Citation for the published paper:

Frontline nurses' appraisal of organizational attractiveness and the role of management support, interdepartmental collaboration climate, and service quality of care

Terje Slåtten and Gudbrand Lien

Inland Norway University of Applied Sciences, Norway

Abstract

Purpose — This paper examines the factors related to organizational attractiveness (OA), a concept originating in the strategy of employer branding. Previous research on OA has predominantly adopted the perspective of external applicants. In contrast, the present study takes the perspective of internal and current employees, extending further the scope of studies on OA.

Design/Methodology/Approach — Quantitative data were collected from a survey consisting of a sample of 164 nurses, all employees of public hospitals. Confirmatory factor analysis and structural equation modeling were used to analyze the data. Furthermore, the indirect effects were tested by mediator analysis.

Findings — Interdepartmental collaboration climate, management support, and service quality of care were shown to have a positive effect on OA, with the three factors explaining 45% (R^2 = 0.45) of OA. The relationship between management support and OA was found to be mediated through the interdepartmental collaboration climate, and that between the interdepartmental collaboration climate and OA was found to be mediated through the service quality of care.

Originality/Value — This study contributes to an understanding of OA from a current employee perspective. Specifically, it reveals how the three factors of interdepartmental collaboration climate, management support, and service quality of care influence and shape the perception of current employees (nurses) toward the attractiveness of their organization.

Keywords Organizational attractiveness, Interdepartmental collaboration climate, Management support, Service quality of care, Frontline nurses, Magnet hospitals, Nurse–hospital relationship

Paper type Research paper

Introduction

This paper focuses on the nurse–hospital relationship or what, more formally, is referred to as organizational attractiveness (OA). Yan and Kung (2017) highlight the central importance of OA: "Organizational attractiveness is one of the core values of business management especially for the labor-intensive healthcare industry" (p. 33). Hospital organizations can be described as professional service firms (Liedtka *et al*., 1997; Slåtten *et al*., 2019; Slåtten *et al*., 2021) where the "delivery of healthcare services relies on an appropriate and sustainable health human resource base" (Landry *et al*., 2012, p. 1). What makes nurses a vital part of the total group of hospital human resources is their role as frontline employees. The way nurses perform their daily job and the level of service quality of care performed have a direct impact on the individual patient's satisfaction as well as on the image of the hospital. Accordingly, it is vital for hospital organizations to both attract potential nurses and retain current nurses. OA has thus become a vital domain of interest and "hospital attractiveness is of major importance" (Trybou *et al*., 2014, p. 2).

The concept of OA originates from human resource management and specifically within the frame of employer branding (Trybou *et al*., 2014). Berthon *et al*. (2005) note that employer branding is "a company's effort to communicate to existing and prospective staff that it is a desirable place to work" (p. 153). Consequently, the main idea of employer branding is to grow and/or sustain the attractiveness of an organization to be perceived as a preferred employer, and thereby "position the firm in the minds of its potential and current employees as a great place to work" (Kalinska-Kula and Staniec, 2021, p. 587). The concept of OA has emerged from employer branding and has attracted increasing attention in recent years (Kalinska-Kula and Staniec, 2021). However, there are two major limitations in previous research on OA that warrant the need for this study.

First, previous studies have largely focused on OA from an external perspective, that is, how to attract prospective external applicants to an organization. Based on an extensive literature review of 187 articles on employer branding, Theurer *et al*. (2018) conclude that "the majority of empirical research focuses on recruitment" (p. 2). Similarly, Trybou *et al*. (2014) note that "the available studies have focused primarily on potential applicants' impressions of organizations as employers in the recruitment process" (p. 2). One consequence of this one-sided focus on recruitment or the prospective applicants is that a focus on OA from an internal and current employee perspective has been generally neglected. A review of research on healthcare organizations (e.g., hospitals, which are the focus of this study) reveals that only four studies have examined the concept of OA from a current employee perspective (Trybou *et al*., 2014; Yan and Kung, 2017; Slåtten *et al*., 2019; Slåtten *et al*., 2021). The need for more research that considers OA from a current employee perspective is therefore evident.

Second, of these four studies, only Slåtten *et al*. (2019) consider how current nurses perceive the attractiveness of their organization. Given the importance of the performance of nurses in the delivery of service quality of care (SQC) to patients, "among health workers, nurses are the professionals who dedicate the most time to direct patient care" (García-Sierra and Fernández-Castro, 2018, p. 2809). In addition, nurses typically constitute a major group of employees in healthcare organizations, that is, 40%–60% of the total workforce (Chen *et al*., 2015). Nurses are also characterized by having a high turnover rate, and health organizations in several countries describe this as an "ongoing problem" (Currie and Hill, 2012, p. 1180). High turnover and unstable staff strength among nurses are associated with a reduction in resident satisfaction (Al Sabei *et al*., 2020; Fallatah *et al*., 2017; McHugh *et al*., 2011) and a fall in the level of SQC (Kingma, 2007). The challenging times experienced in 2020 due to the COVID-19 pandemic have likely exacerbated the situation for many healthcare professions, such as nurses, leading to greater job-related stress (Al-Abrrow *et al*., 2021; Ramaci *et al*., 2020). These and many

other aspects are related to employees' perception of OA and whether their organizations are great places to work or not. Al-Abrrow *et al*. (2021) note that "worldwide, healthcare organizations such as hospitals face numerous challenges that are directly or indirectly related to employees' perception of organizational attractiveness" (p. 21). A recent qualitative study of 133 nursing managers (Nurmeksela *et al*., 2021) highlighted that improvement in employees' perception toward OA would be a "crucial factor" to focus on in the future.

However, as noted, paradoxically very little research has been undertaken on the concept of OA from the current employee perspective. Trybou *et al*. (2014) highlight this relatively underexplored perspective and knowledge gap by stating: "we do not yet know what determines attractiveness for those people already working at the organization" (p. 2). Consequently, there is a need to understand better the related factors that "drive" OA from the perspective of current frontline nurses in organizations (Slåtten *et al*., 2019).

Our study therefore aims to address the following issues. First, it contributes to a growing body of research on healthcare professionals that focuses on the concept of OA. Second, in contrast to the external perspective that has dominated studies on OA (i.e., attracting prospective applicants to an organization), the focus of the current research is to study OA from an internal and current employee perspective. The internal perspective on OA refers to examining *how* and in *what way* different types of hospital nurses' perception are linked to OA. In total, three types of perception are found to be associated with nurses' appraisal of OA: (i) support from their managers, (ii) a climate of collaboration in their organization, and (iii) the level of service quality of care offered to patients. In this way, the present study responds directly to the call by Slåtten *et al*. (2019) for more research on OA among current healthcare professionals: "future research might examine whether a supportive and cooperative leadership style promotes OA [organizational attractiveness] as well as a supportive, cooperative climate in the organization in general" (p. 13). To our knowledge, previous work has not examined these associations, and

thus, this study makes several contributions and proposes practical implications for the managers of healthcare organizations.

The paper is structured as follows. First, a literature review describes the different concepts and relationships linking nurses' perception to the appraisal of OA, followed by a description of the methodology and findings from the empirical study. The paper concludes with a discussion of the findings and the implications as well as the suggestions for further research.

