Impact of Perceived Organizational Support on Organizational Commitment among Nursing Managers

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Abstract: Organizational commitment, job satisfaction, effort, nurse-assessed quality of care, energy level, and emotional exhaustion are significant outcomes of perceived organizational support. This study aimed toassess the impact of perceived organizational support on organizational commitment among nursing managers, Research design: descriptive correlational. Setting: The study conducted at Sohag and Assuit Universities Hospitalies. Subjects: All nursing managers working at Sohag University Hospital (24) and equal the number working at the same departments from Assuit University Hospital (24). Tools: three tools used personal charactersitics, organizational commitment, and organizational support questionnaires. Results: The study revealed that; the majority at Sohag university hospital had low organizational support (83.3%) andLow organizational commitment (70.8%), while at Assuit university hospiatl about (50%) had low organizational support and (52.2%) had low organizational commitment. There were negative correlations between organizational support factor; Personal development, and organizational commitment affective, continuance, and normative (-.048-, -.218-, &-.183-) at Assuit University hospitals. Conclusions: The present study concluded that there were positive correlations between job structure organizational support and all factors of organizational commitment at both Sohag and Assuit universities hospitals. There were statistical significances differences between job structure organizational support and affective organizational commitment at both Sohag and assuit universities hospitals (.001** & .000**). The findings recommended that; on hospital officials improve organizational support factors to help the employees to become more committed, Provide operational and administrative activities to help organizational support, and manage organizations for job stracture and personal development to increase employee satisfaction and commitment.

Key Words: Nursing, Nursing Management, organizational support, organizational commitment

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I. Introduction

Employees are seen as one of the most important assets of most organizations, especially in service-based organizations, due to the benefits of successful bidding. But nowadays, hospitals are facing more competitions and scarce resources than ever before. Hospitals face challenges from the internal and external environment to achieve their goals efficiently and effectively(Sakthivel & Jayakrishnan, 2012). In health care organizations, nurses' are playing an important role in determining the quality and cost of healthcare provided. so, to give the patient high-quality care that depends on a nursing manpower at work that is empowered to provide care according to professional nursing standards (Ibrahem, et al., 2013). Organizational support provides safety for employees. This is important and this feeling makes them believe that the organization is behind them. As a result, higher organizational support can increase the effectiveness and productivity of any organization Gündüz, Y. (2014).

Organizations are made up of people with common goals and it will be possible to achieve these goals through the appropriate use of human resources. However, the organizational structure has a major impact on the members of the organization and this can happen. Moreover, given the organizational structure, employee behavior or prediction can be explained. Generally in organizational structure design the main elements; must be taken into account; the division of labor, chain of command, work groups, centralization or decentralization, control field, and formalization of the work. Available evidence also indicates that the division of labor will increase employee productivity and individual differences such as personality, experience, and type of work that workers should do if they take greater account of this. One of the main indicators for evaluating the performance and efficiency of the organization's activities is its productivity (Robbins, & Judge, 2012).

The perceived organizational support is described as the degree to which employees notice the institution's appreciation of their contributions and the care of their general well-being, which meets the

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employee's social and emotional needs(Nazir, et al., 2016). In general, organizations strive to represent themselves as a necessary symbol in the heart of their workers through social exchanges. Employees create social exchange-focused relationships with their organizations, which are generally based on the employee's commitment and the recognition they receive from their organization. Taking the perceived support as a criterion, then the employees decides their commitment to their organization, which is in line with the exchange standard (Nazir, et al., 2018).

The perceived organizational support is a fundamental principle of employees' satisfaction and leads to increased efforts to achieve organizational goals and increased organizational commitment (Laschinger, Wong, Grau, Read, & Pineau Stam, 2011). Laschinger et al. (2011) suggested that strengthening noticeable organizational support in the workplace would enhance the retention of competent nurseing managers. When empowerment combined, predicted organizational support was a significant indication of the satisfaction of the mid-level nursing manager (Peterson, 2017).

