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Reference:

Labrague Leodoro J., McEnroe Petite Denise, Leocadio Michael C., Van Bogaert Peter, Tsaras Konstantinos.- Perceptions of organizational support and its impact on nurses' job outcomes

Nursing forum - ISSN 0029-6473 - 53:3(2018), p. 339-347

Full text (Publisher's DOI): <https://doi.org/10.1111/NUF.12260>

To cite this reference: <https://hdl.handle.net/10067/1512420151162165141>

Perceptions of organizational support and its impact on nurses' job outcomes

Abstract

Problem: Strong organizational support can promote a sense of well-being and positive work behaviors in nurses. However, despite the importance of organizational support in nursing, this topic remains unexplored in the Philippines.

Purpose: The aim of this study was to examine the impact of organizational support perceptions on nurses' work outcomes (organizational commitment, work autonomy, work performance, job satisfaction, job stress, and turnover intention).

Methods: A descriptive, cross-sectional research design was adopted in this study to collect data from one hundred eighty (180) nurses in the Philippines during the months of September 2015 to December 2015. Seven standardized tools were used: the Job Satisfaction Index, the Job Stress Scale, the Burnout Measure Scale, the Work Autonomy Scale, the Six Dimension Scale of Nursing Performance, the Turnover Intention Inventory Scale, and the Perception of Organizational Support Scale.

Findings: Nurses employed in government-owned hospitals perceived low levels of organizational support as compared to private hospitals. Significant correlations were identified between perceived organizational support, hospital bed capacity, and nurses' work status. No significant correlations were found between perceived organizational support (POS) and the six

outcomes perceived by nurses in the Philippines (organizational commitment, work performance, job autonomy, job satisfaction, job stress, and turnover intention).

Conclusion: Perceptions of organizational support were low in Filipino nurses compared to findings in other international studies. Perceived organizational support did not influence job outcomes in nurses.

Key words: job satisfaction, job stress, nurses, organizational support, organizational commitment, Philippines, turnover intention, work autonomy, work performance

Introduction

The continuing trends in the nursing shortage around the world pose a threat on the quality of patient care services. This problem is further aggravated by the continuous turnover in nurses in many countries. It is estimated that as high as 68% of nurses reported leaving their hospital workplace (Heinen et al., 2013; Sabanciogullari & Dogan, 2015). High turnover in nurses is attributed to high incidence of medical errors, adverse patient events and errors, and low quality of patient care (North et al., 2013; O'Brien – Pallas et al., 2010). It also affects the morale of the remaining staff, reduces their motivation to work, and eventually their productivity (Hayes et al., 2012; Jones & Gates, 2007). Nurses' turnover is costly for the organization as it entails additional costs for temporary overtime, orientation and training for new staff, recruitment, advertising, and hiring (North et al., 2013; O' Brian – Pallas et al., 2010). The approximation of turnover costs ranges from \$20,561 (USA) up to \$48,790 (Australia) per nurse turnover (Duffield, Roche, Homer, Buchan & Dimitrelis, 2014). As a valuable asset in any

healthcare institution, organizational efforts must be made to keep nurses and maintain a skilled and seasoned nursing workforce.

The quality of the work environment plays an important role in explaining turnover and dissatisfaction in nurses through adequate staffing, positive working relationships, higher job autonomy, and adequate organizational support services (Aiken et al., 2011; Laschinger, Nosko, Wilk & Finegan, 2014; Von Bogaert et al., 2014). Critical in creating a work environment for nurses is a strong nursing and hospital leadership that supports daily professional practice and well-being of nurses.

Review of Literature

Perceived Organizational Support (POS) is broadly defined as the extent to which the organization values, respects, and cares for the employees' well-being in addition to their contributions and services which extend into the organization. Perceived organizational support manifests itself in various ways such as fair or equal treatment, adequate supervisor support, and opportunities for organizational rewards and supportive work conditions (Allen, Shore, & Griffeth, 2003; Ahmed & Nawaz, 2015; Rhoades & Eisenberger, 2002).

