

## THE EFFECT OF COMPONENTS OF CORPORATE REPUTATION ON THE REPUTATION OF FAMILY PRACTICE

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### ABSTRACT

*The aim of the research is to reveal the current perception of reputation for family medicine practice, which is one of the primary health care services, can provide a service that can be preferred by people with approaches that can meet today's needs, and to determine the perceptions of stakeholders regarding corporate reputation in the formation and development of reputation by addressing the factors affecting the formation of corporate reputation. The validity and reliability of the research were measured with Cronbach's Alpha reliability analysis. Explanatory factor analysis was performed for the factor structure of the scales. Frequency and percentage analysis to examine the demographic distribution of the participants, pearson correlation analysis because of the normal distribution of the data of the relations between the scales, and the structural equation model to test the findings as a result of the research model were used. It was determined that structural model established by the research model has an acceptable fit, and according to the result of the structural equation model applied to the hypotheses created, the independent variables in the model which are corporate environment, vision and leadership had a positive effect on the dependent variables; employees, corporate communication, identity and image, products and services and social responsibility attitudes. The hypotheses established were accepted.*

**Keywords:** Corporate Reputation, Family Practice, Primary Health Care Services.

**Jel Codes:** M10, M12, M19.

### 1. INTRODUCTION

In this study, the effect of the components of corporate reputation of the corporate reputation of family medicine and the perceptions of corporate reputation of those who benefit from the services of family medicine are revealed. It is aimed to research whether the independent variables - institutional

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environment and vision and leadership- have a positive effect on attitudes of employees, corporate communication, identity and image, products and services and social responsibility determined as dependent variables, and to research the dimensions of the corporate reputation scale such as “vision and leadership, employees, corporate environment, corporate communication, identity, image, products and services and social responsibility” which are considered important in the formation of reputation in family medicine. The research includes patients who received service family medicine in Gaziantep between November, 2020 and December, 2020. In the study, the analysis of the findings obtained from the questionnaires is included.

## **2. THEORETICAL FRAMEWORK**

### **2.1.The Concept of Family Medicine and Its Historical Development**

In 1923, the need for a family physician was brought up for the first time by Francis Peabody, and he emphasized the necessity of a specialty that provides comprehensive and individualized health care, because patients cannot have health care as a result of excessive specialization in medical sciences. In the 1950s, family medicine, which could provide comprehensive and individual service, was started. As a result of the publication of the "Millis Report and Willard Report" by the American Medical Association in 1966, "Family Medicine", a new specialty working in primary care, was recognized (Dikici et al. 2007: 412). The definition of family medicine has been developed by Leeuwenhorst, Gay, World Health Organization and Olesen since the early 1900s, when it emerged as a medical discipline, and reached its peak in 2002 thanks to "WONCA". According to the definition of “WONCA; family medicine/general practice is the first medical contact point with the health system and deals with all health problems regardless of age, gender or any other characteristics of the individual” (Güldal et al. 2012: 107).

### **2.2. Features of Family Medicine**

The most basic qualifications of family medicine; Although there are changes in the planning and organization of international health systems, it is seen that the participation in implementing family medicine is high in the health system in all countries and the characteristics of family medicine are summarized as follows (Kuru, 2010: 37):

**It is general:** Family medicine defines the holistic health problems of individuals in society, it does not classify individuals because of problems related to other situations such as “age, gender, social classes, race, religion”. The possible easy accessibility of family medicine does not seem to be limited by transportation, regional, cultural, administrative and financial problems.

**It is continuous:** Family medicine is individual-oriented. It is seen that patient and doctor relations are based on lifelong communication, which can provide health services to people throughout their lives and does not limit them to a specific period of illness.

**It is Comprehensive:** In family medicine, people are provided with holistic health services, prevention of diseases, rehabilitation, psychological, physical, social support and assistance. It is seen that doctor-patient communication is combined with making scientific decisions with human and ethical aspects, by effectively distinguishing in health and disease situations.

**It is coordinated:** In family medicine, solutions are found for some health problems of patients for the first time they apply to family medicine. However, when necessary, the family physicians direct patients to the appropriate health institutions. In such a case, it provides information about the ways in which the patients can reach these services, how they can easily benefit from these services, and the organization of the institutions where the patients can get solutions and support. Family physicians are in contact with institutions that are providers of health and social services, informing their patients about appropriate recommendations in health-related services, and providing guidance to the service.

**It is collaborative:** Family physicians are prepared for joint work areas with institutions and individuals providing health and social services with medical sciences, and act with the expertise of other disciplines and sharing tasks with patients in terms of service procurement when appropriate.

**It is Family-based:** Family medicine defines the health problems of individuals according to family participation, social and cultural ties, the environments they are in, and their working lives.

**It is Community-Based:** Patients' distress should be evaluated in relation to the community they live in. Family physicians should be aware of the health needs of the society according to the environment they live in and cooperate with professionals in other fields, other sector representatives and charitable organizations to make positive changes in regional health problems.

