The Effect of Perceived Organizational Support on Doctors' Organizational Commitment in Pakistan

Sania Zahra Malik,[*] Sadaf Zahra Kazmi,[**] Namra Nadeem[***]

Abstract

Maintaining employees' commitment to their workplace is a major challenge faced by many organizations. This study examines the impact of perceived organizational support (POS) on different dimensions of organizational commitment among medical doctors working in healthcare organizations in Pakistan. It also compares the level of POS and organizational commitment between doctors working in the public and private sectors. Based on a 32-item questionnaire administered to a sample of 160 respondents working at two private and two public hospitals, we find a significant, positive relationship between POS and affective as well as normative commitment, and an insignificant relationship between POS and continuance commitment. This suggests that the management should take measures to increase organizational support among employees in order to raise their level of organizational commitment.

Keywords: Perceived organizational support, organizational commitment, healthcare organizations, medical doctors.

JEL classification: M14.

1. Introduction

In today's highly competitive environment and in an age of rapid technological advancements, the survival of an organization is tied to its competitive advantage. This, in turn, depends on the extent to which the organization's employees are committed to its targets. Managerial support for employees increases their organizational commitment (Çelik & Findik, 2012). For employees, their organization is a significant source of tangible (salaries and other perks and benefits) and intangible benefits (respect and social and emotional support). When the management has high regard for its employees' efforts, this has a positive impact on their self-esteem and organizational affiliation. This constructive valuation also signals that good

[*] Institute of Business Administration, University of the Punjab, Lahore.
[**] Institute of Business Administration, University of the Punjab, Lahore.
[***] Lahore School of Economics, Lahore.

performance will be recognized and rewarded, in turn leading to increased commitment on the employee's part. It also improves performance and causes withdrawal behaviors such as absenteeism and turnover to decline. The theory of organizational support thus stems from the expectations that employees have of their organization.

One way of looking at organizational support is from the employee's perspective or perceived organizational support (POS). This refers to how employees develop a belief system about the degree to which the firm values their contribution and cares about their wellbeing (Eisenberger, Huntington, Hutchison & Sowa, 1986). Organizational support theory asserts that employees believe their firm has a generic positive or negative orientation that encompasses recognition of their contribution and concern for their welfare (Eisenberger et al., 2002). POS is also considered an assurance that the firm will help its employees work more effectively and in stressful or challenging situations (George et al., 1993).

The concept of POS draws on social exchange theory, the norm of reciprocity and organizational support theory. The latter holds that POS is driven by employees' capacity to assign "human" traits to a firm such that the actions taken by the firm's agents are perceived to be the acts of the organization itself. This personification of the firm is supported by the fact that the firm is held responsible for the actions of its agents: these actions take the shape of organizational policies, norms and culture, provide continuity and determine role behaviors. Based on this personification, employees perceive how they are treated as a signal of favor or disfavor (Rhoades & Eisenberger, 2002).

Social exchange theorists assert that resources obtained from others are valued more highly if they are given on a discretionary, rather than obligatory, basis. Such voluntary assistance is perceived as a signal that the donor genuinely values the recipient (Cropanzano & Mitchell, 2005). Thus, organizational rewards, incentives, a good working environment, salaries, promotions, job rotation and job enrichment opportunities all contribute more to POS if employees believe that these are voluntary actions rather than the result of external constraints such as union negotiations or government health and safety regulations. When a supervisor serves as the firm's agent, his/her relationship with the employee depends on the extent to which the latter identifies the supervisor with the firm rather than as someone taking an individual action.

According to the norm of reciprocity, when one person helps another, the latter feels obliged to return the favor. From an organizational point of view, POS creates a felt obligation to be concerned about the organization's wellbeing (Muneer, Iqbal, Khan & Long, 2014). This obligation to reciprocate the firm's concern for its employees increases their affective commitment toward the organization and its objectives.

Employees expect their organizations to treat them fairly and to provide supervisory support and human resource practices such as recognition, pay and promotion, job security, autonomy and training, all of which contribute to their POS (Rhoades & Eisenberger, 2002). From the firm's point of view, POS is linked with various desirable outcomes such as greater organizational commitment (Arshadi, 2011), performance–reward expectancies (Eisenberger et al., 2001), employee performance (Witt & Carlson, 2006), organizational identification (Çelik & Findik, 2012), job involvement (Allen, Armstrong, Reid & Riemenschneider, 2008) and decreased turnover intentions (Maertz, Griffeth, Campbell & Allen, 2007).