Burgeoning evidence has demonstrated the positive impact organizational support has on nurses' work outcomes (Ahmed & Nawaz, 2015). A supportive and empowering work environment impacts a sense of support and satisfaction at work in Canadian middle level nurse managers (Patrick & Laschinger, 2006). In Italy, strong organizational support had a strong positive impact on nurses' assessment of competence through affective commitment (Battistelli, Galletta, Vandenberghe & Odoardi, 2016). In another study, nurses

who perceived higher POS for nursing practice were more likely to report higher levels of job engagement and organizational citizenship behaviors than those perceiving organizational support to be weak (Gupta, Agarwal & Khatri, 2016). Furthermore, a higher level of POS positively related to work engagement and organizational citizenship behavior (Mathumbu & Dodd, 2013) and contributed to innovative behaviors in nurses (Kyung et al., 2015; Liu & Liu, 2015) and autonomy (Pohl, Dal Santo & Battistelli, 2012). A higher POS can therefore increase the intentions in the nurse (Abou Hashish, 2017; Liu & Liu, 2015).

Weak POS has been associated with a variety of negative emotional outcomes. Lower levels of POS has been associated to a decline in nurses' job satisfaction and higher burnout scores in a group of nurses working at twenty three (23) acute hospitals in South Korea (Kwak, Chung, Xu & Eun-Jung, 2010). In Jordan, Higazee, Rayan & Khalil (2016) examined the relationship between nurse's job stress and organizational support. Nurses were more likely to experience stress with when they perceive low concerns and support from the organization. Conversely, an increased perception of organizational support were a significant protective factor against burnout among Chinese and Italian nurses (Bobbio, Bellan & Manganelli, 2012; Cao, Chen, Tian & Diao, 2016; Zhang et al., 2013). Furthermore, higher levels of POS contributed to the employees' sense of professional self-concepts (Abou Hashish 2017; Cao et al. 2016), sense of belonging, (Chang, 2015), and increased their levels of optimism, hope, and self-efficacy (Bitmis, 2015) which are necessary to improve the nurses' job satisfaction and organizational commitments.

There is a plethora of evidence around the world linking higher POS to nurses' job outcomes such as job satisfaction (Patrick & Laschinger, 2006), competence (Battistelli et al., 2016), job engagement (Gupta et al., 2016), innovative behaviors (Ko, Yu & Kang, 2015; Liu & Liu, 2015), intention to stay (Abou Hashish, 2017; Liu & Liu, 2015) and burnout (Kwak et al., 2010). However, it can be noted that there is a paucity of literature examining organizational support perceptions in nurses in relations to job autonomy (Pohl et al., 2012) and work commitment (Chang, 2015). Given the pervasiveness and importance of organizational support in the healthcare workplace, nursing in particular, this phenomenon needs to be examined more comprehensively and extensively in order to gauge how much healthcare organizations in the country provides support, value, and respects its nurses as an important entity in the organization.

Nursing Situation in the Philippines

The Philippines is considered a top global source of nurses (Brush & Sochalski, 2008; Littlejohn, Campbell & Collins-McNeil, 2012) with about 90% of Philippine nurses working abroad (Masselink & Lee, 2010) such as in the United States of America, United Kingdom, Saudi Arabia, Australia, and New Zealand. A number of factors have driven this trend. Nurses in a recent study of Castro-Palaganas et al. (2017) cited dismal working conditions and limited career opportunities as major factors in the migration decision in nurses. This situation is further exacerbated by a poor working environment which predisposes them to develop burnout (George & Reyes, 2017). Other factors include such concerns as low salaries, lack of a benefit package, high patient – nurse ratios, lack of opportunities and professional growth, and poor enforcement of nursing laws (Brush & Sochalski, 2007; Perrin, Hagopian, Sales & Huang,