Literature review

Organizational attractiveness (OA)

The concept of OA matches and reflect the nurse–hospital relationship (NHR) as is visualized in the research model in Figure 1. To illustrate, serving as an analogy, OA can be compared with the physical phenomenon of the ability of a magnet to attract particles in its sphere. Similar to the differences in the power of magnets to attract particles, there are differences in the "power" of organizations to be attractive from the perspective of current and prospective employees. In this study, we limit our attention to examine OA from an internal perspective that refers to the current employees (nurses) in hospital organizations. Thus, OA is the "magnetic power" or attractiveness of one organization compared with other relevant organizations as perceived by an individual current employee. Considering the dynamic and competitive environment in which today's organizations are operating, organizations should "strive to be attractive employers" (Sivertzen et al., 2013, p. 474). In general, studies have highlighted that when employees perceive their organization to be an attractive organization— sometimes described as whether the organization is "a great place to work"—they are four times more likely to say they are willing to give extra to get the job done. Although little research has been undertaken on the concept of OA in a healthcare context, the few relevant studies indicate that OA is associated with important and highly positive outcomes such as an increase in

healthcare employee work engagement, service quality to patients, employee's psychological capital, organizational vision integration, creative performance, and a decrease in turnover intentions (Slåtten et al, 2019; Slåtten et al., 2021).

As noted, with just a few exceptions in the literature, the perspective taken on investigating the concept of OA has been from external and prospective applicants. A common trait here is the focus to capture aspects of an organization's efforts to communicate the message: *this is a great place to work*. Thus, studies have narrowed their scope to understand OA in terms of the "benefits that a potential employee sees in working for a specific organization" (Berthon et al., 2005, p. 156), and elucidate the perceptions of benefits from potential applicants with respect to psychological, functional, economic, or other values (Berthon et al., 2005; Ambler and Barrow, 1996). Other work has revealed potential candidates' perceptions of organizations' instrumental and objective attributes (e.g., salary) or more symbolic and subjective attributes (e.g., prestige) (Lievens and Highhouse, 2003).

The internal and current employee perspective on OA—as adopted in this study—can be characterized as of fundamental importance. For example, it is reasonable to assume that it would be of little value if an organization had strong "magnetic power" and could successfully attract potential applicants, while simultaneously having no, or possibly even negative, "magnetic power" of attractiveness for current employees in the organization. The latter would very likely be detrimental for the organization in both the short and the long term. Nevertheless, to our knowledge, only three studies have discussed and explicitly defined OA from an internal and current employee perspective, namely Trybou et al. (2014), Slåtten et al. (2019) and Slåtten et al., (2021). These three studies have stimulated the development of the definition of OA used in this study. According to these authors, OA can be described theoretically and defined as an attitudinal construct. Specifically, OA is about "people's attitude toward the organization for which they work" (Slåtten et al., 2019, p. 8). Specifically, OA is "employees' attitude toward

(i) choosing the same organization or employer again if presented the choice, and (ii) recommending the organization or employer to someone you know well (Slåtten et al., 2019, p. 4). It is reasonable to assume that these two aspects capture well a core objective for any company to strive toward" (Slåtten et al., 2019, p. 4). This definition of OA reflects the power inherent in both the direction of the attitude (i.e., whether the attitude is positive or negative) and the strength of the attitude toward viewing the organization as attractive. In other words, these two aspects reflect the "magnetic" attractiveness of an organization from the perspective of its current employees. Notably, this definition of OA captures both employees' feeling and thinking activities (Bagozzi, 1986). It also reflects the content of attractiveness noted by Aiman-Smith et al. (2001) "viewing the organization as a desirable entity with which to initiate some relationship" (p. 3). This definition's focus on "relationship" shows that OA matches with what we refer to as the NHR (nurse–hospital relationship) in the research model in Figure 1. In the next section the discussion turns to how different types of hospital nurse's perception is supposed to be linked to nurse's appraisal of OA.

Linking hospital nurses' perception to the appraisal of OA

This study links nurses' appraisal of OA to three types of perception. Each type of perception represents distinct yet associated areas of perception that are relevant to OA, ranging from the narrow scope of an individual's perception—"yourself"—referring to nurses' perception of the quality of their *work performance*, to a wider scope of referents—"them"—referring to nurses' perception of how *management support* is performed, and finally including the widest and most open scope of perception—"us"—referring to nurses' perception of the *collaboration climate* in the organization. It is reasonable to assume that these three types capture well both the relevant and idiosyncratic aspects of nurses' perception and thus have the potential to contribute to an extended understanding of the factors associated with the nurses' appraisal of OA. Each

of these three types of nurses' perception will be elaborated in detail and their link with nurses' appraisal of OA will be hypothesized.

Service quality of care (SQC)

In this study, the concept of service quality of care (SQC) is studied from hospital nurses' perspectives. Its scope is narrowed to perceptions regarding "yourself" and refers to the performance of nurses as frontline employees. Specifically, performance refers to nurses' judgment of their level of SQC provided to hospital patients. This approach to defining service quality from an employee perspective is in line with previous research (e.g., Al Sabei et al., 2020; Liu and Aungsuroch, 2018; Slåtten et al., 2019; Dabholkar et. al, 2000). Chen et al. (2015) note that nurses are frontline employees who "tend to have the longest and closest contact with patients" (p. 1). Consequently, nurses provide a dominant input to patients' perceptions of SQC. Chung and Schneider (2002) comment on the "psychological closeness" between the provider and the receiver perception of service quality. Thus, frontline employees (e.g., nurses) are able to judge whether the service quality delivered is "within the zone of tolerance that customers generally perceive as acceptable" (Slåtten et al., 2009, p. 208). Furthermore, the variation in perception of service quality is also comparable with what Paulin et al. characterize as "customer-linked job satisfaction" (Paulin et al., 2006, p. 908). Recent research has also identified an association between nurses job satisfaction and their perception of quality of care provided to patients (Al Sabei et al., 2020). Similar to the content of the concept of employees' perceptions of service quality, the concept of customer-linked job satisfaction captures employees' well-being relating to providing a satisfactory level of SQC to patients. When nurses perceive they are providing a high level of SQC to patients (reflecting their customer-linked job satisfaction), they are constantly reminded that this achievement of excellent service quality is not constrained to merely their own knowledge and competence. At the same time, it

reminds them that it is also a result of organizational-related factors, such as well-developed routines, systems, procedures, and other resources of support. Consequently, it is the combination these two service quality triggering factors or "ingredients" (own and organizational factors) that enables this excellent level of SQC to patients to be achieved. It is therefore reasonable to assume that when nurses perceive the SQC provided to patients in a more satisfactory way, this should also lead to a more positive attitude toward and perception of the attractiveness of the organization (OA) in which they are employed. The following hypothesis is thus proposed.

Hypothesis 1: *Nurses' perceptions of service quality of care are positively related to organizational attractiveness.*

Interdepartmental collaboration climate (ICC)

Abdelhadi and Drach-Zahavy (2011) argue that "because multiple climates often exist simultaneously in a single organization, climate is best regarded as a specific construct having a referent" (p. 1278). In similar vein Slåtten et al., (2021) commented "the concept of work climate in its original nature is a broad concept and there is a need to narrow it to capture and focus on aspects of work climate that are both relevant and specific for what a person actually experiences and perceives" (p. 4). In this study, the domain or focus on climate refers to nurses' perceptions of whether there exists a collaborative climate in the hospital organization; here, its scope and focus specifically refer to the interdepartmental collaboration climate (ICC). The concept of ICC in this study reflects two climate conditions suggested by Kohli and Jaworski (1990) and Jaworski and Kohli (1993), namely the level of conflict and the level of connectedness. The two climate conditions lie within the sphere and relevance of what nurses experience in their daily role as frontline employees and are therefore synonymous with a

hospital's internal service climate. It is natural to assume that when nurses perceive the ICC in their hospital organization as open, helpful, and supportive, this should lead to a more favorable assessment of the attractiveness of the organization (OA) in which they are employed. Previous research has documented the existence of a relationship between employees' perceptions of organizational climate and their general attitude toward their organization (Demirtas and Akdogan, 2015). The following hypothesis is thus proposed.

