

## Effect of Perceived Organizational Support on Organizational Commitment among Doctors in Healthcare Organizations

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### Abstract

*Employees are assets for an organization and to keep them committed to their workplace is a major challenge faced by many organizations. This study attempts to examine the impact of perceived organizational support (POS) on dimensions of organizational commitment among medical doctors working in healthcare organizations in Lahore. The study also compares the level of POS and organizational commitment between doctors working in public and private sector. A questionnaire consisting of 32 items was employed as the survey instrument. Data was collected from 160 respondents working in two private and two public hospitals. Data was analyzed through various statistical techniques such as, internal consistency reliability; correlation analysis; regression analysis; and t-test. Results suggest that there is significant positive relationship between POS and affective as well as normative commitment and insignificant relationship between POS and continuance commitment. It is suggested that management should take various measures to increase organizational support among employees thereby increasing organizational commitment.*

**Keywords:** Perceived Organizational Support, Organizational Commitment, Healthcare Organizations, Medical Doctors

### Introduction

Organizations today are working in a highly competitive environment. In this age when technological advancements and changes are gaining speed, their survival is tied on the fact that they must achieve competitive advantage. These organizations, in order to cope with the change attain this advantage through their employees who work endlessly to achieve the desired organizational targets. It has been observed that if managers values their employees endeavor, then this encourages employees to increase their organizational commitment (Çelik & Findik, 2012).

Employees consider their organization as a significant source of tangible benefits which includes salary and other perks and benefits and intangible benefits which include respect, caring and social support. When the management highly regards an employee's effort, it places a positive impact on his/her self-esteem and affiliation. This constructive valuation also gives an indication that if someone performs well; his/her work will be noticed and rewarded which will lead to an increased commitment from the employee. This would also improve performance and will lead to reduction in withdrawal behaviors which are absenteeism and turnover. The expectation of the employees from their

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organization has led to the theory of organizational support. One way of looking at organizational support is through employee's own perspective which has been termed as perceived organizational support (POS). Perceived organizational support refers to how the workforce of an organization develops belief systems about the degree to which the firm values their contribution and how it cares about their well-being (Eisenberger, Hutchison, Sowa & Huntington, 1986). It is a concept of organizational support theory which asserts that employees have a belief that the firm has a generic positive or negative orientation towards them and this covers the recognition of their contributions as well as the concern for their welfare (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002). POS is also considered as an assurance that assistance will be made available by the firm if needed to fulfill one's job effectively and also in stressful and challenging situations (George, Reed, Ballard, Colin & Fielding, 1993).

The concept of perceived organizational support draws on Social Exchange Theory, the Norm of Reciprocity and Organizational Support Theory. Organizational support theory asserts that perceived organizational support is encouraged by employees' capacity to assign the firm's human like traits. The actions taken by organization's agents are perceived to be the acts of the organization instead of agents' personal interests. This personification of the firm is supported by the fact that the firm is held responsible for the actions of its agents. This support is also given in the form of firm's policies, norms and culture which provides continuity and determines role behaviors as well. On the basis of the organization's personification, the workforce views the treatment given to them as a signal to whether the organization favors or disfavors them (Rhoades & Eisenberger, 2002).

Social exchange theorists assert that resources obtained from others have a much higher value in eyes of people if they are given on discretionary choice instead of the reasons beyond donor's control. Such voluntary assistance is perceived as a signal that the donor genuinely values or appreciates the recipient (Cropanzano & Mitchell, 2005). Hence organizational rewards, incentives, good working environment, salaries, promotions, job rotation, job enrichment etc. contribute better to perceived organizational support if employees believe that all these are voluntary actions rather than acts due to external constraints e.g. union negotiations or governmental health and safety regulations. The supervisors are firm's agents. So the relationship between him and the employee depends on the extent to which employees identify the supervisor with the firm rather than viewing his actions as idiosyncratic.

