

**THE RELATIONSHIP BETWEEN EMPLOYEES' PERCEPTIONS
TOWARDS SECTORAL REPUTATION AND CORPORATE REPUTATION
IN HEALTH CARE INSTITUTIONS AND THE EFFECTIVE FACTORS**

**SAĞLIK KURUMLARINDA SEKTÖREL İTİBAR İLE KURUMSAL İTİBARA
YÖNELİK ÇALIŞANLARIN ALGILAMALARI ARASINDAKİ İLİŞKİ
VE ETKİ EDEN FAKTÖRLER**

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ABSTRACT

The health institutions stand with high probability to face with sectorial and institutional risks. While these institutions are trying to reduce the risks that they bear, to perform the public services and to compete in the industry, they make greater efforts in order to preserve their own reputation together with the industry's reputation. As a commencement of an internal stakeholder and reputational main factors, health care employees play an important role on improving service quality. In this study it is aimed to determine the perceptual differences of the personnel of the health institutions who deliver the service and perform health service marketing through their work, with regard to relation between the industrial reputation and institutional reputation. The primary data is collected through face to face questionnaires that are made with the personnel of the hospitals located at the city central of the Afyonkarahisar province. As a result, it is observed that the institutional reputation perception of the health industry personnel is shaped in accordance with their industrial reputation perception furthermore there appears perception differences due to their occupation and age.

Key words: Health industry, Reputation of the Industry, Institutional Reputation, Service Marketing

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ÖZ

Sektörel ve Kurumsal açıdan sağlık kurumları, risklerle sürekli karşı karşıya kalma olasılığı yüksek olan kuruluşlardır. Hem üstlendikleri riski azaltma hem kamusal hizmeti gerçekleştirme hem de sektördeki rekabeti aşmaya çalışırken bu kurumlar, sektörle birlikte kendi itibarlarını korumaya çok daha fazla çaba harcarlar. İç paydaş ve bir itibar ana unsuru başlangıcı olarak sağlık çalışanları, hizmet kalitesinin geliştirilmesinde önemli bir rol oynamaktadır. Bu çalışmada yaptıkları iş ile hizmet sunumunu ve sağlık hizmet pazarlamasını gerçekleştiren sağlık kurumları çalışanlarının sektörel itibar-kurumsal itibar ilişkilerine yönelik algılama farklılıklarını tespit edilmesi amaçlandı. Birincil veriler, Afyonkarahisar mekeğinde hastane çalışanları ile yüzyüze anketler yoluyla toplanmıştır. Bu çalışma ile sağlık çalışanlarının sektörel itibar algılamalarına göre kurumsal itibar algılamalarının şekillendiği, mesleki ve yaşlarına göre de algılamalarda farklılıkların olduğu görülmüştür.

Anahtar kelimeler: Sağlık Sektörü, Sektör İtibarı, Kurumsal İtibar, Hizmet Pazarlaması

INTRODUCTION

The health institutions that offer marketing of the services face operational risks constantly due to their sectoral and institutional characteristics. However, although these institutions provide an important and crucial public service, they may easily be influenced by the problems caused by structural features of the sector and the competition in the sector. Just like in the other increasing service-oriented sectors, private health institutions exert competitive pressure on the operations of the state and university health institutions. In fact, these pressures are not only a result caused by the competition. These are the reflections of the stakeholders' expectations from this sector. The health institutions that make an effort to reduce the risks and perform public service along with fulfilling its responsibilities to overcome competition in the sector have to put much more effort than the institutions in other sectors to protect their own reputation and the reputation of the sector. Naturally, the qualifications of employees working in these institutions are one of the indicators that reflect the quality of institution to the outside world and it is regarded this way by the related parties.

