

The Effect of Perceived Organizational Support on Organizational Identification

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Abstract—The aim of the study is to determine the effects of perceived organizational support on organizational identification. In accordance with this purpose was applied on 131 family physicians in Konya. The data obtained by means of the survey method were analyzed. According to the results of correlation analysis, while positive relationship between perceived organizational support, organizational identification and supervisor support was revealed. Also, with the scope of the research, relationships between these variables and certain demographic variables were detected. According to difference analysis results of the research, significant differences between organizational identification and gender variable were determined. However, significant differences were not determined between demographic variables and perceived organizational support.

Keywords—Family Physicians, Organizational Identification, Perceived Organizational Support, Supervisor Support

I. INTRODUCTION

THE continuity of the existence of the present-day managements, which operate in an environment that competition increases and technological changes gain speed, is tied that they are able to provide continuous competitive advantage. Enterprises, which are in a dynamic structure, are able to obtain competitive advantage and accommodate the changes around them via employees keeping up with the change. As for employees, in the end of these contributions that they make for the management, wait that the members in the organizations value themselves and consider their happiness important and appreciate their endeavours. The relation of reciprocity between employees and managements leads to perceived organizational support in managements. Therefore, the concept of “perceived organizational support”, for the managements that want to hold both their interior and exterior dynamics in a balanced level, comes to be an important issue. The employees working in this manner personify the organisation, developing the exchange relations that have alterations in the effect and in the power on conductional and behavioural reactions. As a result of this, the identification behaviour with their organisation appears. Moreover, the organizational identification level of the employees, whose organizational support perceptions are high, increase. Paying attention to this assumption, the objective of this study is to put forward the relation between the perceived organizational support and the organizational identification level of the family physicians who work in the Konya.

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II. THEORETICAL BACKGROUND OF THE RESEARCH MODEL

Perceived organizational support would be influenced by various aspect of an employee's treatment by the organization and influence the employee's interpretation of organizational motives underlying that treatment [1]. Research on perceived organizational support began with the observation that if managers are concerned with their employees' commitment to the organization, employees are focused on the organization's commitment to them [2]. Perceived organizational support is a unidimensional measure of the general belief held by an employee that the organization is committed to him or her, values his or her continued membership, and is generally concerned about the employee's well-being [3].

The theoretical basics of perceived organizational support consist of the Social Exchange Theory, the Norm of Reciprocity and the Organizational Support Theory. The Social Exchange Theory, when considered that the relations between an employee, working in an organisation, and an employer are a kind of exchange, states that every bidirectional expectation is reciprocal [4].

The norm of reciprocity holds that people should help those who help them and, therefore, those whom you have helped have an obligation to help you [5]. On the basis of the reciprocity norm, perceived organizational support should create a felt obligation to care about the organization's welfare. The obligation to exchange caring for caring should enhance employees' affective commitment to the personified organization [6]. Based on the reciprocity norm, such perceived organizational support would elicit employees' felt obligation to care about the organizations' welfare and to help the organization reach its objectives [7]. The Organizational Support Theory is modern exchange theory, which suggests that employees present positive results related to work when the resources like payment, education, socio-emotional support that employees take from employers are supplied [8]. According to the Organizational Support Theory [9], the employees personify the organisation, developing the exchange relations that have alterations in the effect and in the power on conductional and behavioural reactions [10]. The personification of organisation can be called as the tendency that employees perceive the organisation with humanely characteristics and attributes. The development of perceived organizational support is constituted and gotten strong by these attributes are strengthened.

Cheney [11] defines the identification with organization as a process in which persons feel devotion to organisation and take highly interest in itself in scope of the membership of organisation and have a grand loyalty to organisation and give importance to the similarities of organizational objectives with other members of organisation and share the objectives and the values of the organisation with them [12].

Organizational identification based on the Social Identity Theory is a special type of social identification. Tajfel [13] defines social identity as “that part of an individual’s self concept which derives from his or her knowledge of his or her membership to social group (or social groups) together with the value and emotional significance attached to that membership”. Under this perspective, organizational identification, in the point of view, is defined as “the perception of unity and belonging that appear in the organizations” [14]- [15].

Scholars have found that perceived organizational support increases employees’ feelings of obligation and positive reciprocity [6]. However, organizational support may not only increase reciprocity but also feelings of self-enhancement. To be sure, organizational membership that increases one’s feelings of self-worth and self-esteem will stimulate organizational identification [14].