2007; Labrague et al. 2018). All these factors are known antecedents of POS (Ahmed & Nawaz, 2015, Rhoades & Eisenberger, 2002). Even with these known issues, the profession is still struggling to push for legislative and executive actions. There are 200,000 unemployed nurses in the country and yet those who work in government and private hospitals are overworked and underpaid (Pring & Roco, 2012). Because of the inadequate organizational support, in local and national magnitude, Filipino nurses will always experience burnout, job dissatisfaction and high turnover rate; and unless these problems are not addressed, they will continually leave (Castro-Palaganas et al. 2017; George & Reyes, 2017). This has had adverse consequences on the provision of health care services in the Philippines. There is a loss in its experienced and skilled workers which are now being replaced by new and inexperienced nurses while there is an increase in the workloads at healthcare facilities. This, in turn, has had a negative impact on the provision of quality care for patients (Masselink & Lee, 2010).

Theoretical Framework

This study is anchored on the Organizational Support Theory (OST) of Eisenberger, Huntington, Hutchison & Sowa (1986). The theory is one of the most influential paradigms for understanding organizational behavior. According to this theory, employees and employers indulge in a high quality relationship and contribute to each party's well-being. When an employee is perceived by their organization to be genuinely caring, supportive, compassionate, helpful, and has concern for their well-being, they will reciprocate this by helping the organization achieve its goals and objectives by being productive, committed, and efficient (Cotterell, Eisenberger & Speicher, 1992). Conversely, a work environment that is not

supportive and highly political may result in highly demotivated, ineffective, and dissatisfied employees (Labrague et al., 2017).

OST emphasizes that employment is an exchange of the effort and commitment of the employees to their employer's tangible benefits, social resources and even those intangible aspects such as those absence of emotional and mental exhaustion because of a positive working environment (Kurtessis et al. 2015). Aside from the social nature of the Organizational Support Theory, the capacity of POS to fulfill socio-emotional needs can also lead to self-enhancement – an attribute that conveys affiliation, approval, developed self-esteem and emotional support – factors that enhances outcomes such as organizational commitment, work autonomy, work performance, job satisfaction, job stress, and turnover intention (Gupta et al. 2016; Patrick & Laschinger, 2006; Battistelli et al., 2016). Therefore, the OST was the most suitable framework that links all the variables under scrutiny through this study.

Significance and aim of the study

With the increasing trend in migration of Filipino nurses aboard, examination of nurses' perspective of organizational support and its impact on their job outcomes may provide a clearer picture of this critical issue and may guide policy makers in formulating sustainable solutions to improve nurses' retention. Thus, this study aimed to examine the impact of organizational support perceptions on nurses' work outcomes (organizational commitment, work autonomy, work performance, job satisfaction, job stress, and turnover intention). Further, the influence of nurses' individual and organizational characteristics on their

perceptions of organizational support was identified. In this study, the authors hypothesized that 'perceptions of organizational support predict work outcomes in nurses'.

Methodology

Research design

This study utilized a descriptive, cross-sectional research design

Samples and settings

Two hundred (200) nurses were recruited to participate in the study from nine (9) hospitals in Samar Island, the third island of the Philippines during the months of September 2015 to December 2015. One hundred eighty (180) responded or a response rate of 90% (response rate in 9 hospitals ranged from 85% to 100%). The Sloven's formula was used in calculating for the sample size. The required sample size was one hundred sixty (160) based on $\pm 5\%$ with 95% confidence interval. In data collection, a two (2) stage sampling procedure was used in recruiting samples. To determine the number of respondents per hospital, stratified sampling was employed and a convenience sampling was chosen selecting the respondents per hospital. Respondents were selected based on the following inclusion criteria: (1) a registered nurse, (2) working as hospital nurse, (3) could either be a permanent, casual or contractual, and (4) consented to participate in the study.

Measures

Seven self-reporting scales were used to collect the data: Perceived Organizational Support (POS), Organizational Commitment Questionnaire (OCQ), Job Satisfaction Index (JSI),

Job Stress Scale (JSS), Turnover Intention Inventory Scale (TIIS), Six Dimension Scale of Nursing Performance (SDSNP), and Work Autonomy Scale (WAS).