On the other hand, the health service that is provided as the product quality is another important and separate evaluation criterion among the reputation components. However, the increasing competition by the help of the new players in the health sector has resulted in evaluating their reputational capital not only in terms of patients but also in terms of all the stakeholders in the sector. Both the employees, who are the main elements in carrying reputation upwards and the internal stakeholders, who have expectations from the institutions, play important roles in the development of service quality. The sensitivity of health institutions employees towards this issue influences their commitment to their institutions as well as their own reputation in the professional domain together with the sector's development and attraction. Thus, the health institutions employees' sensitivity in terms of sectoral and corporate reputation needs to be taken together: they can only maintain and increase the sectoral and corporate reputations as long as they are aware of the correlation between them. The purpose of this study, therefore, is to investigate the relationship between the healthcare institutions employees' perceptions of sectoral and corporate reputations, and the factors determining this relationship. The relationship between sectoral and corporate reputation was examined theoretically on the basis of service sector aspects. Then we mentioned briefly about the organization of the health sector in Turkey. In the last part, we study the relationship between the healthcare institutions employees' perceptions of sectoral and corporate reputations and the factors affecting this relationship, and discuss our findings.

1. AN EVALUATION OF THE RELATIONSHIP BETWEEN SECTORAL AND CORPORATE REPUTATIONS IN SERVICE SECTOR

The main purpose of each commercial organization is to meet their stakeholders' expectations, and to provide value and profit maximization so as to sustain their own existence. However, whether they are commercial or not, all organizations have to perform their activities by taking the sector's development and the sustainability into account. Furthermore, for a company, the market and the structure of the sector are important factors in determining how it performs its activities. These factors also shape the underlying structure of the interaction with the stakeholders. The role of reputation that is formed through the relationships between corporations and their stakeholders can be comprehended by evaluating the degree of competition experienced in the goods and service markets, the strategies that the companies follow, social performance of the institutions, and their way of acting together about their market views on which they base their research policy strategies (Mahon, 2002: 417). As emphasized by Padanyi and Gainer (2003: 260), although the corporate reputation is much more important to profit seeking institutions in the private sector, it requires all institutions to devote more attention to the issue, even for the ones in the not-for-profit sectors because of corporate reputation's clarified strategic importance along with the events that generate societal sensitivity.

The intensity of competition in sectors is, in fact, directed by the powers that motivate the competition in that sector, and it creates an attractive influence on the new players who have a tendency to enter that sector (Porter, 2000: 4-7). For both the identity that has become integrated with the structure of the sector and the reputation that is connected to this identity, there is not only the image that is created by the institutions and the organizations through their own characteristic features but also there is a textural structure of the relationship system that arranges functioning among these institutions. When you look at the formation of the reputation in terms of economy, it can be seen that the reputation is regarded as a gain that is called as long-distance run by the players and it is achieved with a great deal of efforts and the past actions (Cripps, Mailath, Samuelson, 2007: 288). However, the public sector takes the reputation that the companies have gained within the sector and the structure of the sector in an interconnected way. As Burmann, Schaefer and Maloney (2008: 158) stated, people evaluate the industries and the sectors on the basis of the companies, and then they create the sector's image in their minds. Along with endowing the sector with the reputation, the well-known companies have bigger responsibilities in the retaining of the reputation. Therefore, it is at stake that the stakeholders of the sector perceive the reputation in such a way that it is integrated with some of the names of the firms and the names of the industry. Depending on this reality, transformations in the sector, which are under the effect of developmental launch-way, are formed (Higley, 2003: 65). Naturally, the institutions' reputation formations are actually the result of

a communication process in the industry. The gained reputations are influential on rival firms' strategies and practices as a focal signal. Moreover, it can be argued that investment on its own reputation by a firm also serves to the sector in the development of the industry's reputation (Basdeo, et. al, 2006: 1205; Porter, 2000: 111).

