

# INFLUENCE OF PERCIEVED ORGANISATIONAL SUPPORT ON WORK LIFE BALANCE OF PUBLIC HEALTH CARE SECTOR EMPLOYEES

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**ABSTRACT**--Beliefs of perceived organizational support to employees play a crucial role in the success and effectiveness of the employees. Individuals develop global beliefs concerning the extent to which the organizations value their contribution and careers about their well-being. The purpose of the present study is to test the nature of relationship between perceived organizational support and work life balance among health sector employees in South India. Even though all the three major dimensions of perceived organizational support are positively related to the worklife balance, in the present study the reduced level of work life balance in majority of the respondents reveals the lack of availability of perceived organizational support. The study recommends that perceived organizational support may be a distinctive factor in increasing the work life balance levels of employees to optimal levels in organizations.

**Keywords**— influence of percieved organisational support on work life balance of public health care sector employees

## I. INTRODUCTION

Individuals develop global beliefs concerning the extent to which the organization values their contribution and careers about their well-being. They termed these beliefs as Perceived Organisational Support (POS). POS has been found to influence employee diligence, commitment and innovation (Eisenberger *et al.*, 1990). Allen (2001) reported that perceptions of organisational support are associated with reduced work-family conflict, enhanced job satisfaction and organisational commitment. All these factors are contributing towards the employees' work life balance also. Casper *et al.* (2002) also explored the extent to which POS can act as a buffer, preventing work-family conflict from adversely impacting upon organizational commitment. The rationale for this hypothesis is that employees who work for supportive organizations are likely to experience reduced stress resulting from work-family conflict and greater emotional attachment (affective commitment) to the organization, and a greater sense of loss associated with leaving an organization. In a sample of employed women with children the same authors reported that when work interference with family is high, and where family interfering work and POS were also high, continuance commitment was reduced, suggesting that women experiencing bidirectional work-family conflict and a supportive environment were less likely to feel "trapped" in their jobs. Cochin, Chennai, Hyderabad and Bangore are the fast growing heath sector economies in the South India. Economic and social changes in

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the last two decades has changed the family and work settings. The increasing number of females going for higher education and increase in number of working women has made dramatic changes in social life, which has also resulted into higher levels of health, family, work and social issues (Rincy and Panchanatham, 2010). In this context present study is an attempt to test the nature of relationship between perceived organizational support and Work life balance among the health care sector employees in South India.

## II. REVIEW OF LITERATURE

According to the organizational support theory (Eisenberger *et al.*, 1986; Shore and Shore, 1995; Rhoades and Eisenberger, 2002), in order to meet socio-emotional needs and to assess the benefits of increased work effort, employees hold a general perception regarding the extent to which the organization values their contributions and cares about their well-being. In short, POS is the degree to which employees believe that their organization values their contributions; and cares about their well-being and fulfills their socio-emotional needs. Therefore POS is generally considered as the organization's contribution towards the employees in reciprocating their hard work, dedication and commitment. Such reciprocal initiatives on the part of the organisation would go a long way in balancing the work and life activities of the employees. Further, it is quite natural that employees tend to perform better to reciprocate the received rewards and favorable treatment and in this way a win-win situation could be created by the proper implementation of POS. Therefore POS could play an active role in the determination of WLB of the employees. However, studies relating the impact of POS on WLB are not commonly reported. To make it short, if organizations are concerned with their employees' commitment towards the organization, employees in turn are focused on the organization's commitment towards them. Such a commitment from the organization may more explicitly be regarded as POS because, for employees, the organization is an important source of socio-economic cum emotional resources such as respect and caring, and tangible benefits such as wages and medical benefits (Rhoades and Eisenberger, 2002; <http://www.psychology.uh.edu/pos>), which contribute active inputs in manoeuvring their WLB. The outcome of the pilot study also highlighted view point of the employees. Given the increasing interest in the effect of organisational support on employees' experiences at the work-family interface, and lack of investigation on the influence of POS on the WLB of public health care sector employees in South India are the two major gap of this research.