Hypothesis 2: *Nurses' perceptions of interdepartmental collaboration climate are positively related to organizational attractiveness.*

This study also assumes that ICC may influence OA in a more indirect way, with the relationship between ICC and OA being mediated by SQC. The reasons for this are partly based on the service-profit chain model of Heskett et al. (1994). One fundamental premise of this model is that to be able to provide customers externally (i.e., patients in our study) with an excellent level of service quality, it is crucial to have an excellent internal service quality or service climate inside the organization (e.g., support from coworkers, other departments, managers), which in turn will produce a positive domino effect. In this study, the level of internal service quality or service climate is reflected in the concept of ICC. When nurses perceive the ICC as positive, this should have two effects. First, (as proposed in Hypothesis 2), it is expected to have a direct positive effect on nurses' perceptions of the attractiveness of the hospital organization in which they are employed. Second, when nurses perceive the ICC as friendly and supportive, this should lead to an increase in their level of SQC to patients. Previous healthcare research supports a positive link between employees' perceptions of a positive work context or service climate and their service behavior (McCusker et al., 2002). Therefore, when SQC increases because of nurses' favorable perceptions of ICC, this should also positively promote their assessment of the attractiveness of the organization in which they

are employed. Consequently, it is reasonable to assume that SQC should act as a mediator in the relationship between ICC and OA. This leads to the following hypothesis.

Hypothesis 3: *The relationship between nurses' perceptions of interdepartmental collaboration climate and organizational attractiveness is mediated by service quality of care.*

Management support (MS)

García-Sierra and Fernández-Castro (2018) comment that management in a healthcare organization is a demanding task that includes "a set of processes, such as planning the shifts, managing patient admissions, measuring professional performance, and solving daily problems" (p. 2810). Consequently, management tasks are multifaceted and how they are performed has an impact on nurses in several ways. In this study, the performance of management tasks focuses on nurses' perceptions of the supportiveness of management. It embraces the extent to which nurses perceive those in management positions to be managers who understand and accommodate the needs of employees (Gounaris, 2006) and whether they encourage and are open to new solutions and changes. Previous research has revealed that how the management task or leadership role is performed has a positive impact on a variety of factors such as nurses' job satisfaction, work ability, job performance (Olsen et al., 2018), work engagement (García-Sierra and Fernández-Castro, 2018), as well as a negative impact on issues such as burnout and nurses' intention to leave their organization (Moloney et al., 2015). In this study, it is assumed that MS is positively related to OA, although, to our knowledge, this relationship has not been tested previously. However, this relationship finds support within the job demands-resources (JD-R) framework (Bakker and Demerouti, 2007). In the JD-R framework, there are different forms of positive support, such as support from supervisors, colleagues, and the organization. In the JD-R model, these types of support are categorized as

job resources (Moloney et. al., 2015) that have a positive impact on different outcomes. For example, it has been shown that employees' perceptions of organizational support are positively related to the development of affective commitment among employees in an organization (Gupta et al., 2016). Combining the concept of support in this study with the JD-R framework, it is expected that support from management should lead to a more favorable assessment of OA. The following hypothesis is thus proposed.

Hypothesis 4: Nurses' perceptions of management support are positively related to organizational attractiveness.

Furthermore, when nurses perceive their management as supportive, this would also contribute positively to an increase in the level of SQC that nurses provide to patients. Previous research has found that supportive managerial practice has a positive effect on frontline employees' perceptions of the service quality delivered to customers (Slåtten, 2009). In line with ideas concerning job resources within the JD-R framework (Bakker and Demerouti, 2007), nurses' perceptions of MS should positively drive their well-being or job-linked satisfaction relating to providing hospital patients with excellent SQC. In addition, it is reasonable to assume that this in turn leads to a more positive assessment or perception of the attractiveness of the organization in which nurses are employed. Consequently, SQC should act as a mediator in the relationship between supportive management and OA. This leads to the following hypothesis.

Hypothesis 5: The relationship between nurses' perceptions of management support and organizational attractiveness is mediated by service quality of care.

From both theory and practice, it is well known that managers and leaders contribute substantially to achieving the desired objectives relating to employee job performance and work environment as well as to the overall goals of the organization. Demirtas and Akdogan (2015) note that "leader's behaviors are very important in order to have efficient work conditions and

organizational culture" (p. 60). Because of the central role and formal power position of managers and leaders, they often intentionally focus on behaviors to influence followers (Yukl, 2002). Thus, it is assumed that the influence of MS operates or has an impact through ICC in two different ways.

First, it is assumed that the relationship between MS and SQC is mediated by ICC. As noted, managers and leaders act as significant "norm setters… and form behavioral norms of their organizations" (Slåtten et al., 2018, p. 320). Managers who consistently demonstrate supportive behavior, and thus actively "walk the talk," act as role models in an organization. They explicitly exemplify to all employees what is appropriate and expected behavior. As such, over time, supportive management practices should mold and transform the organizational climate toward becoming more supportive and collaborative. Therefore, positive supportive management practices stimulate and teach employees to become more aware of actively taking steps to support other employees throughout the entire organization (i.e., interdepartmental collaboration). This idea of the interactive influence of supportive management practices accords with social learning theory. According to social learning theory people learn desirable and appropriate behavior from significant role models (Bandura, 1986). Managers in organizations constitute significant role models for both individual and groups of employees in organizations. Based on this, managers who are supportive and helpful in their management practices should, because of their powerful impact stemming from their role position, be able to change and transform the way people work and collaborate together. Thus, it is expected that MS is positively linked to ICC. In addition, an increase in ICC, because of a positive MS should next in turn positively promote nurses' delivery of SQC to patients. This is logical since employees (eg. nurses) are in one way or another often interdependent of each other to successfully perform their work task. This idea finds support in previous research that demonstrated a positive association between a generally supportive work context and

employees' service behavior (Abdelhade and Drach-Zhavy, 2011; McCusker et al., 2002). Consequently, it is reasonable to assume that nurse's perception of ICC can either promote or inhibit nurse's perception of SQC. In this study limit our focus to only consider the positive impact of ICC on SQC stemming from MS. Consequently, it is reasonable to assume that ICC should act as a mediator in the relationship between MS and SQC.

Second, when employees experience a positive, constructive ICC in their organization that is embedded in supportive managers clearly acting as positive role models for the entire organization, there are good reasons to expect that this should also have an impact on employees' overall attitudes and perceptions regarding the attractiveness of the organization in which they are employed. In Hypothesis 4, a direct positive relationship between MS and OA was proposed. Furthermore, in Hypothesis 2 a direct positive relationship between ICC and OA was proposed. However, as an additional "route" to this, one representing an indirect link based on the central role and power position of managers in an organization to influence ICC, we also expect the link between MS and OA to be mediated through ICC. As also mentioned in the discussion above, managers have, because of their role position in organization, the power to change and transform the way people work together (collaborative climate) in the desirable direction. Consequently, MS should be closely linked to ICC. Consequently, when nurses perceive the ICC in their organization in a more positive manner, because of a positive change in their perception of MS, this should next result in a more positive overall appraisal of the attractiveness the organizations they are employed (referring to OA). Although this exact pattern of association has not been examined previously, it is supported by research founded on very similar ideas to the present study. Demirtas and Akdogan (2015) found that the relationship between the influence of leadership on employees' affective organizational commitment was mediated through ethical climate. Consequently, their study provides support for an indirect relationship between the influence of leadership (i.e., MS) and employees' attitude toward an

organization (i.e., OA), one that is mediated through employees' perceptions of the climate conditions in their organizations (i.e., ICC). The exact same pattern of relationships as demonstrated in Demirtas and Akdogan (2015) is expected to be found between MS, ICC, and OA in this study.