In addition to mentioned arguments, Luoma-aho (2008: 450) concludes that the sector reputation that appears in several levels needs also to be taken into account. According to this conclusion, in the composition of sector reputation at a macro level, the socio-political environment, world and national economy and along with trends in the world are also influential, while in the medium level, the performance and the credibility of the organizations are more influential. Moreover, the reputation at a micro level comes out by stakeholders' taking the public service and public servants' competence into consideration and evaluating the product itself. It is clearly possible to see this situation in the service sector. It is because of the fact that service sector is more equally composed of private, public and not-for-profit corporations.

On the other hand, the competition produces some pressure on the corporations in the service sector towards differentiations in terms of quality of service, and forces the corporations to earn trust by creating customer loyalty and by meeting the expectations of customers in the best way possible. As Hannington (2004) highlighted, it is certain that whether they are public or private sector corporations, all the corporations have to compete with each other since it is possible in the service sector that the reputation may be sold at any moment and it is endowed only by the stakeholders. For this reason, the components of corporate reputation that are consisted of the quality of the product and service, reliability, qualifications of the employees, and innovation have direct influence on the stakeholders' perceptions. Therefore, stakeholders are much more important to the corporations in service sector than in other sectors. Also, as emphasized by Fillis (2003: 240), the queries about some certain issues such as organizations' image and identity that are formed by opponent environment are questioned in the service sector.

Just like in most of the sectors, the interrogations made from time to time in this sector can contribute to the construction of the sector and corporations as well. According to Freistein (2006: 24), the thought of a risk regarding the corporations' reputations is actually a threat for the institutions to remain alive, and it is in some respects valid for every sector. However, it is much more important in the service industry than any other industry. In addition, the professional service providing corporations protect their reputation proactively. These kinds of corporations are evaluated in society within the scope of the services that their employees produce; and therefore, they focus on their employees as the leading influential elements for their reputations (Smith 2008: 368). Especially, since the behavior of the reputation-construction is established in service sector under the asymmetric information, it is strategically important, and it not only constitutes deterrent

reputational effects on the entries to market in the future but also creates output grids that provide advantages to the organizations (Kim and Ju Choi, 2003: 7).

In addition, the organizations in this sector have to be prepared for the changes since the conditions of competition and expectations of customers change constantly (Davies, 2003: 9). Because of the changes and due to the effects caused by the previous reputation, it is likely that stakeholder' expectations may not be met in the desired way and time or the impacts of the changes on stakeholders may not be in the desired direction. For that reason, it is possible that corporate image may be broken. This consequence is another factor that puts pressure on the companies in the service sector. Thus, the management of the stakeholders and the communication with stakeholders should be handled in the context of crisis, or the effects that occur as a result of the uncertainty in corporate communication should be reconsidered. Moreover, the construction of strategies proactively and management of the image should be carried out parallel to each other. In addition to this, reputation is particularly esteemed in the eye of the public that it is a unique identity with a series of stable and consistent image. It is also believed by the stakeholders that in the short-term it is something that is of their own interest while in the long-term it is a commitment towards construction of reputation (Fombrun, 1996: 6). It is very possible that this view may quickly and easily be broken in the eye of the stakeholders when the commitment is not carried out in the requested manner, and it is necessary that the service providers in the public organizations carry out reputation management in a very good way. Within all the mentioned positions, the employees play the key role both as an internal stakeholder and as a reputation component since they are in an important status for the institutions. As they put the abstract services into code with their complex knowledge, the highly trained staff, especially, in the professional service producing institutions are considered by their organizations as the most basic and the valuable assets of the institutions that help achieve the reputation of the corporation (Greenwood, et al., 2005: 661). Ultimately, in the formation of the respectability and the reputation of the sector, it is the stakeholders that affect the sectors and are affected by the sectors. The corporations and their employees take on their influential roles in the sector's structure, functioning, and identity formation along with the formation of the corporate reputation.

