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The mediating role of moral identity in the relationship between organizational culture and emotional commitment among healthcare workers

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Organizational structures and organizational culture in the healthcare sector directly affect employee emotional commitment levels, as well as patient satisfaction and service quality. Furthermore, moral identity shapes organizational processes by determining how individuals reflect their ethical values in organizational life. Against this background, this study aims to examine the effect of organizational culture on the emotional commitment levels of healthcare workers and to reveal the potential mediating role of moral identity in this effect. The study was conducted using a cross-sectional design on healthcare workers employed at a 700-bed teaching and research hospital in the Black Sea Region. Data were collected through questionnaires from 489 healthcare workers using primarily simple random sampling, supplemented by snowball sampling to reach employees working in intensive care and infectious disease units. Evaluation of the obtained data revealed a positive and significant relationship between organizational culture and emotional commitment. Moral identity was also observed to exhibit a statistically strong relationship with both variables. Furthermore, it was found that moral identity plays a partial mediating role in the effect of organizational culture on emotional commitment. Ultimately, the findings emphasize the critical role of organizational culture in creating emotional commitment among healthcare workers. Moral identity emerges as a factor that reinforces this effect and shows that employees who exhibit attitudes consistent with the ethical climate of the institution develop greater commitment.

Keywords Organizational culture, Emotional commitment, Moral identity, Healthcare workers

Organizational commitment refers to how psychologically attached an employee is to their workplace. Meyer and Allen[1] stated that employees can be attached to their workplace in three ways: normative, continuance, and emotional. This study examines employees' emotional commitment. This is because one of the important factors affecting the success and continuity of organizations is the emotional commitment of employees to the organization[2]. Emotional commitment is when employees make extra efforts for the organization's interests and behave in accordance with the organization's wishes[3]. Especially in the healthcare sector, high employee commitment increases productivity and performance while ensuring the provision of higher quality healthcare services to patients[4]. In the literature, the alignment of individual values with organizational values is seen as an important determinant of this commitment[5]. Organizational culture, as the set of shared norms, beliefs, and values within an organization, is an important environmental factor that influences individuals' commitment to the organization. Although organizational culture and ethical climate are closely related concepts, they represent different organizational phenomena. Organizational culture refers to the broader system of shared assumptions, values, beliefs, and norms that guide behavior within an organization[6]. Ethical climate, on the other hand, reflects employees shared perceptions regarding what constitutes ethically appropriate behavior and how ethical issues

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should be handled in the workplace. Therefore, ethical climate can be viewed as a specific ethical manifestation of the broader organizational culture. In the present study, organizational culture is examined as a comprehensive organizational context that shapes employees' attitudes and value perceptions, rather than focusing exclusively on ethical climate.

On the other hand, moral identity, an individual value, is another factor that affects emotional commitment. Moral identity refers to an individual's possession of ethical values and placing these values at the center of their self-perception[7]. Individuals with high moral identity feel more meaningful and valuable in an ethical value-based organizational culture. Employees with high moral identity are more satisfied with ethical leaders or management, and their sense of commitment to the organization increases[8]. Therefore, a culture based on ethical values, transparency, and support can strengthen employees' sense of belonging and increase their emotional commitment, with the employee's moral identity playing a mediating role in this relationship.

Moral identity is the degree to which an individual identifies themselves as a moral person. If individuals within an organization identify themselves as possessing moral identity, they will exhibit ethical behavior[9]. If individuals believe that universally accepted virtuous behaviors such as being honest, compassionate, fair, helpful, and generous play an important role in defining their personal identity, they are considered to have a strong moral identity[10]. Therefore, moral identity plays an important role in both individuals' personal and professional lives and contributes to the development of their positive attitudes. Furthermore, it is critically important for organizations to develop a culture that supports ethical behavior, both for the success of employees and the organization[11]. In this context, organizational managers creating a culture based on ethical values can increase both the emergence of employees' moral identities and their commitment to the organization.

The cultural structure of society shapes what individuals consider ethical and unethical. In other words, the cultural structure of society will influence the moral identity that individuals define for themselves[10]. Although it is accepted in the existing literature that understandings of ethics and moral identity are influenced by culture, how culture shape's moral identity has not been studied extensively[12]. Culture is seen as a manageable and changeable competitive advantage. The belief that organizational culture can affect job performance, competitiveness, efficiency, and effectiveness, and the idea that increasing employee commitment improves job performance, has led academics to research these topics[13]. Within the scope of this research, the mediating role of moral identity in the effect of organizational culture on emotional commitment was examined.

A review of the existing literature revealed that the understanding of moral identity is influenced by culture, but it was noted that this topic has not been explored extensively[12]. The most important original aspect of this research is its examination of the relationship between organizational culture and emotional commitment in the healthcare sector within the framework of the moral identity variable. Although there are studies in the literature that address the relationship between organizational culture and emotional commitment, there are limited studies that examine the mediating role of moral identity in this relationship using a sample of healthcare workers. In this respect, it is thought that the research will contribute to filling the gap in the relevant literature. Moral identity shapes organizational processes by determining how individuals reflect their ethical values in organizational life. The cultural structure in the healthcare sector can have a direct impact on employees' levels of emotional commitment, patient satisfaction, and service quality. Additionally, the healthcare sector provides a particularly relevant context for examining moral identity because healthcare professionals routinely encounter situations involving ethical judgment, patient welfare, and professional responsibility. In such environments, employees' moral self-concepts may play a more prominent role in shaping organizational attitudes than in many other occupational settings. Therefore, healthcare organizations constitute a theoretically meaningful context in which to investigate the role of moral identity in the relationship between organizational culture and emotional commitment. In this context, this study aims to reveal the effect of organizational culture on the levels of emotional commitment of healthcare workers and the potential mediating role of moral identity in this effect.