The short-version of the Perceived Organizational Support (POS) scale was utilized to examine the nurses' perceptions concerning the degree to which the organization values and cares for their well-being (Eisenberger et al., 1986). The tool consisted of thirty six (36) items in which nurses were asked to indicate their degree of agreement and disagreement on a seven (7) point Likert-type scale ranging from one (1) meaning strongly disagree to seven (7) meaning strongly agree. The POS has been widely used and the scale was found to be reliable with a Cronbach's alpha of 0.90 based on the previous study (Gupta et al., 2016). In the current study, the Cronbach's alpha was 0.88.

The Organizational Commitment Questionnaire (OCQ), developed by Meyer, Allen & Smith (1993) was used to measure the nurses' commitment to the organization. The questionnaire is a twenty three (23) item scale and was designed primarily to capture the employees' extent of perceived attachment and belongingness to the organization. It is divided into three (3) dimensions: affective (8 items), continuance (9 items), and normative (6 items). In answering the questionnaire, the nurses were asked to rate each OCQ items on the scale on a five (5) point likert scale ranging from (1), meaning "strongly disagree" to (5), meaning "strongly agree". The Cronbach's alpha in the current study was 0.91.

Job satisfaction in nurses was assessed using the Job Satisfaction Index (JSI) developed by Schriesheim and Tsui (1980). This tool is a six (6) item questionnaire designed to measure satisfaction with work in nurses and contains five (5) satisfaction facets: nature of the work,

supervision, co-workers, pay, and opportunities for promotion. The tool uses a five (5) point Likert scale ranging from one (1) (strongly disagree) to five (5) (strongly agree). The JSI scale was found to be reliable with a Cronbach's alpha of 0.85 based on the previous study (Labrague et al., 2017). In the current study, the Cronbach's alpha was 0.85.

Job stress was examined using the short – form Job Stress Scale (JSS) (House & Rizzo 1972). This tool was designed to capture the nurses' experience of distress as a consequence of their work along with the accompanying psychological and physiological responses. Respondents were asked to indicate the magnitude to which they agree or disagree with the JSS items on a five (5) point Likert scale ranging from one (1), meaning “strongly disagree” to five (5), meaning “strongly agree”. The tool was tested for reliability and found to be 0.88 as reported previously (Labrague et al., 2017). Cronbach's alpha in the current study was 0.90.

Intent to leave was measured using the six (6) item Turnover Intention Inventory Scale (TIIS), a scale tested by Farrell and Rusbult (1992). Nurses were asked to rate each item on the scale with a five (5) point Likert scale ranging from one (1) (strongly disagree) to five (5) (strongly agree). The scales' Cronbach's alpha was 0.92 as previously reported (Labrague et al., 2017). Cronbach's alpha in the present study was 0.92.

Nurses' work performance was measured using the Six Dimension Scale of Nursing Performance (Schwirian, 1978). This measure consisted of forty two (42) items on a five (5) point scale ranging from zero (0) meaning not very well to four (4) meaning very well. The scale is comprised of six subscales (52 items): leadership (5 items), critical care (7 items), teaching and collaboration (11 items), planning and evaluation (7 items), and interpersonal relations and

communication (12 items). The scales' Cronbach's alpha was 0.95 as previously reported (Schwirian, 1978). Cronbach's alpha in the present study was 0.92.

To measure the extent to which a job allows the freedom, independence, and discretions to the work schedules, make decisions and select the methods used to perform tasks, the researcher utilized the Work Autonomy Scale (WAS) developed by Breugh (1989). The tool measured facets of work autonomy; method autonomy, scheduling autonomy, and criteria autonomy. The scale consisted of nine (9) items; each work autonomy facet was represented by three (3) items. The scale was measured on a five (5) point Likert scale, (1 = strongly disagree, to 5 = strongly agree). Reliability coefficient was 0.93 as reported in the previous study (Breugh 1989).