### **2.3.Family Medicine Practiced in Our Country and Its Historical Processes**

It is seen that the efforts to improve health practices in our country and to present preventive and curative health practices to people include the practices that have come up to the present day with the proclamation of the Republic. 'As a way to achieve the goals of the Health Transformation Program, a Family Medicine Model unique to our country has been created, taking into account the conditions and needs of our country, with examples from other countries.' In this context, the basic procedures and principles regarding the practice of family medicine were determined by 'Regulation on Family Medicine Pilot Practice', and 'Regulation on Contract Conditions and Payments Made to the Personnel Employed by the Ministry of Health within the scope of the Family Medicine Pilot Practice' published in the Official Gazette dated 12.08.2005 and numbered 25904, and studies related to family medicine services were published in the 'Official Gazette',

It was started as a pilot application in Düzce in 2005, 6 provinces in 2006, 7 provinces in 2007, 17 provinces in 2008, 4 provinces in 2009, and 46 provinces in 2010 and as of the end of 2010, by making provincial evaluations for service needs, family medicine practice was started throughout the

country. After the beginning of the implementation processes in family medicine services, it is seen that importance is given to studies to improve the quantity and quality of the scope of family medicine practices, to improve the knowledge and experience of family medicine members, by improving the physical conditions and mechanical equipment of the areas to be served, by paying attention to scientific and technological advances and developments in service requirements.(www.ailehekimligi.gov.tr, Access Date: January 21, 2021).

#### **2.4. Reasons for Transition to Family Medicine in Our Country**

Within the scope of the “Health Transformation Program initiated by the Ministry of Health in 2003”, it is seen that it is aimed to organize health service practices in an effective, efficient and equitable manner, and to find and present financial resources for health services. Among these purposes, the issues in question are; efficiency, increasing the health level of the system to be implemented, efficiency, reducing costs by using resources appropriately, and producing more services from a single main source, equity in health, which is defined as all humanity's access to health services as much as they need, and their contribution to the resources of services with health insurance as much as their economic power (Avcı, 2010: 24).

#### **2.5. Corporate Reputation Concept and Its Importance**

The dictionary meaning of the word 'reputation' of the Turkish Language Institution is defined with the words, dignity, trust, honor and glory”. In social science, it is explained with the concepts of status and prestige. Reputation is being reliable, respectable and prestigious” (www.tdkterim.gov.tr). This word, which is of Arabic origin, has the meaning of respected, reliable, valuable. Reputation differs in terms of word meaning. Reputation is used in the sense of respect and value shown to the individual and the object of society. Reputation is the sum of perceptions and beliefs. Reputation is a value that is intangible and not easily earned, requires a long time and effort, and is lost in a short time in the smallest negative situation that may occur if measures are not taken (Çiçek Gemici, 2010: 13). Reputation is a message that can be used by an organization's stakeholders. Reputation emerges when businesses meet their expectations or when they negotiate with a business, and it is included in individual values (personal identities) or collective norms (Lewellyn, 2002: 448). The concept of corporate reputation; are the judgments, opinions and thoughts known to the society about the business. It is defined as the belief in the business and the reliability of the business. In other words, corporate reputation can be defined as all kinds of perceptions about the institution. Recently, the desire of the managers of all for-profit or non-profit businesses to be perceived as a good and beneficial business in the environment by having a positive corporate reputation and image has led to a significant increase in the evaluation of academic studies. Corporate reputation is gained by keeping dignity in the foreground, acting with the society with the awareness of social responsibility, giving a feeling of trust with the quality of the service and product offered, within the framework of social values and ethical rules, with corporate transparency and

materially silently and strongly, keeping up with the changes brought about by globalization and doing it differently from everyone else, raising awareness of human need and continuity. It is not a product or service that is sold for money or it cannot be gained by being famous (Geçikli, 2016: 137). Institutional reputation provides the sale of the company's products or services, overcoming the price barrier, being financially strong, fast cash flow, employment of talented personnel, employing more equipped personnel with low wages, customer and employee satisfaction as a result of the high performance of equipped personnel, creating an effective power over government policies, a certain influence over the legislators, to be among the first choice of investors, to receive support from internal and external partners in strategic decisions and in times of crisis, and to create a strong synergy. These advantages of reputation will reduce the hospital's costs and increase profitability (Dayanç Kıyat, 2012: 10).

## **2.6. Key Components of Corporate Reputation**

Basic components of corporate reputation; “emotional appeal, products and services, financial performance, vision and leadership, working environment and social responsibility” (Tüysüzoğulları, 2010: 11). It is considered as having knowledge about the institution, difference and reliability (Yurt, 2012:19-22).

**Emotional Appeal:** Creates an emotional bond with consumers, one of the most important dominant groups, due to the products and services offered by businesses. Since the emotional attachment of the employee to the business with a sense of belonging creates the feeling of being reliable and loyal in the business, its easy integration with the business will contribute positively to the corporate reputation of the business (Karaköse, 2006: 102).

**Products and Services:** The quality of the products and services offered by the businesses in line with the desires, needs and expectations of the consumers should be at a level that will meet the expectations. The fact that the company offers goods and services at an acceptable price and stands behind the goods by the expectations of continuous improvement and development of the production of quality goods and services shows that the business has a good reputation (Dur, 2011: 12).

**Vision and Leadership:** It is predicted that the power of leaders to shape events by foreseeing the future increases the strategic success of businesses in their markets by providing the feeling of trust on their stakeholders, which overlaps with their vision (Altıntaş,2005: 25).

**Working Environment:** Organizing the working environment of the employees, increasing the morale and motivation, provides an advantage in sustainable competition and increases the corporate reputation of the enterprise, as well as being the most important factor in protecting the satisfaction of the customers, who are the most important social stakeholders of the enterprise (Karaköse, 2006: 104-106).