This study focuses on organizational commitment, which is one of the positive outcomes of POS and is conceptualized as the "strength of a person's identification with and involvement in their organization" (Allen & Meyer, 1990). Allen and Meyer (1990) provide a three-component model of organizational commitment, which classifies commitment as affective, normative or continuance commitment. These are discussed below.

The affective component refers to employees' emotional dedication to, identification with and involvement in the company (Allen & Meyer, 1990). Buchanan (1974) interprets this as a partisan, affective dedication to the objectives and values of the company, to an employee's part in relation to these objectives and values, and to the company per se apart from its exclusively instrumental worth. One of the positive outcomes of affective commitment is that it encourages employees to remain members of the organization (Rhoades, Eisenberger & Armeli, 2001). Normative commitment represents an employee's feelings of obligation and loyalty to the organization. This includes the "totality of internalized normative pressures to act in a manner" that meets the company's objectives and motives, that is, it compels employees to behave in a way only because they consider it the right and just thing to do (Meyer & Allen, 1991). Finally, continuance commitment is the cost that employees associate with leaving the company (Meyer & Allen, 1991). An employee will remain with an organization only because there is no other option or because the cost of leaving the organization is too high.

This study examines the impact of POS on affective, normative and continuance commitment among medical doctors in Lahore. While many studies have explored the relationship between POS and organizational commitment in sectors such as manufacturing, hoteling, education and prison, no study has, to our knowledge, tested this relationship in Pakistan's healthcare sector. Moreover, POS is particularly important for employees working in stressful environments (Viswesvaran, Sanchez & Fisher, 1999) such as hospitals, where the support provided by the management – such as equality and justice, supervisory support, training and organizational rewards – can help doctors cope with challenging work situations. Therefore, we attempt to verify whether the results obtained in previous research (see Aubé, Rousseau & Morin, 2007; Colakoglu, Culha & Atay, 2010) can be replicated in a hospital setting.

Following the arguments presented above, this study aims to:

- Measure the level of POS among doctors

- Gauge the extent of organizational commitment (affective, normative and continuance commitment) among doctors

- Measure the relationship between POS and affective commitment

- Evaluate the relationship between POS and normative commitment

- Assess the relationship between POS and continuance commitment

- Determine whether POS and affective, normative and continuance commitment differ between doctors in public and private sector hospitals.

2. Theoretical Framework

POS has a positive impact on affective commitment (Aubé et al., 2007; Eisenberger et al., 1986; LaMastro, 1999). Rhoades and Eisenberger (2002) carry out a meta-analysis, which shows that POS is positively and strongly correlated with affective commitment. The results show that employees are far more emotionally involved with the organization when they feel valued and supported by their management.

The relationship between POS and affective commitment can be explained in terms of social identity theory. Tyler and Blader (2003) argue that, when an employer values the contribution of an individual to the organization, this induces feelings of recognition and acknowledgement in that individual. Appreciation and respect for their work and status helps

employees meet their social and emotional needs (Fuller, Barnett, Hester & Relyea, 2003). This, in turn, builds their social identity and enhances their sense of belonging to that organization.

Under social exchange theory, behaviors related to POS – such as an increase in salary, promotion, training and development or some form of assistance – are perceived by employees as a sign of the firm's concern for their wellbeing. This raises their trust and boosts the quality of their relationship with the management (Chen, Aryee & Lee, 2005; Cheung, 2000). Consequently, employees develop a more positive attitude toward their organization, increasing their affective commitment (Rhoades et al., 2001). Kim, Leong and Lee (2005) support the view that individuals are likely to develop a strong desire to remain part of an organization when they perceive it as being supportive. Based on these theories and empirical studies, our first hypothesis is as follows:

- H1: POS is positively related to employees' affective commitment.

Several studies support the relationship between POS and normative commitment (see Meyer, Stanley, Herscovitch & Topolnytsky, 2002). This relationship is explained in terms of the norm of reciprocity, that is, when a person or entity helps another such that the beneficiary feels obligated to return the favor (Gouldner, 1960). From an organizational point of view, when employees perceive that the management is supportive, concerned for their wellbeing and seeks to satisfy their needs, they will feel obligated to remain loyal to the firm and let this reflect in their performance (Aubé et al., 2007). Thus, POS is likely to increase the level of normative commitment. Accordingly, our second hypothesis is:

- H2: POS is positively related to employees' normative commitment.

