The Relationship between Organizational Prestige and Organizational Performance

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Abstract

Organizational prestige has gained importance in recent times because of its significant effects on organizational outcomes (such as work turnover, organizational uniformity, job satisfaction, and organizational commitment), *(Karim, 2021).* **The study aim:** The study was aimed to assess the relationship between organizational prestige and organizational performance. **Study design:** A descriptive correlation research design was used in carrying out this study. **Setting:** the study conducted at all Critical and Un-Critical Units in "Cairo specialized hospital. **Subjects:** A convenient sample from all available nursing personnel (n= 120), who are working at aforeme ntioned study setting. **Tools for data collection:** Two tools were used, including organizational prestige and organizational performance questionnaires. **Results:** More than half (**69.2%**) of the studied nurses had a high level of prestige. Almost of studied nurses **(82.5%)** had a satisfactory level of organizational performance. Additionally, the total mean of organizational prestige and performance was $\bar{x} \pm$ SD=32.58 $\pm$ 8.27 & 147.4 $\pm$41.8 respectively with a highly statistically significant difference at P = 0.000**. **Conclusion:** There was a highly statistically significant positive strong correlation between total organizational performance and total organizational prestige at **r= 0.962** and **P = 0.000**.** **Recommendations**: the study recommended that Developing organizational prestige and performance strategies to enhance health care provider in all hospital units. Also, investigate the relation between organizational prestige level and employee engagement.
Key words: Organizational, Performance, Prestige.

Introduction

Health organizations dedicated to improving people's health have a major impact on a nation's economy and culture. When workers are healthy, they can do their jobs better, which has a positive effect on the economy as a whole (**Hussein et al., 2022).** Among the different groups of workers within the healthcare system, nurses make up the largest share of healthcare workforce and spanning all segments of care which put them in the core position in providing healthcare services (***Lee et al., 2022).***

Organizations can be conceived as social systems through which individuals define their self-conceptions. Prestige is a key concept for many disciplines in the social and behavioral sciences such as psychology, sociology, economics, and anthropology, and through its impact on the cultural transmission of knowledge and the dynamics that shape cultural diversity, prestige has been considered a critical resource in the evolution of the social picture (***Berl et al., 2020).*** Prestige was also defined by (***Bechter et al., 2022)*** as (a multidimensional structure consisting of

Eur. Chem. Bull. **2023**,*12(Special issue 8), 7594-7616*

7594

social indicators of prestige versus the resource that constitutes the economic indicators of prestige). From the point of view of *(Arora et al., 2021)* and his colleagues, he and his colleagues know that organizational prestige relates to how to evaluate the "good" or "bad" organization.

In addition, organizational prestige is a combination of the reputation volunteers believe the organization holds and the perceptions and opinions of outsiders, such as the social environment, customers, or beneficiaries, or competitors *(Smith, 2020)*. A volunteer organization that is considered prestigious is likely to be a high achiever in social performance, meaning that the organization's mission is effectively translated into practice in line with accepted social values, and of which outsiders have a high regard *(Akgunduz & Bardakoglu, 2019).* The perception of prestige is the standing of organizations among other institutions created by their own individuals' prestige standards and outsiders' prestige perceptions of the organization. The degree of organizational prestige when compared to other institutions, as described by *(Smidts et al., 2021).*

Organizational prestige as an interpretation of the individual level and evaluation of organizational prestige based on information about the employee and the general focus is that organizational prestige is a feature that distinguishes and separates. The company distinguishes itself from others and makes it perceived as more successful and more reliable than its peers *(Ciftcioglua, 2021)*. Organizational prestige is a predictor of organizational identification, which refers to an employee or volunteer's 'onenesses with his or her organization. Organizational identification

can be defined as the perception of belongingness to an organization, where an employee defines him or herself as a part of organization. Additionally, it has been found that organizational prestige among members is essential for the success of many organizations and its performance *(Vieira et al., 2019).*

One of the most important primary factors of organizational identification is perceived organizational prestige, a concept that may be defined as 'the evaluation of the employees by other people outside the organization. Organizational identification and prestige are concepts that are formed in the perceptions of the employees. When the employee perceives both concepts to be at high levels, the result is a more meaningful job. Moreover, it is known that organizational prestige is directly related to the employee's level of self-respect and stems from the employee's membership within the organization *(Bright, 2021).*

On the other hand, employee prestige raising level of organizational prestige, the individual prestige refers to the respecting and position of a person in eyes of others. So, the behaviors of the individual should reflect relevant knowledge, skills, and abilities that showcase one's value to the group for building his prestige. Several studies indicates that proximal prestige-related characteristics such as intelligence, competence, and expertise as well as more characteristics such as group commitment, ambassadorship, self-sacrifice, and pro-sociality are associated with various measures of influence, including perceptions of rank and leadership and impact on group decisions whereas prestige is effects of dominance behaviors which it can help individuals leadership and influence others **(Van kleef, 2023).**

Eur. Chem. Bull. 2023,12(Special issue 8), 7594-7616

7595

As mentioned by **Peña-González et al., (2021)** *Health care system and nursing personal play an important role in in improving organizational prestige by (1)* Better projection of nursing profession*, (2)* Increased individual and professional funding*, (3)* Employing more qualified nurses*, (4)* Increase administrative support, *(5)* improving the education*, (6) R*aising standards*, (7) i*mproving working conditions, *(8) f*ocusing on the patient.

Today, an organization continuously faces external and internal forces. These forces drive the organization to change and perform in order to meet the requirements created by the competitive prevailing atmosphere around its functioning. The organization must overcome these external and internal forces for its performance. Moreover, the organization is to justify its presence in society by its performance and through it, the organization proves its effectiveness for the society. Furthermore, the organization is able to reflect its efficient working besides building its image in society through its performance. Also, the organization is required to sustain and improve its performance since the improvement of the performance is for its dynamic advantage **(Smidts et al., 2019)**.

Organizational performance basically can be defined as the outcome which indicates or reflect the organization efficiencies or inefficiencies in term of corporate image, competencies and financial outcomes. It is concerned with the effectiveness, productivity, efficiency, excellence, or quality of the organization. It is a central and fundamental feature for the existence of the organization in the present day competing world. Organizational performance is needed to be focused in

details since it is the process to increase the effectiveness of the organization **(Widagdo et. al., 2018)**.