## III. RESEARCH GAP AND OBJECTIVES

A critical analysis of the work family research literatures has revealed several gaps in the existing literature. Majority of the investigations focused on the objective characteristics of work and/or family role of the employees and the conflicts arising from the incompatibility of the two domains. One of the important gap in the literature is regarding the concept of relationship between POS and work life balance. It varies from organization to organizations. This trend is more specific and important in the Indian context due to its patriarchal nature and traditionally male dominated etiquettes, which add more teeth to work and family related issues. Similarly, the recent trend of increased female enrolment in paid employment outside home has created particularly peculiar situations in the work places with its wide ranging ramifications on WLB issues. Health care sector is one such area witnessing large scale employment opportunities for women. However, studies pertaining to the specific

contributions of POS on the WLB of Public Health care sector employees in the Indian context are very limited and there is a dearth of knowledge in this area of research, which has individual, organizational as well as social relevance. Therefore, the present study attempts to fill this gap to the extent to which it is possible so that the major objective of the present study is to test the nature of relationship between POS and WLB among public health sector employees in South India.

#### IV. METHODOLOGY

The sample population comprised various Health care sector employees of South India. The various health sector organizations covered in this study were pharmaceutical industry, bio technology lab and hospitals. Stratified random sampling method (Cohran, 1977) was used to collect the data from the sample population. The minimum sample size needed for the study was found to be 364 with a margin of error of 5% at 95% confidence level and 50% response distribution. As disproportionate stratified random sampling is followed, the sample size taken was 400.

#### V. RESULT AND DISCUSSION

Perceived organizational support with three factors (fairness, perceived supervisor support and organizational rewards) comprising the various POS related issues of the health care sector employees. At this juncture it is important to ascertain the existence of heterogeneity in the sample population. In order to test the heterogeneity, K-Means cluster analysis was performed and the result showed the presence of three clusters of employees having different characteristic features of POS related issues as presented below (Table 1).

**Table 1:** Cluster status of perceived organisational support issues among the respondents

POS and its dimensions	Cluster 1		Cluster 2		Cluster 3	
	High POS		Medium POS		Low POS	
	N = 35 (8.75%)		N = 63 (15.75%)		N = 302 (75.5%)	
	$\bar{X}$	Level	$\bar{X}$	Level	$\bar{X}$	Level
POS	206.17	High	166.01	Medium	66.93	Low
FS	68.12	High	34.92	Medium	22.51	Low
PSS	51.40	High	29.45	Medium	20.14	Low
OR and WC	96.65	High	51.64	Medium	24.48	Low

Note: POS = perceived organisational support; PSS = perceived supervisor support; OR & WC = organisational rewards and working condition; FS = fairness

Source: Primary data computed.

The first group (cluster) of respondents had high POS with higher levels of fairness, perceived supervisor support and organizational rewards Organisational rewards and working condition. They were designated as “high

POS group”. The second cluster comprised of respondents who had medium level of POS due to medium levels of fairness, perceived supervisor support and organizational rewards. Therefore this cluster was named as “medium POS group”. The third cluster comprised of employees who had the lowest levels of POS due to very low levels of fairness, perceived supervisor support and organizational rewards. The third group was suitably named as “low POS group”.

**Table 2:** Chi-Square test showing association between perceived organizational support and work life balance issues

Level of POS	Level of WLB issues			Total	Chi-Square	d.f	significance
	High	Medium	Low				
High	0	3	32	35	$\chi^2 = 441.798,$	4,	<b>.0000</b>
Medium	33	30	0	63			
Low	282	20	0	302			
<b>Total</b>	315	53	32	400			

Source: Primary data computed.

From the above table maximum frequency (282) was found in the cell which had the low POS and high WLB issues and nil frequency was found in the three cells created at the intersection of low WLB issues and low POS along with medium POS and low WLB issues and high POS and high WLB issues. In order to find out the association of POS and WLB issues, the null hypothesis was proposed as follows. H0: . There is no significant association between POS and WLB issues. To test the null hypothesis, chi-square test was performed. The chi-square value 441.798 and P value = 0.000 are statistically significant at 5% level. Therefore it can be concluded that perceived organizational support and work life balance maintain a closeness in the health care sector organizations in South India . In particular majority of the employees belonging to cluster 2 and cluster 3 experienced high or medium levels of WLB issues.