III. METHOD

The main aim of this study is to determine the effect of the organizational support perceptions of the family physicians working in the Konya city upon their organizational identification levels. The study’s population consists of 549 family physicians who work in the Konya city. In the direction of this information; by the method of random selection, it has made a survey on 150 persons. In the examinations made, it has been decided to get 19 survey forms out of the evaluation because they are defective and faulty, and 131 survey forms have been taken into evaluation. The hypotheses developed in the scope of the study are presented as follows:

H_1 : There is a significant difference between the organizational support perceptions of employees and their terms of work.

H_2 : There is a positive-directed and significant relation between perceived organizational support and organizational identification.

H_3 : There is a positive and significant relation between perceived organizational support and supervisor’s support.

H_4 : There is a significant difference between the organizational identification levels of employees and their genders.

In the study, with the aim of measuring the perceived organizational support, it has been developed, grounding on the scales developed by Eisenberger et al. [1] and Turunç and Çelik [16]. Despite the scale developed Eisenberger et al. [1] is heptamorous likert scale, it has been used fivefold likert scale (1=strongly disagree, 2=moderately disagree, 3=neither agree nor disagree, 4=moderately agree, and 5=strongly agree) such as Turunç and Çelik [16] used in (their) study.

In the determination of organizational identification variable, it has been used the organizational identification scale that is developed by Mael and Ashforth [17] and used in many researches [15]- [17]-[18]-[19]-[20]. In the scale, it has been used fivefold likert scale [(1)=strongly disagree, (2)=moderately disagree, (3)=neither agree nor disagree, (4)=moderately agree, and (5)=strongly agree].

While Mael and Ashforth [17] notified the reliability coefficient of the scale in their research as 0.87, Tüzün [18] expressed the reliability coefficient of the scale in the research as 0.78.

TABLE I
RELIABILITY ANALYSIS OF SCALE

Scale	Items	Cronbach’s Alpha (α)
Perceived Organizational Support	32	0,846
Organizational Identification	6	0,844

According to Table-1, it has been observed that the Cronbach Alfa (α) coefficients of the scales used, for perceived organizational support, are 0,846; for organizational identification, 0,844. From these results, it has been understood these scales are reliable in a high level ($\alpha > 0,70$). The indications related to the demographic characteristics of the family physicians who attended in the survey in the scope of the research have been indicated in the Table II.

TABLE II
DEMOGRAPHIC VARIABLES OF SAMPLE

Variables	f	%	Variables	f	%
Gender			Marital Status		
Female	36	27,5	Single	12	9,2
Male	95	72,5	Married	119	90,8
Age			Term of Work		
24-40 ages			Less than 1 year	33	25,2
41- 55 ages	48	36,6	1-5 years	15	11,5
56 age and above	78	59,5	6-10 years	6	4,6
	5	3,8	10 years and more	77	58,8

Note: n=131.

When the analysis results related to the demographic characteristics of the family physicians who attended in the survey are examined; it appears %72,2 of the participants is male and % 27,5 is female. If when we look at it in terms of age; it is understood from the research results that their % 36,6 is in 24-40 ages, % 59,5 in 41-45 and % 3,8 in the groups in which are 55 and above it.

From the look of marital status, their % 9,2 is single and % 90,8 is married. When examined in terms of their terms of work; it appears that % 25,2 of the participants has an experience less than 1 year; their % 11,5, 1-5 year(s); % 4,6, 5-10 years and their % 58,8, 10 years and more. Because the Family Practice Application has been gone by the regulations (15.05.2011) published in the Official Gazette (Dated; 25.05.2010, Numbered; 27591) in the scope of “The Transformation Project For Health” in our Country and despite family practice application is a new application; when taken into consideration that % 58,8 of the participants for the survey has an experience for 10 years and above, it can be said that the physicians who are experienced in his/her profession have passed into this application.

As descriptive statistics related to perceived organizational support statements, mean and standard deviation values about every perceived organizational support statements are as follows; Table III.

TABLE III

MEANS, STANDARD DEVIATION OF PERCEIVED ORGANIZATIONAL SUPPORT

Perceived Organizational Support	Mean	Std. Deviation
This organization (it) gives an opportunity for me to improve my skills.	3,11	1,34
It's ready for helping me when I have any problem.	3,10	1,42
I think that I'm working in an environment and a position suitable for my skills.	2,98	1,42
It would understand a long absence due to my illness.	2,87	1,57
It is willing to extend itself in order to help me perform my job to the best of my ability.	2,86	1,43
It takes pride in my accomplishments at work.	2,83	1,38
If it found a more efficient way to get my job done they would replace me.	2,77	1,53
It cares about my general satisfaction at work.	2,76	1,52
It really cares about my well-being.	2,70	1,41
It would take only a small decrease in my performance for it to want to replace me.	2,68	1,48
My supervisors are proud that I am a part of this organization.	2,60	1,40
It strongly considers my goals and values.	2,58	1,44
It cares about my opinions.	2,49	1,39
It tries to make my job as interesting as possible.	2,35	1,32
It would understand if I were unable to finish a task on time.	2,34	1,52
If I decided to quit, it would try to persuade me to stay.	2,33	1,45
It would forgive an honest mistake on my part.	2,15	1,30