Continuance commitment is different from affective and normative commitment because employees tend to keep working for their organization by default rather than because they necessarily want to (affective commitment) or feel obligated to do so (normative commitment). Rhoades and Eisenberger (2002) find a strong, positive relationship between POS and affective commitment, and a weak, negative relationship between POS and continuance commitment. While the literature provides considerable support for the first relationship, the second is less easily established. Generally, POS appears to lower continuance commitment: several studies show either a negative or insignificant relationship between POS and

continuance commitment (see Aubé et al., 2007; LaMastro, 1999; Rhoades & Eisenberger, 2002).

In explaining this negative relationship, Rhoades and Eisenberger (2002) argue that POS reduces an employee's sense of "entrapment," which builds up when he/she feels bound to continue working for an organization, given the greater cost of leaving. Moreover, the more supportive the organization, the more likely that an employee's continuance commitment may become affective commitment (Colakoglu et al., 2010). Based on these findings, our third hypothesis is:

- H3: POS is negatively related to employees' continuance commitment.

The three hypotheses above are illustrated in Figure 1.

Figure 1: Schematic diagram
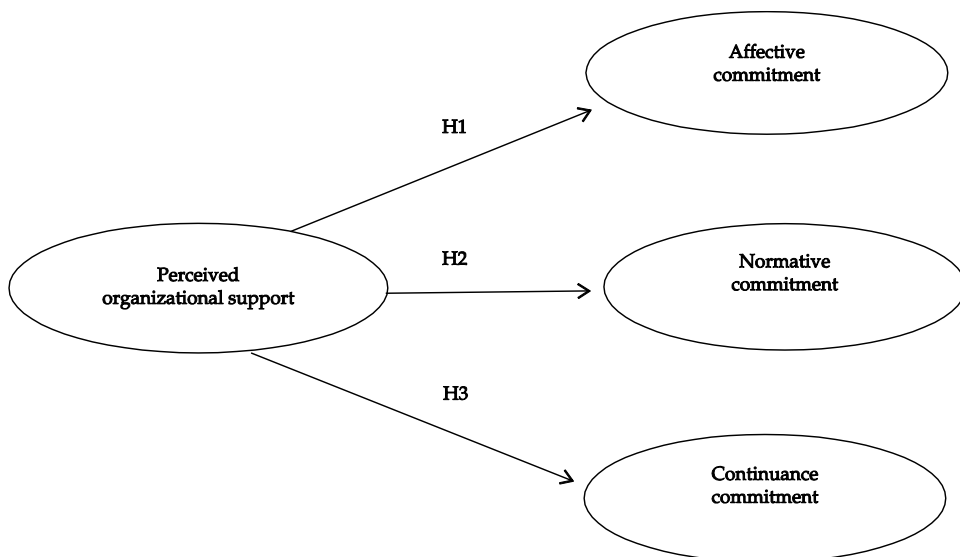
The study's subsequent hypotheses concern organizational commitment in Pakistan's healthcare sector, which comprises public and private sector hospitals. Private hospitals are owned and managed by an individual or a group that is responsible for the institution's finances and administration. Public hospitals are government-owned and run.

There is a considerable difference between private and public sector hospitals in terms of size, location, management systems and service quality. The current public healthcare system in Pakistan has limited resources,

equipment and services compared to the private sector, but it is also far cheaper and, therefore, attracts poorer households. Urban residents are likely to have better access to well-resourced private hospitals than rural residents. There are also differences in management systems: doctors prefer to join the private sector because it offers better salaries and working conditions. With these factors in mind, we propose the following hypotheses:

- H4: There is a significant difference in the affective commitment of doctors working in public and private sector hospitals.

- H5: There is a significant difference in the normative commitment of doctors working in public and private sector hospitals.

- H6: There is a significant difference in the continuance commitment of doctors working in public and private sector hospitals.

- H7: There is a significant difference in the POS of doctors working in public and private sector hospitals.