**Financial Performance:**The financial performance of the business consists of the following indicators such as dealing with low-risk investments, strong expectations for the continuity of growth in the future with a strong profitability, and the tendency to outperform their competitors (Geçikli, et al., 2016:1552).

**Social Responsibility:** Social Responsibility is the production of services and products by taking the necessary measures for the protection of nature and the environment for the main goal of sustainable growth. If the business is indifferent to social and environmental problems in the environment in which it operates, a negative perception occurs on its corporate reputation (Altıntaş, 2005: 25). While businesses are carrying out their social responsibility activities, they both increase their own funds and increases the quality of life of the society and ensure a better society level by providing development on a country basis (Dayanç Kıyat, 2012: 14).

### 3. LITERATURE REVIEW

In the literature review on the institutional reputation of family medicine, since there are no domestic or foreign published studies, in line with the researches on health and corporate reputation; Horwitz (2005), in his research, showed that private hospitals are in a better condition than public hospitals in terms of the quality of service provided, physical facilities and technological facilities of the hospitals.

In the study conducted by Karahan (2009), as a result of the analysis of a questionnaire applied to patients receiving services from public, private and university hospitals, a significant relationship was found between corporate reputation and competition. It has been concluded that the patients who receive service prioritize the quality and diversity of the service provided when they prefer the institution.

Kıyat (2012) presents corporate reputation and related concepts and corporate reputation models. In his study done by the survey method, which aims to investigate the perspective of the Turkish society on corporate reputation and the relationship between corporate reputation coefficient and brand loyalty, it has been observed that as the level of education decreases, there is an expectation that the concepts making up the corporate reputation should be close to perfection, and that the level of brand loyalty decreases as the education level increases. While brand loyalty differed in variables such as education and gender, it did not differ in variables such as age and income. In order to increase brand loyalty, institutions need to create a marketing communication strategy.

In his research, Selvi (2012) investigates the issue of reputation, which she considers has not been adequately examined in terms of the health sector, and reveals how the reputation of healthcare providers is perceived by the patients receiving the service. According to the research, primary school graduate patients and high school graduate patients and according to their marital status, patients were affected by social responsibility activities carried out by health institutions and they evaluated that health

institutions that carry out activities with such social responsibility awareness are reputable. As a result of the research, it is seen that patients care about the reputation of the institutions when they choose the health institution.

In the study conducted by Alnıçık et al. (2010) to determine whether the perceived importance of corporate reputation components differs according to demographic characteristics, it was revealed that women give importance to corporate reputation components according to the gender variable.

Çakır, Özmen, and Doğan (2014) examined the perception differences of the personnel of health institutions engaged in health service marketing regarding the relationship between industrial reputation and corporate reputation. The research was carried out with the participation of doctors, nurses, midwives, other health services personnel and general management services personnel working in health institutions in Afyonkarahisar province, and it was observed that the perception of corporate reputation of the health sector personnel was formed under the perceptions of industrial reputation, and there were differences in perception depending on their professions and age.

In a study conducted by Güllüoğlu (2015) on the perception of corporate reputation by internal stakeholders, a significant relationship was found between gender and the sub-dimensions of corporate reputation, and it was revealed that the average scores of women were higher than men.

In a study conducted by Cengiz (2016) to determine the current situation by measuring the perception of corporate reputation of hospital employees, to reveal whether the perceived corporate reputation differs according to socio-demographic characteristics, and to determine whether the perceived corporate reputation levels change according to the polyclinics of the hospital, it was found that in terms of gender, women give importance to the components of corporate reputation compared to men and there is a significant relationship between corporate reputation sub-dimensions and the demographic characteristics of their employees' age, gender, length of service in the institution. According to gender status; It has been concluded that the perception of corporate reputation with women is positive in all sub-dimensions, while the perception of corporate reputation and sub-dimensions in men are negative. In the study, it was determined that there is a statistically significant relationship between the sub-dimensions of corporate reputation and Ankara Numune Training and Research Hospital polyclinic staff's length of service in the institution, demographic characteristics including age and gender.

Geçikli et al. (2016) revealed that there were significant relationships between the education levels of the participants in their research and the components of corporate reputation. There are differences in people's perspectives on reputation components according to their education levels. It was observed that there was a difference only in the social responsibility component according to age groups. According to the professional status, a difference was determined in the financial performance component.

Liu et al. (2016) examined the impact of individual and organizational reputation on physician appointments. Considering the results of the study, it has been determined that the number of physician appointments is positively related to the offline and online reputation of the hospital where the physicians work, as well as their individual offline and online reputations. In addition, it is revealed that organizational reputation changes the relationship between an individual's reputation and a physician's performance, so that the offline reputation of the hospital will increase the importance of physician's online reputation in increasing the number of physicians' appointments.

Deniz et al. (2017) examined whether corporate reputation perceptions of private hospital employees changed according to demographic data. In the research, it was determined that there was no change in the perception of corporate reputation when gender, education status and professional experience periods were examined. But there was a change when age range and occupational class were considered.

In the research conducted by Tekin (2018), it was aimed to examine the perceptions of corporate reputation of the patients receiving services in the health institution and to investigate whether the demographic variables of the patients cause a difference with the institutional reputation. It has been revealed that the participants, according to their educational status, care about all dimensions related to corporate reputation, and that the correlation is highest in "employees and corporate social responsibility dimensions". It is important for the reputation that the employees establish good communication with the patients and that the institution has a sense of social responsibility. In addition, it has been determined that the correlation values of the patients in the younger group are high in the product and services dimension, as in the corporate social responsibility dimension, and they attach great importance to the factors related to reputation. Therefore, if institutions attach importance to social responsibility awareness and are innovative and open to change in the dimension of "products and services" with their qualified employees, they can increase their reputation and maintain their continuity.

