in the organizational commitment ($t = 2.020$; $P = 0.047$), normative commitment ($t = 2.277$; $P = 0.025$), and affective commitment ($U = 3487.00$; $P = 0.010$) of the nurses and midwives. The employees that only worked during the day had higher levels of organizational, normative, and affective commitment (Table 4).

No statistically significant differences were found in organizational commitment or its sub dimensions

according to age group, educational level, and employment unit ($P > 0.05$); in continuance and normative commitment according to the duration of employment in the current institution ($P > 0.05$); and in continuance commitment according to working schedules ($P > 0.05$). There was a moderately significant positive correlation between the perceived corporate

image of the nurses and midwives and their organizational commitment ($r = 0.435$; $P = 0.001$), affective commitment ($r = 0.423$; $P = 0.001$), and normative commitment ($r = 0.418$; $P = 0.001$). No significant relationship was observed between perceived corporate image and continuance commitment ($P = 0.144$) (Table 5).

Table 4. Comparison of organizational commitment and its subdimensions according to the employment duration and working schedule of nurses and midwives

Employment duration (in current institution)	n	%	Mean	SD	Test value	P value
Organizational commitment	0-5 years	146	64.9	3.65	2.687**	.047*
	6-15 years	46	20.4	4.05		
	16-21 years	18	8.0	3.86		
	22 years and over	15	6.7	4.08		
Continuance commitment	0-5 years	146	64.9	3.79	.986**	.400
	6-15 years	46	20.4	4.12		
	16-21 years	18	8.0	3.80		
	22 years and over	15	6.7	3.89		
Affective commitment	0-5 years	146	64.9	3.78	9.568***	.023*
	6-15 years	46	20.4	4.26		
	16-21 years	18	8.0	4.25		
	22 years and over	15	6.7	4.57		
Normative commitment	0-5 years	146	64.9	3.37	1.287**	.280
	6-15 years	46	20.4	3.76		
	16-21 years	18	8.0	3.54		
	22 years and over	15	6.7	3.78		
Working schedule						
Organizational commitment	Only day	53	23.6	4.01	2.020****	.047*
	Day shifts and on-call rotations	172	76.4	3.70		
Continuance commitment	Only day	53	23.6	3.76	-0.740****	.461
	Day shifts and on-call rotations	172	76.4	3.90		
Affective commitment	Only day	53	23.6	4.40	3487.000**	.010*
	Day shifts and on-call rotations	172	76.4	3.83		
Normative commitment	Only day	53	23.6	3.87	2.277****	.025*
	Day shifts and on-call rotations	172	76.4	3.37		

* $P < 0.05$, **Analysis of variance, ***Kruskal-Wallis test, ****t-test, *****Mann-Whitney U test, SD= standard deviation

Table 5. Relationship between the nurses and midwives' perceived corporate image and organizational commitment and its sub dimensions

	Organizational commitment	Affective commitment	Continuance commitment	Normative commitment
Perceived corporate image	r .435	.423	.098	.418
	P .000*	.000*	.144	.000*

* $P < 0.05$

4. Discussion

The corporate image of a healthcare institution is affected and shaped by the behaviors of employees, while institutions with a positive corporate image also attract qualified personnel and positively affect retention

(Bozkurt and Yurt, 2013; Tatar Baykal and Türkmen, 2014; Çetin and Tekiner, 2015; Tran et al., 2015). The organizational commitment of nurses and midwives is even more important since they constitute the majority of healthcare workers (Altıntaş, 2011; Babataşı, 2015).

However, there are only a limited number of studies on nurses' organizational commitment levels and perceived corporate image in the literature (Taşcı, 2014), and no such study has been found among midwives. Therefore, the following discussion focuses more on studies conducted with nurses.

It is known that midwives work in similar conditions and working environments to nurses. Due to this similarity and their top-level managers being the same, nurses and midwives are generally not considered as different professionals. However, it should not be forgotten that midwifery and nursing represent two different occupations. As with all healthcare professionals, it is important for both occupational groups to consider themselves as a part of the institution, strengthen their organizational commitment, and increase their make voluntary sacrifices for the institution. To achieve this, all employees should be supported to feel valued, their participation in decisions should be ensured, and they should be recognized by the management.

In the international literature, studies on corporate image have mostly concentrated on the non-health sector, with no study having been found to examine the corporate image of healthcare institutions outside Türkiye (Demirel et al., 2014).

The healthcare institution where the study was conducted is the only training and research hospital that meets the health needs of the population living in the region. Therefore, its presence is favorable for external stakeholders, and it is generally considered to have a positive image. As a reflection of this positive image, in the current study, it was determined that both the nurses and midwives had high levels of perceived corporate image. Taşcı (2014) reported that nurses were "undecided" about their perceived corporate image. Çınaroğlu and Şahin (2012) determined that only 21.1% of the participant nurse preceptors had a very positive perceived corporate image. The institution where the study was conducted had been converted from a state hospital to a training and research hospital following a joint protocol with a university. The provision of new services and improvement in technological facilities as a result of this restructuring are considered to have contributed to the development of this positive corporate image. Differences in the results of previous studies related to perceived corporate image can be attributed to the different characteristics and unique image of the institutions where these studies were conducted.