Theoretical framework and hypotheses

According to Cameron and Quinn[14], an organization's culture reflects the things it values, leadership styles, language and symbols, procedures and routines, and the definitions of success that constitute a single organization. According to these authors, culture represents a set of perceptions, memories, values, attitudes, and definitions that are created by consensus and are therefore accepted by everyone. Emotional commitment, on the other hand, is the employee's willingness to contribute voluntarily to the betterment of the organization[15]. Literature shows that organizational environment plays a decisive role in the behavioral and psychological outcomes of employees in the healthcare sector[16]. Organizational culture is a fundamental factor that strengthens employees' emotional commitment to the organization. Research shows that organizational culture increases employees' sense of belonging to the organization, their adoption of organizational goals, and their desire to remain in the organization through its values, norms, and management style[17,18]. In this context, employees who embrace organizational culture will have increased emotional commitment. For example, in their research, Carvalho, et al.[13] stated that there is a positive relationship between organizational culture and emotional commitment. Dunger[15] stated that organizational culture has an effect on organizational commitment as a result of his research conducted in Germany. Therefore, it is predicted that organizational culture will increase emotional commitment within the scope of this research. Additionally, moral identity differs from previously examined mediators because it reflects the degree to which moral characteristics are central to an individual's self-concept. Whereas organizational support or identification primarily represent relational or organizational mechanisms, moral identity represents an internalized self-regulatory mechanism. Accordingly, examining moral identity as a mediator extends existing organizational culture literature beyond structural explanations and provides a self-concept-based explanation for employee commitment. Based on this information, the first hypothesis was developed.

H1: Organizational culture positively affects the emotional commitment of healthcare workers.

According to Schein[6], organizational culture is a set of shared assumptions, values, and beliefs that form the deep structure of an organization. This culture, which guides employees' attitudes and behaviors, can play a decisive role in individuals' adoption of ethical values. According to Aquino and Reed[7], moral identity is an individual's perception of themselves as a "person who holds moral values." This identity can influence an individual's motivation to behave ethically and their psychological connection to the organization. For example, AlSheddi et al.[12] noted in their comparative study of Saudi Arabia and the United Kingdom that cultural differences affect the definition of moral identity. According to Lee[19], a strong organizational culture with ethical values can strengthen employees' moral identity and enable them to exhibit ethical behavior. Therefore, organizational culture can play a critical role in shaping employees' moral identity and the emergence of their moral behavior. In light of this information, the following second hypothesis has been developed.

H2: Organizational culture positively affects healthcare workers' perception of moral identity.

Individuals with a strong moral identity tend to use positive emotions and expressions when defining themselves and explaining their behavior in social life[20]. Moral identity facilitates the employee's identification with the organization by enabling the individual to adopt the organizational identity, and this strengthens emotional commitment[21]. For example, Tamer et al.[5] showed in their research that individuals who possess individual values, i.e., who act for the benefit of their organization, have increased emotional commitment to the organization they work for. Therefore, it is thought that organizational culture and moral identity affect emotional commitment. Emotional commitment relates to an individual's intention to voluntarily continue working for the organization[1]. Emotional commitment expresses the employee's emotional commitment to the organization, their identification with it, and their participation in it. In this dimension, the employee remains loyal to the organization with a sense of loyalty and belonging[13]. Therefore, an ethical and supportive work environment can increase emotional commitment. Based on this information, the following hypothesis has been developed.

H3: Moral identity positively influences healthcare workers' emotional commitment.

One way to ensure sustainable organizational success is to increase employees' emotional commitment. In this context, the psychological and cultural factors that influence employees' emotional ties to the organization have been a central focus of academic research. Organizational culture, in particular, is a fundamental factor that shapes employees' perception of values and, in this way, influences their attitudes toward the organization[6]. A culture grounded in ethical values further contributes to the development of individuals' moral identity by enabling them to find meaning in their roles within the organization[7]. In turn, this developing moral identity can strengthen employees' emotional commitment to the organization[21]. Accordingly, organizational culture may influence emotional commitment both directly and indirectly through the mediation of moral identity.

Previous research has identified several mediating mechanisms that explain how organizational culture influences employee attitudes and commitment. For example, psychological contract fulfillment, organizational identification, organizational trust, and perceived organizational support have been shown to mediate the relationship between organizational culture and affective commitment. Jehanzeb and Bashir[18], for instance, demonstrated that psychological contract fulfillment serves as an important mechanism linking organizational culture to affective commitment. These studies suggest that organizational culture affects commitment not only directly but also through various psychological processes. However, despite growing interest in mediation mechanisms, relatively little attention has been devoted to moral identity as a potential explanatory pathway. Since moral identity reflects the extent to which moral characteristics are central to an individual's self-concept, it may provide a unique explanation for how organizational values become internalized and translated into emotional attachment to the organization.

Against this theoretical background, the present study examines the mediating role of moral identity in the relationship between organizational culture and emotional commitment. Accordingly, the following model was constructed (Fig. 1) and a hypothesis was developed.