According to the norm of reciprocity, when a person helps another person, the receiver feels obliged to return the favor. From an organizational point of view, perceived organizational support should create a felt obligation to be concerned about the organization's well-being (Muneer, Iqbal, Muhammad & Long, 2014). The obligation to reciprocate caring for caring will increase the employees' affective commitment towards his organization. Therefore, based on the norm of reciprocity, perceived organizational support will stimulate an employees' felt obligation to care for his organizations' well-being and to assist the organization in fulfilling its objectives.

Employees expect their organizations to provide fairness of treatment, supervisor support and various human resource practices such as recognition, pay and promotion, job security, autonomy and training which contribute to their perception of organizational support (Rhoades & Eisenberger, 2002). On the other hand, POS has been linked with various desirable outcomes such as increase in organizational commitment (Arshadi, 2011), performance-reward expectancies (Eisenberger, Armeli, Rexwinkel, Lynch & Rhoades, 2001), employee performance (Witt & Carlson, 2006), organizational identification (Çelik & Findik, 2012) and job involvement (Allen, Armstrong, Reid, & Riemenschneider, 2008) and decrease in turnover intentions (Maertz, Griffeth, Campbell & Allen, 2007).

This study will also focus on organizational commitment which is one of the positive outcomes of perceived organizational support. Organizational commitment (OC) is conceptualized in terms of the “strength of a person’s identification with and involvement in their organization” (Allen & Meyer, 1990, p. 226). Allen and Meyer (1990) have given a three component model of OC which classifies commitment in three types, i.e. affective (AC), normative (NC) and continuance commitment (CC).

The affective component of organizational commitment given by the model points to the employees' emotional dedication to, identification with, and involvement in the company (Allen & Meyer, 1990). This has defined by Buchanan (1974) who as a partisan, affective dedication to the objectives and values of the company, to an employee’s part in relation to the objectives and values, and to the company for its own sake, apart from its exclusively instrumental worth. One of the positive outcomes of affective commitment is that it leads to a situation where the employee desires to continue his membership in the organization (Rhoades, Eisenberger & Armeli, 2001).

Normative commitment represents an employee’s feelings of obligation and loyalty to the organization. Normative commitment is the “totality of internalized normative pressures to act in a manner” that fulfills company’s objectives and motives, and proposes that employees display behaviors only because they consider it is the right and just action to take. (Meyer & Allen, 1991).

Continuance commitment is the cost that employees associate with quitting the company (Meyer & Allen, 1991). An employee would continue to stay with an organization only because there is no other option or because the cost of leaving the organization is too high.

This study will attempt to examine the impact of perceived organizational support on affective, normative and continuance commitment among doctors in hospital sector of Lahore. The relationship between POS and organizational commitment has been explored in a number of sectors such as manufacturing sector, hotel industry, education and prison settings. However, no study could be found to test the relationship between POS and organizational commitment in the health sector in Pakistan. Also, POS is particularly

important for employees working in stressful atmosphere (Viswesvaran, Sanchez, & Fisher, 1999) such as hospitals. In such an environment, the support provided by management such as equality and justice, supervisor support, training and organizational rewards will help doctors cope with their challenging work situations. Therefore, this study will aim to verify whether the results obtained in previous researches (Aubé, Rousseau & Morin, 2007; Colakoglu, Culha & Atay, 2010) can be replicated in hospital setting as well.

### **Research Objectives**

Following the arguments presented above, this study aims:

1. To measure the level of POS among doctors
2. To measure the extent of organizational commitment (affective, normative and continuance commitment) among doctors
3. To measure the relationship between POS and affective commitment
4. To evaluate the relationship between POS and normative commitment
5. To assess the relationship between POS and continuance commitment
6. To find out the difference in affective, normative, continuance commitment and POS among doctors of public and private sector hospitals

### **Theoretical Framework**

POS positively influences affective commitment (Aubé et al., 2007; Eisenberger et al., 1986; LaMastro, 2010). Rhodes and Eisenberger (2002) carried out a meta-analysis which showed that POS is positively and strongly correlated to affective commitment. The results showed that employees are much more emotionally involved with the organization when they feel that they are being valued and supported by their management.