2. THE STRUCTURE OF THE HEALTH SECTOR IN TURKEY

In 2002, the Health Conversion Program (HCP) was launched within the context of "Immediate Action Plan" by the Ministry of Health (Ekmen, 2006: 95). The health system that started to be implemented in 2003 before HCP provided limited health service to society free of charge, and at the same time it included the sector employees that were registered to the national health service covering persons that they have to take care of. The system had a financial structuring in the form of a combination of a number of social security systems (OECD IBRD/World Bank, 2008: 8). Naturally,

the structure of the health sector in Turkey is very complex. The main reason of this complexity is the abundant number of institutions that provide health service and financing together with the textural structure of the sector (Ekmen, 2006: 90). However, this system structure was collected under a single umbrella in the scope of HCP on the basis of the new law. The new law aimed at covering whole population in the social security framework by determining the rights and liabilities and to eliminate inequalities in accessing health services and financing (Akdag, 2008: 38). Within the new structure, the leading health service providers in Turkey are as follows: The Ministry of Health, universities, and private businesses (OECD IBRD/Dünya Bankası 2008: 23-24). In addition, according to data from the year 2010, the actual number of beds with the exception of the intensive care unit in Turkey is 34.042, the number of beds in the intensive care unit is 4.019, the number of operating room is 804, and the size of the total covered area is 17.563.434 m² (YÖK, SB & DPT, 2010: 167).

In Table 1, the distribution of professional of health workforce in terms of the public sector, universities and the private sector in Turkey is given as adapted from "Health Education and Health Manpower Status Report for Turkey".

Table- 1: Distribution of the Manpower Working in Health Sector in Turkey

	Health Ministry	Universities	Private Hospitals	TOTAL
Physician	63.622	25.015	22.574	111.211
Dentist	5.776	900	12.588	19.264
Chemist	1.358	218	23.462	25.038
Physiotherapist	702	304	1.016	2.022
Nurse	70.288	15.335	16.941	102.564
Midwife	43.404	554	4.127	48.085
Technician	3.861	1.848	1.469	7.178
Operator	54.234	4.260	18.012	76.560
Others	8.895	2.339	3.066	14.300

Resource: The Health Education in Turkey and the Status Report of Manpower in Health Sector, YÖK, SB & DPT, 2010, p.45-106.

3. THE RELATIONSHIP BETWEEN EMPLOYEES' PERCEPTIONS TOWARDS SECTORAL REPUTATION AND CORPORATE REPUTATION IN HEALTH CARE INSTITUTIONS AND THE EFFECTIVE FACTORS

The scope and the method of the research

The sampling in this study has been carried out from the hospitals located in Afyonkarahisar and their employees. The size of the sampling has been determined according to the data taken from Provincial Health Directorate of Afyonkarahisar. This study is consisted of different kinds of hospitals

including one Research Hospital that belongs to university, four State Hospitals and two private hospitals. In considering the size of the sampling, each organization was regarded as a stratified sampling and their ranks in the population were reflected to the sampling. The convenience sampling method was used in determination of the participants taking part in the survey. Four groups have been formed considering the job titles of the employees. The topics have been handled as follows: Group-1 doctor-physician, Group-2 midwives-nurses, Group-3 secondary health services, and Group-4 general administrative services.

The survey was performed as face to face interviews with employees who work in various posts at these hospitals. The survey is divided into two groups and is composed of 24 questions. One group of these questions includes the questions related to the perception of sectoral reputation, while the second group questions are related to the perception of corporate reputation. In addition to this 24-question-survey, additional 5 more questions were addressed to the participants so as to determine health employees' demographic characteristics.

In the survey questions Five Point Likert Scale was used in order to find out the relationship between the health institutions employees' perception of sectoral reputation and the corporate reputation, and the influential factors. In the analysis of the survey results we used "SPSS 18.0 for Windows". The Cronbach Alpha coefficient that indicates the level of reliability of the survey has been found out as 0.79. In the statistical analysis of data, we used Correlation Analysis, Kruskal-Wallis test, and Mann-Whitney U test.