The two points discussed, regarding the expected role of ICC, can be summarized in the final two hypotheses.

Hypothesis 6: *The relationship between nurses' perceptions of management support and service quality of care is mediated by interdepartmental collaboration climate.*

Hypothesis 7: *The relationship between nurses' perceptions of management support and organizational attractiveness is mediated by interdepartmental collaboration climate.*

Figure 1 visualizes the conceptual model for this study and summarizes the dynamics of the different relationships.

Figure 1 Conceptual model.

In this study, the overall focus and aim are to explore factors associated with nurses' perception of OA in the organizations in which they are employed. Figure 1 indicates the three factors that are linked to OA: (i) interdepartmental collaboration climate (ICC), (ii) management support (MS), and (iii) service quality of care (SQC). Each of the three factors represents different types of hospital nurses' perception: ICC reflects nurses' perception of the *collaboration climate* conditions in the organization, MS represents their perception of the

15

management support in their organization, and SQC reflects their perception of their *work performance* in their role as frontline employees. Figure 1 highlights the links between ICC, MS, and SQC and their perception of OA, and it is likely that their perception is linked both directly and indirectly to OA. An indirect association suggests the potential for the existence of mediator effects between the types of hospital nurses' perception and OA.

Methods

The aim of this study is to explore *whether* and *how* hospital nurses' perceptions of MS, ICC, and SQC to patients are linked to their perceptions of the attractiveness of the organization in which they are employed. A convenience sampling was used for this study which is not unusual when studying nurses (see e.g., Kim, 2020; Lee and Kim, 2020). The data for this study were collected from public hospitals located in southeast Norway. The directors of the selected public hospitals were contacted and given information about the overall goal with the research project and then asked to give feedback if the hospital decided to participate in the research project. Six public hospitals were originally invited. Of these six totally four agreed to participate in the research project.

The questionnaire to build and develop the conceptual model were based on ideas from the literature. To develop the questionnaire several workshop/meetings were held. The workshops/meetings included both experts from academia as well as the target group to ensure the best possible quality of the final questionnaire adapted for the context of this study. Regarding the ethics, the final questionnaire used in the study was also approved by Norwegian Social Science Data Services (NSD). The questionnaire developed was distributed to nurses by e-mail. All invited participants were given information about the overall objective of the study, confidentiality, time to complete the questionnaire, and the deadline to complete the

questionnaire. The e-mail also included the telephone number of a researcher involved in the project if they had any questions regarding the study. No participants in the study were remunerated for their participation. Consequently, the participation to fill out the questionnaire were totally based on participants own genuine interest and desire to contribute to the study. The software Checkbox was used to collect the data and. Totally 1104 questionnaire were distributed. Several invitations were sent out to the participants. However, we managed to receive only 164 questionnaires which is a response rate of about 15%. The is a rather low response rate. Accordingly, the generalizability and interpretation of findings should be taken into consideration based on this low response rate. The personal characteristics of the study sample are shown in Table 1. As seen of the Table 1 more than 90% of the nurses who participated were woman which reflect the fact that in Norway nine of ten nurses are female nurses.

Table 1 Personal characteristics of the study sample (N = 164).

		%
Sex	Female	93.3
	Male	6.7
Work as	Nurse	43.9
	Specialist nurse	49.4
	Midwife	6.7
Employed	≤5 years	20.7
	6–10 years	15.3
	>10 years	64.0
Age	≤40 years	34.8
	41–50 years	29.9
	>50 years	35.3

Measures

Although the measures used in this study are based on previous research, most of the constructs have not been previously used in a healthcare context. Consequently, to develop applicable measures to match the target group, several workshops were undertaken. The workshops included experts from both academia as well from the target group of employees invited to participate in the study. During this process, several changes were made to ensure that the final items in the questionnaire was optimally adapted to the target group of participants. All items for each construct were measured using a Likert scale from (1) strongly disagree to (7) strongly agree and are listed in Table 2 together with the evaluation measures.

The concept of OA was defined as current employees' attitude toward the organization for which they work and the two items used for this concept are based on Trybou et al. (2014) and the work of Highhouse et al., (2003). The concept of MS was defined as employees' perceptions of management's ability to understand and accommodate the needs of employees and whether they encouraged and were open to new solutions and changes. The four items to capture MS are based on ideas from Jaworski and Kohli 1993) and ideas from Gounaris (2006). The concept of SQC was defined as employees' own assessment as to how well they were serving their patients, and the three items used for this concept are based on Slåtten et al. (2009). The concept of ICC was defined as employees' perceptions of the level of conflict and connectedness between departments in the organization, and the six items used here are based on and adapted from ideas from Kohli and Jaworski (1990) and Jaworski and Kohli (1993).

Data analysis

Structural equation modeling (SEM), using the "sem" package in Stata (Mehmetoglu and Jakobsen, 2017), was applied to explore the hypothesized relationships among the constructs. The first step was to conduct a confirmatory factor analysis of the measurement model

(consisting of reflective latent constructs); step two tested the structural part of the full structural model. To test the mediator effect, both the Baron and Kenny's (1986) approach and the bootstrapping test of Zhao et al. (2010) were used. The Baron and Kenny's procedure for determining if an independent variable/construct affects a dependent variable/construct through some mediator is well known and frequently used. The mediation test by Zhao et al. (2010) uses bootstrapping to assess how a third variable/construct, mediator, intervenes between independent and dependent variables/constructs, and test whether the direct and indirect effects are statistically significant. The combination of these two tests (direct and indirect effects) determines whether and eventually what type of mediator effect as exist. Testing of mediation hypotheses was conducted using the "medsem" package in Stata (Mehmetoglu, 2018), where both the Baron and Kenny's (1986) and Zhao et al. (2010) procedures are implemented.

Validity and reliability

The measurement model was assessed by examining several criteria. Goodness-of-fit indices: SRMR (suggested rule of thumb <0.1), RMSEA (rule of thumb <0.1), CFI (rule of thumb >0.9), TFI (rule of thumb >0.9); indicator reliability (item loading) (rule of thumb >0.4); latent construct reliability (Raykov's reliability coefficient (RRC)) (rule of thumb >0.7); convergent validity (average variance extracted (AVE)) (rule of thumb >0.5); and discriminant validity (all AVE values should be larger than the squared correlations among the latent constructs). Convergent and discriminant validity make up the construct validity. The rules of thumb above are based on Mehmetoglu and Jacobsen (2017).[1]

---

[1] Note, there are some mixed advices in the literature what the "Rules of Thump" should be. While we use the "Rules of Thump" given by Mehmetoglu and Jacobsen (2017), we refer to Hair et al. (2006, ch.10) and Hu and Bentler (1998) for a further discussion about reasonable cut-off-values.

The structural model was assessed with the same goodness-of-fit measures as the measurement model. Furthermore, we examined and interpreted the structural model's path coefficients using standardized values, which ranged between –1 and 1. The closer a path coefficient is to ±1, the stronger is the relationship. Because the hypotheses tested in this study are one-sided, the statistical tests are also one-sided.

Results

Measurement model analysis

Table 2 shows that the reliability of indicators and the construct validity measures were all within the rule of thumb.

Table 2

Results of the measurement model.