The relationship between POS and affective commitment can be explained with the help of Social Identity Theory by Tyler (2003) which says that when employer values the contribution of an individual for the organization, then this induces the feeling of recognition and acknowledgement in that individual. The appreciation and respect for their work and status aids in meeting the social and emotional needs of employees (Fuller, Barnett, Hester & Relyea, 2003). Fulfilling these needs will help building the employees' social identity which possibly will enhance their sense of belonging and pride for their organization. The relationship between POS and affective commitment can also be explained with the help of Social Exchange Theory. Precisely, the behaviors which are related to POS such as increase in salary, promotion, training and development or some form of assistance will be taken by employees as sign of respect and concern by their employers which consequentially will raise their trust and boost the quality of relation which they have with their management (Chen, Aryee & Lee, 2005; Cheung, 2000). This means that employees will build up a positive attitude for their organization in order to show gratitude to their manager, thus increasing their level of affective commitment (Rhoades et al., 2001). Kim, Leong and Lee (2005) also support this view that individuals are likely to develop a strong will to continue membership in their organization when

they perceive their organization as supportive. So, above mentioned theories and empirical studies lead to the formulation of first hypothesis which is,

*H1<sub>A</sub>: Perceived organizational support is positively related to employees' affective commitment*

In past, several studies have supported the relationship between POS and normative commitment (Meyer, Stanley, Herscovitch & Topolnytsky, 2002). This relationship can be explained with the help of norm of reciprocity explained by Gouldner (1960) according to which, someone (whether a person or an entity) does a favor or helps in any which way to a person, the receiver or beneficiary feels obliged to return that. So, from an organizational point of view, when an individual perceives that their management supports him, is concerned for his wellbeing and seeks to satisfy his needs, in turn employee will feel obliged to show loyalty and to return this favor by performing well (Aubé et al., 2007). Thus, POS is likely to increase the level of normative commitment. In the light of norm of reciprocity and empirical studies, second hypothesis is,

*H2<sub>A</sub>: Perceived organizational support is positively related to employees' normative commitment*

Continuance commitment can be differentiated from affective and normative commitment because of the fact that employees tend to keep on working for their organization by default rather than they would really want to (affective commitment) or they are obliged to (normative commitment). According to Rhodes and Eisenberger (2002) there is a positive and strong relationship between POS and affective commitment and a small, negative relationship between POS and continuance commitment. The relationship of POS with affective commitment has always been positive in previous literature, however, its relationship with continuance commitment has been elusive. So, it seems that POS lowers the continuance commitment. Several researches show that either there is a negative or an insignificant relation between POS and continuance commitment (Aubé et al., 2007; LaMastro, 2010; Rhoades & Eisenberger, 2002).

In the past, several studies have explained the reason for this negative relation. According to Rhodes and Eisenberger (2002) POS reduces this sense of entrapment (an individual feels he is stuck in his organization) that builds up when employee feels bound to continue working for his organization because of the greater costs associated with leaving it. It is also anticipated that in the presence of supportive action from the organizations, employees' attitude of being required to stay with the organization (continuance commitment) will change to their want (affective commitment) to stay (Colakoglu et al., 2010). Therefore, based on the previous findings on POS -continuance commitment relationship, the third hypothesis is formulated as,

*H3<sub>A</sub>: Perceived organizational support is negatively related to employees' continuance commitment*