Korkmazer and Saydan (2018) conducted a study on whether health personnel's perceptions of corporate reputation affect organizational commitment and found that there is a significant positive relationship between organizational commitment and corporate reputation.

In the study conducted by Ceylan (2019), the relationship between the professional commitment and perceptions of corporate reputation of nurses in public hospitals was investigated, and as a result of the research, it was revealed that there is a statistically significant relationship between professional commitment and perception of corporate reputation, and that the level of professional commitment positively affects the perception of corporate reputation.

In Keskin's research (2020), it was searched whether there is a positive and significant relationship between corporate social responsibility dimensions (economic, legal, ethical and volunteering) and corporate reputation dimensions (products and services, vision and leadership,



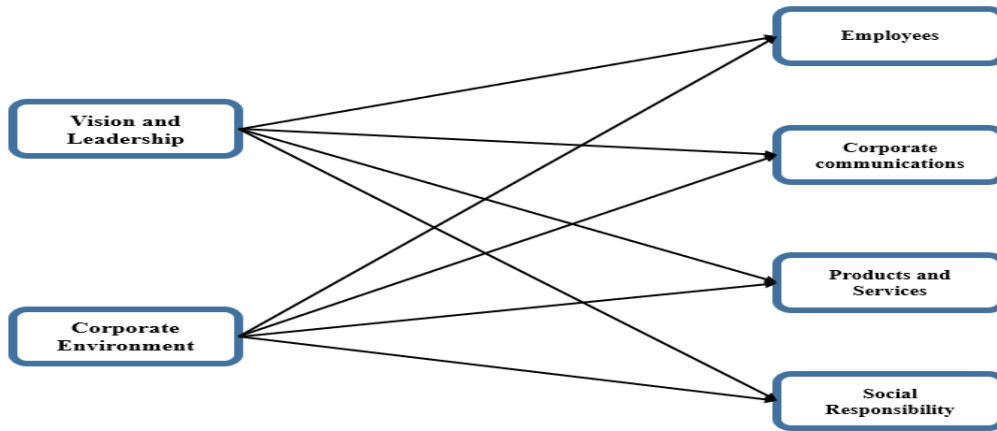
working environment, social and environmental responsibility), and as a result of the research, it was determined that there was a positive and significant relationship.

Sanati and Demirsel (2021) investigated the effect of organizational culture on perceived corporate reputation and whether perceived corporate reputation differs according to demographic characteristics. According to the research, differences were determined in the sub-dimensions of perceived corporate reputation in terms of gender, marital status, age, position in the enterprise, education level, work experience, working time in the current job and monthly income. Differences in perceptions of corporate reputation were determined in the sub-dimensions of "management quality (vision)" and "products and services", and it was found out that there were significant and positive relationships between the sub-dimensions of the two concepts which were investigated.

#### 4. METHOD

Field research, one of the quantitative research methods, was used as the research method. The study includes patients who received service from family medicine in Gaziantep between November-December 2020. The survey application is limited to Gaziantep province. The data obtained in the study were analyzed by the SPSS program and the Lisrel program. Cronbach's Alpha reliability analysis was performed to determine the internal consistency of the scale used in the research. In order to verify the factor structure of the scale, Confirmatory Factor Analysis (CFA) was applied with the help of the Lisrel program, the scale was confirmed as a result of CFA, and the validity levels of the scales were determined. Frequency and percentage analysis was used to analyze the demographic distribution of the participants, Pearson correlation analysis was used as a result of the normal distribution of the relations between the scales, and the structural equation model was used to test the findings as a result of the research model. The models and hypotheses within the scope of the research are given below.

**Figure 1. Research Model**



### **Hypotheses:**

**H1:** Vision and Leadership Affects Attitudes Towards Employees Positively

**H2:** Vision and Leadership Affects Corporate Communication Positively

**H3:** Vision and Leadership Affects Attitudes Towards Products and Services Positively

**H4:** Vision and Leadership Affects Social Responsibility Attitudes Positively

**H5:** Perception of Institutional Environment Affects Attitudes Towards Employees Positively

**H6:** Perception of Institutional Environment Affects Institutional Communication Positively.

**H7:** Perception of Institutional Environment Affects Attitudes Towards Products and Services Positively.

**H8:** Corporate Environment Perception Affects Social Responsibility Attitudes Positively.

## **5. FINDINGS**

In line with the analyzes made to determine the validity and reliability of the participants' institutional scale, the reliability level of the scale was found to be 0.981 in the Cronbach's Alpha reliability analysis performed to determine the internal consistency of the scale according to the results of the validity and reliability of the scale.