Every aspect and activity in an organization involves "nurses"; a manager cannot achieve his goals and targets if he has subordinates who are not well equipped with knowledge, skills and attitude (**Chauhan & Sharma, 2019**). Researches shows that in cases where knowledge is not actively common within nurses, their intellectual resources will remain under-utilized within the team. When knowledge is not shared, not only nurses' performance is suffering but the organizational performance is also decreasing **(Song et al., 2020)**.

Thus, organizational prestige can be thought of as the social value of a firm derived by employees and how they embrace it within their own self-concepts. It also motivates employees to perform. An organization is a sum of its parts, meaning it is the combination of individual-level performances that translates to firm-level outcomes. Logically, a salesperson who is proud of her firm will want that firm to be even better **(Purohit, 2018).**

Significance of the study

There was observed in the study setting hospital the retention and commitment of employee affected by level of perceiving the hospital prestige. In the most general sense, perceived organizational prestige is the thoughts, feelings and perceptions of individuals who work for an organization on the way they perceive other people's organization. The high level of organizational prestige is beneficial for organizations to be respected by their internal and external stakeholders, to be valued and esteemed, to be seen in a different position and to protect their interests **(Bista, 2022).** In which success

Eur. Chem. Bull. **2023,**12(*Special issue 8*), 7594-7616

7596

depends on customer satisfaction, it is important to respond to customer complaints quickly; therefore, empowering the employees may encourage them to demonstrate behaviors' that extend beyond their expected. In this way, the employees who become empowered psychologically will satisfactorily respond to the complaints they face in a shorter time and thus contribute to customer satisfaction, which is crucial for the organization *(Ciftcioglua, 2021) and (Vieira et a., 2019).*

On the same line, *Akgunduz, & Bardakoglu, (2019)* who conducted a study investigated the impacts of perceived organizational prestige and organization identification on turnover intention: The mediating effect of psychological empowerment. The study highlighted that there was a relationship between organizational prestige and organizational identification with turnover intention in addition to employee performance as mediated through psychological empowerment. As well, study conducted by *Sharma, (2019)* who studied meaningfulness of work and perceived organizational prestige as precursors of organizational citizenship behavior, illustrated that the meaningfulness of work and perceived organizational prestige was positively correlated. Organizational prestige and image may serve as a fruitful starting ground for examining what an organization can do to promote an engaged workforce. Perceived external image could play an important role in raising employees' positive outcomes *(Vieira et a., 2019).* So, the researcher was interested to conduct this study to assess the relationship between organizational prestige and organizational performance.

Aim of the study:

The study was aimed to assess the relationship between organizational prestige and organizational performance through the following objectives:

1-Assess the organizational prestige.

2-Determine the organizational performance.

3-Find out the relationship between organizational prestige and organizational performance.

Research question

Is there a relationship between organizational prestige and organizational performance?

Subject and Methods

The study will be portrayed under the four main designs, as follows:

I- Technical items.

II- Operational items.

III- Administrative item.

IV- Statistical item.

I- Technical Item:

The technical item includes research design, setting, subject and tools for data collection.

Research design:

A descriptive correlation research design was used in carrying out this study.

Setting:

The study was conducted at all departments of "Cairo specialized hospital". It is a private hospital which considered one of the "Cleopatra Group Hospitals" in Egypt.

Subject:

Type and size of the sample:

A convenient sample from all available nurses (n= 120) were presented at the time of data collection and agreed to participate in the study in the aforementioned hospital.

Eur. Chem. Bull. **2023,**12(Special issue 8), 7594-7616

7597

Criteria of the sample:

Inclusion criteria: Nurses whose had at least one year of experience in their workplace.

Distribution of Nursing Personnel on hospital departments:

Departments	No.	%
Critical Units	52	43.3
Un-Critical Units	68	56.7
Total	***120***	***100***

Tools for data collection:

Two tools were used to collect necessary data as the following:

First tool: Organizational Prestige questionnaire which consisted of two parts:

Part 1. Personal data sheet of the nurses: This included (Gender, nurse age, place of birth, current residence, marital status, nurse level of education, job title, years of experience, Department, Work shifts, Working schedule, Work shift hours.).

Part II. Organizational Prestige questionnaire: It was developed by **(Mignonac et al., 2018 & Smith, 2012)** and adopted by the researcher to measure the organizational prestige, it included (8 items) such as: "People in my community think highly of my employer", "My employer is considered one of the best," and "Former employees of my company would be proud to have their children work here.", etc.

Scoring system: The participants' responses for Organizational Prestige were consisted of (8 items) with a total grade (40), rated on 5-points Likert scale which ranged from (Strongly Disagree = 1) to (Strongly Agree = 5) for positive items (1, 2, 3 & 5, while ranged from (Strongly Disagree = 5) to (Strongly Agree = 1) for negative items (4, 6, 7 & 8). Then subject responses were calculated according to the following:

- **High organizational prestige:** if the total score was equal or more than 75%, which means ≥ 30 points.
- **Moderate organizational prestige:** if the total score was equal or more than 60 less than 75%, which means ≥ 24 to < 30 points.
- **Low organizational prestige:** if the total score was less than 60%, which means < 24 points.

Second tool: Organizational performance questionnaire: It was developed by **(El Dahshan et al., 2018)** and **(Kareem et al.,2019)** and adopted by the researcher to measure organizational performance. It consisted of (38 items) covered by seven dimensions which were the following: Organization's Communication (6 items), Organizational Policies (5 items), Organizational Development and Change (4 items), Organizational Performance Appraisal (5 items), Decision Making (5 items), Operational Efficiency (6 items) and Financial Reporting (7 items).

Scoring system: The participants' responses for Organizational Performance were consisted of (38 items) with a total grade (190), rated on 5-points Likert scale which ranged from (Strongly Disagree = 1) to (Strongly Agree = 5), Then subject responses were calculated according to the following:

-**Satisfactory organizational performance:** if the total score was equal or more than 60%, which means ≥ 115 points.

-**Un-satisfactory organizational performance:** if the total score was less than 60%, which means < 115 points.

II- Operational Item:
Preparatory phase:

Eur. Chem. Bull. **2023**,12(Special issue 8), 7594-7616

7598

It was included reviewing of past, current, national and international related literature and theoretical knowledge of various aspects of the study using books, articles, internet, periodicals and magazines to develop tools for data collection.

Validity:

The developed tool was formulated and submitted to five experts (4 professors and 1 assistant professor) in nursing administration from Faculties of nursing in different Universities (Ain Shams, Cairo, and Damunhor University). To assess the content validity, needed modifications were done.