Two hospital sectors i.e. public and private are operating in Pakistan who provide health care facilities. A private hospital is owned and managed by a single person or group of people who are looking after its finances and administration on their own. Whereas public hospitals are government owned and completely run on government funding. There is quite difference between a private and public sector hospital in terms of size, location, management systems and service quality. The capacity of current public health care system in Pakistan is very limited as compared to private sector and it can be said that it is preferable option for lower class of the society because of little fee charged by it. Most of the people in urban areas prefer going to private hospitals because of good quality service and reliable medical equipment used. But, of course they are much more expensive and costly than public hospitals. Not only in their service, public and private sector hospitals differ in their management systems too as doctors prefer joining the private sector due to better pay and good working conditions. Considering these factors, the difference between POS and organizational commitment of doctors working in these sectors will be tested through the following hypothesis:

- H4<sub>A</sub> There is a significant difference in affective commitment of doctors working in public and private sector hospitals;*
- H5<sub>A</sub> There is a significant difference in normative commitment of doctors working in public and private sector hospitals;*
- H6<sub>A</sub> There is a significant difference in continuance commitment of doctors working in public and private sector hospitals;*
- H7<sub>A</sub> There is a significant difference in perceived organizational support of doctors working in public and private sector hospitals.*

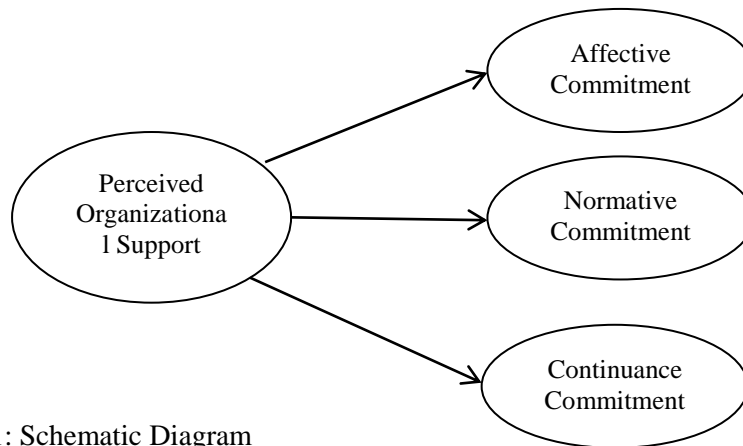


Figure 1: Schematic Diagram

### Contribution of the Study

Firstly, this research generates empirical evidence to confirm social exchange theory by Blau (1964) the organizational support theory by Eisenberger et al. (1986), social identity theory by Tyler (2003) and the norm of reciprocity by Gouldner (1960), by looking at the

employer-employee relationship and investigating the impact of POS on organizational commitment.

Secondly, the research gives insight about effective management of employees specifically doctors by providing organizational support. The findings will help establish the relationship between POS and organizational commitment among doctors. In the past, researches have been performed to explore this relationship. Colakoglu et al. (2010) have conducted a research in the hotel industry of Turkey to analyze the impact of POS on dimensions of organizational commitment. Aube et al. (2007) have also carried out a research to deepen their understanding of relationship between POS and dimensions of organizational commitment and they conducted their research on employees working in Canadian prison. The findings of both the studies have indicated a strong positive relation of POS with affective and normative commitment and have emphasized that in today's competitive environment, service-based organizations have to devise effective policies to keep their most valuable asset i.e. employee remain loyal and committed to their work.

This study is distinct from the previous studies in three ways. Firstly, in Pakistan no research has been done to examine the relationship of POS on affective, normative and continuance commitment. Secondly, a little research that has been carried out on this topic in Pakistan has considered organizational commitment as a unidimensional construct. This study however explores the multidimensionality of organizational commitment based on Allen and Meyer's (1990) model. Thirdly, this study is different from past studies as it is conducted in a different organizational setting i.e. hospital sector of Lahore; its results will help the hospital administration to find ways and adopt variety of practices to increase level of POS among doctors. These practices include implementing fair rewards, creating a positive work environment, providing organizational justice and career development opportunities which will give signal to employees that they are being valued thus leading towards greater organizational commitment.