**Table 1. Cronbach's Alpha Levels of Measurement Tools Used in the Scope of the Research**

<b>Variables</b>	<b>Cronbach's Alpha</b>
Vision and Leadership	0,931
Employees	0,934
Corporate environment	0,836
Corporate Communication, Identity and Image	0,929
Products and Services	0,934
Social responsibility	0,898
General	0,981

### **5.1. Demographic Characteristics**

When the distribution of the participants according to their demographic characteristics is examined, it found out that 56.5% is male, 43.5% is female, 28% is single, 72% is married, 16.5% is 18-24 years old, 36.5% is 25-34 years old, 34% is 35-44 years old, and 13% 45-54 years old. It was determined that in terms of participants' income level status; 9% has 1500 TL or less, 10.5% has 1501-3000 TL, 23% has 3001-6001 TL, 42% has 6001-9000 TL, 15.5% has 9000 TL and above, and in terms of participants' education status; 9.5% of them were primary school graduates, 17.3% were high school graduates, 64% were university graduates and 9.3% had postgraduate degrees.

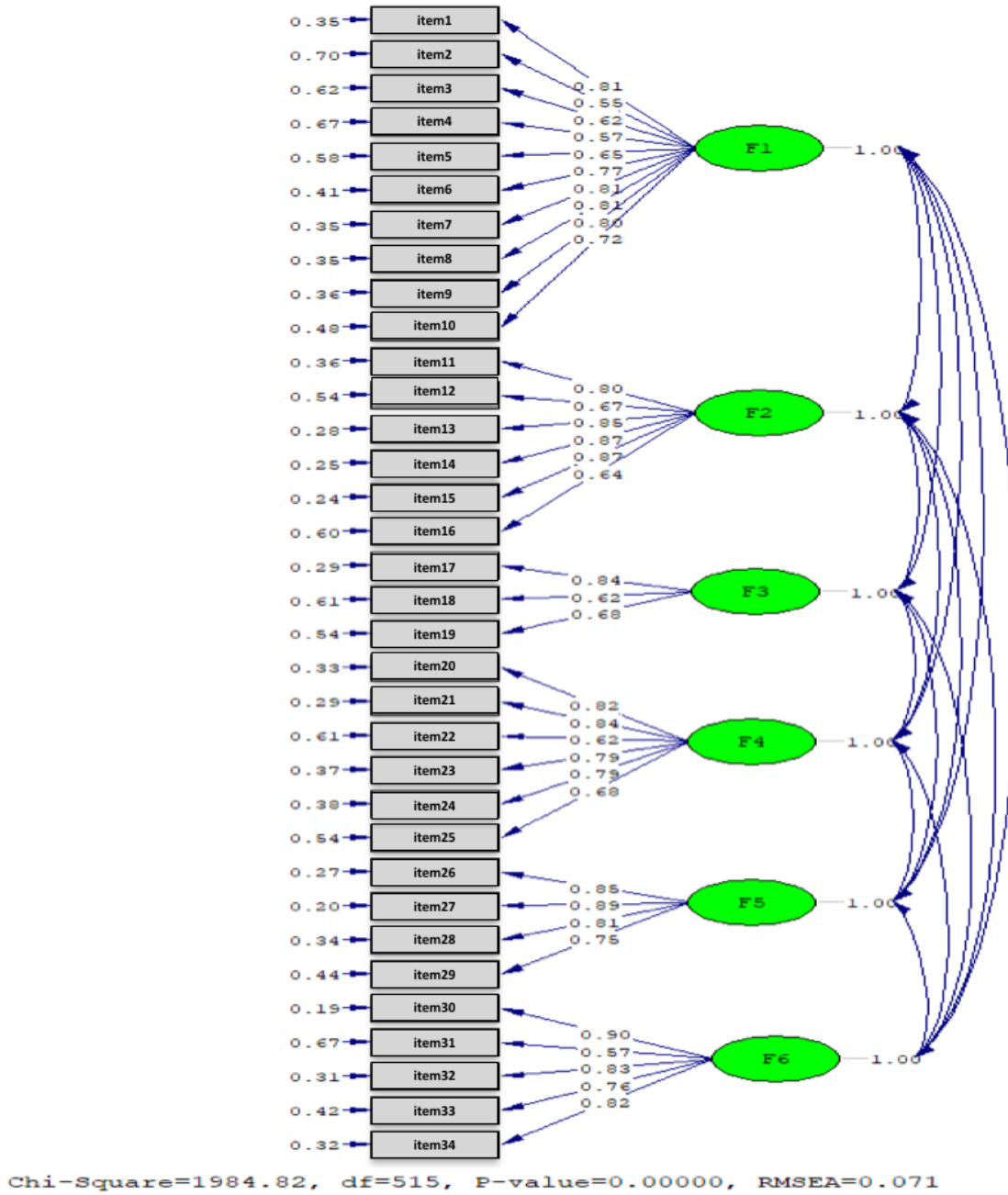
**Table 2. Distribution by Demographic Characteristics**

<b>Demographics</b>	<b>Group</b>	<b>n</b>	<b>Percentage %</b>
Gender	Male	226	56,5
	Famale	174	43,5
Marital status	Single	112	28,0
	Married	288	72,0
Age	18-24 ages	66	16,5
	25-34 ages	146	36,5
	35-44 ages	136	34,0
	45-54 ages	52	13,0
Income status	1500 TL and less	36	9,0
	1501-3000 TL	42	10,5
	3001-6000 TL	92	23,0
	6001-9000 TL	168	42,0
	9001 TL and more	62	15,5
Educational Status	Primary education	38	9,5
	High school	69	17,3
	University	256	64,0
	Postgraduate	37	9,3
	<b>Total</b>	<b>400</b>	<b>100,0</b>

## 5.2. CFA Results of the Corporate Reputation Scale

Confirmatory factor analysis was performed through the LISREL program to verify the factor structure of the scale used in the scope of the explanation. The standardized Beta coefficients of the DFA analysis are given in Figure 2.