The Research Hypothesis

H₁: There is no relationship between the health sector employees' age and the perceptions of sectoral and corporate reputations.

H₂: There is no relationship between the health sector employees' gender and the perceptions of sectoral and corporate reputations.

H₃: There is no relationship between the health sector employees' educational status and the perceptions of sectoral and corporate reputations.

H₄: There is no relationship between the health sector employees' professional (vocational) positions and the perceptions of sectoral and corporate reputations.

H₅: There is no relationship between the health sector employees' period of working time and the perceptions of sectoral and corporate reputations.

The Findings of the Research

The distribution of the participants in terms of their demographic characteristics is shown in Table 2.

Table 2- Demographic characteristics of the people participated in the survey

	Number	Percentage (%)
Age	220	37,4
20-30		
31-40	235	39,9
41-50	114	19,4
51 and plus	20	3,4
Gender		
Female	362	61,5
Male	227	38,5
Educational Status		
Primary School	10	1,7
Secondary School	5	0,8
High School	160	27,2
University	319	54,2
Postgraduate	95	16,1
Occupation		
Civil Servant	101	17,1
Caregiver	24	4,1
Midwife	30	5,1
Nurse	153	26,0
Chemist	6	1,0
Physician	120	20,4
Others	155	26,3
Period of Working Time		
1-5 years	247	41,9
6-10 years	138	23,4
11-15 years	97	16,5
16-20 years	67	11,4
21 and plus	40	6,8
Total	589	100

We provide information on hospitals covered in the study in Table 3. The data is obtained Provincial Health Directorate of Afyonkarahisar and the web sites of the private hospitals.

Table 3: The examined Hospitals

Hospitals	Number	Percentage (%)
1. Hospital	81	13,8
2. Hospital	196	33,3
3. Hospital	43	7,3
4. Hospital	68	11,5
5. Hospital	98	16,6
6. Hospital	60	10,2
7. Hospital	43	7,3
Total	589	100

In Table 4 represents the general distribution of the health institutions employees in Afyonkarahisar.

Table 4: General Distribution of the Health Institutions Employees in Afyonkarahisar

Health Institutions Employees	Working for Health Ministry	Working for Private Sector
Doctor-Physician	605	64
Midwife-Nurse	1283	*
Side Health Services	851	*
General Management Services	812	*
Total	3551	500**

* It was impossible to find out the definite employee number in the related categories.

**The total number of employees working in the private hospitals is about 500.

Considering the statistical analyses; the correlation between the employees' perceptions of sectoral reputation and the corporate reputation shows that as the score of perception of sectoral reputation increases, so does the score of perception of corporate reputation ($r = 0.58$). There is a proportionally and statistically significant relationship between the two variables ($p < 0.05$).

Table 5: In terms of corporate and sectoral perceptions of reputation comparisons between groups.