## **Method**

It is a quantitative study. According to Bryman (2006, p. 35) "quantitative research is impersonally objective, logical and data-led approach, manipulating variables and controlling natural phenomena, by constructing hypothesis and testing them against the hard facts of reality. This approach is the most appropriate one to use if the purpose of an investigation is to describe the degree of relationship which exists between the variables". This study is an explanatory study to find the relationship between independent (perceived organizational support) and dependent variables (affective, normative and continuance commitment). As the study validates the concept of organizational support in hospital sector, the population of this study is the hospital sector of Lahore. The unit of analysis in this research is 'individual'. We will be looking at the data collected from each individual doctor and treating each response as an individual data source. This study is cross sectional/one shot as data is collected at one point of time from doctors and it is carried out in non-contrived setting as there was minimal interference in normal flow of work of doctors.

**Research Instrument**

All the variables included in this study have been measured through previously established instruments. A seven point Likert scale ranging from “Strongly disagree” (1) to “Strongly agree” (7) has been employed for all item statements.

*Perceived Organizational Support*

An 8-item scale developed by Eisenberger et al. (1986), which is a short version of their original scale has been employed for measuring POS. Eisenberger et al. (1986) reported a Cronbach’s alpha of .97 for this scale.

*Organizational Commitment*

All the three dimensions of organizational commitment (affective, normative and continuance) were assessed by Allen et al. (1990) scale. It included 24 items. The Cronbach’s alpha of affective commitment scale developed by Allen & Meyer (1990) was .87, Cronbach’s alpha of normative commitment scale was .79 and for continuance commitment scale it was .75.

**Piloting the Questionnaire**

To measure the concept of POS and organizational commitment, the initial questionnaire included 32 items measuring these variables. In order to establish usability and comprehensibility of the questionnaire, it was presented to 15 doctors. Fifteen completed surveys were received. The internal consistency of POS was .904, for affective commitment it was .759, for normative commitment it was .647 and for continuance commitment it was .841 which shows that questionnaire is fairly reliable.

**Sampling Method and Sample Generation**

In this study, purposive sampling method was employed. Hospitals were divided into two sectors i.e. public and private hospitals and then data were collected from there. A total of 8 hospitals were selected.

**Data Collection Process**

The data was collected using primary resources meaning thereby that questionnaires were filled by approaching the doctors in their respective hospitals. The researcher personally visited eight different hospitals. It took almost four weeks to collect data. A total of 180 questionnaires were distributed.

**Response Rate**

A total of 180 questionnaires were distributed, out of which 172 were returned providing the response rate as 95.5%. Although 172 questionnaires were returned, 160 of them were usable. Some of them were not completely filled so they were not used and some of questionnaires were not correctly filled, as the answers did not correspond to each other correctly.



## Data Analysis

### Reliability

The questionnaire's reliability was confirmed using alpha coefficients so that internal consistency can be demonstrated. Cronbach's alpha values are given in table 1.

**Table 1**                      **Reliability of Individual Measures**

<b>Scales</b>	<b>Cronbach's Alpha</b>
POS	.867
AC	.807
NC	.604
CC	.611

The results of reliability statistics are acceptable as all are more than .6 (Cavana, Delahaye, & Sekeran, 2001).

### Characteristics of the Sample

Out of 160 respondents, 52.5% are male and 47.5% are female. Most of the respondents (39.4%) were aged between 26-30 years, 26.9% were aged between 20-25 years, 18.15% were between 31-35 years, 9.4% were aged between 36-40 years, 4.4% were above 45 and 1.9% were between 41-45 years. 48.8% were single and 51.2% of respondents were married. Among 160 respondents, most of the respondents (48.1%) were Medical Officers, 23.1% were Post Graduate Residents, 16.2% were House Officers, 2.5% were Demonstrators, 1.2% were Surgeons, 2.5% were Consultants, 3.1% were Registrars and the same percentage for Senior Registrars. In terms of work experience in current hospital, 69.9% doctors have work experience between 1-5 years in their current hospital, 21.9% have work experience between 6-10 years, 6.9% have work experience between 11-15 years, 1.2% have work experience between 16-20 years and 0.6% have work experience between 21-25 years in their respective hospitals. Lastly, 63.8% doctors have permanent job while 36.2% are contractually employed.