**Figure 2. Path Diagram of the CFA Result of the Institutional Reputation Scale**



When Figure 2 is examined, it was not necessary to make any modifications between the items, since the compliance criteria were at the desired level according to the CFA results of the corporate reputation scale. These values are acceptable as the CFA result determined that the factor loads of the items of the scale were between 0.55 and 0.90. The t values, which are the expression of the statistical significance level of the relations between the items and the latent variables, were found to be significant at the  $p < .01$  level and all values were determined to be greater than 2.58. In order to decide whether to

accept the Confirmatory Factor Analysis model, compliance criteria are considered. Acceptable and perfect fit criteria according to Schermelleh-Engel and Moosbrugger are given in Table 2 below.

**Table 3. Limitations of Compliance Criteria Examined in the Scope of the Study**

Fit Criteria	Perfect Fit	Acceptable Fit	Model
$\chi^2/sd$	$\leq 3$	$\leq 5$	3,854
RMSEA	$0 < RMSEA < 0.05$	$0.05 \leq RMSEA \leq 0.10$	0,071
RMR	$0 \leq RMR < 0.05$	$0.05 \leq RMR \leq 0.10$	0,045
SRMR	$0 \leq SRMR < 0.05$	$0.05 \leq SRMR \leq 0.10$	0,036
NFI	$0.95 \leq NFI \leq 1$	$0.90 \leq NFI \leq 0.95$	0,950
NNFI	$0.95 \leq NNFI \leq 1$	$0.90 \leq NNFI \leq 0.95$	0,960
CFI	$0.95 \leq CFI \leq 1$	$0.90 \leq CFI \leq 0.95$	0,960
GFI	$0.95 \leq GFI \leq 1$	$0.90 \leq GFI \leq 0.95$	0,930
AGFI	$0.90 \leq AGFI \leq 1$	$0.85 \leq AGFI \leq 0.90$	0,910

In order for the scale to be accepted, the goodness of fit criteria obtained must be between the minimum acceptable limits. When the values of the fit criteria obtained as a result of CFA were examined, it was determined that the ratio of the most important fit value, X2, to the df value, was at the acceptable fit level with 3,854, and the RMSEA value with 0.071 was at the acceptable fit level. It was found out that CFI value is perfect with 0.96, GFI value is acceptable with 0.93, AGFI value is perfect fit with 0.91, NNFI value is perfect with 0.96, NFI value is perfect with 0.95, RMR value is perfect with 0.045, and SRMR value is perfect fit with 0.036. All these findings confirmed the factor structure of the scale.

**Table 4. CR, AVE and Cronbach's Alpha Levels of Measurement Tools Used in the Scope of the Research**

Variables	AVE	CR	Cronbach's Alpha
Vision and Leadership	0,52	0,91	0,931
Employees	0,62	0,91	0,934
Corporate environment	0,52	0,76	0,836
Corporate Communication, Identity and Image	0,58	0,89	0,929
Products and Services	0,68	0,90	0,934
Social responsibility	0,61	0,89	0,898

In order to evaluate the convergent validity of the measurement tools used in the research, the AVE (Average Variance Extracted) and CR (Composite Reliability) values of the structures included in the measurement tools were calculated. The relevant values should be above 50, which is the limit value in the literature, and the CR value should be above 0.70 (Fornell and Larcker, 1981; Hair et al., 2010). It is seen that the AVE and CR values of the structures in the scales meet both criteria, and since the reliability levels are above 0.70, the reliability levels are determined to be at a high level.

**Table 5. Findings of the Relationship Between the Variables**

Variables	Vision and Leadership	Employees	Corporate environment	Corporate Communication, Identity and Image	Products and Services	Social responsibility
Vision and Leadership	1	,715**	,612**	,722**	,725**	,630**
Employees		1	,708**	,803**	,730**	,771**
Corporate environment			1	,709**	,658**	,601**
Corporate Communication, Identity and Image				1	,742**	,760**
Products and Services					1	,673**
Social responsibility						1