In order to find out the significance, direction and association between perceived organisational support (POS) along with its various dimensions and WLB along with its dimensions (WIPL, PLIW, WE/PE), Pearson’s correlation analysis was conducted on the basis of the hypotheses proposed here under.

- H1: POS and its dimensions are positively associated with WLB
- H2: POS and its dimensions are negatively associated with WIPL
- H3: POS and its dimensions are negatively associated with PLIW
- H4: POS and its dimensions are positively associated with WE/PE

**Table 3:** Correlation matrix of POS along with its dimensions and WLB along with its dimensions

Sl. No.	Variables	$\bar{X}$	SD	1	2	3	4	5	6	7	8
1.	WLB	51.45	11.32	1							
2.	WIPL	20.26	6.42	-.93**	1						
3.	PLIW	20.13	6.38	-.92**	.81**	1					
4.	WE/PE	11.72	4.32	.94**	-.82**	-.56**	1				
5.	POS	141.87	19.70	.77**	-.73**	-.78**	.71**	1			
6.	FS	38.11	4.88	.82**	-.87**	-.81**	.80**	.71**	1		
7.	PSS	39.21	5.14	.89**	-.79**	-.88**	.61**	.73**	.81**	1	
8.	OR & WC	64.55	6.68	.81**	-.78**	-.82**	.72**	.81**	.73**	.80**	1

Note: \*\* = P<.001; WLB = work life balance; WIPL = work interference with personal life; PLIW = personal life interference with work; WE/PE = work/personal life enhancements; POS = perceived organisational support; FS = fairness; PSS = perceived supervisor support; OR & WC = organisational rewards and working conditions.

Source: Primary data computed.

**Table 4:** Regression analysis of POS and its dimensions with WLB and its dimensions

Predictors	WLB		WIPL		PLIW		WE/PE	
	$\beta$	SEB	$\beta$	SEB	$\beta$	SEB	$\beta$	SEB
POS	.69**	.05	-.71	.04	-.71**	.04	.68**	.04
FS	.76**	.03	-.76**	.04	-.79**	.09	.69**	.01
PSS	.63**	.06	-.73**	.03	-.64**	.06	.78**	.03
OR & WC	.68**	.03	-.77**	.01	-.77**	.03	.71**	.09
F	1901.00**		947.21**		843.66**		641.17**	
R <sup>2</sup>	.891		.882		.853		.864	
$\bar{R}^2$	.874		.861		.832		.823	

Note: \*\* = P<.001; WLB = work life balance; WIPL = work interference with personal life; PLIW = personal life interference with work; WE/PE = work/personal life enhancements;

POS = perceived organisational support; FS = fairness; PSS = perceived supervisor support; OR & WC = organisational rewards and working conditions.

Source: Primary data computed.

Correlation matrix (Table 4) showed means, standard deviation, direction and significance of association between POS along with its various dimensions (various POS related factors) and WLB along with its dimensions. The result showed that POS ( $r=.77$ ,  $p<.001$ ), FS ( $r=.82$ ,  $p<.001$ ); PSS ( $r=.89$ ,  $p<.001$ ) and OR & WC ( $r=.81$ ,  $p<.001$ ) exhibited significant positive correlation with WLB. It means that as the POS and its various dimensions namely fairness, perceived supervisor support and organizational rewards and working conditions increased, the WLB of health sector employees increased considerably. Similarly, the absence or lower level of POS and the various POS factors could reduce the level of WLB among the health care sector employees. Regression analysis was used to find out the strength of association between POS along with its dimensions (predictor variables) and WLB and its dimensions (Table 5). POS and its various dimensions are significant ( $P<.001$ ) positive predictors of WLB. Regression coefficients of POS and its dimension are POS ( $\beta=.69$ ); FS ( $\beta=.76$ ); PSS ( $\beta=.63$ ) and OR & WC ( $\beta=.68$ ). It may be observed that POS and its various POS factors have explained 87.4% of variance ( $F=1901.00$ ,  $P<.001$ ,  $\bar{R}^2=.874$ ) with WLB. Hence H1, which states that POS and its dimensions are positively associated with WLB received full support from the data.