### Descriptive Statistics

Table 2 provides the mean and standard deviation scores of independent variables and dependent variables used in this study.

**Table 2** Descriptive Statistics

	Min	Max	Mean	Std. Deviation	Skewness	Kurtosis		
						Std. Error	Std. Error	
<b>POS</b>	1.00	7.00	4.9063	1.19007	-.643	.192	.318	.381
<b>AC</b>	1.62	7.00	5.0383	1.03068	-.616	.192	.193	.381
<b>NC</b>	2.12	6.88	4.8953	.83375	-.438	.192	.374	.381
<b>CC</b>	2.00	7.00	4.1359	.95582	.389	.192	.178	.381

**Correlation Analysis**

In order to find the strength and direction of relationship between the independent and dependent variables, Pearson-product moment correlation analysis was conducted. Fidell and Tabachnick (2006) have proposed the guidelines to determine strength of relation. If  $r = .1$  to  $.29$  then it is weak relationship;  $r = .3$  to  $.49$  indicating moderate relationship;  $r = .5$  to  $1$  indicating strong relationship. There was a strong, positive correlation between POS and affective commitment,  $r = .563$ ,  $n = 160$ ,  $p < .001$ , with high levels of POS associated with high levels of affective commitment. Therefore, we reject the null hypothesis of negative association and accept alternate hypothesis that POS is positively related to employees' affective commitment.

There was a moderate, positive correlation between POS and normative commitment  $r = .426$ ,  $n = 160$ ,  $p < .001$ , with high levels of POS associated with high levels of normative commitment. Therefore, we reject the null hypothesis of negative association and accept alternate hypothesis that POS is positively related to employees' normative commitment.

There was a very weak, positive correlation between the two variables,  $r = .048$ ,  $n = 160$  and it is insignificant. The thirds hypothesis was that POS is negatively related to employees' continuance commitment but here it is showing very weak and insignificant relation. Therefore, we reject our alternate hypothesis and accept null hypothesis of no association between POS and continuance commitment.

**Table 3** Correlation Analysis

	1	2	3	4
<b>POS</b>	1	.563**	.426**	.048
<b>AC</b>		1	.417**	-.111
<b>NC</b>			1	.034
<b>CC</b>				1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

### Regression Analysis

Hierarchical multiple regression was performed to evaluate the ability of independent measures (perceived organizational support) to predict levels of commitment (affective commitment), after controlling for the influence of organization, job position, gender, age, marital status, work experience in current organization and job type. Initial analyses were conducted to ensure that assumptions of normality, linearity, multicollinearity and homoscedasticity were not violated. Then control variables were entered in the first step, which explained 12.8% of the variance in affective commitment. Finally, POS was entered in the second step and total variance explained by the model as a whole was 37.3%,  $p < .001$ . Results in Table 4 show that POS explained an additional 24.5% of the variance in affective commitment, after controlling for organization, job position, gender, age, marital status, work experience in current organization and job type,  $R^2$  change = .245,  $F$  change = 59.03,  $p < .001$ . In the final model, POS was statistically significant, ( $B = .453$ ,  $p < .001$ ).

**Table 4 Regression Analysis between POS and AC**

Model	R	R Square	Change Statistics		
			R Square Change	F Change	Sig. F Change
1	.358	.128	.128	3.190	.004
2	.611	.373	.245	59.038	.000

Next, the association between POS and normative commitment was evaluated through the same process. In Table 5, it shows that control variables explained 25.5% of the variance in normative commitment. After entering POS at step 2 the total variance explained by the model as a whole was 37%,  $p < .001$ . POS explained an additional 11.5% of the variance in normative commitment,  $R^2$  change = .115,  $F$  change = 27.519,  $p < .001$ . In the final model, POS was statistically significant ( $B = .253$ ,  $p < .001$ ), therefore explaining significant variation in normative commitment. Thus, it can be concluded that POS positively affect normative commitment.