In this study, no significant difference was found in perceived corporate image according to age group and employment duration. However, it was observed that the nurses and midwives with a bachelor's degree had a more negative perceived corporate image than those with an associate degree. Taşcı (2014), on the other hand, did not report a significant difference in perceived corporate image according to the educational level. The finding obtained from the current study suggests that as the level of education increased, expectations from the

institution also increased. In order to increase competitiveness by providing high-quality services, it is necessary for healthcare institutions to improve their corporate image in a positive way and attract qualified personnel with a high level of education. No study has been found in the literature investigating the relationship between perceived corporate image and working schedule. In this study, we determined that among the nurses and midwives, those working only during the day had a more positive perceived corporate image. It can be considered that the unfavorable working conditions of on-call rotations and night shifts can negatively affect perceived corporate image.

In this study, the organizational commitment, affective commitment, and continuance commitment of the nurses and midwives were found to be at moderate levels, while their normative commitment levels were low. Similarly, in previous studies conducted in Türkiye, it has been reported that the organizational commitment levels of nurses are moderate (Babataşı, 2015), nurses do not feel a strong sense of belonging to the institution for which they work (Dorgham, 2012; Rahati et al., 2015), and the organizational commitment of nurses working in pre-hospital healthcare services is at a moderate level (Top, 2012).

When the subdimensions of organizational commitment are examined, there are studies reporting that nurses have moderate levels of affective and continuance commitment (Altıntaş, 2011; Ayden and Özkan, 2014; Yang et al., 2014; Babataşı, 2015), as well as those indicating high levels of such commitment (Seren İntepeler et al., 2014). Similarly, the normative commitment level of nurses has been reported to be moderate (Altıntaş, 2011; Ayden and Özkan, 2014; Babataşı, 2015) or high (Seren İntepeler et al., 2014; Yang et al., 2014). In contrast, Taşcı (2014) showed that the nurses participating in her study exhibited an "undecided" attitude in all three subdimensions of organizational commitment. In the current study, the organizational commitment levels of the nurses and midwives were similar to those reported in most studies conducted in Türkiye and different countries. Among the factors leading to similar results in terms of organizational commitment in different countries (Dorgham, 2012) are similarities in negative working conditions, such as the insufficient number of nurses, heavy workload, and long shifts, and managerial practices, e.g., participation in decisions, rewards, equality in workforce, opportunities for career advancement, and access to education and professional development. Concerning affective commitment, similarities in institutional reliability, clear definition of roles and responsibilities, clear expression of corporate goals, and openness of management to employee suggestions and participation in decisions (Balay, 2012; Öztöp, 2014; Tatar Baykal and Türkmen, 2014) can provide similar findings in different institutions. Similarities in research results concerning continuance

commitment can be attributed to similar conditions related to the availability of other job alternatives and pension premiums, and self-investment of employees in regions and institutions where such studies were conducted (Balay, 2012; Öztop, 2014; Tatar Baykal and Türkmen, 2014). Lastly, normative commitment has been associated with cultural upbringing (Bozkurt and Yurt, 2013; Taşçı, 2014), the management's expectations of a high level of loyalty from employees (Bozkurt and Yurt, 2013), and remaining in the institution being considered as a virtuous behavior (İspirli, 2016). Given the cultural characteristics of the Turkish society and the meaning it ascribes to ethical concepts, such as loyalty and virtue, a high level of normative commitment level is an expected finding. The low level of the normative commitment of the nurses and midwives in the current study, unlike previous studies from Türkiye, can be due to the participants not feeling obliged to stay in the institution, not having a sense of loyalty to their institution, or the management not addressing this issue sufficiently.

In this study, no significant difference was found in the organizational commitment of the nurses and midwives in relation to their age group or educational level. Furthermore, the significant difference in the organizational commitment of the nurses and midwives according to their employment duration could not be confirmed by the post hoc test. The only significant finding concerned the subdimension of affective commitment, which was determined to be higher among the long-term employees. In the literature, there are studies reporting a significant relationship between organizational commitment and employment duration (Altıntaş, 2011), non-significant differences in organizational commitment according to employment duration (Nabizadeh Gharghozar et al., 2013), and increased organizational commitment (Dorgham, 2012) and affective commitment (Taşçı, 2014) in parallel to the increase in employment duration. It can be considered that the increasing level of affective commitment parallel to the increase in employment duration can be related to senior employees' participation in decision making and their suggestions being taken into consideration as their relationships with managers become more rooted. In contrast, the decrease in the level of affective commitment as employment duration increases can be explained by factors such as deficiencies in the organizational structure becoming clearer over time and ambiguities in role distribution among employees.