Correlation matrix (Table 4) showed a significant ( $P<.001$ ) negative relationship of POS and its dimensions with WIPL. Correlation coefficients for this relationships were POS ( $r=-.73$ ,  $p<.001$ ), FS ( $r=-.87$ ,  $p<.001$ ); PSS ( $r=-.79$ ,  $p<.001$ ) and OR & WC ( $r=-.78$ ,  $p<.001$ ). From this result it is very clear that the presence of higher levels of POS and its various dimensions (fairness, perceived supervisor support and organisational rewards and working conditions) resulted in lower levels of WIPL. In other words, as the POS and its dimensions decrease, WIPL also increase in the case of health care sector employees. It is also evident from the results (Table 5) that POS and its dimensions are significant ( $P<.001$ ) negative predictors of WIPL. The regression coefficients of POS and its dimensions were POS ( $\beta=-.71$ ); FS ( $\beta=-.76$ ); PSS ( $\beta=-.73$ ) and OR & WC ( $\beta=-.77$ ). The study (Table 5) showed 86.1% of variance explained by the relationship of POS and its various dimensions on WIPL ( $F=947.21$ ,  $P<.001$ ,  $\bar{R}^2=.861$ ). Therefore H2, which states that POS and its dimensions are negatively associated with WIPL, received full support from this study.

In the case of PLIW, the correlation matrix (Table.5) showed a significant ( $P<.001$ ) negative relationship between the predictors (POS and its dimension) and PLIW. The correlation coefficients of the relationships were POS ( $r=-.78$ ,  $p<.001$ ), FS ( $r=-.81$ ,  $p<.001$ ); PSS ( $r=-.88$ ,  $p<.001$ ) and OR & WC ( $r=-.82$ ,  $p<.001$ ). It is understood from the result that when POS and its dimensions (fairness, perceived supervisor support and organisational rewards and working conditions) increase, there will be a concomitant decrease in the PLIW also. POS and its dimensions also acted as significant ( $P<.001$ ) negative predictors of PLIW (Table 5). The regression coefficients of POS and its dimension with PLIW were POS ( $\beta=-.71$ ); FS ( $\beta=-.79$ ); PSS ( $\beta=-.64$ ) and OR & WC ( $\beta=-.77$ ). POS and its dimensions have explained 83.2% of variance in its relationships with PLIW ( $F=843.66$ ,  $P<.001$ ,  $\bar{R}^2=.832$ ). Therefore H3, which state that POS and its dimensions are negatively associated with PLIW received full support from the study.

In contrast to the association of POS and its dimensions with WIPL and PLIW, with WE/PE they exhibited a significant ( $P < .001$ ) positive correlation (Table 5). The correlation coefficient for this relationships were POS ( $r = .71, p < .001$ ), FS ( $r = .80, p < .001$ ); PSS ( $r = .61, p < .001$ ) and OR & WC ( $r = .72, p < .001$ ). Findings clearly indicated that higher the influence of POS and its dimensions (fairness, perceived supervisor support and organisational rewards and working conditions) in the life of the employees, higher the WE/PE will be. In other words lesser the presence of POS and its dimensions in the life of the employees, lesser will be the resulting WE/PE. POS and its dimensions were found to be significant ( $P < .001$ ) positive predictors of WE/PE (Table 5.59). Regression coefficients of POS and its dimensions with WE/PE were POS ( $\beta = .68$ ); FS ( $\beta = .69$ ); PSS ( $\beta = .78$ ) and OR & WC ( $\beta = .71$ ). The study showed 82.3% variance ( $F = 641.17, P < .001, \bar{R}^2 = .823$ ) in the relationship between POS along with its dimensions and WE/PE. Therefore, H4, which states that POS and its dimensions are positively associated with WE/PE received full support from the study.

Perceived Organizational Support (POS) refers to employees' perception concerning the extent to which the organisation values their contribution and cares about their well being. Again, it is the degree to which employees' believe that their organisation fulfills employees' socio-emotional needs (Eisenberger *et al.*, 1986; Rhoades and Eisenberger, 2002). The three dimensions of POS analysed in the present study are fairness (FS), perceived supervisor support (PSS) and organizational rewards and working conditions (OR and WC). Fairness concerns the procedural justice and ways in which the resources are distributed among the employees (Greenberg, 1990).