Ethical Consideration and Data Collection

Ethical clearance was granted by the Health Ethics Committee of Samar State University (Philippines). Researchers communicated with the respective hospital directors and chief nurses of the selected hospitals for permission to conduct the study. After obtaining approval, the researchers asked the consent of the participants and the survey enclosed in a sealed envelope was given to them. Prior to data collection, the researchers informed the participants regarding the research objectives, the nature and risks of the study, and how to complete the questionnaire. Data was collected from the participants during their breaks which took them 30 to 45 minutes to complete the survey. During submission, the researchers checked for completeness of questionnaires. Confidentiality and anonymity of the participants were maintained using a code number on the questionnaire.

Data analysis

Statistical Package for the Social Sciences (SPSS) version 22 was used in performing the statistical analysis. Descriptive and inferential statistical tools were used to analyze the data collected. Data were quantified using the mean, standard deviation, and percentage.

Independent t-test, Pearson correlation coefficient, linear and multiple regressions were used to examine the direct and indirect relationships between the dependent and independent variable/s. Significance level was set at 0.05.

Result

One hundred eighty (180) nurses participated in the study during the four (4) months of data collection. The majority of the respondents were female ($n=142$, 78.9%), aged between 20 to 29 years ($n=121$, 67.2%), with a baccalaureate degree ($n=172$, 95.6%), and had a monthly income of less than \$100 a month. Further, the majority of the participants held a staff nurse position ($n=153$, 85%), had been employed for one (1) to five (5) years ($n=121$, 67.2%) in secondary ($n=136$, 75.6%) and public hospitals ($n=132$, 73.33%).

Individual mean values were computed for each item on the POS scale which ranged from 2.698 to 3.38, with a mean score of 2.97 out a possible mean score of 5. **Table 1** reflects the correlation between the POS Scale and nurses' variables. Pearson r correlation coefficient showed statistically significant correlation between the POS and hospital bed-capacity (also known as the number of hospital beds which a hospital has been constructed to contain) ($r=0.203$, $p=0.009$). Further, bivariate analysis showed significant differences in the POS mean scores between nurses employed in a government-owned hospital and those nurses in a

privately owned hospital ($t=2.030$, $p=0.041$) and nurses holding a temporary position and those nurses holding a permanent position ($t=2.036$, $p=0.043$). Further, no correlations were found between POS and nurse work outcomes such as job satisfaction, job autonomy, organizational commitment, turnover intention, job stress, and work performance. A multivariate analysis with stepwise linear regression model was tested to determine significant predictors of POS. Among the different predictor variables, the adjusted coefficient of the multiple determination (adjusted R^2) of the statistical model indicated that 3.5% of the POS variance was explained by the hospital bed capacity ($\beta=0.064$, $p=0.009$) (**Table 2**).

To test for the hypothesis “perceptions of organizational support predict work outcomes in nurses” multiple linear regression analyses were done. The regression model showed no statistically significant correlations between POS and nurses’ work outcomes such as job satisfaction ($\beta=-0.167$, $p=0.176$), organizational commitment ($\beta=-0.034$, $p=0.491$), turnover intention ($\beta=-0.060$, $p=0.139$), job stress ($\beta=0.148$, $p=0.473$), and work performance ($\beta=0.086$, $p=0.130$). Based on the result, the hypothesis is therefore rejected (**Table 3**).

Discussion

This paper examined the impact of organizational support on nurses’ outcomes such as organizational commitment, work autonomy, work performance, job satisfaction, and job stress. Furthermore, the authors also examined the individual and organizational factors that may explain the nurses’ perceptions of POS. In this study, the overall mean score for the POS was 2.97 which is below the midpoint and had small variability suggesting lower POS in nurses.

Comparing these findings with previous studies using the same scale, it is obvious that the mean score in this study was lower than what had been reported in previous studies (Bobbio et al., 2012; Cao et al., 2016; Gupta et al., 2016; Zhang et al. 2013).