H4: Moral identity plays a mediating role in the effect of organizational culture on the emotional commitment of healthcare workers.

Method

This section details the design and purpose of the research and provides information on the process of determining the population and sample. In addition, the data collection tools and data analysis methods are explained, presenting the methodological framework of the study in a comprehensive manner.

Research design

This study was designed as cross-sectional research aiming to examine the effect of organizational culture on the emotional commitment of healthcare workers and to reveal the possible mediating role of moral identity in this relationship. Furthermore, a descriptive and exploratory approach was adopted in the research. In the data collection process, data were obtained through a survey from healthcare workers in different branches working in public health institutions. The questionnaire form included validated scales designed to measure perceptions of organizational culture (independent variable), emotional commitment (dependent variable), and moral identity (mediating variable).

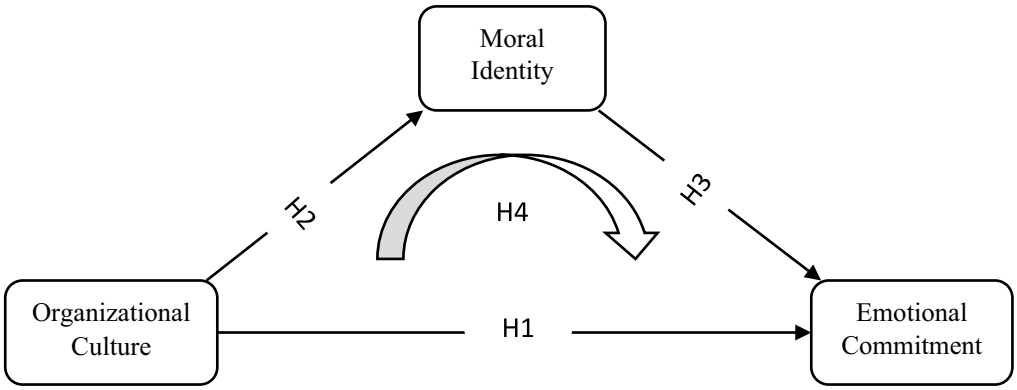


Fig. 1. Research model.

Research objective and problem

The healthcare sector is an area that can cause high levels of stress on employees due to its intense work pace and the need for direct contact with people. This situation makes the role of organizational culture in shaping the emotional commitment of healthcare workers even more important. The values, norms, and practices shared by the institution can directly affect employees' sense of belonging and motivation in the workplace. Based on these reasons, it is observed that there are limited comprehensive studies examining the effect of organizational culture on emotional commitment, particularly in Turkish healthcare institutions, and investigating the mediating role of moral identity in this process.

This study aims to examine the effect of organizational culture on the emotional commitment of healthcare workers and to reveal the mediating role of moral identity in this relationship. This is intended to contribute to the understanding of critical issues in the healthcare sector, such as employee satisfaction, morale, fulfillment, commitment level, and organizational efficiency. Ultimately, the research results also aim to provide important information and recommendations on how healthcare institutions can develop strategies to improve their organizational culture and how to create a work environment that strengthens employees' moral identity.

Research population and sample

Within the scope of this study, healthcare personnel working at a 700-bed teaching and research hospital located in the Black Sea Region of Türkiye were defined as the study population. According to hospital records, the institution employed 1,147 healthcare professionals. G*Power (version 3.1.7) was used to estimate the minimum required sample size. Based on an effect size of 0.05, a significance level (α) of 0.01, a statistical power (1–β) of 0.95, and three predictor variables, the required minimum sample size was calculated as 319 participants.

Data were primarily collected by directly distributing printed questionnaires to healthcare workers in hospital departments. Simple random sampling was used at this stage. However, due to intensive workloads and infection-control procedures in intensive care and infectious disease units, face-to-face questionnaire administration was not feasible in these departments. Therefore, a supplementary snowball sampling approach was employed specifically to reach healthcare professionals working in these units. Participants from these departments received the online questionnaire link and were invited to share it with eligible colleagues working in the same units. Initially, 400 printed questionnaires were distributed across hospital departments. In addition, the online questionnaire and participant information form were disseminated through institutional e-mail and WhatsApp communication channels. Through the supplementary snowball sampling procedure, 42 additional responses were obtained from healthcare workers employed in intensive care and infectious disease units.

A total of 517 questionnaires were returned. After excluding 28 questionnaires due to incomplete or invalid responses, 489 usable questionnaires remained for statistical analysis. Considering the total population size, the final participation rate was approximately 42.6% (489/1,147). To assess potential sampling bias, demographic characteristics of participants recruited through the supplementary snowball procedure were compared with those recruited through direct distribution. No substantial differences were observed regarding age, gender, or education level, suggesting that the two recruitment approaches yielded comparable participant profiles.

Data collection tools

The data collection tool in this study consisted of four main sections. The first section included demographic information about the participants' age, gender, marital status, professional seniority, and education level. The second section used a scale designed to measure organizational culture, the third section measured moral identity, and the fourth section measured emotional commitment levels. In all scales, participants responded using a five-point Likert-type rating system ranging from "1: Strongly Disagree" to "5: Strongly Agree.". The measurement instruments used in this study were adopted from previously published academic studies and validated Turkish adaptations.