Construct	Indicators/Question item	Loading >0.7	RRC >0.7	AVE >0.5
Interdepartmental Collaboration Climate (ICC)			0.886	0.621
ICC1	Employees like interacting with those from other departments.	0.716		
ICC3	There is little conflict between the departments in the divisions.	0.760		
ICC3	Employees from different departments are available to help each other when needed.	0.701		
ICC4	There is open communication between the departments.	0.902		
ICC5	The departments in our division cooperate well with one another.	0.841		
Management Support (MS)			0.906	0.703
MS1	Management accepts new working routines.	0.758		
MS2	Management encourages employees to come up with new solutions.	0.818		
MS3	Management understands the needs of employees.	0.882		
MS4	Management works hard to accommodate employees' needs.	0.888		
Service Quality of Care (SQC)			0.928	0.810
SQC1	In my view, I offer good patient service.	0.934		
SQC2	In my view, I offer patient services of very high quality.	0.878		
SQC3	In my view, I offer patients a high degree of service.	0.887		
Organizational Attractiveness (OA)			0.856	0.763
OA1	If a good friend were interested in a job like mine in this organization, I would strongly recommend it.	0.902		
OA2	If I had to decide all over again whether to take a job in this organization, I would.	0.843		

RRC, Raykov's reliability coefficient; AVE, average variance extracted.

Table 3 shows that the goodness-of-fit indices for the measurement model were also within the commonly accepted thresholds, indicating that a sound measurement model was established.

Table 3

Summary of the fit statistics of the measurement and structural models.

Model	χ^2	d.f.	RMSEA	CFI	TLI	SRMR
Measurement model	129.47	71	0.071	0.964	0.954	0.036
Structural model	129.47	71	0.071	0.964	0.954	0.036
Fit criteria	–	–	<0.1	>0.9	>0.9	<0.1

d.f., degrees of freedom; RMSEA, root mean squared error of approximation; CFI, comparative fit index; TLI, Tucker–Lewis index; SRMR, standardized root mean square residual.

Structural model

Table 3 indicates that the goodness-of-fit indices for the structural model were also within the commonly accepted thresholds. Figure 2 presents the standardized path coefficients for the estimated parameters and their significance level. It was found that ICC, MS, and SQC had a positive and statistically significant effect on OA, where MS ($\beta = 0.35$) showed the strongest effect on ICC. MS had a strong effect on ICC ($\beta = 0.72$) and ICC also had a large effect on SQC ($\beta = 0.38$). The relationship between MS and SQC was not significant. The model explains 51% of the variance in ICC, 45% of the variance in OA, and 12% of the variance in SQC.

Figure 2 Results of the structural model with standardized coefficients.

Table 4 presents the results for the mediation analysis. The approach adopted by Baron and Kenny (1986) shows the same findings as that by Zhao *et al*. (2010). A significant indirect effect ($\beta = 0.095$) and a partial mediation effect of SQC between ICC and OA were found. SQC had no mediation effect on the relationship between MS and OA. Furthermore, no significant direct effect between MS and SQC ($\beta = -0.043$) was found, but a significant indirect effect ($\beta = 0.271$) and then a full mediation effect of ICC were noted. Finally, ICC showed a significant indirect effect ($\beta = 0.353$) and a partial mediation effect between MS and OA.

Table 4

Direct, indirect, and total effects.

Hypothesis	Effect	Mediator	Direct effect	Indirect effect	Mediator effect
H3	ICC → OA	SQC	0.244**	0.095**	Partial mediation
H5	MS → OA	SQC	0.353***	–0.011	No mediation
H6	MS → SQC	ICC	–0.043	0.271***	Full mediation
H7	MS → OA	ICC	0.353***	0.174***	Partial mediation

Significance level at: ** $p < 0.01$, *** $p < 0.001$.

Discussion

This study examines hospital nurses' perception of MS, ICC, and SQC as related to OA. Given that no previous research has examined these specific relationships, the study makes unique contributions to an "emerging field within health-service research that focuses on OA" (Slåtten *et al*., 2019, p. 2).

The paper offers three main contributions to OA research. First, this study provides a novel focus on OA from an internal and current hospital nursing perspective. Second, the findings elucidate how three different types and levels of hospital nurses' perception—ICC, MS, and SQC—are directly linked to their perception of OA. Third, in addition to examining the direct links, the paper also examines how these three types of perception are linked to each other, thereby exploring how the constellations of underlying mechanisms or the pattern of linkages potentially drive OA. Our study provides new insight into "what determines attractiveness for those people already working at the organization" (Trybou *et al*., 2014, p. 2).

In line with previous research, OA is defined as an attitude reflected in nurses' willingness to recommend the hospital organization as an employer to others and, when considering the alternative employers to work for, choosing the same employer again (Slåtten *et al*., 2019). The findings reveal that ICC, MS, and SQC are all directly linked to nurses' perception of OA. However, when comparing their individual effects, MS was shown to have the maximum

impact on OA, followed by SQC and ICC. The three factors explain 45% ($R^2 = 0.45$) of the variance in OA, and therefore play a substantial role in the nurses' appraisal of OA, that is, of the nurse–hospital relationship.

As noted, MS was found to be the most significant driver of OA ($\beta = 0.353$). There are good reasons to state that MS is of fundamental importance to OA, with the main argument being the centrality, potential power, and formal authority embedded in the role of management in an organization. Nurses' perception of MS has a direct impact on OA. On the other hand, the findings also show that MS has a substantial direct effect on the climate conditions in a hospital organization concerning ICC ($\beta = 0.51$), with MS explaining more than 50% ($R^2 = 0.51$) of the variance in ICC. Furthermore, the relationship between MS and OA is partially mediated through ICC, and the relationship between MS and SQC is fully mediated through ICC. The pattern of relationships reveals that managers play a multifaceted and central role in organizations; by their nature, they are "designed" to have a significant impact on several aspects of an organization (Yukl, 2002). According to the job demands-resources (JD-R) framework (Bakker and Demerouti, 2007), MS can be seen as a type of positive job resource (Moloney *et al.*, 2015) that managers can potentially make use of and capitalize on to the best of their organizational interests. Based on the current findings, hospital managers should know how and to what extent the nurses in their organization assess their MS as a positive source of support for them. Consequently, as part of their daily management practices, managers should actively try to ascertain and understand the real needs and wants of the hospital nurses. Simultaneously, they should provide genuine encouragement to nurses, both as a group and as individuals, to come up with concrete suggestions for improvement and changes where necessary. When hospital managers strive to accommodate employee needs and ideas for development, the nurses will perceive the MS in their hospital organization as a positive resource, leading directly and indirectly (via ICC) to a more favorable appraisal of OA.

Consequently, based on the JD-R framework (Bakker and Demerouti, 2007), it is reasonable to conclude that MS can be characterized as an essential "key resource" for achieving OA in a hospital organization.