Organizational support has a positive impact on organizational commitment to employees and their job security. And in its own right it, productivity will increase, performance will improve, help colleagues and increase emotional organizational commitment and affective organizational (https://www.researchgate.net/2019). And enjoying a high organizational commitment will increase the quality of services provided and staff efficiency and lack of organizational commitment will be followed by job dissatisfaction, low work ethics, increased absenteeism, and disturbances in mental health(Ghasemizad,& Mohammadkhani, 2013). The most important source of employment in an organization is the human resource, which assists the organization in achieving its goals and objectives in an effective manner. It is important in the world of business competition and it is difficult to make both individuals and workers committed to their work. It is a critical issue to make qualified employees work with their knowledge of and commitment to the organization. This is organizational commitment. Gündüz, Y. (2014).

Nursing care includes fulfilling physical, emotional, mental and social needs in order to improve patient health and well-being. Caring is the central and the core of nursing. An important care issue is access to appropriate care and increased patient satisfaction. The job performance of nurses is influenced by many factors, including organizational commitment (Naghneh,et al., 2017). Organizational commitment is the relative strength of defining an individual and his participation in a particular organization characterized by three factors: strong belief in and acceptance of the goals and values of the organization, a willingness to make a major effort on behalf of the organization, and a strong desire to preserve the membership of the organization (Azizollah, 2018).

Organizational commitment is also defined as a psychological condition that indicates a tendency, need, or commitment to service in an organization. Employee commitment to the organization generates intangible assets. In fact, commitment is the behavior of a person's attitude and internal feeling towards the organization, profession, or group that affects judgments, performance, and loyalty to the organization. An employee with a high commitment in the organization not only reduces the rate of absence, delay and transfer, but also greatly increases organizational performance and spiritual inspiration for employees. Employees with more commitment may face more discipline in the workplace; more efficient time spent in the organization (Saad, & Abdrabou, 2016).

Organizational commitment contains three components; normative, continuous and emotional organizational commitment. It represents an; emotional commitment that indicates the individual's desire and attachment to the organization, alignment with the organization and a willingness to actively participate in it; a continuous commitment appears to indicate individual subjection to the institution and the costs of leaving the organization, which are presented in two forms loss of experience and lack of appropriate job opportunities and a normative commitment is a sense of loyalty to the organization's values and goals(Naghneh, et al., 2017).

Significance of the study:

Nowadays, by formation of competitive complex environments, the organizations that can continue their activities are the ones that reinforce their performance in organizational significant capabilities such organizational support. The researchers noticed that some of nursing managers no committed to the work place this might be due to they have not support from thier organization to help them to achieve their duties and accomplish organizational goals. To motivate the staff and become more committed should be provide good organizational support.

Aim of the study:

• This study aimed to assess the impact of perceived organizational support on organizational commitment among nursing managers.

Specific objectives:

- Identify the perceived organizational support level
- Identify the organizational commitment level
- Determine the impact of perceived organizational support on organizational commitment

Research Question:

• Is there an effect of perceived organizational support on organizational commitment among nursing managers?

II. Subject And Methods:

Study Design: A descriptive correlational research design used in this study

Setting: The study conducted at sohag and Assuit Universities Hospitals.

Sample: purposive sample of (48) nursing managers. (24) All nursing managers working at Sohag University Hospital and (24) equal the number working at the same departments from Assuit University Hospital.

Tools of data collection:

The following tools were used. *Tool one*: Organizational Support Questionnaire which consisted of two parts and classified as follows; **Part one**; Personal data sheet; which gather data about sex, age, years of experience, social state and income.

Part two: Organizational Support Questionnaire: This was developed by **Donald et al., (2016)**, and modified by researchers after reviewing the available literatures. It included (16) statements classified into two factors related to nursing managers support at work; Personal development, (8 items); and Job structure (8 items). The response to each item was on a three points Likert scale ranging from; (3 = agree; 2 = don't know; and 1 = disagree).

Scoring system: all participants choices obtained will be summed up and divided by the total score of each item and if reached to 60% and more it mean this participant high organizational support and below 60% consider low organizational support.