From the perspective of working schedule, the organizational commitment, affective commitment, and normative commitment levels of the nurses and midwives working only during the day were found to be significantly higher than those working in day shifts and on-call rotations. In the literature, there are studies reporting significant (Nabizadeh Gharghozar et al., 2013) and non-significant (Babataşı, 2015) differences in organizational commitment according to working schedule. Uzun Pekmezci (2010) found that nurses who

worked during daytime had a higher level of affective commitment to their institution. Similarly, in the current study, there was a high level of affective commitment in the group working only during the day. It has been reported that organizational commitment is associated with positive working conditions (Taşçı, 2014). Therefore, working during daytime, which is suitable for the circadian rhythm, increases the organizational commitment of nurses and midwives by creating more positive working conditions in terms of both workload and presence of other team members with whom they can share responsibilities.

It is considered that the differences in the results of the research compared to the literature may be due to the favorable working conditions for night shifts in the institution where the research was conducted. The higher level of affective commitment in people only working during the day can be explained by increased duties and responsibilities during night shifts and lower complexity of cases encountered during the day. In addition, nurses and midwives working in daytime conditions see their supervisors more often, which can positively affect their normative commitment levels in parallel to their needs to be recognized as a virtuous employee and keep good relations with a management emphasizing the importance of loyalty.

Studies exploring the relationship between corporate image and organizational commitment in the health sector are mostly related to patients' perceived corporate image (Alwi and Kitchen, 2014; Bayın and Önder, 2014). In the current study, there was a moderately significant positive relationship between the nurses and midwives' perceived corporate image and organizational commitment, affective commitment, and normative commitment, but no significant relationship was found between perceived corporate image and continuance commitment. In a study by Taşçı (2014), which was the only research we found in the literature on the perceived corporate image of healthcare professionals in Türkiye, it was reported that there was a positive and significant relationship between the nurses' perceived corporate image and only continuance commitment. Continuance commitment has been associated with factors such as alternative job opportunities and pension premiums, which have limited possibilities to change in the public sector, as well as individual factors, e.g., the employee not wanting to leave the institution due to all the efforts he/she has invested (Balay, 2012; Öztop, 2014). Therefore, it is considered that the relationship between a positive corporate image perception and continuance commitment may differ according to institutions. Positive working conditions that institutions must provide to improve their image (Taşçı, 2014; Çetin and Tekiner, 2015) may be a factor that increases not only the affective commitment of employees but also their normative commitment since it is an indication that they see their institution to be worthy of their loyalty. Thus, a positive corporate image perception positively affects

organizational commitment by leading to a favorable evaluation of working conditions provided by the institution.

5. Conclusion

In this study, it was determined that the perceived corporate image of the nurses and midwives were highly positive, their organizational commitment was moderate, and there was no significant difference between the nurses and midwives. In addition, there was a positive and moderately significant relationship between the nurses and midwives' perceived corporate image and organizational commitment, affective commitment, and normative commitment. In light of these results, in order to increase the level of the organizational commitment of nurses and midwives, managers should provide a positive working environment, clearly define roles and responsibilities, focus on improving managerial processes, such as involving employees in decisions, rewarding them, creating a perception of corporate climate and justice, and often emphasizing the importance of loyalty to the institution.

In the management of a corporate image, which has a positive and moderate relationship with organizational commitment, it is recommended that managers first determine the current situation and identify factors causing negative perceptions, and then develop strategies that will improve the perceived corporate image of employees to eliminate these factors. In addition, further research should be undertaken on the perceived corporate image of healthcare professionals and related concepts.

Author Contributions

Percentages of the author(s) contributions is present below. All authors reviewed and approved final version of the manuscript.

%	T.G.	A.O.Ş
C	50	50
D	50	50
S	50	50
DCP	50	50
DAI	50	50
L	50	50
W	50	50
CR	50	50
SR	50	50
PM	50	50
FA	50	50

C= concept, D= design, S= supervision, DCP= data collection and/or processing, DAI= data analysis and/or interpretation, L= literature search, W= writing, CR= critical review, SR= submission and revision, PM= project management, FA= funding acquisition.

Conflict of Interest

The authors declared that there is no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

Ethical Approval/Informed Consent

Prior to data collection, ethics committee approval (dated 02/12/2015 and numbered 2015/12) and institutional permission (dated 11/01/2016 and numbered 88919140/663.08) were obtained from Bülent Ecevit University, Clinical Research Ethics Committee. All the participants provided written and verbal informed consent on a voluntary basis. The study was carried out in accordance with the tenets of the World Medical Association Declaration of Helsinki.

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