There is much research linking nurses' individual and organizational factors to POS. Studies internationally identified age, personality, years of work experience, job tenure, gender, job conditions, rewards, and salary as significant predictors of POS (Mathumbu & Dodd, 2013; Laschinger et al., 2006). Using standard multivariate linear regression, bed capacities predicted the nurses' perceptions of organizational support suggesting a higher POS in nurses working in a high bed capacity institution. Furthermore, the independent t-test found significant differences in the POS mean scores between nurses working in public and private hospitals with higher POS noted in nurses working in private institutions.

In the Philippines, there is a huge disparity in the distribution of healthcare workers in the government and private sector with more nurses employed in private sectors as a result of the inability of the government to create enough nursing positions (WHO, 2011). As a consequence, nurses are exposed to stress - inducing situations such as a higher patient-nurse ratios and higher acuity workloads (Marcus, Quimson & Short, 2014; Perrin et al. 2007). In addition, most government owned institutions, especially in the rural areas, have less sophisticated hospital equipment and supplies as a result of a huge disparity in the budget allocation for healthcare in the country with higher budgets allocated to hospitals in urban areas (Dimaya, McEwen, Curry & Bradley, 2012; Loyola, 2016; WHO, 2011). Moreover, this group of nurses earns a comparably lower pay and often have less opportunities for

professional growth as compared to nurses working in the urban areas in spite of having higher workloads (Marcus et al., 2014; Perrin et al., 2007). In addition, private hospitals have more structured policies, processes and procedures, highly structured programs for professional nursing development, and a comparably higher number of nurses employed as compared to hospitals owned by the government (Loyola, 2016; Marcus et al. 2014; Perrin et al. 2007). According to the literature, POS is influenced by a number of factors such as fairness, adequate supervisor and co-worker support, and opportunities for organizational rewards and supportive work conditions (Ahmed & Nawaz 2015; Rhoades & Eisenberger 2002). These factors may explain the low POS in this study's samples.

Bivariate analysis also revealed lower POS in nurses with temporary status although this relationship did not remain significant in the multivariate analysis. Nevertheless, a lower level of POS in this group of nurses might be explained as a consequence of lack of recognition, autonomy, advancement, and flexibility in their positions. Workers under temporary contract normally work with the same workloads or even higher than that of nurses holding permanent status; however, they received comparably a decreased amount of compensation and benefits. Casual employed nurses usually lacked legitimacy in their position, have a lesser chance for advancement within the organization, and were seldom included in any decision making processes (Jalonen, Virtanen, Vahtera, Elovainio & Kivimaki, 2006; Yeh, Ko, Chang & Chen, 2007). In addition, treatment of these nurses are not usually positive as they are used to "fill in" for staffing and the regular nurses need to pick up the pace for them as they are not always familiar with the routines of the system.

In addition, because of their temporary status, these nurses have lesser autonomy to choose the type of shift and when they wanted to work as most of them are assigned to work either during the night or on weekends. The control of the decisions and job security, which are uncommon in the casual nurse's routines, are seen to contribute to higher perceptions of organizational support (Jalonen et al., 2006; Laschinger et al., 2006). In addition, casually employed nurses are often confronted with realities such as low salaries, heavy workloads, higher job stress levels, staffing problems, and lack of professional opportunities that position them to leave. These factors are known to weaken work commitments and work motivation among employees (Twibell et al., 2012). Certainly, this finding warrants further investigation to explore the needs of casual/part-time nurses and how employers can better support them.