		Perception of corporate reputation			Perception of sectoral reputation		
		<i>n</i>	Mean Rank	<i>p</i>	<i>n</i>	Mean Rank	<i>p</i>
Gender*	Female	362	297.35	0.605	362	295.67	0.833
	Male	226	289.93		226	292.63	
Age	20-30	220	331.28 ^a	0.001	220	343.40 ^a	0.000
	31-40	235	280.38 ^{bc}		235	271.29 ^b	
	41-50	114	259.10 ^{bc}		114	255.41 ^b	
	50 and Plus	20	272.38 ^{ac}		20	266.78 ^b	
Educational Status	Primary School	10	318.70	0.359	10	307.50	0.151
	Secondary School	5	359.90		5	267.20	
	High School	160	309.23		160	284.17	
	University	319	293.94		319	288.40	
	Postgraduate	95	268.69		95	335.56	
Occupation	Civil Servant	101	304.89	0.221	101	298.27 ^a	0.002
	Caregiver	24	356.02		24	238.15 ^a	
	Midwife	30	301.80		30	256.28 ^a	
	Nurse	153	302.81		153	263.49 ^a	
	Chemist	6	370.25		6	312.75 ^{ab}	
	Physician	120	268.46		120	345.38 ^b	
	Others	155	287.72		155	300.58 ^a	
Period Of Working Time	1-5 Yil	246	319.74 ^a	0.001	246	337.53 ^a	0.000
	6-10 Yil	137	265.25 ^{bc}		137	293.06 ^{ab}	
	11-15 Yil	96	244.10 ^b		96	229.48 ^b	
	16-20 Yil	66	322.78 ^{ac}		66	224.92 ^b	
	21 and Plus	39	284.33 ^{ab}		39	275.99 ^{ab}	
Hospital	1.Hospital	81	292.47 ^a	0.000	81	297.46 ^a	0.000
	2.Hospital	196	241.05 ^b		196	272.01 ^{ab}	
	3.Hospital	43	252.12 ^{ab}		43	220.76 ^b	
	4.Hospital	68	281.74 ^{ab}		68	278.73 ^{ab}	
	5.Hospital	98	342.50 ^c		98	254.76 ^{ab}	
	6.Hospital	60	395.67 ^d		60	422.32 ^c	
	7.Hospital	43	360.83 ^{cd}		43	409.19 ^c	

Note: Different letters in the same column within variable groups indicates that there is difference between groups.

Inman-Conover Multiple Comparison test was used for the sub-group made the difference or determining sub groups.

*: Mann-Whitney U Test

Other Variable Groups: The Kruskal-Wallis test

The scores of employees' perception of sectoral and corporate reputation in terms of age groups do not have normal distribution. Kruskal–Wallis test was applied to determine the differences in groups. Compared to elderly people, young people give more importance to the perception of both sectoral and corporate reputation. However, both the perception of sectoral reputation and the perception of corporate reputation change according to employees' age groups ($p < 0.05$).

The scores in relation with the employees' perceptions of corporate and sectoral reputation in terms of genders do not have normal distribution. We investigated whether there is a difference between the genders using the Mann-Whitney U test. It was found out that there is not any statistically meaningful difference.

The scores in relation with the employees' perception of corporate and sectoral reputation in terms of educational status do not have normal distribution. Kruskal–Wallis test was applied in order to find out the differences in the groups, but it was found out that there is not any meaningful difference.

The scores in connection with the employees' perception of corporate and sectoral reputation in terms of vocational groups do not have normal distribution. Kruskal–Wallis test was applied in order to demonstrate the differences in the groups. Occupations are ranked according to importance: doctor, pharmacist, the other, civil servant, nurse, midwife, and caregiver. While there is a statistically meaningful difference in employees' perceptions of sectoral reputation ($p < 0.05$), there is no meaningful difference in employees' perceptions of corporate reputation.

The scores in connection with the employees' perceptions of corporate and sectoral reputation in terms of period of working time do not have normal distribution. Kruskal–Wallis test was applied in order to determine the differences in the groups. It was found out that there is a difference both in the perceptions of sectoral and corporate reputation ($p < 0,05$). Compared to elderly people, young people attach more importance both to the perception of sectoral reputation and to the perception of corporate reputation.

The scores in connection with the employees' perceptions of corporate and sectoral reputation in terms of the status of the hospitals do not show normal distribution. Kruskal–Wallis test was applied in order to put forward the differences in the groups. The test result shows that there is a difference between the perception of sectoral reputation and the perception of corporate reputation ($p < 0.01$). In Table 3, the ranking list was formed according to the importance that the employees attach to hospitals in terms of perceptions of corporate and sectoral reputation. It is as follows: Hospital 6, Hospital 7, Hospital 1, Hospital 4, Hospital 2, Hospital 5, and Hospital 3.