Reliability:

Cranach's Alpha was used to determine the internal reliability of the tool. It was 0.991 & 0.995 for both organizational prestige and organizational performance respectively.

Pilot study:

The pilot study was done on 10% of the sample to examine the clarity of questions and time needed to complete the study tools. Based on the results, the necessary modifications were done. Subjects included in the pilot study were excluded from the study.

Field work

Purpose of the study was simply explained to the participants who agreed to participate in the study prior to any data collection Data collection was started and completed within 3 months from NOV 2022 to JUN 2023.

Ethical considerations:

Prior study conduction, the research approval was obtained from the Scientific Research Ethical Committee in Faculty of nursing Helwan University. In addition, an approval was obtained from the directors of the hospital, either medical or nursing

before starting the study. Also, informed consent was sought and obtained from each participating subject prior to data collection, they were informed about the purpose and expected outcomes of the study and they assured that, the study was harmless, and their participation was voluntary, and they had the right to withdrawal from the study at any time without any reason. They also assured that, anonymity and confidentiality were guaranteed; as well the gathered data was used for the research purpose only. Ethics, values, culture and beliefs were respected.

III- Administrative Item:

To carry out the study, an official permission was obtained from the Dean of Faculty of Nursing Helwan University, explaining the aim and objectives of the general manager either medical or nursing for obtaining cooperation and permission to conduct the study and collect data. Individual oral consent was obtained each newly graduate nurse in the study.

IV-Statistical Item:

Data entry and analysis were performed using SPSS statistical package version 25. Categorical variables were expressed as number and percentage while continuous variables were expressed as (mean ±SD). Chi-Square $(x2)$ was used to test the association between row and column variable of qualitative data. The fisher exact test was used with small, expected numbers. T independent test was used to compare mean in normally distributed quantitative variables at two groups. Pearson correlation was done to measure correlation between quantitative variables. For all tests, a two-tailed p-value ≤ 0.05 was considered statistically significant, P-value ≤ 0.01 was considered highly statistically significant. While p-value > 0.05 was considered not significant.

Eur. Chem. Bull. **2023**,*12(Special issue 8), 7594-7616*

7599

Result:

Table (1) Shows that (**35.8%**) of the studied nurses age was ranged 20 < 30 years old, with a mean age of **35.38 ± 8.63**. While (**56.7%**) of them were female with a male to female ratio is **0.8:1**. In addition to more than half (**61.7%**) of them were married. (**45.8%**) **of nurses were** hades a bachelor's degree of nursing. Regarding to position (**72.5%**) were staff nurses. In relation to years of experience, more than one third (**39.2%**) of them were working for ≥ 10 years old with a mean **10.16 ± 6.99.** Finally, more than half (**56.7%**) of the studied nurses working in un-critical units.

Figure (1): Illustrates that more than two-thirds (**69.2%**) of the studied nurses had a high level of perceiving organizational prestige. **And** represents that total mean score of organizational prestige among the studied nurses was x̄ ± SD= **32.58 ± 8.27** with a highly statistically significant difference at **P = 0.000**.**

Table (2): Represents the organizational prestige items levels, which it is clarify the highest level (**85%**) item of (The organization haven't a good reputation in my community). While the lowest level ((**21.7%**) item of (a person seeking to advance career should downplay their association with the organization).

Figure (2): Illustrates that more than four-fifths (**82.5%**) of the studied nurses had a satisfactory level of organizational performance. In addition to presence of difference at P= 0.000. Moreover, satisfactory to un-satisfactory ratio is **4.7:1.**

Table (3): Clarifies that total mean score of organizational performance was x̄ ± SD=**147.4 ± 41.8** with a highly statistically

significant difference at P = 0.000 in all dimensions of organizational performance. Also (**82.5%**) of the studied nurses had satisfactory level of organizational performance. The highest percentage was (**86.7%**) of studied nurses had satisfactory level of performance at the dimension of operational efficiency. While the highest percentage (**27.5%**) of the studied nurse had unsatisfactory level of performance at the dimension of organizational development and change.

Table (5): Represents that, there was a highly statistically significant relation between personal data (age, gender, current residence, marital status, educational level, position, years of experience and department) and total level of organizational prestige among the studied nurses, **at P = ≤ 0.05.**

Table (6): Demonstrates that, there was a highly statistically significant relation between personal data (age, current residence, marital status, educational level, years of experience and department) and total level of organizational performance among the studied nurses, **at P = ≤ 0.05.**

Table (7): Represents that, there was a highly statistically significant positive strong correlation between organizational performance dimension (communication, policies**,** development and change, performance appraisal, decision making, efficiency and financial reporting) and total of organizational prestige among the studied nurses, at **P = 0.000.**

Figure (3): Shows that, there was a highly statistically significant positive strong correlation between total organizational performance and total of organizational prestige among the studied nurses, at **r= 0.962** and **P = 0.000.**

Eur. Chem. Bull. **2023**,*12(Special issue 8),* 7594-7616

7600

Table (1): Frequency distribution of personal data among the studied nurses (n= 120)

Items		No.	%
Age (year)	20 < 30	43	**35.8**
	30 < 40	37	30.8
	40 < 50	31	25.8
	50 < 60	9	7.5
	Mean ± SD	**35.38 ± 8.63**	
Gender	Male	52	43.3
	Female	68	**56.7**
	Male to Female Ratio	**0.8:1**	
Marital status	Married	74	**61.7**
	Un-Married	46	38.3
Educational level	Secondary school	27	22.5
	Technical institute of nursing	22	18.3
	Bachelor's degree of nursing	55	**45.8**
	Post graduated diploma	1	8
	Master's degree	11	9.2
	Doctorate degree	4	3.3
Position	Staff nurse	87	**72.5**
	Head nurse	21	17.5
	Supervisor of nursing	11	9.2
	Director	1	0.8
Years of Experience	1< 5	38	31.7
	5 < 10	35	29.2
	≥ 10	47	**39.2**
	Mean ± SD	**10.16 ± 6.99**	
Department	Critical unit	52	43.3
	Un-Critical unit	68	**56.7**