An intuitive link between the POS and the various nurses' outcomes has been previously demonstrated in a number of studies internationally (Abou Hashish, 2017; Battistelli & Galletta, 2016; Bobbio et al., 2012; Cao et al., 2016; Chang, 2015; Gupta et al., 2016; Higazee et al., 2016; Ko et al., 2015; Liu & Liu, 2016; Mathambu & Dodd, 2013; Patrick & Laschinger, 2006; Zhang et al., 2013). The literature suggested that a supportive nurse practice environment were characterized by positive nurse-physician relations, strong nurse management at the unit level, and a sufficient hospital and organizational support had a strong positive impact on the quality of care provided by the nurse. It was also noted that positive job outcomes such as job satisfaction, work performance, organizational commitment, and turnover intentions were overtly present in the actions perceived by the nurse (Laschinger et al., 2014; von Bogaert et al. 2014). Although a vast number of studies supported the relationship, the findings of this study revealed that POS did not contribute to or explain any of the six outcomes in the nurses. This

may be explained by the current nursing employment situation in the country. Despite the increasing supply of nurses in the Philippines, nursing positions are scarce as are opportunities for promotion as no additional positions or employment opportunities are created in the government and private hospitals nationwide (Pring & Roco 2012; Labrague et al. 2017) leaving nurses with no alternative options but to stay in their current job than being jobless. This finding corroborated with that of Dones et al. (2016) where despite the lower perceptions of support from their organization, the sample of Philippine nurses in their study remained committed, satisfied with their jobs, and performed well as they have no job options if they leave their current jobs. Additionally, enjoyment and love in their job was also cited as a factor that contributed to high job satisfaction and the intention to stay in their current jobs despite their lower organizational support perceptions (Dones et al. 2016).

It is important to note, that there may have also other additional factors, which have not been taken into account in this study that can affect job outcomes such as the generosity of the organization relative to its resources, the intent to aid the employee actively, and the extent to which the resources appear to benefit the employee more than the organization (Kurtessis et al. 2017). In addition, nurses' personal attributes such as confidence, optimism, hope, and resilience also play a vital role in reducing their work stress and intention to quit (Brunetto et al. 2016). Nurses' personal drive towards development and self-enhancement, their coping strategies, and their innate nature to improve subjective well-being and behaviors can also be seen as stronger forces or motivators to sustain a positive view towards the organization. Certainly, inclusion of these factors in future research may give a better insight of the issue under study. Further, outcomes in this study contradicted the organizational support

theory, which suggested that when an employee perceived being valued by the organization, they would in turn feel obliged to reciprocate the same by helping the organization achieve its goals and objectives.

Limitations

This study employed the most practical way of data collection, the descriptive cross-sectional design. Considering the nature and dynamic of the construct being studied (organizational support and the six (6) constructs), a longitudinal research design is necessary to track how these construct changes, develops, or deteriorates in time. Further, this study is limited to nurses working in a rural province in the Philippines and exclusion of nurses from urban provinces may affect generalization of the study's findings. As the survey questionnaire used was lengthy, it might have influenced the response rate and the quality of responses of the nurses. In addition, the use of a self-reporting questionnaire may have restricted responses of the respondents. Thus, a qualitative study may have been more useful in obtaining more accurate perceptions of the participants.

Implication for Nursing Practice and Policy

At the national level, the well-being of the nurses can be promoted and their work conditions can be improved by increasing health financing, improving salaries and compensation of nurses, and establishing good governance practices would enhance the welfare and well-being of Filipino nurses (Castro-Palaganas et al. 2017). In addition, the nursing association or union in the country, through its political advocacy, can better support nurses by lobbying programs and initiatives in the Philippine congress to advance the welfare and

improve the quality of nurses' work environment. Though there has been a comprehensive law and support groups that ensure appropriate funding and a quality health care system through nursing, the implications of such promulgated policy is yet to be realized.

On the managerial level, nurse managers can better support nurses and enhance further their performance by maintaining nurse-patient ratios and protecting staff from a variety of stressors. Enhancing POS in nurses can also be accomplished through a variety of strategies, organizational rewards and working conditions such as autonomy, professional development opportunities, pay, and promotion (Rhoades & Eisenberger, 2002). In addition, hospital and nurse leaders play an important role in promoting supportive structures for daily professional practice with the capacity to adapt innovations and improvements that will promote positive nurse, patient and organizational outcomes. Implementation of hospital policies that foster positive working relationships, higher job autonomy in nurses, and adequate organizational support services maybe an asset. In addition, nurse managers may also increase support perceptions and commitment among their staff by rewarding their contributions and caring about their well-being as well as concentrating on training strategies that improve work-related skills.