3. Study Rationale and Contribution to the Literature

This study generates empirical evidence to verify social exchange theory (Blau, 1964), organizational support theory (Eisenberger et al., 1986), social identity theory (Tyler & Blader, 2003) and the norm of reciprocity (Gouldner, 1960) by looking at the employer–employee relationship and investigating the impact of POS on organizational commitment.

It also provides some insight into how organizational support can help manage employees, specifically doctors, more effectively. The findings help establish the relationship between POS and organizational commitment among doctors. Other studies that explore this relationship include Colakoglu et al. (2010), who analyze the impact of POS on dimensions of organizational commitment in Turkey's hotel industry, and Aubé et al. (2007), who examine the relationship between POS and organizational commitment among employees at a Canadian prison. Both studies indicate a strong, positive relationship between POS and affective and normative commitment. Their results imply that, in today's competitive environment, services-based organizations must devise effective policies to retain their most valuable asset, i.e., their employees.

The study is distinct from previous research in four ways:

- To date, no other study has examined the relationship between POS and affective, normative and continuance commitment in the context of Pakistan.

- The little research that has been carried out on this topic in Pakistan looks at organizational commitment as a unidimensional construct, whereas we apply a multidimensional model based on Allen and Meyer (1990).

- We have used an unusual organizational setting – the hospital sector in Lahore. The study's results are expected to help hospital administrations to adopt practices geared toward increasing levels of POS among doctors. These include implementing fair rewards, creating a positive work environment, and providing organizational justice and career development opportunities. This would signal to employees that they were valued, thus raising their organizational commitment.

- Finally, we evaluate how public and private sector hospital doctors differ in terms of their affective, normative and continuance commitment as well as their POS. This has not been observed in Pakistani hospitals and our results reveal significant differences between these variables.

4. Methodology

This is a quantitative study. According to Bryman (2006, p. 35), "quantitative research is an impersonally objective, logical and data-led approach, manipulating variables and controlling natural phenomena, by constructing hypotheses 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." Our unit of analysis is the individual. The study is a cross-sectional/one-shot study with data collected at one point in time in a noncontrived setting (with minimal interference in doctors' normal workflow).

4.1. Measurement of Variables

All the variables included in this study have been measured using previously established instruments. A seven-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (7) was employed for all item statements. An eight-item scale developed by Eisenberger et al. (1986) was adapted and condensed to measure POS; the authors report a Cronbach's alpha value of 0.97 for this scale. The three dimensions of organizational

commitment – affective, normative and continuance – were assessed using Allen and Meyer's (1990) scale, which includes 24 items. Their study yields a Cronbach's alpha of 0.87 for the affective commitment (AC) scale, 0.79 for the normative commitment (NC) scale and 0.75 for the continuance commitment (CC) scale.

4.2. *Survey Method and Data Collection*

The initial questionnaire included 32 items measuring POS and organizational commitment. In order to establish its usability and comprehensibility, the survey was administered to 15 doctors. All 15 completed the survey. The internal consistency values were 0.904 for POS, 0.759 for affective commitment, 0.647 for normative commitment and 0.841 for continuance commitment. This showed that the questionnaire was fairly reliable.

We employed purposive sampling, dividing eight selected hospitals into either public or private hospitals and then collecting primary data. Over the course of almost a month, we distributed 180 questionnaires among the doctors at these hospitals, of which 172 were returned (a response rate of 95.5 percent). Only 160 of these had been completed correctly and were thus usable.

5. Data Analysis

The questionnaire's reliability was confirmed using alpha coefficients to demonstrate internal consistency. Table 1 gives the Cronbach's alpha values for all four measures, all of which exceed 0.6 and are, therefore, deemed acceptable (see Cavana, Delahaye & Sekaran, 2001).

Table 1: Reliability of individual measures

Scale	Cronbach's alpha
POS	0.867
AC	0.807
NC	0.604
CC	0.611

Source: Authors' calculations.