**Table 5 Regression Analysis between POS and NC**

Model	R	R Square	Change Statistics		
			R Square Change	F Change	Sig. F Change
1	.505	.255	.255	7.422	.000
2	.608	.370	.115	27.519	.000

Regression analysis for the association between POS and continuance commitment was not carried out because the strength of relationship between the two variables has already been demonstrated to be insignificant in the correlation analysis (see table 3).

As stated earlier, the study also compares the organizational support and commitment levels of doctors between public and private organizations. To test this difference,

independent sample t-test has been conducted. In table 6, the t-value for affective commitment is significant ( $p = 0.034$ ). As this is less than 0.05, this implies that there is a statistically significant difference in the mean affective commitment scores for public ( $M = 1.74$ ,  $SD = .273$ ) and private sector doctors ( $M = 1.64$ ,  $SD = .313$ ;  $t(160) = 2.138$ ,  $p = .034$ , two-tailed). For affective commitment, the effect size (calculated using the formula  $t^2 / t^2 + (N1 + N2 - 2)$ ) was .028 which is considered as small according to guidelines given by Cohen (2013).

Next, the difference in normative commitment (NC) was evaluated. The significance value is 0.938 (greater than 0.05) which means that there is no statistically significant difference in mean normative commitment scores for public ( $M = 1.71$ ,  $SD = .195$ ) and private sector doctors ( $M = 1.70$ ,  $SD = .282$ ;  $t(160) = .078$ ,  $p = .938$ , two-tailed).

Then, we evaluated the difference in continuance commitment and results demonstrate that the significant value is 0.011 ( $<.05$ ) thus implying that there is a statistically significant difference in the mean continuance commitment scores for public ( $M = 4.32$ ,  $SD = .946$ ) and private sector doctors ( $M = 3.94$ ,  $SD = .932$ ;  $t(160) = 2.589$ ,  $p = .01$ , two-tailed). Effect size is then calculated which is .04 indicating a small statistically significant difference.

Finally, when we look at the POS and the significance value is 0.001 ( $<.05$ ) implying that there is a statistically significant difference in the mean perceived organizational commitment scores for public ( $M = 1.81$ ,  $SD = .314$ ) and private sector doctors ( $M = 1.63$ ,  $SD = .33$ ;  $t(160) = 3.544$ ,  $p = .001$ , two-tailed). The magnitude of the differences in the means i.e. effect size was moderate (eta squared = .073).

**Table 6** Results of t-test for Comparison between Public and Private Sector Doctors

	t	df	Sig. (2-tailed)
AC	2.138	158	.034
NC	.078	158	.938
CC	2.589	158	.011
POS	3.544	158	.001

## Discussion

According to first hypothesis, POS positively impacts employees' affective commitment. The results of the correlation analysis indicated significant positive relationships between these variables. More specifically, the results of this study indicate that POS accounts for a considerable variance in affective commitment in the regression analysis. The findings are consistent with previous researches (Colakoglu et al., 2010; Fuller et al., 2003; LaMastro, 2010; Rhoades et al., 2001). Hence hypothesis 1 is supported. When employees perceive that their organizations are supportive towards them and care for

them, they are likely to develop a sense of belonging and pride for the organization. Previous study (Ahmad & Bakar, 2003) has reported that when supervisor provides support in human resource activities, there is significant increase in organizational commitment.

According to second hypothesis, POS positively affects employee's normative commitment. The results of correlation analysis indicated significant relationship between these variables. POS accounts for a significant positive variance in normative commitment as seen in the regression analysis. Previous studies have also found a similar relationship between the two concepts (Aubé et al., 2007; Colakoglu et al., 2010; Meyer et al., 2002). Hence hypothesis 2 is supported. Organizations can influence normative commitment in a positive way by caring for goals and values of its employees and discussing it with them and also by involving them in decision making processes.