Although MS was found to be the most significant driver of OA, the nurses' perception of their SQC was also positively related to OA. SQC refers to nurses' perception of the level of service quality provided to their hospital patients. The findings reveal that SQC has a direct effect on OA ($\beta = 0.252$). As such, the findings support the views of Nurmeksela *et al*. (2020): "ultimately the quality of care is … a crucial factor in perception of organizations' attractiveness" (p. 5). Although the direct relationship between SQC and OA has not been examined previously, these findings indicate that SQC is a type of "customer-linked job satisfaction" (Paulin *et al*., 2006). In addition to a direct relationship between SQC and OA, the study reveals that SQC also partially mediates the relationship between ICC and OA. Consequently, there are two complementary "routes" (one direct and another indirect) of how SQC plays a role in impacting nurses' appraisal of OA. One managerial implication is the need to regularly track how the nurses experience or perceive their SQC provided to the patients. This feedback can be undertaken using quantitative and/or qualitative methods. Doing so regularly provides hospital managers with updated information and knowledge about nurses' perception of their level of SQC and whether it is within their acceptability level. However, only "measuring" the nurses' level of SQC is not enough. The implication also highlights the importance for hospital managers to actively provide necessary teaching, schooling, and practice-based on-the-job training to nurses that make them feel that they are mastering specific tasks of their work satisfactorily. This study has shown that when the nurses experience that they are mastering and perceiving themselves as successful or good in providing SQC, it directly relates to their appraisal of OA. On the other hand, the current findings also highlight that the nurses do not work in isolation but are part of a larger system and are influenced by

their perception of the collaboration climate conditions in their organization. Specifically, SQC mediates the relationship between ICC and OA, which shows the importance for hospital managers to take concrete actions to strengthen and maintain the ICC in such a way that nurses perceive or evaluate it positively. Hospital managers should also act as good role models regarding the ICC. By their own daily MS practices, hospital managers should exemplify for organizational members how they could contribute to a collaborative climate in the hospital. In addition to "walking the talk," managers should continuously communicate and emphasize that it is crucial to have a collaborative climate both within and across departments in a hospital organization. If hospital managers have such awareness and a clear focus, it will have a positive impact on nurses' perception of ICC and will lead, both directly and indirectly (via SQC), to promoting nurses' appraisal of OA.

The nurses' perception of MS and SQC were found to be the two most prominent factors in their appraisal of OA. However, the difference of impact on OA between SQC and ICC cannot be characterized as major ($\beta = 0.252$ for MS; $\beta = 0.244$ for ICC). In contrast, to conclude that ICC has no significant role in promoting OA, there are valid reasons to state that ICC has an important role to play in several ways in promoting OA. First, as noted, there is the direct role. Second, ICC has a direct impact on nurses' perception of SQC ($\beta = 0.379$) and it indirectly impacts OA. Third, ICC mediates the relationship between MS and OA. Consequently, it can be argued that ICC plays a central role in fostering OA. The concept of ICC reflects nurses' perception of conflict and the level of connectedness between departments in a hospital organization. As such, ICC represents nurses' subjective experience of the internal service climate among the employees. The collaborative climate conditions embodied in ICC are related to a nurse's sense of well-being as an employee in the hospital organization. To our knowledge, this study is the first of its kind to examine the relationship between ICC and OA. The findings resonate with previous research that emphasizes the important role of

organizational climate in service organizations, and support the claims of Schneider (1980) regarding service organizations (e.g., hospitals): "climate is crucial" (p. 52). The importance of ICC is also acknowledged in the research on nurses at magnet hospitals, which have a supportive environment for professional nursing (Lake, 2002), and the important role played by the nurses' perception of the work environment there (Al Sabei *et al.*, 2020). Thus, the managerial implication of this study is the need to work continuously to cultivate ICC in hospital organizations because it has both direct and indirect impacts on the nurses' appraisal of the OA of the hospitals where they work.

Limitations and future research

This study elucidates how hospital nurses' perceptions of MS, ICC, and SQC are linked to OA. Because OA is a relatively under researched area in the healthcare domain, several interesting aspects remain to be explored. Future research should examine both potential antecedents as well as outcomes of OA from an internal and current nurse perspective. Two specific suggestions regarding these aspects of OA are proposed.

First, this study limited its focus to only three types of hospital nurses' perceptions and their association with OA. Future research should examine other potential types of perceptions. For example, nurses' perceptions of specific job characteristics and work climate such as job autonomy, supportive and trusting work environment, job stress, work engagement, and job self-efficacy could be included as drivers of OA in future research. Moreover, it would be useful to explore in depth the aspects of management that have the most potential to impact OA. For example, research could explore how the quality of the working relationship between management and nurses affects OA. Research could use a framework of analysis such as the leader-member exchange, within social exchange theory, as one perspective to study OA.

Second, another limitation of this study was that we did not examine any potential outcomes of nurses' perceptions of OA. Clearly, future research should emphasize this aspect. Slåtten et al. (2019) found that OA can strongly decrease nurses' turnover intention, and increase employee work engagement and service quality provision. Future research should focus on extending this "output list" of OA. Other potential outputs could be included such as whether OA is also able to enhance nurses' organizational citizenship behavior (OCB) at work, build a learning climate among nurses and teams of nurses, strengthen their psychological capital, increase the productivity of the work nurses perform and their commitment to the organization. It would be worthwhile investigating whether OA is able through such concepts to increase, directly or indirectly, both the productivity and the service quality of nurses' work performance simultaneously. This latter aspect would reveal the potential ambidextrous effects of OA and highlight the key value of OA for hospital organizations.

Third, this study has used a cross-sectional design, meaning that it is not possible to establish causal relationships between ICC, MS, SQC, and OA. Moreover, unfortunately, the survey we conducted only achieved a low response rate of 15%, which combined with the limitation of using a convenience sample (e.g., with the possibility of sample bias) limits generalization of the obtained results. Future studies should try to overcome these limitations to validate the findings of this study.

Conclusions

This study contributes to an understanding of how and in what way different types of nurses' perception are related to their appraisal of the OA where they work. A major contribution of this study is to show how the nurses' perception of MS plays a key role for OA, both directly and indirectly. However, the study also reveals how the nurses' perception of SQC and ICC is linked in a multifaceted way to OA. The implication for health industry mangers is that to create

a powerful impact on OA, equal importance should be given to ICC, MS, and SQC. If managers can adopt a combined focus, what might be called a "three-eyed focus," it may contribute positively, both individually and collectively, to nurses' appraisal of the attractiveness of the hospital organization where they are employed.

References

Abdelhade N, Drach-Zhavy D. Promoting patient care: work engagement as a mediator between ward service climate and patient-centered care. Journal of Advanced Nursing. 2011; 68(6): 1276–1287.
Aiman-Smith L, Bauer T, Cable D. (2001). Are you attracted? Do you intend to pursue? A recruiting policy-capturing study. Journal of Business and Psychology. 2001; 16(2): 219–237.

AL-Abrrow H, Al-Maatoq M, Alharbi RK, Alnoor A, Abdullah HO, Abbas S, Khattak ZZ. Understanding employees` responses to the COVID-19 pandemic: the attractiveness of healthcare jobs. Global Business and Organizational Excellence – a review of research and best practices. 2021;40(2):19-33.

AL Sabei SD, Labrague LJ, Ross AM, Karkada S, Albashayreh A, Al Masroori F, Hashmi NA. Nursing work environment, turnover intention, job burnout, and quality of care: the moderating role of job satisfaction. Journal of Nursing Scholarship. 2020;52(1):95-104.

Ambler T, Barrow S. The employer brand. Journal of Brand Management. 1996; 4(3): 185–206.

Bagozzi RP. Principles of marketing management. Chicago: Science Research Associates; 1986.

Bakker AB, Demerouti E. The job demands-resources model: state of the art. Journal of Managerial Psychology. 2007; 22(3): 309–328.

Bandura A. Social foundation of thought and action. Englewood Cliffs, NJ: Prentice-Hall; 1986.

Baron RM, Kenny DA. The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. Journal of Personality and Social Psychology. 1986; 51(6): 1173-1182.

Berthon P, Ewing M, Hah L. Captivating company: dimensions of attractiveness in employer branding. International Journal of Advertising. 2005; 24(2): 151–172.