\*\*p<0.01

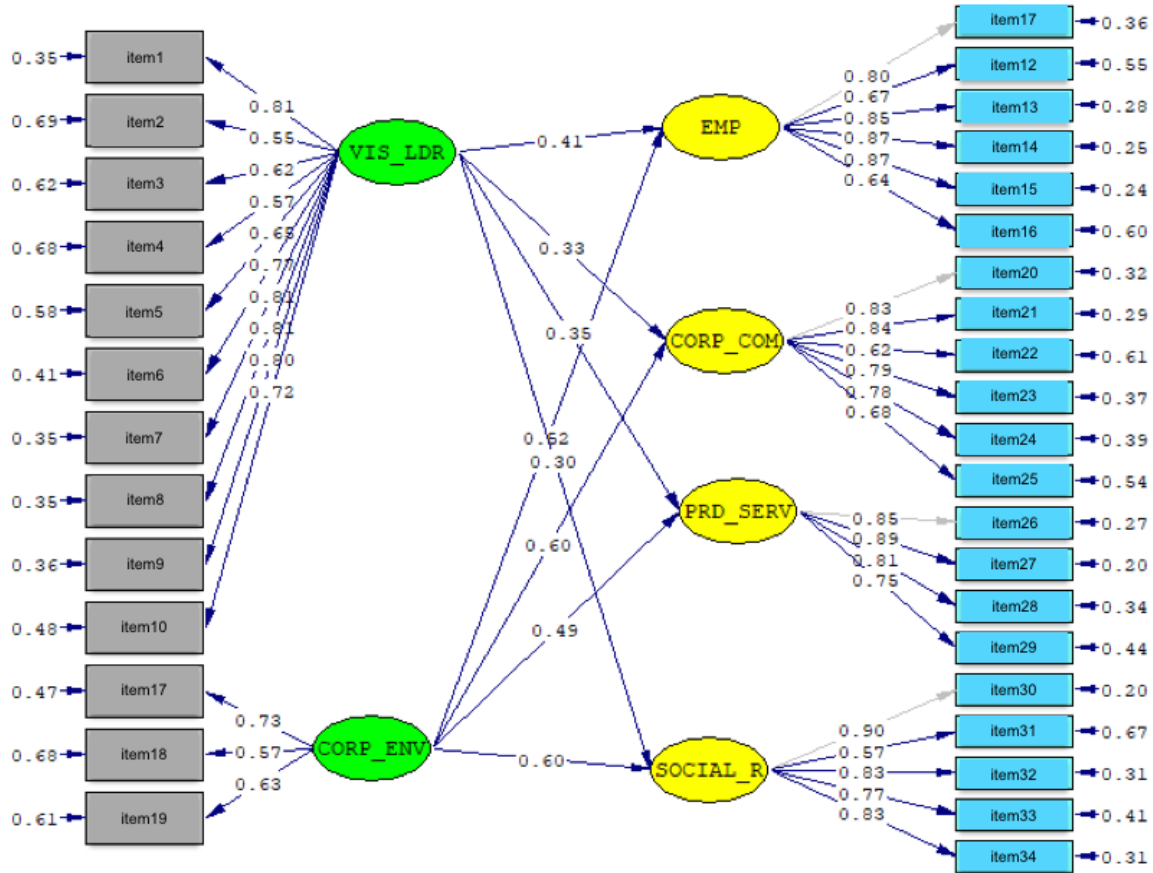
Pearson correlation analysis was performed to examine the relationships between the variables. According to the results of the correlation analysis, it was determined that all the correlations between the variables were significant and positive ( $p < 0.01$ ). It was determined that the highest relationship with the employees was between corporate communication, identity and image with a coefficient of 0.803, and the highest relationship with the corporate environment from the independent variables was between social responsibility with a coefficient of 0.771 ( $r = 0.771$ ;  $p = 0.000 > 0.01$ ).

### 5.3. Research Model and Hypotheses

In this part of the research, the hypotheses of the research model were established and the effect of the independent variables on the dependent variables was examined. In the model, vision and leadership and corporate environment variables were taken as independent variables, and employees, corporate communication, identity and image, products and services and social responsibility were taken as dependent variables.

The result of the model with independent and dependent variables is given in Figure 3.

**Figure 3: Path Diagram of the Research Model**



Chi-Square=2118.10, df=521, P-value=0.00000, RMSEA=0.073

Regarding the research model given in Figure 3, Chi-square  $X^2 = 2118.10$ ;  $df = 521$ ; , was significant at the  $p = 0.0000 < 0.01$  level. When the ratio of the Chi-square value to the Degrees of freedom ( $df$ ) is examined ( $\chi^2/df = 4.065$ ), the value below 5 indicates an acceptable fit. When the goodness of fit indices of the structural model are examined, it is seen that  $RMSEA = .073$ ,  $RMR = .035$ ,  $SRMR = .034$ ,  $GFI = .93$ ,  $AGFI = .91$ ,  $CFI = .98$ ,  $NFI = .98$  and  $NNFI = .98$ . These values show that the established structural model has an acceptable fit. According to these results, the results of the research hypotheses are given in Table 6.

**Table 6. Standardized, T-Values and Explained Levels of Variance for Path Analysis of the Research Hypotheses**

Hypotheses	Paths	Standard Val.	t value	R2 Value	Result of Hypothesis
H1: Vision and Leadership Affects Attitudes Towards Employees Positively.	VIS_LDR→EMP	0,41	8,77**	0,17	Accepted
H2: Vision and Leadership Affects Corporate Communication Positively.	VIS_LDR→CORP_COM	0,33	6,96**	0,11	Accepted
H3: Vision and Leadership Affects Attitudes Towards Products and Services Positively.	VIS_LDR→PRD_SERV	0,35	7,08**	0,12	Accepted
H4: Vision and Leadership Affects Social Responsibility Attitudes Positively.	VIS_LDR→SOCIAL_R	0,30	6,38**	0,09	Accepted
H5: Perception of Institutional Environment Affects Attitudes Towards Employees Positively.	CORP_ENV→EMP	0,52	10,46**	0,27	Accepted
H6: Perception of Institutional Environment Affects Institutional Communication Positively.	CORP_ENV →CORP_COM	0,60	11,64**	0,36	Accepted
H7: Perception of Institutional Environment Affects Attitudes Towards Products and Services Positively.	CORP_ENV →PRD_SERV	0,49	9,27*	0,24	Accepted
H8: Corporate Environment Perception Affects Social Responsibility Attitudes Positively.	CORP_ENV →SOCIAL_R	0,60	11,78**	0,36	Accepted

\*\*p<0.01

When the path diagram in Figure 3 and the values in Table 6 are examined, it is seen that the vision and leadership attitudes of the participants have a positive effect on their attitudes towards employees ( $\beta = 0.41$ ;  $t = 8.77$ ;  $p < 0.01$ ). It was determined that the 1st hypothesis, vision and leadership affects attitudes towards employees positively was accepted. This result shows that an increase in the



vision and leadership attitudes of the participants creates an increase in their attitude levels towards employees with an effect of 0.41.