Notes: (i) n=131, (ii) Numbers in table are median responses to a five point scale with (1)=strongly disagree, (2)=moderately disagree, (3)=neither agree nor disagree, (4)=moderately agree, and (5)=strongly agree. (iii) According to Friedman test ($\chi^2=112,969$; $p<0,001$) results are statistically significant.

When examined Perceived Organizational Support statements; the statements, "*It gives an opportunity for me to improve my skills*" (3,11), "*It's ready for helping me when I have any problem*" (3,10), "*I think that I'm working in an environment and a position suitable for my skills*" (2,98), are important in terms of the support perception. In this context, it can be reached to fruition that family physicians wait for help from the institution, which they work, to support activities improving skills and solve problems that they're face to face.

The results of *Anova Test*, which were done by the aim of determining whether or not there is any difference between the organizational support perception levels of family physicians according to their terms of work, appear in the Table IV.

TABLE IV
ANOVA RESULTS BETWEEN PERCEIVED ORGANIZATIONAL SUPPORT AND TERM OF WORK

	1 year (n=33)		1-5 year (n=15)		6-10 year (n=6)		10 year and up (n=77)		One-Way Anova Test	
	M.	S.D.	M.	S.D.	M.	S.D.	M.	S.D.	f	p
POS	2,89	1,06	3,6	1,04	3,86	1,16	2,73	0,93	7,15	,00

When examined the Table IV; because sig. value indicating the level of significance is smaller than 0,05 there is significant difference between the terms of work that are connected with perceived organizational support. When looked at the results of Scheffe Test made; it has been determined significant differences among the working less than 1 year and the working between 6 and 10 years and the working for 10 years and above. When the results are evaluated in terms of averages, it appears that the employees who work for 10 years and above and have the lowest average (2,73) have a support perception in a lower level. With the other word, it can be said that the support levels perceived by employees decrease as long as having seniority. Here, it has been accepted "*H₁ hypothesis*" that is developed as "*There is a significant difference between the organizational support perceptions of employees and their terms of work*".

At the result of Anova and Mann-Whitney *U* tests made, it has been determined there are no significant differences between the support levels perceived by family physicians, according to variables like gender, marital status and age.

The results of correlation analysis, between perceived organizational support and organizational identification and between supervisor support defined as the sub-dimension of perceived organizational [6] and perceived organizational support, have been showed below.

TABLE V
CORRELATION RESULTS BETWEEN PERCEIVED ORGANIZATIONAL SUPPORT AND ORGANIZATIONAL IDENTIFICATION

	Perceived Organizational Support	Organizational Identification
Perceived Organizational Support	1	
Organizational Identification	.401(**)	1

Note: * $p<0,05$, ** $p<0,01$.

It has been determined there is a positive-directed and statistically significant ($p<0,05$) relation between perceived organizational support and organizational identification. According to these results, it has been supported "*H₂ hypothesis*" that is developed as "*There is a positive-directed and significant relation between perceived organizational support and organizational identification*".

TABLE VI
CORRELATION RESULTS BETWEEN PERCEIVED ORGANIZATIONAL SUPPORT
AND SUPERVISOR SUPPORT

	Perceived Organizational Support	Supervisor Support
Perceived Organizational Support	1	
Supervisor Support	.749(**)	1

Note: * $p < .05$, ** $p < .01$.

It has been determined there is a positive-directed and statistically significant ($p < .05$) relation between perceived organizational support and supervisor support. According to these results, it has been supported "*H₃ hypothesis*" that is developed as "*There is a positive-directed and significant relation between perceived organizational support and supervisor support.*"

As descriptive statistics related to organizational identification statements, means and standard deviation values about every organizational identification statements are as follows; Table VII.