Organizational culture scale: The organizational culture scale developed by Cameron and Quinn[14] and validated and reliability tested by Karakılıç[22] was used to measure individuals' perceptions of organizational culture. The scale consists of a total of 16 items and four sub-dimensions. Finally, the Cronbach's alpha value

for the adapted form of the scale was determined to be 0.96 for the scale as a whole. The OCAI (Organizational Culture Assessment Tool) framework conceptualizes organizational culture through four cultural dimensions. However, consistent with the study's aim of capturing employees' overall perception of the organizational cultural environment, the dimensions were aggregated into a higher-order organizational culture construct. This approach has also been adopted in prior organizational behavior research examining general cultural climate perceptions rather than competing cultural profiles.

Moral identity scale: The moral identity scale developed by Aquino and Reed[7] and adapted into Turkish by Yılmaz and Yılmaz[23] was used to measure employees' perceptions of moral identity. The scale consists of ten items and two dimensions. Finally, in the adapted form of the scale, Cronbach's alpha values of 0.77 and 0.76 were determined for the internalization dimension and the symbolization dimension, respectively.

Emotional commitment scale: The emotional commitment dimension, which is a sub-dimension of the organizational commitment scale developed by Meyer, Allen, and Smith[24] and adapted into Turkish by Dağlı, Elçiçek, and Han[25], was used to measure the commitment of healthcare workers. The scale consists of six items. Finally, the Cronbach's alpha value of the adapted form of the scale was found to be 0.80.

Ethical aspects of the study

The study was conducted in accordance with the ethical principles of the Declaration of Helsinki and all applicable institutional and national regulations governing research involving human participants. Ethical approval was obtained from the Institutional Ethics Committee of Erzincan Binali Yıldırım University (IRB Approval/Protocol No: E-88012460–050.04–415,721; Decision No: 10/10, 11th session, December 25, 2024). Participants' anonymity and confidentiality were strictly protected throughout the study. Written informed consent was obtained from all participants prior to data collection, and participation was entirely voluntary. In addition, written permission to conduct the study was obtained from the Provincial Health Directorate responsible for the hospital where the data were collected.

Analysis methods

AMOS 22, SPSS 24 applications, and the SPSS MACRO add-on were used to analyze the research data. First, frequency analyses were performed to determine the demographic characteristics of healthcare workers. Then, confirmatory factor analysis (CFA) was applied using the AMOS 22 program to test the validity of the measurement tools. After the validity analyses, reliability analyses were performed using Cronbach Alpha via SPSS 24. After completing the validity and reliability analyses of the measurement tools, the correlation coefficients between the scales were examined to test the designed hypotheses.

The mediation analysis was conducted using a bootstrap resampling procedure with 5,000 resamples to estimate the indirect effect and its confidence intervals. The mediation analysis was performed using PROCESS macro (Model 4), with bias-corrected bootstrap confidence intervals (95%)[26].

Findings

This section of the study presents the participants' demographic results, the reliability and validity analyses of the measurement tools, the correlation coefficients, and the mediation analyses.

Demographic results of healthcare workers

In this section, the demographic data of healthcare workers (age, gender, and education level) were examined and interpreted through frequency analyses.

When evaluating the demographic findings of healthcare workers, 40.9% of participants (200 people) were male and 59.1% (289 people) were female. When examining their ages, 215 workers (43.9%) were between 18 and 28 years old, 155 employees (31.7%) were aged 29–39, 79 employees (15.9%) were aged 40–50, and 40 employees (8.5%) were aged 51 and above. Finally, when evaluated by educational level, 67 healthcare workers (13.7%) were associate degree graduates, 371 (75.9%) have a bachelor's degree, and 51 (10.4%) have postgraduate education (Table 1).

n: 489	n	%
Gender		
Male	200	40,9
Female	289	59,1
Age		
18–28 years old	215	43,9
29–39 years old	155	31,7
40–50 years old	79	15,9
51 years and older	40	8,5
Education level		
Associate degree	67	13,7
Bachelor's degree	371	75,9
Graduate	51	10,4

Table 1. Statistical results for demographic information. N = 489; %: Percentage.

Models	CMIN(χ2)	DF	χ2/df	RMSEA	CFI	TLI	SRMR
Research model	897.64	699	1.28	0.02	0.98	0.98	0.02
Model 1	2495.56	701	3.56	0.05	0.93	0.93	0.04
Model 2	3060.72	702	4,36	0.10	0.86	0.84	0.09
Model 3	3859.47	703	5.49	0.12	0.84	0.83	0.11

Table 2. Fit indices for the measurement model and alternative models. N = 489; χ2/df = Chi-Square Goodness-of-Fit Test; RMSEA = Root Mean Square Error of Approximation; CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; SRMR = Standardized Root Mean Square Residual.

	$\overline{X}$	S.D	OC	MI	EC	α	CR	AVE	MSV
Organizational culture (OC)	3.05	0.57	-			0.95	0.88	0.53	0.31
Moral identity (MI)	3.05	0.59	0.89	-		0.89	0.84	0.51	0.32
Emotional commitment (EC)	3.08	0.63	0.86	0.83	-	0.83	0.81	0.50	0.24

Table 3. Correlation and reliability findings for the scales. *N* = 489; S.D: Standart deviation;$\overline{x}$: Mean.