Chen SY, Wu WC, Chang CS, Lin CT, Kung JY, Weng HC, Lin, YT, Lee SI. Organizational justice, trust, and identification and their effects on organizational commitment in hospital nursing staff. BMC Health Services Research. 2015; 15(363): 1–17.

Chung BG, Schneider B. Serving multiple masters: role conflict experienced by service employees. Journal of Services Marketing. 2002; 16(1): 70–87.

Currie EJ, Hill RAC. What are the reasons for high turnover in nursing? A discussion of presumed causal factors and remedies. International Journal of Nursing Studies. 2012; 49(9): 1180–1189.

Dabholkar PA, Shepherd DC, Thorpe DI. A comprehensive framework for service quality: an investigation of critical conceptual and measurement issues through a longitudinal study. Journal of Retailing. 2000; 76(2): 139–173.

Demirtas O, Akdogan AA. The effect on ethical leadership behavior on ethical climate, turnover intention, and affective commitment. Journal of Business Ethics. 2015; 130: 59–67.

Fallatah OK, Mahran S, Marambanakhar. Journal of Nursing and Health Science. 2017;6:82-86.

García-Sierra R, Fernández-Castro J. Relationship between leadership, structural empowerment, and engagement in nurses. Journal of Advanced Nursing. 2018; 74: 2809–2819.

Gounaris SP. Internal-market orientation and its measurement. Journal of Business Research. 2006; 59: 432–448.

Gupta V, Agarwal UA, Khatri N. The relationships between perceived organizational support, affective commitment, psychological contract breach, organizational citizenship behaviour and work engagement. Journal of Advanced Nursing. 2016; 72(11): 2806–2817.

Hair JF, Black WC, Babin BJ, Anderson RE, Tatham RL. Multivariate Data Analysis 6th Edition. 2006. Prentice Hall, New Jersey.

Heskett JL, Jonas TO, Loveman GW, Sasser EW. Schlesinger LA. Putting the service-profit chain to work. Harvard Business Review. 1994; 72(2): 164–170.

Highhouse S, Lievens F, Sinar E. Measuring attraction to organizations. Educational and Psychological Measurement. 2003; 63(6):986-1001.

Hu LT, Bentler PM. Fit indices in covariance structure modeling: Sensitivity to underparameterized model misspecification. Psychological Methods. 1998; 3(4): 424-453.

Jaworski BJ, Kohli AK. Market orientation: antecedents and consequences. Journal of Marketing. 1993; 57(3): 1−18.

Kalinska-Kula M, Staniec I. Employer branding and organizational attractiveness: current employees perspective. European Research Studies Journal, XXIV (1):583-603.

Kingma M. Nurses on the move: a global overview. Health Services Research. 2007; 42(3): 1281–1298.

Kim JS. Emotional labor strategies, stress, and burnout among hospital nurses: a path analysis. Journal of Nursing Scholarship. 2020;52(1):105-112.

Kohli AK, Jaworski BJ. Market orientation: the construct, research propositions and managerial implications. Journal of Marketing. 1990; 45(2): 1−18.

Lake ET. Development of the practice environment scale of the nursing work index. Research in Nursing & Health. 2002; 25(3): 176–188.

Landry MD, Hastie R, Onate K, Gamble B, Deber RB, Verrier MC. Attractiveness of employment sectors for physical therapists in Ontario, Canada (1999–2007): implication for the long-term care sector. BMC Health Services Research. 2012; 12(133): 1–8.

Lee KE, Kim JS. Nursing stress factors affecting turnover intention among hospital nurses. International Journal of Nursing Practice. 2020; 26:1-7.

Liedtka JM, Haskins ME, Rosenblum JW, Weber J. The generative cycle: linking knowledge and relationships. Sloan Management Review. 1997; Fall: 47–58.

Lievens F, Highhouse S. The relation of instrumental and symbolic attributes to a company's attractiveness as an employer. Personnel Psychology. 2003; 56(1): 75–102.

Liu Y, Aungsuroch Y. Factors influencing nurse-assessed quality nursing care: a cross-sectional study in hospitals. Journal of Advanced Nursing. 2018;74(4):935-945.

McCusker J, Kakuma R, Abrahamowicz M. Predictors of functional decline in hospitalized elderly patients. Life Sciences & Medicine. 2002; 57(9): 569–577.

McHugh MD, Kutney-Lee A, Cimiotti JP, Sloane DM, Aiken LH. Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. Health Affairs. 2011; 30(2): 202–210.

Moloney W, Boxall P, Parsons M, Cheung G. Factors predicting registered nurses intention to leave their organization and profession: a job-demands-resources framework. Journal of Advanced Nursing. 2015; 74: 864–875.

Mehmetoglu, M. Medsem: a Stata package for statistical mediation analysis. International Journal Computational Economics and Econometrics. 2018; 8(1): 63–77.

Mehmetoglu M, Jakobsen TG. Applied statistics using Stata – a guide for the social sciences, Sage, London, UK; 2017.

Nurmeksela A, Gonzalez JFZ, Kvist T. Components of the magnet model provide structure for the future vision of nurse managers` work: a qualitative perspective of nurse managers. Journal of Nursing Management. 2021; 00:1-9.

Olsen E, Bjaalid G, Mikkelsen A. Work climate and the mediating role of workplace bullying related to job performance, job satisfaction and work ability: a study among hospital nurses. Journal of Advanced Nursing. 2018; 73: 2709–2719.

Paulin M, Ferguson RJ, Bergeron J. Service climate and organizational commitment: the important of customer linkages. Journal of Business Research. 2006; 59(8): 906–915.

Ramaci T, Barattucci M, Vella F, Senia P, Cannizzaro E, Scorciapino A, Ledda C, Giorgio AD, Rapisarda V. International Journal of Environmental Research and Public Health. 2020;17(2):1-16.

Tiziana Ramaci 1 , Massimiliano Barattucci 2 , Francesca Vella 3 , Paola Senia 3 , Emanuele Cannizzaro 4 , Alessandro Scorciapino 5 , Caterina Ledda 3,* , Andrea De Giorgio 2 and Venerando Rapisarda 3

Schneider B. The service organizations: climate is crucial. Organizational Dynamics. 1980; Autumn: 52–65.

Sivertzen AM, Nilsen ER, Olafsen AH. Employer branding: employer attractiveness and the use of social media. Journal of Product & Brand Management. 2013; 22(7): 473–483.

Slåtten T, Lien G, Evenstad SBN, Onshus T. Supportive study climate and academic performance among university students: the role of psychological capital, positive emotions and study engagement. International Journal of quality and service Sciences. 2021. DOI 10.1108/IJQSS-03-2020-0045.

Slåtten T, Mutonyi BR, Lien G. Does organizational vision really matter? An empirical examination of factors related to organizational vision integration among hospital employees. BMC Health Services Research. 2021; 21(483): 1–17.

Slåtten T, Lien G. Svenkerud PJ. The role of organizational attractiveness in an internal market-oriented culture (IMOC): a study of hospital frontline employees. BMC Health Services Research. 2019; 19(307): 1–15.

Slåtten T, Lien G, Svensson G. The value of cultivating norms for market orientation in professional service firms. International Journal of Quality and Service Sciences. 2018; 19(3): 316–330.

Slåtten T, Svensson G, Sværi S. Service quality and turnover intention as perceived by employees – antecedents and consequences. Personnel Review. 2011; 40 (2): 205–221.

Slåtten T. The effect of managerial practice on employee-perceived service quality: the role of emotional satisfaction. Managing Service Quality. 2009; 19(4): 431–455.

Theurer CP, Tumasjan A, Welpe IM, Lievens F. Employer branding: a brand equity-based literature review and research agenda. International Journal of Management Reviews. 2018; 1: 155–179.