5.1. Sample Characteristics

Out of 160 respondents, 52.5 percent were male and 47.5 percent were female. Most respondents (39.4 percent) were aged between 26 and 30, 26.9 percent were aged between 20 and 25 years, 18.15 percent were 31–35 years old, 9.4 percent were 36–40 years old, 4.4 percent were older than 45 and 1.9 percent were between 41 and 45. About 48.8 percent were single and 51.2 percent were married. Most respondents (48.1 percent) were medical officers, 23.1 percent were postgraduate residents, 16.2 percent were house officers, 2.5 percent were demonstrators, 1.2 percent were surgeons, 2.5 percent were consultants and 3.1 percent each were registrars and senior registrars. In terms of work experience at their current hospital, 69.9 percent of respondents had worked there for one to five years, 21.9 percent for six to ten years, 6.9 percent for 11–15 years, 1.2 percent for 16–20 years and 0.6 percent for 21–25 years. Finally, 63.8 percent had a permanent job while 36.2 percent were contractually employed.

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

Table 2: Descriptive statistics

					Skewness		Kurtosis	
Scale	Min	Max	Mean	SD		SE		SE
POS	1.00	7.00	4.9063	1.19007	-0.643	0.192	0.318	0.381
AC	1.62	7.00	5.0383	1.03068	-0.616	0.192	0.193	0.381
NC	2.12	6.88	4.8953	0.83375	-0.438	0.192	0.374	0.381
CC	2.00	7.00	4.1359	0.95582	0.389	0.192	0.178	0.381

Source: Authors' calculations.

5.2. Correlation Analysis

In order to find the strength and direction of the relationship between the independent and dependent variables, we conduct a Pearson-product moment correlation analysis. Tabachnick and Fidell (2006) suggest that, if $r = 0.1$ to 0.29, this indicates a weak relationship; if $r = 0.3$ to 0.49, this indicates a moderate relationship; and if $r = 0.5$ to 1, this indicates a strong relationship. Table 3 shows a strong, positive correlation between POS and AC: $r = 0.563$, $n = 160$ and $p < 0.001$, with high levels of POS associated with high levels of affective commitment. Therefore, we reject the null hypothesis

of a negative association and accept the hypothesis that POS is positively related to employees' affective commitment.

There is a moderate, positive correlation between POS and NC: $r = 0.426$, $n = 160$ and $p < 0.001$, with high levels of POS associated with high levels of normative commitment. Therefore, we reject the null hypothesis of a negative association and accept the hypothesis that POS is positively related to employees' normative commitment.

There is a very weak, positive correlation between POS and CC: $r = 0.048$ and $n = 160$ and it is insignificant. Our third hypothesis was that POS is negatively related to employees' continuance commitment, but the results indicate a very weak, insignificant relationship. Therefore, we reject this hypothesis and accept the null hypothesis of no association between POS and continuance commitment.

Table 3: Correlation analysis

Scale	1	2	3	4
POS	1.000	0.563**	0.426**	0.048
AC		1.000	0.417**	-0.111
NC			1.000	0.034
CC				1.000

Note: ** = correlation is significant at the 0.01 level (two-tailed).

Source: Authors' calculations.

5.3. Regression Analysis

A hierarchical multiple regression is performed to evaluate the ability of the independent measure (POS) to predict levels of commitment (affective commitment), after controlling for the influence of the organization, job position, gender, age, marital status, work experience in the current organization and job type. Initial analyses were conducted to ensure that the assumptions of normality, linearity, multicollinearity and homoskedasticity were not violated. The control variables were entered in the first step, which explained 12.8 percent of the variance in affective commitment. The POS variable was entered in the second step and the total variance explained by the model as a whole was 37.3 percent ($p < 0.05$).

Table 4 shows that POS explains an additional 24.5 percent of the variance in affective commitment, after controlling for organization, job position, gender, age, marital status, work experience in the current

organization and job type. The change in R-squared is 0.245, the F change is 59.038 and $p < 0.001$. In the final model, POS is statistically significant (B = 0.453, $t = 7.09$, $p < 0.05$).

Table 4: Regression analysis between POS and AC

Model	R	R-squared	Change statistics		
			R-squared change	F change	Sig. F change
1	0.358	0.128	0.128	3.190	0.004
2	0.611	0.373	0.245	59.038	0.000

Source: Authors' calculations.

Next, we evaluate the association between POS and normative commitment. Table 5 shows that the control variables explain 25.5 percent of the variance in normative commitment. After entering POS, the total variance explained by the model as a whole is 37 percent ($p < 0.001$). POS explains an additional 11.5 percent of the variance in normative commitment. The change in R-squared is 0.115, the F change is 27.519 and $p < 0.05$. In the final model, POS is statistically significant (B = 0.253, t = 5.39, $p < 0.05$), thus explaining the significant variation in normative commitment. We can conclude that POS positively affects normative commitment.