TABLE VII
MEANS, STANDARD DEVIATION OF ORGANIZATIONAL IDENTIFICATION

Organizational Identification	Mean	Std. Dev.
If a story in the media criticized the organization, I would feel embarrassed.	4,29	1,13
When I talk about this organization, I usually say 'we' rather than 'they'.	4,07	1,19
When someone criticizes this organization, it feels like personal insult.	3,98	1,10
I am very interested in what others think about this organization.	3,92	1,24
This organization successes are my successes.	3,89	1,32
When someone praises this organization, it feels like a personal compliment.	3,75	1,28

Notes: (i) $n=131$, (ii) Numbers in table are median responses to a five point scale with (1)=strongly disagree, (2)=moderately disagree, (3)=neither agree nor disagree, (4)=moderately agree, and (5)=strongly agree. (iii) According to Friedman test ($\chi^2=37,58$; $p < .05$) results are statistically significant.

When examined Organizational Identification statements; the statements, "If a story in the media criticized the organization, I would feel embarrassed" (4,29), "When I talk about this organization, I usually say 'we' rather than 'they'" (4,07) are important in terms of the organizational identification.

The results of Mann-Whitney *U Test*, which were done by the aim of determining whether or not there is any difference between the organizational identification levels of family physicians according to their gender, display in the Table VIII.

TABLE VIII
THE EFFECT OF ORGANIZATIONAL IDENTIFICATION ON GENDER

Female (n= 36)	Male (n=95)	Mann- Whitney U
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Test

Organizational Identification	M.	Std.D.	M.	Std. D.	z	p
	3,76	0,87	4,05	0,95	-1,99	.046

Note: (i) $n=131$

According to the Table VIII, because sig. value indicating the level of significance is smaller (0,46) than 0,05, there is a significant difference between the identification levels of participants and their genders. When means and standard deviations are evaluated, it has been observed that this difference emerged from male physicians. It can be reach to the result that the identification levels of male doctors are more than female doctors. Here, it has been supported "*H₄ hypothesis*" that is developed as "*There is a significant difference between the organizational identification levels of employees and their genders*".

At the result of Anova and Mann-Whitney *U tests* made, it has been determined there are no significant differences between the identification levels of family physicians with their institutions, according to variables like terms of work, marital status and age.

IV. CONCLUSION AND DISCUSSION

According to the results of the research, it has been determined there are significant differences between the organizational support perceptions of employees and their terms of work. When this hypothesis is evaluated, it can be reached to the result that their organizational support perceptions decrease as long as family physicians' terms of work in their organizations increase. These findings manifest a similarity with the research results of Yoshimura [21], Stinglhamber and Vandenberghe [22] and Currie and Dollery [23] in the literature. Besides, it has been determined there are no significant differences between the variables of perceived organizational support and gender. While this finding, in the literature, manifests a similarity with the research results of Fuller et al. [24] its result about there is not any difference between the variable of marital status and perceived organizational support manifests similar results with the studies of Foley et.al. [25].

Between perceived organizational support and organizational identification, there is positive-directed and significant relation. According to these results, as long as family physicians' perceived organizational support level increases, their organizational identifications increase. Similarly, if when there is a decrease in the support perceptions of family physicians, it has been determined their organizational identification level will decrease. This determination manifests a similarity with the researches that Cheney [11] and Turunç and Çelik [16] made.

In addition to this, between perceived organizational support and supervisor support, it has been determined there is a positive-directed and statistically significant relation. The results of the analysis indicate that supervisor support

increases as long as perceived organizational support increases. With another word, to the extent that family physicians feel that they're supported by their seniors, their perceived organizational support levels increase, too. This result indicates parallel conclusions with the researches made in the literature by Yoon and Lim [26], Eisenberger et al. [7] Eisenberger et al. [29], Rhodes and Eisenberger [6], Stinglhamber and Vandenberghe [22], Shanock and Eisenberger [27]. Besides, it has been determined there are significant differences between the organizational identification levels and the genders of employees. From this point, the identification levels of male family physicians with their organisations are more according to female family physicians. These findings, in the literature, show parallelism with the studies of Tüzün [18] and Özdemir [28].

In the direction of all these results, it can be said that perceived organizational support increases organizational identification level. These conclusions show similarity with local and foreign studies that are done in the literature. In the context of the results of this research done for researching the effect of perceived organizational support upon organizational identification, these suggestions below can be offered for the concerned sides:

- Despite the family physicians attending in the research have an ability to represent the bulk sample, the generalization power of the research results has remained weak. Therefore, the research can be studied with bigger samples again.
- It has to be paid attention that the research has been evaluated with datum belonging to only specific time period.
- In the research, when taken the questions looked for its answers and the hypotheses offered into account, it can be said realization of a periodical study is more fitting approach as a method of gathering data.
- It is considered there is a benefit for the applying of like these studies in the future by the institutions operating in the service sector and the health sector, in terms of the research topic.
- Because this research is made merely in the Konya city, there is a benefit that it is made in different cities, handling the subject on similar sample.

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