Measurement models

At this stage, confirmatory factor analysis (CFA) was performed to test the construct validity of the variables (organizational culture, moral identity, and emotional commitment) included in the research model based on the theoretical framework. During this analysis process, the risk of "common method variance" emphasized by Podsakoff et al.[27] and Lindell and Whitney[28] was also evaluated. Since systematic error sources may arise when the same participant answers multiple scales in the same time period, Harman's single factor test was also applied. This test examines how much of the obtained variance can be explained by a single factor. If a single factor explains more than 50% of the total variance, common method bias is considered a significant problem[29]. However, the analysis revealed that the single factor explained approximately 45% of the variance. This ratio being below 50% indicates that method bias is low and that the validity of the measurement tools used is preserved[30,31].

In addition to Harman's single-factor test, a Common Latent Factor (CLF) technique was employed to further assess the potential impact of common method variance. A latent common method factor was added to the measurement model, linking all observed indicators. The standardized regression weights before and after inclusion of the CLF were compared. The differences were below the recommended threshold of 0.20, indicating that common method variance was unlikely to substantially bias the results. No items were removed from the measurement model, as all factor loadings exceeded the recommended threshold of 0.50.

Finally, the DFA results applied to evaluate the construct validity of the variables and the model's fit with the data in more detail are presented in Table 2. This table shows the fit indices of the four-factor measurement model as well as different alternative models (Model 1, Model 2, Model 3).

Table 2 shows the confirmatory factor analysis results, the research model, and the fit indices of the alternative models. Each fit measure was used to assess how well the models fit the data. Table 2 shows that the study's three-factor measurement model (organizational culture, moral identity, and emotional commitment) had better fit values than the three different alternative models developed (Model 1, Model 2, Model 3). The obtained goodness-of-fit values (χ2/df = 1.28 RMSEA = 0.02; CFI = 0.98; TLI = 0.98; SRMR = 0.02) are within the accepted ranges[32,33]. According to the Table 2 results, the research model shows the best fit indices when compared to other models. Although model fit indices were excellent, additional diagnostics confirmed that the measurement model was not improved through post-hoc parameter adjustments, supporting the robustness of the CFA structure.

Correlation and reliability analyses

Table 3 examines the mean, standard deviation, Cronbach's Alpha, and correlation analysis results for the three main variables (organizational culture, moral identity, emotional commitment).

Correlation coefficients in Table 3 are used to evaluate the relationship between variables. A coefficient above 0.30 indicates a moderate relationship, while 0.50 and above indicates a high relationship[34]. There is a positive and high ($r = 0.89$, $p < 0.01$) relationship between organizational culture and moral identity. This shows that as the perception of organizational culture increases, the perception of moral identity also increases. The second finding in Table 3 is that a positive correlation ($r = 0.86$, $p < 0.01$) was found between organizational culture and emotional commitment. This finding shows that organizational culture can be effective on the emotional commitment levels of employees. The final finding regarding the correlations in the table is the correlation coefficient between moral identity and emotional commitment ($r = 0.83$, $p < 0.01$), which also reveals a positive and strong relationship between the two variables. Cronbach's Alpha coefficient assesses the internal consistency and reliability of each construct, and a value above 0.70 indicates acceptable reliability[35]. Cronbach's Alpha values for all variables (0.95 for OC, 0.89 for MI, and 0.83 for EC) are above 0.70, indicating high internal consistency. The findings reveal that the scales used in the study are reliable and that the relationships between organizational culture, moral identity, and emotional commitment are strong and positive (Table 3).

The results indicate satisfactory internal consistency reliability and convergent validity, as all CR and AVE values exceed the recommended thresholds. Also MSV values are lower than AVE values, confirming that the constructs are empirically distinct.

Hypothesis tests

The stage of testing the hypotheses has been reached within the framework of the correlation analysis and confirmatory factor analysis results between the scales belonging to the research. In this stage, a process was followed in which two separate models were analyzed to test the hypotheses. In the hypothesis testing phase of the research, regression analysis results were first examined to reveal the effects between variables. In this process, the effects of organizational culture on emotional commitment, organizational culture on moral identity, and moral identity on emotional commitment were identified through regression analyses. In the subsequent stage, the bootstrapping method proposed by Preacher and Hayes[36] was used to analyze the mediating effect (questioning the mediating role of moral identity in the effect of organizational culture on emotional commitment).

In addition, Variance Inflation Factor (VIF) values were examined to assess potential multicollinearity issues. All values were within acceptable limits, indicating that the independent variables were not highly collinear[37].

According to the regression analysis results obtained in Table 4, the direct effect of organizational culture on emotional commitment is significant ($\beta = 0.67$, $p < 0.001$). Confidence intervals (LLCI = 0.56, ULCI = 0.79) also confirm the reliability of this effect. This indicates that an increase in organizational culture directly affects the level of emotional commitment. This result supports the acceptance of H1 hypothesis. According to the second finding in the table, the effect of organizational culture on moral identity is significant ($\beta = 0.95$, $p < 0.001$). The high path coefficient may reflect the conceptually close nature of organizational culture and moral identity in healthcare settings, where organizational values strongly shape individual moral self-concept.

Confidence intervals (LLCI = 0.91, ULCI = 0.99) also indicate that this effect is reliable. Based on this result, it can be said that a positive increase in organizational culture has a direct effect on employees' moral identity. Based on this result, it can be stated that hypothesis H2 is accepted. Furthermore, when the effect of moral identity on emotional commitment was examined, this effect was also found to be significant ($\beta = 0.30$, $p < 0.001$). Confidence intervals (LLCI = 0.19, ULCI = 0.42) also indicate that this effect is reliable. According to this result, it can be stated that employees' positive moral identity perceptions directly affect their emotional commitment. This result also indicates that hypothesis H3 is accepted. Finally, Mediation analysis was conducted using bootstrapping procedures to test the significance of the indirect effect. Following contemporary mediation approaches, the significance of the indirect effect was evaluated based on bias-corrected bootstrap confidence intervals, rather than relying on stepwise causal criteria.