According to third hypothesis, POS negatively affects employees' continuance commitment. The results of correlation analysis indicate slightly positive but non-significant relationships between these variables. Hence third hypothesis is not supported. Again, similar results have been obtained in previous studies (Aubé et al., 2007; Eisenberger et al., 2002). It is possible that doctors working in hospital sector of Lahore perceived few other employment options, so even if they consider their organization to be supportive, they still have high level of continuance commitment. Although there are various alternative job options for doctors in Lahore, it may be due to the economical downfall of overall country that doctors think they "had to" remain with their organization.

According to fourth, fifth, sixth and seventh hypothesis there is difference in affective commitment, continuance commitment and POS of doctors working in public and private sector hospitals. Except for the fifth hypothesis for normative commitment, all others were accepted. This means that public and private hospital sectors differ in their policies for the betterment of their employed doctors. A moderate effect size was seen in case of continuance commitment, where mean difference of public sector was higher than that of private sector. This means that doctors in public sector are more afraid of losing their jobs, they have fewer job alternatives and their life will be disrupted if they leave their job.

### **Limitations and Directions for Future Research**

- The sample size in this study was small. With increased sample size, future research can also include participants of other cities to reach more generalizable and accurate findings. Also this research can be carried out in different sectors of Pakistan other than hospital sector, to enhance and enrich the understanding of the relationship between these variables among employees in different sectors.
- This study used cross-sectional design. Under the restrictions of the study time and personal knowledge, it was unable to cover everything. Future studies may use a causal study design and longitudinal data to draw cause and affect relationships between POS and organizational commitment.

- Future research should explore the sub-constructs of POS in order to gain a deeper and refined understanding of which aspect of POS affect organizational commitment.

### **Practical Implications and Conclusion**

Hospital management should seek for some procedures to increase the organizational commitment of their doctors. There are various ways by which it can do that. These are, by creating “organization equality and justice”, by providing “supervisors support”, “positive work environment” and “organizational rewards and desired occupational grounds” to their doctors. Providing organizational equality and justice refers to observing justice in the allocation and distribution of resources among the staff and also maintaining equality in organizational procedures. Secondly, ‘supervisor support’ includes the support of managers and supervisors from the staff, inviting the employees to participate in decision making, caring for their opinion, assisting them when they face problems and considering their goals and values. Managers should also spend time with employees through socialization as this will help in minimizing emotional exhaustion on job satisfaction and boost commitment and performance. Thirdly, organizations should review their management procedures in order to create a positive work environment which will help in retaining employees. The administration will have to transform their structure from authoritative to participative management style i.e. by considering employees’ goals and values, caring about their wellbeing and by viewing their inputs as valued contributions to the functioning of the section. Another thing to consider is from quality control perspective i.e. ensuring all work equipment and accessories are stable and in working condition in order to ensure an effective quality control program for workers to carry out their tasks effectively. Management should also encourage their staff to undergo training for personal growth and achievement or to go for further postgraduate studies for their professional development. Employees should be rewarded for this effort and management should provide opportunities to implement the learned knowledge.

Furthermore, organizations should conduct staff satisfaction surveys as well as conduct exit interviews as this will greatly help them in improving the quality of employees’ work life. They should also make sure that organizations’ mission, objectives and policies are well explained to their employees and there should be clear written job description for every position. Employees tend to associate their supervisor’s feedback as from the organization so the feedback should be appropriate. Giving out rewards or assistance is not only a criterion for understanding support by the manager, but also support by the organization.

Overall, this study corroborates that organizations who undertake measures, with the intent of showing support to their employees and they succeed in communication of that support, will reap the benefits out of it, thus having employees who are committed to their profession and organization and who are ready to “go the extra mile” for their organization.

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