Figure (1): Percentage distribution of organizational prestige among the studied nurses (n= 120)
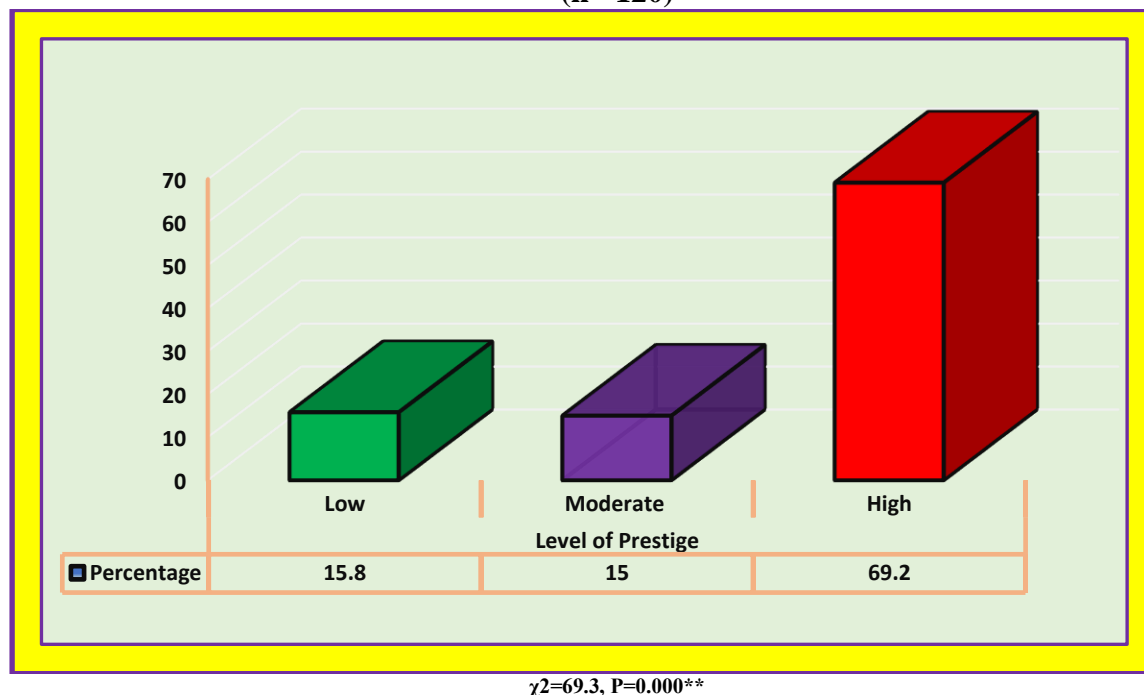

$\chi 2=69.3, P=0.000^{**}$

Table (2): Frequency distribution of level of organizational prestige as perceived by the studied nurses (n= 120)

Organizational prestige:	Low		Moderate		High		χ^2	P value
	N	%	N	%	N	%		
People in my community think positively of the organization.	15	12.5	4	3.3	101	84.2	141	0.000**
It is considered prestigious to be an employee at the organization.	18	15.0	6	5.0	96	80.0	119	0.000**
The organization is considered one of the best organizations there is.	13	10.8	6	5.0	101	84.2	140	0.000**
People from other organizations look down on my organization.	17	14.2	5	4.2	98	81.7	127	0.000**
Previous nurses of the organization proud of their sons.	25	20.8	12	10.0	83	69.2	71.4	0.000**
The organization haven't a good reputation in my community	4	3.3	14	11.7	102	**85.0**	145	0.000**
A person seeking to advance career should downplay their association with the organization	26	**21.7**	13	10.8	81	67.5	65.1	0.000**
Other organizations would not want staff from the same organization	21	17.5	16	13.3	83	69.2	69.6	0.000**
Total	**19**	**15.8**	**18**	**15.0**	**83**	**69.2**	**69.3**	**0.000****

*Significant p ≤ 0.05   **Highly significant p ≤ 0.01

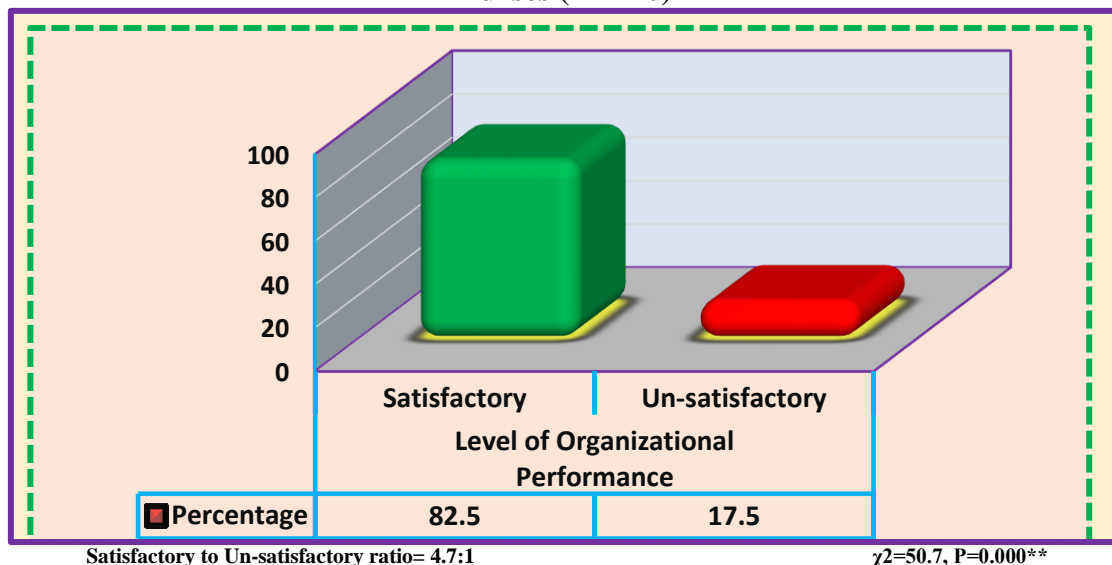**Figure (2): percentage distribution of organizational performance among the studied nurses (n= 120)**

Satisfactory to Un-satisfactory ratio= 4.7:1 $\chi^2=50.7$, P=0.000**

Table (3): Total mean score of organizational performance among the studied nurses (n= 120)