Tool two:Organizational Commitment Questionnaire: This was developed by **Ersoy** (2014) and modified by researchers after reviewing the available literatures it included (15) statements related to nursing managers commitment to the hospital, classified into three factors; Affective organizational commitment (5 items); Continuance organizational commitment (5 items); and Normative organizational commitment (5 items). The response to each item was on a three points Likert scale ranging from; (3 = agree; 2 = don't know; and 1= disagree). **Scoring system:** all participants choices obtained will be summed up and divided by the total score of each item and if reached to 60% and more it mean this participant high organizational commitment and below 60% consider low organizational commitment.

Administrative Arrangement

 Official Permissions were obtained from the director of Sohag and Assuit Universities hospitals and Nursing directors to conduct study.

III. Operational Design:

A) Preparatory Phase.

It took about two months from *July to Ogust (2019)*, which included reviewing the available literature concerning to the study topic, prepares, and translates the study tools. The draft of the questionnaire was reviewed for face validity by taking experts opinions through a jury comprised from 5 experts (two Professors from at Nursing Administration Department and one Professors from Community Health Department and two Professor of psychiatric and mental health nursing department) Faculty of Nursing, to test comprehension of study tools.

Validity; content validity were measured using confirmatory factors analysis to assure (importance, clearance, and accountability) of all items of study tools all items obtained 1.9 and more so all of tools items were confirm.

B) Pilot Study:

It was done to explore any obstacles or problems that may be encountered during data collection phase. It helps also in estimating time needed to fill the questionnaire form. It was carried out on 10 from nursing `managers; the total period for collection of data in the pilot study takes about 6 days. The participants chosen for the pilot study were excluded from the total study sample.

Reliabilitywas measured using Cronbach's Alpha Coefficients methods to ensure internal consistency and its result revealed that all statements of study questionnaire α were > 0.79 for organizational support questionnaire and > 0.87 for organizational commitment questionnaire.

C) Filed Work:

After ensuring the clarity and understandability of the study tools the actual data collection was started in **September and ended Novmber 2019**. The researchers met with all participated at their departments to explain

the purposes of the study, and then the researchers distributed the questionnaire form. The tools of the study were completed and collected during morning shifts two days weekly.

Ethical considerations:

The research proposal approval was taken from ethical committee at Nursing Faculty. Then oral agreement was taken from all participants after informing them about their rights to participate, refuse, or withdraw at any time. Total confidentiality of any obtained information was ensured. The steps of the study could not entail any harmful effect on participants.

Statistical Analysis:

Data entry and statistical analysis were done using SPSS 19.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables. Continuous variables were expressed as mean \pm standard deviation. For comparison of categorical variables, the Chi-square test and Pearson Correlation and Correlation Coefficient analysis were used for assessment of the interrelationships among variables. P<0.05 (Significance).

Personal characteristics		Sohag Ui	niversity n=24	Assuit University n=24		
		No	%	No	%	
Sex	Male	8	33.3	0	0.00	
	Female	16	66.7	24	100	
Age	<30	18	75	9	37.5	
_	30- 40	6	25	13	54.2	
	>40	0	00.0	2	8.3	
Experience	< 5	15	62.5	4	16.7	
-	5-10	5	20.8	11	45.8	
	10-15	4	16.7	6	25	
	>15	0	0.00	3	12.5	
Social status	Unmarried	12	50	7	29.2	
	Married	12	50	17	70.8	
Income	Enough	5	20.8	5	20.8	
	Not enough	19	79.2	19	79.2	

Table (1): Personal characteristics among nursing managers at Sohag and assuit universities hospitals illustrated that, For Sohag university hospital the highest percentages of nursing managers were female (66.7%), aged less than 30 years(62.5%), their experience lessthan 5 years (62.5%), were married (50%), and theyreported their income not enough (79.2%). While the Assuit university hospital the highest percentages all of nursing managers were female (100%), aged from 30 to 40 years old (54.2%), married (70.8%), their experience from 5 to 10 years (45.8%), and they reported their income not enough (79.2%).