ASSESSMENT OF THE RESULTS

The service that is provided in health sector, in a sense that is put forward as the activities of health institutions, is performed in an arena in terms of health marketing. In this arena, just like in other sectors the indicators need to be transferred to public so that they will bring competitive advantage to the institution. Due to developments in the health sector and the significant steps taken in the recent years, the expectations from the health organizations have risen sharply. Today, private sector

in Turkey has increased the establishment of edifice and large hospitals, which are equipped with the latest technology. These hospitals employ successful and reputable doctors along with establishing partnerships with the leading global health organizations. The reasons that were counted above have made a triggering effect on the stakeholders' expectations towards the sector.

The reputations that the health institutions achieved have a positive effect on the investors, new players, the professional reputations of the employees working in this sector, and the people who think of working in this sector. Therefore, the efforts to create awareness in health institutions' employees on increasing their organization's reputation is not only contributing to the institutions but also contributing to the sector. As a result of these benefits, the reputation of institution and sector will be a driving force in pushing forward. This is an important dimension to the development of the health sector in Turkey.

This study is essentially the initial study to reflect the sector employees' level of awareness, their perceptions of sectoral and corporate reputations in respect of health institutions branding. The results of analysis show that the employees' perception scores of the sector reputation increases as the perception scores of the corporate reputation rise. This implies that the attractiveness of the sector is important to the workers in terms of being a part of this sector. It also proves the argument that the reputation of the organizations provides attractiveness.

Meaningful differences in the perception in terms of professional status are found in the perception of sectoral reputation. It may be seen that the doctors take the lead and the pharmacists come second according to the ranking list of the differences in the perception scores. Those who are in this profession group receive a challenging training process and hence they attach importance to reputation of these professions. Naturally, they approach this issue sensibly. In addition, young people compared to old people places more value on both the sectoral and the corporate reputations. This result may be because of the fact that the young people follow news on the scandals of corporations more closely than the old.

The differences in the perception of sector reputation and corporate reputation of the employees working in private hospitals are rather clear-cut compared to the employees working in public and university hospitals. This is because the competition in the private sector is more intense than the public sector. In addition, the people working in these private organizations attempt to be much more qualified and display a better performance in terms of corporate branding, as if they were in a struggle for branding of themselves. In fact, this situation reflects the knowledge and the awareness of the private sector employees in Turkey.

Afyonkarahisar has been taken as an example for this study because it is one of the fast developing cities in Turkey. The health institutions' employees in Afyonkarahisar are in great efforts for corporate branding due to intense competition experienced in the health sector. This study analyzes the scores related with the health institutions' employees' perception of sectoral reputation and corporate reputation. We investigate "whether there is a relationship between the perception scores of the employees" and "factors effective on this relationship". We hope that this study is going to encourage new studies in the field. The findings that were determined by our study prove the fact that it is a necessity to research and increase the awareness of the employees that work in such sectors with high risks concerning the issue. This is because it has provided us with some of the data that are to support the basis of the proactive reputation management and its proper functioning. However, there is a need to approach the topic in a broader perspective in order to find out the other factors that affect the perceptions of the employees.