Table 5: Regression analysis between POS and NC

Model	R	R-squared	Change statistics		
			R-squared change	F change	Sig. F change
1	0.505	0.255	0.255	7.422	0.000
2	0.608	0.370	0.115	27.519	0.000

Source: Authors' calculations.

A regression analysis for POS and continuance commitment is not carried out because we have already shown that the two variables have an insignificant relationship in the correlation analysis (see Table 3)

In order to compare the organizational support and commitment levels of doctors in public and private organizations, we conduct an independent sample t-test (Table 6). The t-value for affective commitment is significant ($p = 0.034$). This is less than 0.05, which implies that there is a statistically significant difference in the mean affective commitment scores

for public (M = 1.74, SD = 0.273) and private sector doctors (M = 1.64, SD = 0.313; t (160) = 2.138, p = 0.034, two-tailed). For affective commitment, the effect size (calculated using the formula $t^2/t^2 + (N1 + N2 - 2)$)) is 0.028. This is considered small according to the guidelines given by Cohen (2013).

Table 6: Results of t-test for comparison between public and private sector doctors

Scale	T	df	Sig. (2-tailed)
AC	2.138	158	0.034
NC	0.078	158	0.938
CC	2.589	158	0.011
POS	3.544	158	0.001

Source: Authors' calculations.

Next, the difference in normative commitment is evaluated. The significance value is 0.938 (> 0.05), which means that there is no statistically significant difference between the mean normative commitment scores for public (M = 1.71, SD = 0.195) and private sector doctors (M = 1.70, SD = 0.282; t (160) = 0.078, p = 0.0938, two-tailed).

In evaluating the difference in continuance commitment, the results demonstrate that the significant value is 0.011 (< 0.05), implying that there is a statistically significant difference in the mean continuance commitment scores for public (M = 4.32, SD = 0.946) and private sector doctors (M = 3.94, SD = 0.932; t (160) = 2.589, p = 0.01, two-tailed). The effect size is 0.04, indicating a small statistically significant difference.

Finally, we find a statistically significant difference between the mean POS scores for public (M = 1.81, SD = 0.314) and private sector doctors (M = 1.63, SD = 0.33; t (160) = 3.544, p = 0.001, two-tailed). The magnitude of the difference in the means (the effect size) is moderate (eta squared = 0.073).

6. Discussion

According to the first hypothesis, POS has a positive impact on employees' affective commitment. The results of the correlation analysis indicate a significant, positive relationship between these variables. Specifically, the regression analysis shows that POS accounts for a considerable part of the variance in affective commitment. These findings are consistent with previous studies (see Colakoglu et al., 2010; Fuller et al., 2003; LaMastro, 1999; Rhoades et al., 2001). Our study, therefore, supports

hypothesis H1 – when employees perceive that their organization is supportive and concerned about their wellbeing, they are more likely to develop a sense of belonging and pride. Ahmad and Abu Bakar (2003) report that, when supervisors provide greater support to human resource activities, there is a significant increase in organizational commitment.

The second hypothesis states that POS has a positive effect on employees' normative commitment. The results of the correlation analysis indicate a 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 (see Aubé et al., 2007; Colakoglu et al., 2010; Meyer et al., 2002). Thus, our evidence supports hypothesis H2 – organizations can influence normative commitment in a positive sense by taking into account employees' goals and values, and by involving them in the firm's decision making.

The third hypothesis holds that POS has a negative effect on employees' continuance commitment. The results of the correlation analysis indicate a slightly positive but nonsignificant relationship between these variables, implying that the study does not support this hypothesis. Again, similar results have been obtained by previous studies (see Aubé et al., 2007; Eisenberger et al., 2002). One explanation for this result is that doctors in Lahore's hospital sector perceive few other employment options. Thus, even if they consider their organization to be supportive, they will still have high levels of continuance commitment. Moreover, even if they do have alternative options, they may feel compelled to remain with their organization in view of Pakistan's poor economic situation.