Table (2): Distribution of organizational support among nursing managers at Sohag and assuit universities hospitals(n=48)

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Setting	Setting Levels		Personal development		Job structure		otal	Mean+SD	t	Sig.
		No	%	No	%	No	%			
Sohag university	Low	18	75	16	66.6	20	83.3	1.4583+.50898	14.037	.000**
	High	6	25	8	33.4	4	16.7			
Assuit university	Low	9	37.5	15	62.5	12	50			
	High	15	62.5	9	37.5	12	50	1.2500+.44233	13.844	.000**

Table (2):Distribution of organizational support among nursing managers at Sohag and assuit universities hospitals, this table shows that, the highest percentages of study sample at Sohag universityhospital had low organizational support for both factors;Personal development, andjob structure (75 %, 66.6%)respectively. But the highest percentages of study sample at Assuituniversityhospital had high personal development (62.5%),while they had low job structure factor, (62.5%). There were highly statistical significances differences for organizational support factor; personal development, job structure at Sohag and Assuit universities hospital.

Table (3): Distribution of organizational commitment among nursing managers at Sohag and assuit universities hospitals (n=48)

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Setting	Levels	Affecti	ve	Contir	Continuance Normative		Total		Mean+SD	t	Sig.	
		No	%	No	%	No	%	No	%			
Sohag	Low	16	64.6	13	54.2	11	45.8	17	70.8			
university	High	8	35.4	11	45.8	13	54.2	7	29.2	1.4167+.50361	13.781	.000**
Assuit	Low	11	45.8	10	41.7	8	35.4	11	45.8			
university	High	13	54.2	14	58.3	16	64.6	13	52.2	1.4583+.50898	14.037	.000**

Table (3): Distribution of organizational commitment among nursing managers at Sohag and assuit universities hospitalsthis table Explores that, the highest percentages of study sample at Sohag university hospital had low organizational commitment factors; for Affective, and Continuance (**64.6**% &**54.2**%) respectively; while they had high organizational commitment factor; for Normative (54.2 %). In the same table, the highest percentages of study sample at Assuit universityhospital had high organizational commitment for all factors; Affective, Continuance, Normative, (54.2), (58.3), (64.6) respectively. There were highly statistical significances differences for organizational commitment factors; Affective, Continuance, Normative at Sohag and assuit universities hospital.

Table (4): Correlation between personal characteristics with organizational support and organizational commitment at Sohag University hospitals (n=24)

commitment at Sonag University nospitals (n=24)									
Persona	l characteristics	Organization	al support	Organizational commitment					
		Personal development	Job structure	Affective	Continuance	Normative			
Age	Correlation Coefficient	232-	073-	071-	023-	098-			
	Sig. (2-tailed)	.274	.733	.741	.914	.649			
	N	24	24	24	24	24			
Experience	Correlation Coefficient	043-	.044	.079	.047	031-			
	Sig. (2-tailed)	.842	.840	.713	.828	.885			
	N	24	24	24	24	24			
Gender	Correlation Coefficient	.204	237-	063-	217-	059-			
	Sig. (2-tailed)	.339	.266	.772	.309	.784			
	N	24	24	24	24	24			
Social status	Correlation Coefficient	.000	.084	.530**	.533**	.418*			
	Sig. (2-tailed)	1.000	.698	.008*	.007*	.042*			
	N	24	24	24	24	24			
Income	Correlation Coefficient	178-	.060	290-	126-	146-			
	Sig. (2-tailed)	.406	.780	.169	.558	.496			
	N	24	24	24	24	24			

Table (4): Correlation between personal characteristics with organizational support and organizational commitment at Sohag University hospitals, this table reveals that, there were a positive correlation between Social status and all Organizational commitment factors; Affective, Continuance and Normative (.530, .533, & 418) respectively, and all organizational support factors; personal development and job structure (.000&.084), also positive correlation between experiencesand Organizational commitment factors; Affective, and Continuance (.079 & .047), and job structure organization support. On the other hand there were a negative correlation between organizational commitment and organizational support with age, gender, and income. There were statistical significances between social and all factors of organizational commitment (.008*, .007*, & .042*).