According to the final finding in Table 4, the indirect effect (i.e., OC → MI → EC path) was calculated as $\beta = 0.29$, SE = 0.05, and the confidence intervals (BootLLCI = 0.18, BootULCI = 0.38) indicate that this effect is statistically significant. The results indicate a statistically significant indirect effect of organizational culture on emotional commitment through moral identity, as the bootstrapped confidence interval did not include zero. Therefore, moral identity transmits part of the effect of organizational culture on emotional commitment (Table 4).

Moral identity (MI)						
Variables	***β***	***SE***	***T***	***P***	**LLCI**	**ULCI**
Gender	−0.02	0.02	−1.01	0.31	−0.06	0.02
Age	−0.01	0.09	−1.74	0.08	−0.03	0.02
Marital status	0.08	0.02	0.37	0.70	−0.03	0.05
Education	−0.02	0.01	−1.17	0.23	−0.06	0.01
Tenure	0.02	0.01	1.82	0.06	−0.01	0.05
Organizational culture (OC)	0.95	0.02	50.18	0.000	0.91	0.99
Emotional commitment (EC)						
Variables	*β*	*SE*	*T*	*P*	LLCI	ULCI
Gender	0.02	0.03	0,093	0,35	−0,02	0,08
Age	0.01	0.01	−1,33	0,18	−0,03	0,01
Marital status	0.05	0,03	1,83	0,06	−0,01	0,10
Education	−0.02	0,03	−1,04	0,29	−0,07	0,02
Tenure	−0.01	0,01	−0,41	0.67	−0.04	0.02
Moral identity (MI)	0.30	0.06	5.36	0.000	0.19	0.42
Organizational culture (OC) (Direct effect)	0.67	0.06	11.39	0.000	0.56	0.79
Organizational culture (OC) (Total effect)	0.96	0.02	39.37	0.000	0.91	1.01
Indirect effect			*β*	BootSE	BootLLCI	BootULCI
			0.29	0.05	0.18	0.38

Table 4. Regression results related to the mediating effect. Note. N = 489; LLCI = lower limit; ULCI = upper limit.

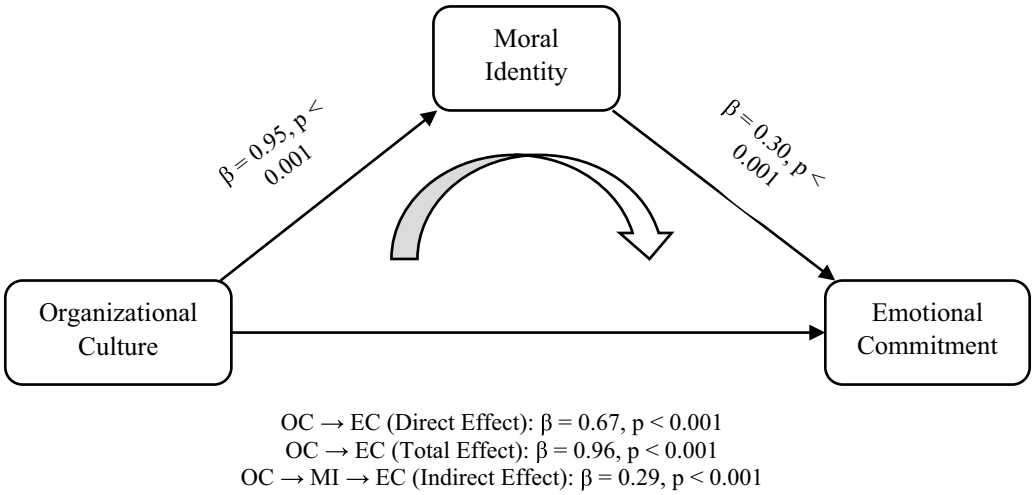


Fig. 2. Research model test.

In summary, it can be stated that moral identity plays a mediating role in the effect of organizational culture on emotional commitment. Based on these results, it can be stated that H4 hypothesis is also accepted.

To test the robustness of the findings, we re-estimated the structural model by including age, gender, education, and tenure as control variables. The results indicated that the hypothesized direct and indirect effects remained statistically significant and consistent with the original model. Although the inclusion of control variables slightly reduced the magnitude of some paths, the overall pattern of results supported the proposed mediation model, confirming its robustness.

According to Fig. 2, while organizational culture significantly affects employees' moral identity (β = 0.95), moral identity also significantly increases emotional commitment (β = 0.30). The direct effect of organizational culture on emotional commitment (β = 0.67) and its total effect (β = 0.96) are also statistically significant (Fig. 2).

The proportion mediated was approximately 0.30, indicating that moral identity accounts for about 30% of the total effect of organizational commitment on emotional commitment, suggesting a meaningful but partial explanatory mechanism. Although statistically smaller than the direct effect, the indirect effect represents a substantively meaningful proportion of the total relationship (Fig. 2).