Implication for Future Research

A wider cross section of this study utilizing diverse nurses from all over the country may yield comprehensive and generalized findings. Although some personal and organizational factors were considered in this study, other factors such as political, economic, socio-cultural

were not taken into account. Inclusion of these factors in future research may give a better perspective of the issue.

Implication for Nursing Education

Nursing academe can play an important role in preparing future nurses by strengthening their capacity to push for legislative and professional actions for their welfare. Nursing education must highlight the need for strong leadership and management competence to enhance the capacity of nurses to voice their concerns, increase their impetus to fight for their personal and professional rights, and to strategize measures to elevate apprehensions to organizations and even at the national level. Developing a socially and politically-aware professional nurses is required to have a major role in shaping the healthcare landscape of today. Without the assertive development and empowerment of a thorough education, the capacity of nurses will be continually belittled and ignored.

Conclusion

Nurses employed in government-owned hospitals perceived low levels of organizational support as compared to those in privately owned hospitals. Perceived organizational support (POS) did not influence job outcomes in nurses. Nurses who held temporary contract positions and those who worked in a hospital with high patient capacities tended to perceived strong organizational support. Further, POS did not influence any of the six outcomes in nurses (organizational commitment, work performance, job autonomy, job satisfaction, job stress, turnover intention). Hospital administrators are challenged on how to maintain an

organizationally committed nursing workforce and thus preventing nurse turnover and its adverse consequences on the delivery of nursing care.

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Table 1. Correlation between POS Scale and Nurses' Variables

Variables	Organizational Support mean \pm sd	Pearson's r	t	P value
Gender		0.135	-1.750	0.082
Male	2.87 \pm 0.31			
Female	2.99 \pm 0.39			
Age (years)		0.023		0.768
Educational level		-0.001	0.013	0.990
BS	2.97 \pm 0.38			
MA/MS	2.96 \pm 0.16			
Work Status				0.002
Temporary Position	2.84 \pm 0.34		2.036	0.043*
Permanent Position	2.96 \pm 0.16			
Income (in US Dollar)		0.063		0.420
Job tenure (years)		0.048		0.540
Hospital category		-0.055	0.704	0.482
Government-owned	2.84 \pm 0.37		2.030	0.041*
Privately-owned	2.93 \pm 0.39			
Hospital level		0.140	-1.805	0.073
Primary	2.80 \pm 0.27			
Secondary/Tertiary	2.98 \pm 0.38			
Bed capacity		0.203		0.009**

*p<0.05, **p<0.01

Table 2. Stepwise linear regression: predictors of organizational support in nurses

Predictor Variable	β	(95% CI)	SE	P value	Partial η^2	Adjusted R ²
Bed capacity	0.064	(0.016 to 0.112)	0.024	0.009*	0.203	0.035

Note: The nurses' organizational commitment was the dependent variable. β is the unstandardized coefficients; SE-b is the Standard error. Beta is the standardized coefficients.

F=7.067; **p<0.01

Table3. Linear regression result of perceived organizational support (independent variable) on nurses' work outcomes (dependent variables)

Work Outcomes	Constant (α)	Coefficient β	(95% CI)	SE	<i>p</i> value	R²
Job Satisfaction Index	3.627	-0.167	(-0.411 to 0.076)	0.123	0.176	0.011
Organizational Commitment Scale	3.227	-0.034	(-0.132 to 0.064)	0.050	0.491	0.003
Turnover Intention Scale	2.596	-0.060	(-0.335 to 0.215)	0.139	0.667	0.001
Job Stress Scale	2.426	0.106	(-0.185 to 0.398)	0.148	0.473	0.003
Work Performance Scale	2.962	0.131	(-0.039 to 0.300)	0.086	0.130	0.014

Note: The nurses' work outcomes was the dependent variable.