Variable		No	%	Min	Max	$\overline{x}$	SD	T test	P value
Organization's Communication	Un-satisfactory	21	17.5	6	17	12.9	4.26		
	Satisfactory	99	82.5	20	30	25.9	3.42		
	Total	**120**	**100.0**	**6**	**30**	**23.6**	**6.10**	**15.13**	**0.000****
Organizational Policies	Un-satisfactory	21	17.5	5	12	9.52	2.67		
	Satisfactory	99	82.5	15	25	21.46	4.11		
	Total	**120**	**100.0**	**5**	**25**	**19.38**	**5.99**	**12.70**	**0.000****
Organizational Development and Change	Un-satisfactory	33	27.5	4	11	8.21	2.11		
	Satisfactory	87	72.5	12	20	18.33	1.95		
	Total	**120**	**100.0**	**4**	**20**	**15.55**	**4.95**	**24.73**	**0.000****
Organizational Performance Appraisal	Un-satisfactory	**27**	**22.5**	**5**	**14**	**10.59**	**3.00**		
	Satisfactory	**93**	**77.5**	**15**	**25**	**22.78**	**3.00**		
	Total	**120**	**100.0**	**5**	**25**	**20.04**	**5.92**	**18.55**	**0.000****
Decision Making	Un-satisfactory	**27**	**22.5**	**5**	**14**	**9.96**	**2.78**		
	Satisfactory	**93**	**77.5**	**15**	**25**	**21.89**	**3.45**		
	Total	**120**	**100.0**	**5**	**25**	**19.21**	**5.99**	**16.44**	**0.000****
Operational Efficiency	Un-satisfactory	**16**	**13.3**	**6**	**17**	**11.69**	**4.25**		
	Satisfactory	**104**	**86.7**	**18**	**30**	**26.07**	**3.13**		
	Total	**120**	**100.0**	**6**	**30**	**24.15**	**5.90**	**16.23**	**0.000****
Financial Reporting	Un-satisfactory	**47**	**39.2**	**7**	**20**	**16.09**	**3.55**		
	Satisfactory	**73**	**60.8**	**23**	**35**	**31.49**	**3.74**		
	Total	**120**	**100.0**	**7**	**35**	**25.46**	**8.39**	**22.44**	**0.000****
Total	Un-satisfactory	21	17.5	38	97	75.29	22.2		
	Satisfactory	99	82.5	115	190	162.7	25.9		
	Total	**120**	**100.0**	**38**	**190**	**147.4**	**41.8**	**14.35**	**0.000****

*Significant p $\leq$ 0.05   T Test: T independent T test   **Highly significant p $\leq$ 0.01

Table (4): Relation between total level of organizational prestige and personal data among the studied nurses (n= 120)

Items		No.	Low		Moderate		High		χ^2	P-Value
			19	15.8	18	15.0	83	69.2		
			N	%	N	%	N	%		
Age (year)	20 < 30	43	13	10.8	15	12.5	15	12.5	40.3	0.000**
	30 < 40	37	2	1.7	3	2.5	32	26.7		
	40 < 50	31	2	1.7	0	0.0	29	24.2		
	50 < 60	9	2	1.7	0	0.0	7	5.8		
Gender	Male	52	11	9.2	3	2.5	38	31.7	7.0	0.02*
	Female	68	8	6.7	15	12.5	45	37.5		
Current residence	Rural	13	8	6.7	0	0.0	5	4.2	23.4	0.000**
	Urban	107	11	9.2	18	15.0	78	65.0		
Marital status	Married	74	16	13.3	18	15.0	40	33.3	21.6	0.000**
	Un-Married	46	3	2.5	0	0.0	43	35.8		
Educational level	Secondary	27	12	10.0	10	8.3	5	4.2	65.5	0.000**
	Technical	22	4	3.3	8	6.7	10	8.3		
	Bachelor	55	3	2.5	0	0.0	52	43.3		
	Diploma	1	0	0.0	0	0.0	1	0.8		
	Master	11	0	0.0	0	0.0	11	9.2		
	Doctorate	4	0	0.0	0	0.0	4	3.3		
Position	Staff nurse	87	14	11.7	18	15.0	55	45.8	8.72	.018
	Head nurse	21	3	2.5	0	0.0	18	15.0		
	Supervisor	11	2	1.7	0	0.0	9	7.5		
	Director	1	0	0.0	0	0.0	1	0.83		
Years of Experience	1< 5	38	13	10.8	14	11.7	11	9.2	45.9	0.000**
	5 < 10	35	4	3.3	4	3.3	27	22.5		
	$\geq$ 10	47	2	1.7	0	0.0	45	37.5		
Department	Critical unit	52	11	9.2	18	15.0	23	19.2	33.4	0.000**
	Un-Critical	68	8	6.7	0	0.0	60	50.0		

*Significant p $\leq$ 0.05   **Highly significant p $\leq$ 0.01

Table (5): Relation between total level of organizational performance and personal data among the studied nurses (n= 120)

Items		No.	Un-satisfactory		Satisfactory		χ^2	P-Value
			21	17.5	99	82.5		
			N	%	N	%		
Age (year)	20 < 30	43	15	12.5	28	23.3	15.5	0.001**
	30 < 40	37	2	1.7	35	29.2		
	40 < 50	31	2	1.7	29	24.2		

	50 < 60	9	2	1.7	7	5.8		
Gender	Male	52	11	9.2	41	34.2	0.84 F	0.248
	Female	68	10	8.3	58	48.3		
Current residence	Rural	13	8	6.7	5	4.2	19.5 F	0.000**
	Urban	107	13	10.8	94	78.3		
Marital status	Married	74	18	15.0	56	46.7	6.2 F	0.010**
	Un-Married	46	3	2.5	43	35.8		
Educational level	Secondary	27	14	11.7	13	10.8	30.9	0.000**
	Technical	22	4	3.3	18	15.0		
	Bachelor	55	3	2.5	52	43.3		
	Diploma	1	0	0.0	1	0.8		
	Master	11	0	0.0	11	9.2		
	Doctorate	4	0	0.0	4	3.3		
Position	Staff nurse	87	16	13.3	71	59.2	0.41	0.93
	Head nurse	21	3	2.5	18	15.0		
	Supervisor	11	2	1.7	9	7.5		
	Director	1	0	0.0	1	0.8		
Years of Experience	1< 5	38	15	12.5	23	19.2	19.3	0.000**
	5 < 10	35	4	3.3	31	25.8		
	≥ 10	47	2	1.7	45	37.5		
Department	Critical unit	52	13	10.8	39	32.5	3.57	0.05* F
	Un-Critical	68	8	6.7	60	50.0		