Trybou J, Gemmel P, Vaerenbergh YV, Annemans L. Hospital-physician relations: the relative importance of economic, relational and professional attributes to organizational attractiveness. BMC Health Services Research. 2014; 14(232):1–15.

Yan YH, Kung, CM. Hospital image and compensation/benefit system on organizational attractiveness. Public Health. 2017; 2(1): 33–41.

Yukl G. Leadership in organizations. Prentice Hall, Upper Saddle River, NJ; 2002.

Zhao X, Lynch JGJ, Chen Q. Reconsidering Baron and Kenny: myths and truths about mediation analysis. Journal of Consumer Research. 2010; 37: 197–206.
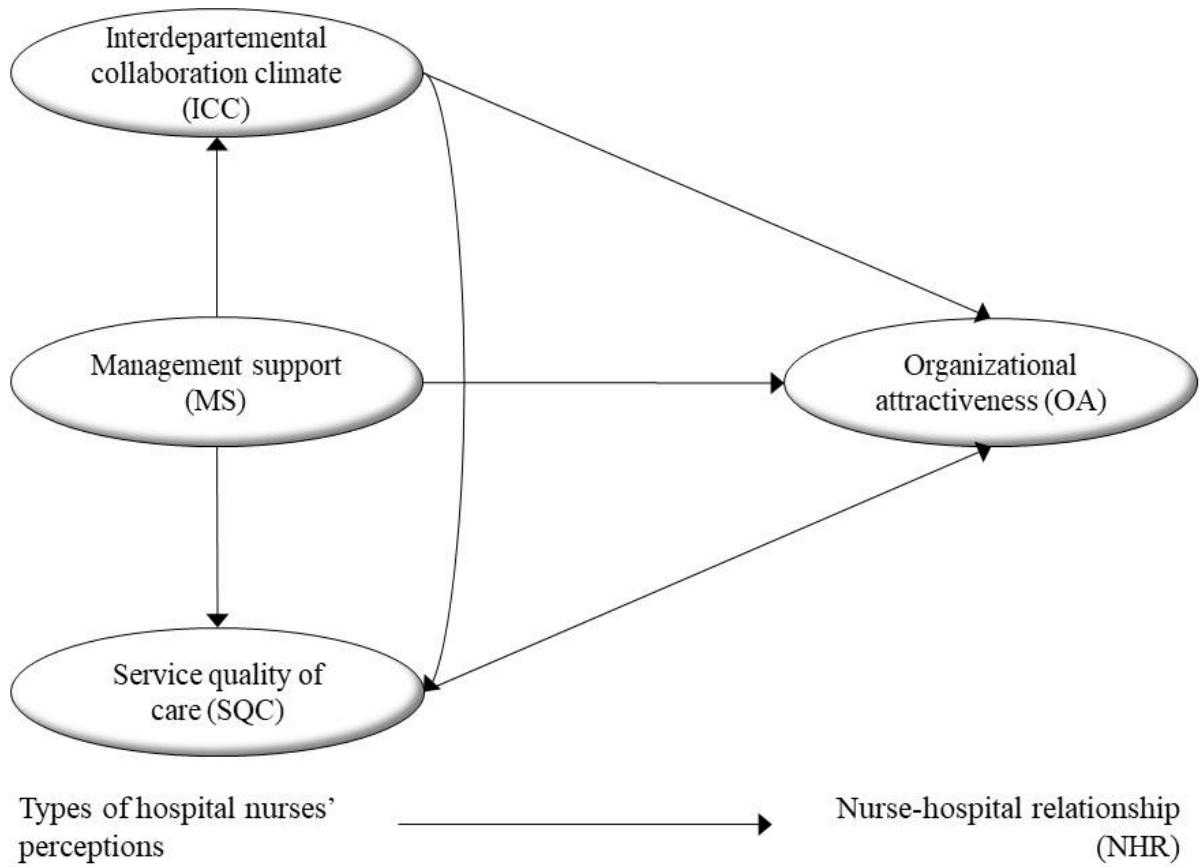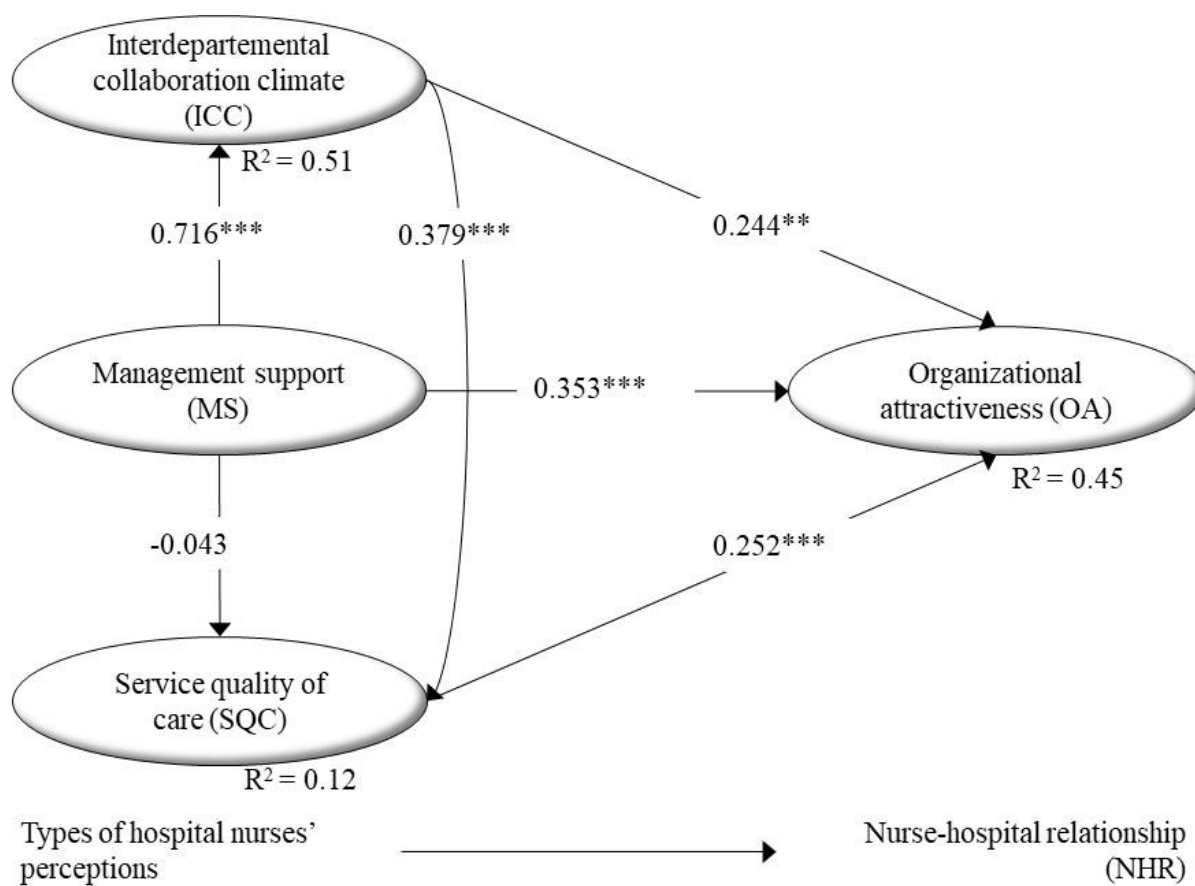
Figure 1 Conceptual model.

Figure 2 Results of the structural model with standardized coefficients. Significance level at:

[**] $p < 0.01$, [***] $p < 0.001$.