The remaining four hypotheses state that there is a difference in the affective, normative and continuance commitment and POS of doctors working in public and private sector hospitals. Barring H5 on normative commitment, we find evidence to support the other hypotheses. This implies that public and private hospitals tend to adopt different policies with respect to their employees' wellbeing. A moderate effect size occurs in the case of continuance commitment, where the mean difference for the public sector is higher than that for the private sector. This could mean that doctors in the public sector are more afraid of losing their jobs and also have fewer job alternatives.

The largest mean difference is between the POS of public and private doctors – the latter have higher levels of POS. This shows that private sector hospitals probably show greater concern for their employees' wellbeing,

while doctors in the public sector are disillusioned by how their organizations treat them.

7. Conclusion

Some study limitations should be kept in mind when considering further avenues for research. Given the small sample used in this study, increasing the sample size and extending it geographically would yield more generalizable, more accurate findings. Similar research could also be carried out in other sectors of Pakistan to enhance our understanding of the relationship between these variables among employees.

This study uses a cross-sectional design. Given time and resource restrictions, we could not cover all possible aspects of this topic. Future studies could use a causal study design and longitudinal data to draw cause-and-effect relationships between POS and organizational commitment. They could also explore sub-constructs of POS to gain a more refined understanding of which aspects of POS affect organizational commitment and to what degree.

Our findings yield a number of practical and policy implications. Hospital management should seek ways to increase the organizational commitment of their doctors. This could include efforts to create organizational equality and justice, provide better supervisory support, build a more positive work environment, and offer organizational rewards and desired occupational grounds to their doctors.

Providing organizational equality and justice means ensuring that resources are allocated fairly among staff, and that organizational procedures are applied impartially. Supervisory support implies giving employees a chance to participate in decision making, taking their opinions and goals into account, and helping them overcome problems at work. Managers should also make time for their employees at a social level to minimize emotional fatigue on the job and boost their commitment and performance.

Organizations should review their management procedures in order to create a positive work environment that helps them retain employees. Administrations may have to transform their structure from authoritative to participative, accounting for their employees' goals, values and wellbeing, and seeing their input as a valuable contribution to how the organization functions as a whole.

Quality control is also essential: all equipment and accessories must be stable and in working condition for employees to be able to carry out their tasks effectively. Managers should also encourage their staff to undergo training or study for personal and professional development. In turn, employees should be rewarded for making this effort and the management should provide opportunities for them to implement what they have learned.

Organizations should conduct staff satisfaction surveys as well as exit interviews to help them improve the quality of their employees' work life. They should make sure that the organization's mission, objectives and policies are explained properly to each employee, with a clear, written job description for every position. Employees tend to associate their supervisor's feedback with the organization itself, so the feedback they receive should be appropriate. Giving rewards or assistance is not only a criterion for support from one's manager, but also from the organization itself. Overall, this study corroborates the argument that organizations that take measures to support their employees and succeed in communicating that support are more likely to retain employees who are committed to their work and to the organization.

References

Ahmad, K. Z., & Abu Bakar, R. (2003). The association between training and organizational commitment among white-collar workers in Malaysia. *International Journal of Training and Development*, *7*(3), 166–185.

Allen, M. W., Armstrong, D. J., Reid, M. F., & Riemenschneider, C. K. (2008). Factors impacting the perceived organizational support of IT employees. *Information and Management*, *45*(8), 556–563.

Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of Occupational and Organizational Psychology*, *63*(1), 1–18.

Arshadi, N. (2011). The relationships of perceived organizational support (POS) with organizational commitment, in-role performance and turnover intention: Mediating role of felt obligation. *Procedia – Social and Behavioral Sciences*, *30*, 1103–1108.

Aubé, C., Rousseau, V., & Morin, E. M. (2007). Perceived organizational support and organizational commitment: The moderating effect of locus of control and work autonomy. *Journal of Managerial Psychology*, *22*(5), 479–495.

Blau, P. M. (1964). *Exchange and power in social life*. New York: Wiley & Sons.

Bryman, A. (2006). Integrating quantitative and qualitative research: How is it done? *Qualitative Research*, *6*(1), 97–113.

Buchanan, B. (1974). Building organizational commitment: The socialization of managers in work organizations. *Administrative Science Quarterly*, *19*(4), 533–546.

Cavana, R., Delahaye, B. L., & Sekaran, U. (2001). *Applied business research: Qualitative and quantitative methods*. New York: Wiley & Sons.