*Significant $p \leq 0.05$ **Highly significant $p \leq 0.01$

Table (6): Correlation between total score of organizational prestige and performance among the studied nurses (n= 120)

Items	Total prestige	
	R	P
Organization's communication	0.924	0.000**
Organizational policies	0.953	0.000**
Organizational development and change	0.959	0.000**
Organizational performance appraisal	0.965	0.000**
Decision making	0.968	0.000**
Operational efficiency	0.862	0.000**
Financial reporting	0.898	0.000**
Total performance	**0.962**	**0.000****

*Significant $p \leq 0.05$ **Highly significant $p \leq 0.01$

Figure (3): Scatter dot correlation between total score of organizational prestige and performance among the studied nurses (n= 120)
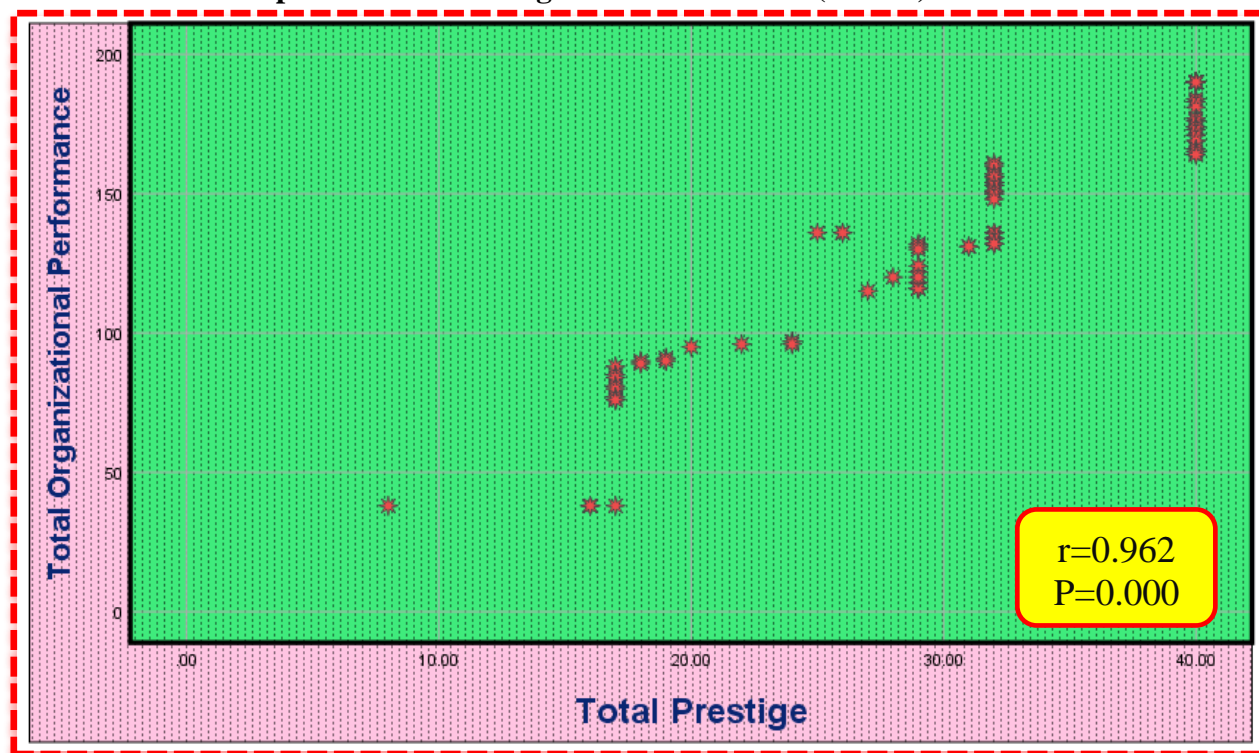
Discussion

Part (I): Studied nurses' personal data.

In relation to studied nurses' personal data, the study result showed that about two-fifths of the age of the studied nurses ranged from 20 to less than 30 years old, with a mean age of **35.38 ± 8.63**. This can be interpreted that about two-fifths of studied nurses were newly graduated. Considering gender, **about two thirds** of them were female with a male to female ratio is **0.8:1**. this may be due to the dominance of females in the nursing profession and recency of male involvement in nursing.

Moreover, concerning educational level, more than four fifths of the studied nurses holding a bachelor's degree of nursing, this may be due to a large number of secondary school nurses tried to complete a bachelor certificate, in addition to increasing of a specialized nursing bachelor program. Regarding position, more than three quarters of staff nurses were staff. In relation to years of experience nearly two fifths of them were working for ≥ 10 years old with a mean of 10.16 ± 6.99. This may be due to about two fifths of the studied nurses' ages ranged from 20 to less than 30 years old. Additionally, more than half of the studied nurses work in un-critical units. Finally, more than two-thirds of them were married and staff nurses. This may be due to the fact that the majority of nurses in hospital were bed side nurses and a smaller number of nurses hold supervisory positions.

On the same line, the study finding was congruent with a cross-sectional study

result of **Farghaly and Abou Zeid (2023)** which evaluated the relationship between toxic leadership and organizational performance, described that the majority of the nurse respondents were females, staff nurses, and had a bachelor's degree in nursing. Additionally, less than one-fifth were working critical care units.

On the same line the study finding was in accordance a cross-sectional descriptive study conducted in the private hospitals in Rasht, Iran *by* **Shahnavazi et al., (2021)** which revied the effect of perceived organizational climate on the performance of nurses in private hospitals, reported that most of the respondents were female, married, holding a bachelor certificate, and had experience for more than ten years old. As well, this data was supported by a cross sectional study conducted in Iran by **Chegini et al., (2019)** which reviewed organizational commitment, job satisfaction, organizational justice and self-efficacy among nurses, summarized that most participants were female, aged less than forty with a mean of age was 35.0 ± 8.32, held bachelor's degree, and had a work experience of more than ten years.

On other hand, the study finding was confirmed with the study result published at International Journal of Health Sciences and conducted in in Makassar Cit by **Muchlis (2022)** which reviewed perceived external prestige: meta-perception of nurses and customers' opinion in hospital, supported that most studied nurses being unmarried and had a moderate educational level. In contrast, this finding was discordance with the descriptive correlational study result carried out at

New El- Kasr El-Aini Teaching Hospital and conducted by **Nehad & Hussien (2018)** which investigated the relationship between Job satisfaction, professional image, and nurses marketing of the nursing profession, reported that most of the studied nurses were heled a secondary school of nursing degree, and their experience was more than 15 years old.