In conclusion, moral identity acts as a partial mediator in the relationship between organizational culture and emotional commitment. Ultimately, these results show that the perception of organizational culture nurtures moral identity in employees, thereby increasing their emotional commitment to the organization.

Discussion

This study has shown that moral identity plays a partial mediating role in the effect of organizational culture in the healthcare sector on employees' emotional commitment. The findings indicate that organizational culture has a positive effect on employees and that employees who embrace organizational culture are more emotionally committed to their workplace. However, it has been determined that moral identity partially mediates the relationship between organizational culture and emotional commitment. Therefore, based on this result, we can say that organizational culture increases emotional commitment by supporting the individual's moral identity. The findings of this study support the hypotheses and present results parallel to some studies in the literature.

This study suggests that moral identity may play a mediating role in the relationship between organizational culture and emotional commitment. According to the first hypothesis of the study, it was found that organizational culture positively affects the emotional commitment of healthcare workers. In other words, employees who embrace organizational culture have increased emotional commitment. This result is consistent with previous research conducted on nurses working in public hospitals, which revealed that organizational commitment shapes employee attitudes[38,39]. For example, Carvalho et al.[13] stated in their research that there is a positive relationship between organizational culture and emotional commitment. Similarly, Dunger[15] showed in his research conducted in Germany that organizational culture has an effect on organizational commitment. Research conducted among physicians in public hospitals indicates that innovative behavior is a significant predictor of job performance, especially when treatment guidelines are ambiguous or resources are strained. By fostering a culture that reinforces moral identity, healthcare managers are not just increasing commitment,they are potentially enhancing the innovative capacity and clinical performance of their staff. As AlWali et al.[16] demonstrated, employees with high dynamic capabilities are more likely to implement novel solutions when the organizational climate supports their professional values and adaptation to environmental changes. The findings of these studies support the results of our study. In conclusion, it can be said that the emotional commitment of healthcare workers who embrace organizational culture increases.

According to the second hypothesis of the study, it was found that organizational culture positively influences the moral identity perception of healthcare workers. This finding indicates that organizational culture is related to employees' perceptions of ethical values. Therefore, it can be said that a strong organizational culture can

contribute to the development of employees' moral identity perception. This result of the study is supported by some studies in the literature. For example, AlSheddi et al.[12] stated in their comparative study between Saudi Arabia and the United Kingdom that cultural differences affect moral identity definitions. The findings of these studies are similar to the results of our study. In conclusion, it can be said that healthcare workers who embrace organizational culture will exhibit ethical behavior within the organization. In other words, organizational culture can increase moral identity.

According to the third hypothesis of the study, it was found that moral identity positively affects the emotional commitment of healthcare workers. In other words, employees with a high perception of moral identity have increased emotional commitment to the organization. Therefore, it can be said that moral identity increases emotional commitment. The result of this study is similar to some studies in the literature. For example, the results of the research by Hamidi et al.[2] showed that the relationship between nurses' organizational identity and commitment in the healthcare sector increases quality. In their research, Tamer et al.[5] showed that individuals who have individual values, i.e., who act for the benefit of their institution, have increased emotional commitment to the organization they work for. The findings of these studies are consistent with the results of our study. Consequently, healthcare workers with a high sense of moral identity will also have high emotional commitment.

According to the fourth hypothesis of the study, it was determined that moral identity plays a partial mediating role in the relationship between organizational culture and emotional commitment. In short, it was found that organizational culture in the healthcare sector increases employee emotional commitment through moral identity. The results of the study reveal findings similar to some previous studies. For example, according to Kourkouni et al.[4], nurses' organizational commitment was found to be related to ethical leadership and organizational culture. As[38,39] suggests, when employees perceive a supportive and inclusive environment, they feel a reciprocal obligation to the organization, often manifesting in extra-role behaviors. In the healthcare context, this exchange is not merely transactional but deeply moral, as individual ethical values are placed at the center of self-perception.

The results of this study support our research. In other words, ethical leadership increases emotional commitment, which is one of the dimensions of organizational commitment, and increases emotional commitment in organizational culture. Our research has shown that moral identity may play a partial mediating role in the relationship between organizational culture and emotional commitment, and the studies mentioned above support our findings. In conclusion, healthcare workers' adoption of organizational culture increases their emotional commitment, and the perception of moral identity further supports this relationship. Furthermore, the adoption of organizational culture by employees has been shown to lead to their effective and ethical behavior. It has been understood that both organizational culture and moral identity increase emotional commitment to the organization.

Although the theoretical framework emphasizes ethical and supportive cultural values, the study uses the OCAI framework to operationalize organizational culture, capturing broader organizational value orientations. Therefore, the findings should be interpreted in terms of general organizational cultural patterns rather than specific ethical culture dimensions.

Implications

Theoretical implications

This study contributes to organizational behavior literature by identifying moral identity as an important psychological mechanism linking organizational culture to emotional commitment. While previous studies have largely explained the relationship between organizational culture and commitment through organizational factors such as leadership, organizational support, or psychological contract fulfillment, the present findings suggest that employees' internal moral self-concepts also play a significant role. Accordingly, the study extends existing organizational culture research by demonstrating that organizational values are not only perceived by employees but may also become internalized as part of their moral identity, which subsequently strengthens emotional attachment to the organization.

Furthermore, the findings provide additional insight into moral identity theory by showing that moral identity functions not only as an antecedent of ethical behavior but also as a mechanism influencing employees' affective relationship with their organization. This contributes to a broader understanding of how moral self-concepts shape workplace attitudes in healthcare settings.