Shore and Shore (1995) suggested that repeated instances of fairness in decisions concerning resource distribution will have a strong cumulative effect on POS by indicating a concern for employees' welfare. Cropanzano and Greenberg (1997) distinguished between structural and social aspects of procedural justice. Structural determinants involve formal rules and policies concerning decisions that affect employees, including adequate notice before decisions are implemented, receipt of accurate information, and voice (i.e., employee input in the decision process). Social aspects of procedural justice, sometimes called interactional justice, involve the quality of interpersonal treatment in resource allocation and prevailing of fairness. Social aspects include treating employees with dignity and respect and providing employees with information concerning how outcomes are determined. In the present study also it was noticed that fairness in resource allocation was positively correlated to WLB. Related to fairness is the concept of perceived organizational politics, referring to attempts to influence others in ways that promote self-interest, often at the expense of rewards for individual merit or the betterment of the organisation (Nye and Witt, 1993; Cropanzano *et al.*, 1997; Kacmar and Carlson, 1997; Randall *et al.*, 1999). Obtaining valued outcomes by acting in a self-serving manner, going along with ill advised management decisions to secure valued outcomes, and obtaining pay increases and promotions through favoritism rather than merit (Kacmar and Carlson, 1997) are all part of perceived organizational politics that would strongly conflict with perceptions of fair procedures and outcomes (Randall *et al.*, 1999), thereby lowering POS. Such a lowered POS could have been one of the reasons of the low levels of WLB observed in the present study.

Just as employees develop global perceptions concerning their valuation by the organization, they develop general views concerning the degree to which supervisors value their contributions and care about their well-being (For e.g., perceived supervisor support; Kottke and Sharafinski, 1988). As supervisors act as agents of the organization, having responsibility for directing and evaluating subordinates' performance, employees view their

supervisors' favorable or unfavorable orientation toward them as indicative of the organisation's attitude (Levinson, 1965; Eisenberger *et al.*, 1986), which to a greater extent determine the WLB of employees as seen the present study. Additionally, employees understand that supervisors' evaluations of subordinates are often conveyed to upper management and thereby further contributing to employees' association of supervisor support with POS. The present study revealed a positive relationship of POS with WLB and one of the reasons for the reduced level of WLB among the respondents may be the lack of or reduced availability of perceived supervisor support. Researchers have most often measured supervisor support by substituting the word *supervisor* for *organisation* in the POS (e.g., "My supervisor really cares about my well-being"; Kottke and Sharafinski, 1988; Shore and Tetrick, 1991; Malach-Pines, A, 1995). Support from supervisors has also been assessed with related measures involving leader-member exchange (Settoon *et al.*, 1996; Wayne *et al.*, 1997) and supervisor consideration (M.W. Allen, 1995; Hutchison, 1997a; Hutchison *et al.*, 1998).

## VI. CONCLUSIONS

Shore and Shore (1995) suggested that human resources practices showing recognition of employee contributions should be positively related to POS. A variety of rewards and job conditions have also been studied in relation to POS-for example, recognition, pay, promotions, job security, autonomy, role stressors, and training (Rhoades and Eisenberger, 2002). According to organizational support theory, favourable opportunities for rewards serve to communicate a positive valuation of employees' contribution and thus contribute to POS. Such actions are bound to contribute positively to WLB. In some studies, employees were asked to evaluate the fairness of their outcomes relative to a reference group (i.e., distributive justice; Greenberg, 1990). In other studies, in which employees were asked simply to evaluate the favorableness of outcomes without a specified reference group, they presumably made such comparisons implicitly. Similarly job security (Allen *et al.*, 1999), autonomy (employees' perceived control over how they carry out their job, including scheduling, work procedures, and task variety) (Hogan, 1975; Geller, 1982; Eisenberger, 1999), role stressors to the extent that employees attribute job-related stressors to conditions that are controllable by the organization, as opposed to conditions inherent in the job or resulting from outside pressures on the organization (stressors would reduce POS) (Lazarus and Folkman, 1984; Rhoades and Eisenberger, 2002) and training (Wayne *et al.*, 1997) etc., are reported to affect POS. Even though all the three major dimensions of POS are positively related to the WLB in the present study, the reduced level of WLB in majority of the respondents reveals the lack of availability of POS or its reduced level with health care sector organizations in South India.

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