It was determined that the vision and leadership attitudes of the participants had a positive effect ( $\beta= 0.33$ ;  $t= 6.96$ ;  $p<0.01$ ) on their corporate communications, and it was determined that the 2nd hypothesis, vision and leadership affects corporate communication positively was accepted. This result shows that an increase in the vision and leadership attitudes of the participants creates an increase in their corporate communication levels with an effect of 0.33.

It was determined that the vision and leadership attitudes of the participants had a positive effect ( $\beta= 0.35$ ;  $t= 7.08$ ;  $p<0.01$ ) on their attitudes towards service services, and it was determined that the 3rd hypothesis, vision and leadership affects attitudes towards products and services positively was accepted. This result shows that an increase in the vision and leadership attitudes of the participants creates an increase in their attitudes towards service services with an effect of 0.35.

It was determined that the vision and leadership attitudes of the participants had a positive effect ( $\beta= 0.30$ ;  $t= 6.38$ ;  $p<0.01$ ) on their social responsibility attitudes, and it was determined that the 4th hypothesis, vision and leadership affects social responsibility attitudes positively was accepted. This result shows that an increase in the vision and leadership attitudes of the participants creates an increase in their social responsibility attitudes with an effect of 0.30.

It was determined that the organizational environment perception of the participants had a positive effect on their attitudes towards the employees ( $\beta= 0.52$ ;  $t= 10.46$ ;  $p<0.01$ ), and it was determined that the 5th hypothesis, perception of institutional environment affects attitudes towards employees positively was accepted. This result shows that an increase in the perceptions of the organizational environment of the participants creates an increase in their attitudes towards employees with an effect of 0.52.

It was determined that the participants' perception of the institutional environment had a positive effect on their corporate communication ( $\beta= 0.60$ ;  $t= 11.64$ ;  $p<0.01$ ), and it was determined that the 6th hypothesis, perception of institutional environment affects institutional communication positively was accepted. This result shows that an increase in the perceptions of the corporate environment of the participants creates an increase in the level of their corporate communication with an effect of 0.60.

It was determined that the participants' perception of the institution's environment had a positive effect ( $\beta= 0.49$ ;  $t= 9.27$ ;  $p<0.01$ ) on their attitudes towards service services, and it was determined that the 7th hypothesis perception, of institutional environment affects attitudes towards products and services positively was accepted. This result shows that an increase in the perceptions of the institutional environment of the participants creates an increase in their attitudes towards service services with an effect of 0.49.

It was determined that the participants' perception of the institutional environment had a positive effect on their social responsibility attitudes ( $\beta= 0.60$ ;  $t= 11.78$ ;  $p<0.01$ ), and it was determined that the 8th hypothesis, corporate environment perception affects social responsibility attitudes positively was accepted. This result shows that an increase in the perceptions of the corporate environment of the participants creates an increase in their social responsibility attitudes with an effect of 0.60.

## 6. CONCLUSION

In addition to the availability of health services and the high quality of service, continuity and efficiency in service should be ensured. In line with the results obtained by determining the perception created by family medicine in the society it serves, it is important to maintain, protect and manage the reputation, which is considered as one of the strategic communication managements, correctly. With the effect of globalization and money in the field of health, it is seen that the importance of an institution's corporate reputation is gradually increasing and it has become an effective factor in gaining competitive advantage.

It has been determined that the structural model established in accordance with the research model has an acceptable fit and according to the result of the structural equation model made to the hypotheses, it has been determined that the vision and leadership corporate environment attitudes of the participants have a positive effect on their attitudes towards employees and corporate communication, social responsibilities, product and service. The hypotheses have been accepted.

According to the results of the correlation analysis, it was determined that all the correlations between the variables were significant and positive ( $p<0.01$ ). It has been determined that the highest correlation is between vision and leadership from independent variables and corporate communication, identity and image with a coefficient of 0.722, and the highest correlation is between corporate environment from independent variables and corporate communication, identity and image with a coefficient of 0.709.

According to the results of the correlation analysis, it has been concluded that patients care about all dimensions related to corporate reputation, that the results support the research conducted by (Tekin,2018), that the results are parallel to the results of studies done by Horwitz (2005), Karahan (2009), Liu et al. (2016), Deniz et al. (2017) and Korkmazer and Saydan (2018), and that the results are similar to the results of studies conducted by Ceylan (2019), Keskin (2020), Sanati and Demirsel (2021).

It is envisaged that if healthcare institutions can have innovation and changeable products and services by giving importance to vision and leadership, corporate communication, identity and image, they will be able to maintain their continuity by having a high reputation.

It can be said that if this research is carried out on larger samples, the findings to be obtained will guide policy makers in determining the problems related to family medicine and developing solutions.

It is foreseen that the studies to be conducted on the institutional reputation of family medicine, if not be limited to those who receive service from family medicine, but the service providers and the employees in the family are also evaluated together, it will make a significant contribution to the determination and development of the institutional reputation of family medicine.

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