Part (II): Level of organizational prestige.

The study result illustrated that more than two-thirds of the studied nurses had a high level of prestige. In addition to the presence of a highly statistically significant difference. **From the researcher's point of view,** this may be due to the fact that the studied nurses perceive that people in the community think positively of the organization, organization is considered one of the best organizations and previous nurses of the organization proud of their sons for organization, all this factor helped in improve the studied nurse's perception regarding organizational prestige.

On the same direction, the study finding was confirmed with the study result published at International Journal of Health Sciences and conducted in in Makassar Cit by **Muchlis (2022)** which reviewed perceived external prestige: meta-perception of nurses and customers' opinion in hospital, supported that studied nurse had a high level of organizational prestige. Additionally, this finding was in agreement with the study result published at Journal of Clinical Nursing and conducted by the **Bennett, et al., (2020)** which evaluated a new image of nursing in the wake of COVID-19, reported that the nurse had a positive image about their

*Eur. Chem. Bull. **2023**,12(Special issue 8), 7594-7616*

7607

selves and their organization especially at a time of COVID-19.

As well, this finding was in accordance with the descriptive correlational study result carried out at New El- Kasr El-Aini Teaching Hospital and conducted by *Nehad & Hussien (2018)* which investigated the relationship between Job satisfaction, professional image, and nurses marketing of the nursing profession, reported that the majority of the study nurses have a positive professional self-image and organizational image. Nurses rated themselves more competent in all dimensions assisted in improving professional image such as technical skills, Intellectual-cognitive skills, organizational skills, social and communication skills, professional attitude, perceived importance of nursing care aspects to professional nursing, perceptions of society's image of nursing and nurses' own image. On other hand, the study data was in consistent with the cross sectional analytical study which carried out on all nurses occupied in the hospitals of Kashmar City by *Sadeghnezhad & Allhosseini, (2020)* which studied occupational prestige from the nurses point of view, showed that most nurses had moderate occupational prestige. Moreover, nursing managers are recommended to develop a comprehensive plan to improve the occupational prestige of nurses working in hospitals.

Part (III): Level of the organizational performance.

Considering level of **organizational performance**, the study result illustrated that more than four-fifths of the studied nurses had a satisfactory level of organizational performance. In addition to the presence of a highly statistically significant difference, at P = 0.000. Moreover, the satisfactory to unsatisfactory ratio is **4.7:1. From the researcher point of view,** the favorable organizational conditions that support employees and provide good working conditions for them lead to job satisfaction and as a result can led to a top level of performance and consequently can have a high level of performance.

As well the study finding was congruent with a cross-sectional study result carried out by *Dossary (2022)* which reviewed thesis titled the relationship between nurses' quality of work-life on organizational loyalty and job performance in Saudi Arabian hospitals, summarized that nurse managers reflected good job performance levels, and high loyalty toward their employers, and also reflected good quality of life. On the same line, the present study was in accordance with a study result published at International journal of environmental research and public health and carried out by the *Leitão et al., (2019)* which reviewed quality of work life and organizational performance: Workers' feelings of contributing, or not, to the organization's productivity, indicated that the studied participant had a high level of organizational performance as a result of feeling their supervisors' support through listening to their concerns and by sensing they take them on board; being integrated in a good work environment; and feeling respected both as professionals and as people.

*Eur. Chem. Bull. **2023**,12(Special issue 8), 7594-7616*

7608

As well, this data supported by with the study result published at International Journal of Nursing conducted in shebin el-kom hospitals by *El Dahshan et al., (2018)* which reviewed talent management and its effect on organization performance among nurses, documented that the studied nurses had a satisfactory level of total organizational performance. In addition the studied nurse satisfied with effective two-way communications, my organization have a clear sense of direction and focus, organization rapidly adapt to needed operational changes, organization practice effective planning at all levels, place a high priority on workforce training and development, organization conduct formal performance appraisals on a regular basis, the department performance on the job is evaluated fairly, my organization has policies that encourage career growth and developmental opportunities, organization builds a deep reservoir of successors at every level.

On other hand, the study finding carried out by the study result published at Journal of the Egyptian Public Health Association and conducted *at* public hospitals, Iran by *Raeissi, et al., (2019)* which evaluated the quality of work life and factors associated with it among nurses, concluded that the quality of nursing work and performance was at a low level and needs improvement interventions. Additionally, the result confirmed that quality of organizational work is important for nurses as it affects the safety and quality of care provided for patients as well as organizational factors.

On contrary, the study finding inconsistent with the study a cross-sectional descriptive study conducted by *Shahnavazi et al., (2021)* which studied the effect of perceived organizational climate on the performance of nurses in private hospitals, reported that only less than one-third of nurses had an ideal level of performance regarding nurses' job performance. Therefore, managers and practitioners of private hospitals in Rasht should ultimately improve nurses' performance by improving the organizational climate and by emphasizing variables such as providing work-related facilities, paying attention to nurses' interests, emphasizing team building, participating in decision-making, improving customer service, paying attention to hospital reputation improving relationships among staff and improving compensation practices.

Part (V): Additional and correlational findings between variable under the study:

Considering relation, the study result concluded that, there was a highly statistically significant relation between personal data (age, gender, current residence, marital status, educational level, position, years of experience and department) and total level of organizational prestige among the studied nurses.

From the researcher point of view age (being from thirty to forty years old), education (had a Doctorate degree) and experience (working from fifteen to twenty year) considered as internal personal factor which positively affect and improve knowledge, practice and beliefs regarding to brain base learning among the studied academic staff members.

*Eur. Chem. Bull. **2023**,12(Special issue 8), 7594-7616*

7609

On the same line, the study result carried out by ***Bright (2021)*** which evaluated perceptions of organizational prestige mediate the relationship between public service motivation, job satisfaction, and the turnover intentions, summarized that the statistically significant relation between personal data (age, gender, educational level, years of experience and full-time status) and perception of the studied regarding organizational prestige.

On other hand, the study data was in consistent with the cross sectional analytical study which carried out on all nurses occupied in the hospitals of Kashmar City by ***Sadeghnezhad & Allhosseini, (2020)*** which studied occupational prestige from the nurses point of view, showed there was a significant relationship between the level of nursing education and the perception of occupational prestige, it seems that providing the appropriate conditions to enhance the level of nursing education can be effective in promoting the occupational prestige they feel they deserve.