Çelik, A., & Findik, M. (2012). The effect of perceived organizational support on organizational identification. *World Academy of Science, Engineering and Technology*, *6*(8), 2089–2094.

Chen, Z. X., Aryee, S., & Lee, C. (2005). Test of a mediation model of perceived organizational support. *Journal of Vocational Behavior*, *66*(3), 457–470.

Cheung, C.-K. (2000). Commitment to the organization in exchange for support from the organization. *Social Behavior and Personality*, *28*(2), 125–140.

Cohen, J. (2013). *Statistical power analysis for the behavioral sciences*. New York: Routledge.

Colakoglu, U., Culha, O., & Atay, H. (2010). The effects of perceived organizational support on employees' affective outcomes: Evidence from the hotel industry. *Tourism and Hospitality Management*, *16*(2), 125–150.

Cropanzano, R., & Mitchell, M. S. (2005). Social exchange theory: An interdisciplinary review. *Journal of Management*, *31*(6), 874–900.

Eisenberger, R., Armeli, S., Rexwinkel, B., Lynch, P. D., & Rhoades, L. (2001). Reciprocation of perceived organizational support. *Journal of Applied Psychology*, *86*(1), 42–51.

Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, *71*(3), 500–507.

Eisenberger, R., Stinglhamber, F., Vandenberghe, C., Sucharski, I. L., & Rhoades, L. (2002). Perceived supervisor support: Contributions to perceived organizational support and employee retention. *Journal of Applied Psychology*, *87*(3), 565–573.

Fuller, J. B., Barnett, T., Hester, K., & Relyea, C. (2003). A social identity perspective on the relationship between perceived organizational support and organizational commitment. *Journal of Social Psychology*, *143*(6), 789–791.

George, J. M., Reed, T. F., Ballard, K. A., Colin, J., & Fielding, J. (1993). Contact with AIDS patients as a source of work-related distress: Effects of organizational and social support. *Academy of Management Journal*, *36*(1), 157–171.

Gouldner, A. W. (1960). The norm of reciprocity: A preliminary statement. *American Sociological Review*, *25*(2), 161–178.

Kim, W. G., Leong, J. K., & Lee, Y.-K. (2005). Effect of service orientation on job satisfaction, organizational commitment and intention of leaving in a casual dining chain restaurant. *International Journal of Hospitality Management*, *24*(2), 171–193.

LaMastro, V. (1999). Commitment and perceived organizational support. *National Forum of Applied Educational Research Journal*, *12*(3), 1–13.

Maertz, C. P., Griffeth, R. W., Campbell, N. S., & Allen, D. G. (2007). The effects of perceived organizational support and perceived supervisor support on employee turnover. *Journal of Organizational Behavior*, *28*(8), 1059–1075.

Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review*, *1*(1), 61–89.

Meyer, J. P., Stanley, D. J., Herscovitch, L., & Topolnytsky, L. (2002). Affective, continuance and normative commitment to the organization: A meta-analysis of antecedents, correlates and consequences. *Journal of Vocational Behavior*, *61*(1), 20–52.

Muneer, S., Iqbal, M. J., Khan, S. R., & Long, C. S. (2014). An incorporated structure of perceived organizational support, knowledge-sharing behavior, organizational trust and organizational commitment: A strategic knowledge management approach. *Pakistan Journal of Commerce and Social Sciences*, *8*(1), 42–57.

Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology*, *87*(4), 698–714.

Rhoades, L., Eisenberger, R., & Armeli, S. (2001). Affective commitment to the organization: The contribution of perceived organizational support. *Journal of Applied Psychology*, *86*(5), 825–836.

Tabachnick, B., & Fidell, L. (2006). *Using multivariate statistics* (5th ed.). Boston, MA: Allyn & Bacon.

Tyler, T. R., & Blader, S. L. (2003). The group engagement model: Procedural justice, social identity and cooperative behavior. *Personality and Social Psychology Review*, *7*(4), 349–361.

Viswesvaran, C., Sanchez, J. I., & Fisher, J. (1999). The role of social support in the process of work stress: A meta-analysis. *Journal of Vocational Behavior*, *54*(2), 314–334.

Witt, L., & Carlson, D. S. (2006). The work–family interface and job performance: Moderating effects of conscientiousness and perceived organizational support. *Journal of Occupational Health Psychology*, *11*(4), 343–357.