REFERENCES

- Akdağ, R. (2008). *İlerleme Raporu: Sağlıkta Dönüşüm Programı*, Ed: Akdağ, R., Aydın, S. and Demirel, H., Ankara: Sağlık Bakanlığı Retrieved August 29, 2011 from <http://ekutuphane.tusak.saglik.gov.tr/kitaplar/turkiyeSDP.pdf>.
- Basdeo, D. K., Smith, K. G., Grimm, C. M., Rindova, V. P. and Derfus, P.J. (2006). The Impact of Market Actions on Firm Reputation. *Strategic Management Journal*, 27: 1205-1219, DOI: 10.1002/smj.556.
- Burmann, C., Schaefer, K. and Maloney, P. (2008). Industry Image: Its impact on the Brand Image of Potential Employees. *Brand Management*, 15 (3): 157-176.
- Cripps, M. V., Mailath, G. J. and Samuelson, L. (2007). Disappearing Private Reputations in Long-Run Relationships. *Journal of Economic Theory*, 134: 287-316, DOI: 10.1016/j.jet.2006.03.007.
- Davies, G. (2003). *Corporate reputation and competitiveness*. London: Routledge.
- Fillis, I. (2003). Image, Reputation and Identity Issues in the Arts and Crafts Organization. *Corporate Reputation Review*, 6 (3): 239-251.
- Firestein, P. J. (2006). Building and Protecting Corporate Reputation. *Strategy & Leadership*, 34 (4): 25-31, DOI: 10.1108/10878570610676864.
- Fombrun, C. J. (1996). *Realizing Value from the Corporate Image*. Boston: Harvard Business Press.
- Ekmen, A. (2006). *Avrupa Birliği'ne Tam Üyelik Sürecinde Sağlık Sektöründeki Mevzuat Uyumunda Karşılaşılan Sorunlar ve Çözüm Önerileri Beşinci Genişleme Sürecindeki Ülkelerle Karşılaştırmalı İnceleme*. Avrupa Birliği Uzmanlık Tezi, Ankara: Sağlık Bakanlığı Yayınları, Retrieved August 29, 2011 from <http://www.saglik.gov.tr/ABKD/dosya/1-38234/h/azmi-ekmen---ab-uzmanlik-tezi---saglik-sektorundeki-mev-.pdf>.
- Greenwood, R., Li, S.X., Prakash, R. and Deephouse, D. L. (2005). Reputation, Diversification, and Organizational Explanations of Performance in Professional Service Firms. *Organization Science*, 16 (6): 661-673, DOI: 10.1287/orsc.1050.0159.
- Hannington, T. (2004). *How to Measure and Manage Your Corporate Reputation*. Burlington: Gower Publishing Company.
- Higley, C. (2003). Image and the industry. *Pest Control*, 71 (6): 65.
- Kim, J. and Ju Choi, C. (2003). Reputation and Product Tampering in Service Industries. *The Service Industries Journal*, 23 (4): 3-11.
- Luoma-Aho, V. (2008). Sector Reputation and Public Organizations. *International Journal of Public Sector Management*, 21(5): 446-467, DOI 10.1108/09513550810885778.
- Mahon, J. F. (2002). Corporate Reputation-A Research Agenda Using Strategy and Stakeholder

- Literature. *Business & Society*, 41(4): 415-445, DOI: 10.1177/0007650302238776.
- OECD and IBRD/Dünya Bankası (2008). *OECD Sağlık Sistemi İncelemeleri-Türkiye*. Retrieved September 12, 2011 from http://ekutuphane.tusak.saglik.gov.tr/kitaplar/OECD_Kitap.pdf.
- Padanyi, P., Gainer, B. (2003). Peer Reputation in the Nonprofit Sector: Its Role in Nonprofit Sector Management. *Corporate Reputation Review*, 6 (3): 252-265.
- Porter, M. E. (2000). *Rekabet Stratejisi*. İstanbul: Sistem Yayıncılık ve Mat.San.Tic.A.Ş.
- Smith, A. D. (2008). Resource Based View of the Firm: Measures of Reputation Among Health Service-Sector Businesses. *Health Marketing Quarterly*, 25 (4): 361-382, DOI: 10.1080/07359680802135716.
- YÖK, SB and DPT (2010). *Türkiye’de Sağlık Eğitimi ve Sağlık İnsangücü Durum Raporu*. Ankara: Uyum Ajans, Retrieved August 29, 2011 from http://www.yok.gov.tr/turkiyede_saglik_egitimi.pdf
- <http://www.fuarhastanesi.com/?sayfa=kurumsal>. [accessed on December 05, 2011].
- <http://www.fuarhastanesi.com/?sayfa=doktorlarimiz>. [accessed on December 05, 2011].
- <http://www.parkhospital.com.tr/hakmz.asp>. [accessed on December 05, 2011].