In contrast, the study finding was disagreed with a cross-sectional study conducted by ***Grinberg& Sela, (2022)*** which assessed perception of the image of the nursing profession and its relationship with quality of care, illustrated that there weren't sex differences were found between male and female nurses in relation to total level of professional image among the studied participant.

Concerning relation, the study finding summarized that there was a highly statistically significant relation between personal data (age, current residence,

marital status, educational level, years of experience and department) and total level of organizational performance among the studied nurses.

From the researcher's point of view, this may be due to the fact that most study nurses were working full time. It is possible that participants who have been in nursing for many years and working full-time have more experience within the organization and the hospital work environment in addition to being with a bachelor's degree which in turn affect the perception of studied nurse regarding organizational performance.

On the vein, the study finding was supported with a cross-sectional, correlational, descriptive, study result conducted at Alexandria Main University Hospital by ***Farghaly and Abou Zeid (2023)*** which evaluated the relationship between toxic leadership and organizational performance, showed that there was a highly statistically significant relation between demographic factors (age, educational background, years in the profession, and years of experience in the present unit) and total level of organizational performance among the studied nurses.

On the same direction the study finding was in accordance a cross-sectional descriptive study conducted in the private hospitals in Rasht, Iran *by **Shahnavazi et al., (2021)*** which revied the effect of perceived organizational climate on the performance of nurses in private hospitals, noted that married and elderly nurses who have experience and level of bachelor degree have statistically significant

Eur. Chem. Bull. **2023**,*12(Special issue 8), 7594-7616*

7610

difference better performance than other nurses. The reason for this is that this category of nurses has worked in the hospital for a long time and has enough knowledge and skills to improve performance.

On the same line, the study finding was accordance with the study result done by **Abdullah & Gaballah (2018)** which evaluated that study of the relationship between organizational climate and nurses' performance, documented that nurses with higher education compared to nurses with lower education, generally have a higher level of performance.

Regarding relation, the present study described that there was a highly statistically significant positive strong correlation between total organizational performance and total organizational prestige among the studied nurses.

From the researcher's point of view, for maintaining organizational prestige, the organization need to improve technical skills, Intellectual-cognitive skills, organizational skills, social and communication skills, professional attitude, motivation, perceived importance of nursing care aspects to professional nursing, perceptions of society's image of nursing and nurses' own image which in turn affected and related to organizational performance.

As well, study finding was supported by result for **Baljoon et al., (2018)** which reviewed nurses' work motivation and the factors affecting It, identified that organizational elements that may improve the job motivation and performance of nurses are empowerment, prestige,

autonomy, engagement, supervision and management, nature of work, professional training and learning opportunities, supportive relationships and communication, contingent rewards, pay and financial benefits, promotion opportunities, equity and organizational justice, and working conditions.

Additionally, the study finding was harmony with the study results published at International Journal of Environmental Research and Public Health by **Cheng et al., (2022)** which revied thesis entitled the Influence of perceived external prestige on emotional labor of frontline employees: the mediating roles of organizational identification and impression management motive, concluded that perceived external prestige is positively related to organizational identification, management. Moreover, the result assured that improving external prestige was an effective means to promote employees' deep acting and performance the study suggested that improve external prestige by communicating the firm's core values, social responsibility, and excellent financial performance to external stakeholders.

Moreover, study of **Pratiwi et al., (2022)** which studied perceived external prestige on deviant workplace behavior with mediation of job satisfaction and organizational commitment support the study finding and confirming that perceived external prestige affect and related to job satisfaction and organizational commitment which in turn reduced deviant workplace behavior and

Eur. Chem. Bull. **2023**,*12(Special issue 8), 7594-7616*

7611

improving organizational performance and outcomes.

As well the study finding was consistent with the a cross-sectional study conducted at Jordan by *Wafa'a et al., (2020)* which assessed nursing empowerment: how job performance is affected by a structurally empowered work environment, summarized that highly empowered prestigious nurses display higher performance than less empowered prestigious nurses. Nurse managers must create an empowering work environment that supports nurses' job performance positively through structural empowerment. On the same direction, this data was supported with the studied result conducted by *Bright (2021)* which studied perceptions of organizational prestige mediate the relationship between public service motivation, job satisfaction, and the turnover intentions, summarized that there was a relation organizational prestige mediate the relationship between public service motivation, job satisfaction, and the turnover intentions which in turn reflected on organizational performance.

Conclusion

In the light of the present study results, it can be concluded that:

More than two-thirds of the studied nurses had perceived that the studied hospital with a high level of prestige. Additionally, more than four-fifths of the studied nurses had a satisfactory level of organizational performance. In addition to the presence of a highly statistically significant difference P=0.000. Moreover, there was a highly statistically significant positive strong correlation between total organizational performance and total of organizational prestige among the studied nurses, at **r= 0.962** and **P = 0.00**0.

Recommendations:

Based on the study results, the following recommendations can be given:

At nursing personnel level:

- Training programs for nurses' staff role in enhancing organizational prestige.
- In-service training program for nurses' staff nurses'for continuous high performance level.
- Conduct an orientation session for freshly graduating nurses at the start of their job to enlighten them about hospital policies that create a feeling of commitment and boost job performance.

➢ **At the organizational level:**

- Develop strategies for raising organizational prestige level.
- Selection of prestigious leadership personnel and retention of talent staff to enhance organizational prestige.
- Study market place and internal and external factors that effect on organizational prestige.
- Investigate employee engagement, citizenship behavior, and loyalty. In addition to magnetism factors of organization that effect on its prestige.

➢ **At the educational level:**

- Perform awareness session to enhance nursing personnel perception regarding internal and external prestige.
- Designing nursing curricula which encourage nursing students' prestige that are required for academic achievement motivation and enhancement.

 At the research level:

- Future studies are needed to investigate which factors can affect nursing internal and external prestige.
- Further studies to investigate the effects size of organizational prestige on organizational performance in the health care system.

Eur. Chem. Bull. **2023**,*12(Special issue 8), 7594-7616*

7612

- Comparable research for nurses in different geographical areas in Egypt might be valuable.
- Repeating the study on a larger sample is recommended for generalization of findings.
- Find out the relation between organizational prestige and staff retention.
- Study the relation between organizational prestige and magnetism.
- Investigate the effect of organizational prestige and organizational performance on productivity.

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7614

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7615