Practical implications

The findings suggest that healthcare managers should move beyond traditional organizational culture initiatives and focus on strengthening employees' moral identity. Since moral identity partially mediates the relationship between organizational culture and emotional commitment, organizational interventions should be designed to support the internalization of ethical values.

Healthcare institutions may operationalize moral identity through several practical mechanisms. First, ethics-based orientation programs can be integrated into onboarding processes to familiarize newly recruited healthcare professionals with organizational values and ethical standards. Second, regular ethics rounds and case discussions can provide opportunities for employees to reflect on ethical dilemmas encountered in clinical practice and reinforce the moral dimensions of healthcare work. Third, performance evaluation systems may include indicators related to ethical conduct, professional responsibility, and patient-centered care. Fourth, managers and clinical supervisors should receive training in ethical leadership practices to ensure that organizational values are consistently reflected in daily managerial behaviors. Finally, recognition programs that publicly acknowledge exemplary ethical conduct may strengthen employees' identification with organizational values and reinforce moral identity development.

From a healthcare management perspective, these findings indicate that efforts to improve employee commitment should not be limited to financial incentives or administrative reforms. Policies that support ethical reflection, professional integrity, and value-based organizational practices may contribute to more sustainable forms of employee commitment.

Societal implications

The findings also have broader implications for society because healthcare professionals hold positions of high ethical responsibility and directly affect patient well-being. Organizational cultures that support moral identity may lead to more ethical decision-making, improved quality of care, stronger patient trust, and greater accountability within healthcare institutions. Therefore, promoting moral identity in healthcare organizations may benefit employees, organizations, patients, families, and the healthcare system as a whole.

Conclusion

This study aimed to reveal the effect of organizational culture on the emotional commitment of healthcare workers and the mediating role of moral identity in this process. The findings show that organizational culture directly affects both moral identity and emotional commitment, and that moral identity plays a partial mediating role in this relationship. It can be said that, especially in the healthcare sector, despite intense and stressful working conditions, the norms and values shared within the organization foster a stronger sense of moral identity among employees, which in turn increases their emotional commitment to the organization. Organizational practices, leadership attitudes, and work environment regulations that create a climate in which healthcare workers can express themselves morally can positively affect organizational and emotional commitment. In this context, it is important to address improvements in organizational culture and policies that support moral identity together in managerial practices.

Limitations of the study and suggestions for future research

Since this study was conducted using a cross-sectional design, it is difficult to draw definitive conclusions regarding cause-and-effect relationships. Similarly, as the study relied on self-reports from participating healthcare workers, the data obtained may have certain limitations in terms of criterion validity[27]. While the questionnaire method used in the study has the advantage of reflecting individuals' own perceptions, it cannot completely eliminate the risk of common method bias[29]. Although various methods have been applied to reduce common method variance against these risks (e.g., Harman's single-factor test), the fact that the data were collected at the same time and through self-reporting means that there is still a potential for bias in the study. Furthermore, the study uses data collected from healthcare workers at a single teaching and research hospital in a specific geographical region. This single-site design may introduce context-specific bias and limits the external validity of the findings. Therefore, caution is advised when generalizing the results to other healthcare institutions with different organizational structures, resources, and regional cultural characteristics.

Therefore, findings obtained in a single sector or institutional context need to be tested in future studies to determine whether they yield the same results in different cultural and institutional environments. In this regard, findings obtained from different socio-cultural contexts or different sectors in future research will enrich the results of this study and increase its generalizability. Furthermore, the use of longitudinal or experimental designs may reveal the dynamics between organizational culture and moral identity more clearly. Finally, the inclusion of additional variables such as leadership styles, organizational justice, organizational trust, job satisfaction, job stress, organizational citizenship, organizational support, and social support may also allow for a comprehensive assessment of attitudes and behaviors within the organization.

Although Harman's single-factor test and the CLF approach suggested that common method variance was not a severe concern, the use of self-reported, cross-sectional data collected from a single source may still have introduced some degree of common method bias. Therefore, the observed relationships should be interpreted with caution. However, aggregating the four OCAI dimensions into a single construct may obscure the distinct effects of specific cultural profiles. Future studies are encouraged to examine Clan, Adhocracy, Market, and Hierarchy cultures separately to better understand their differential influences on moral identity and emotional commitment.

Finally, because a non-probability snowball sampling technique was used, the generalizability of the findings may be limited. Therefore, caution should be exercised when interpreting the results beyond the study sample.

Data availability

The datasets generated and analyzed during the current study are not publicly available because they contain information derived from human participants and public release could compromise participant confidentiality. The de-identified datasets are available from the corresponding author upon reasonable request for academic research purposes, subject to approval by the relevant ethics committee and applicable institutional regulations.

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Author contributions

Adnan Küçükali: Conceptualization, Investigation, Resources, Writing – review & editing. Sinan Tarsuslu: Conceptualization, Methodology, Formal analysis, Data curation, Visualization, Project administration, Writing – original draft, Writing – review & editing, Correspondence. Murat Baş: Validation, Supervision, Writing – review & editing. Göknur Ersarı Taşkesen: Investigation, Validation, Writing – review & editing. All authors have read and approved the final manuscript, agreed on the final author order, and approved the author contribution statement.

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Declarations

Competing interests

The authors declare no competing interests.

Additional information

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