Table (5): Correlation between personal characteristics with organizational support and organizational commitment at Assuit University hospitals (n=24)

Persona	l characteristics	Organizationa	l support	Organizational commitment			
		Personal development	Job structure	Affective	Continuance	Normative	
Age	Correlation Coefficient	094-	.156	.431*	.620**	.231	
	Sig. (2-tailed)	.663	.466	.035*	.001**	.277	
	N	24	24	24	24	24	
Experience	Correlation Coefficient	100-	.150	.456*	.645**	.289	
	Sig. (2-tailed)	.642	.484	.025*	.001**	.171	
	N	24	24	24	24	24	
Social status	Correlation Coefficient	071-	071-	.222	.387	.324	
	Sig. (2-tailed)	.742	.742	.296	.061	.122	
	N		24	24	24	24	
Income	Income Correlation Coefficient		238-	146-	.191	.073	
	Sig. (2-tailed)	.262	.262	.496	.372	.736	
	N	24	24	24	24	24	

Table (5): Correlation between personal characteristics with organizational support and organizational commitment at Assuit University hospitals, this table Reveals that, there were positive correlation between Age, Experience, social status and income with Organizational commitment factors; negative correlation between income and affective organizational commitment (-.146-). Meanwhile there were negative correlation between age, experiences, social status, and income with personal development organizational support and between social status and income with job structure organizational support. There were positive correlation between age and experiences with job structure organizational support. There were statistical significances differences between affective and continuance Organizational commitment with age (.035*&.001**), and with experience (.025*&.001**).

Table (6): Correlation between organization support and Organizational commitment at Sohag and Assuit Universities hospitals (n=48)

Assuit Universities nospitals (n=40)											
Organizational support		Organizational commitment									
			Sohag University	Assuit University							
		Affective Continuance		Normative	Affective	Continuance	Normative				
Personal developm	Pearson Correlation	.204	.048	048-	048-	218-	183-				
ent	Sig. (2-tailed)	.339	.823	.823	.123	.306	.393				
	N	24	24	24	24	24	24				
Job structure	Pearson Correlation	.625**	.414*	.296	.669**	.131	.183				
	Sig. (2-tailed)	.001**	.044*	.161	.000**	.542	.393				
	N	24	24	24	24	24	24				

^{*.} Correlation is significant at the 0.05 level (2-tailed).

Table (6): Correlation between organization support and Organizational commitment at Sohag and Assuit Universities hospitals this table shows that, there were negative correlations between Organizational support factor; Personal development, and organizational commitment (normative) (-.048-), at Sohag University hospitals and, Affective, continuance, and normative (-.048-, -.218-, &-.183-) at Assuit University hospitals. Meanwhile there was positive correlation for organizational support factor; Personal development with Affective and continuance organizational commitment (.204 & .048) at Sohag University. And there were positive correlations between job structure organizational support andorganizational commitment, affective, continuance and normative, at both Sohag and Assuit Universities hospitals. There were statistical significances differences between job structure organizational support and affective organizational commitment at both Sohag and assuit universities hospitals (.001** & .000**) and continuance organizational commitment at Sohag university hospital (.044*).

^{**.} Correlation is significant at the 0.01 level (2-tailed).

V. Dissuasion:

Organizational commitment is a strong belief and acceptance of organization's goals and values; a willingness to exert the effort at the organization. **Figueira et, al. (2015)**Perceived organizational support is the employee perception that to what extent organization values them and isconcerned about them. When individuals' perceive that organization is valuing their contribution and viewing concernabout their interests, the individual will oblige to be committed and this commitment will be defined through work efforts *Khattak*(2014).

The present study was conducted toassess the impact of perceived organizational support on organizational commitment among nursing managers. The present study revealed that; At Sohag university hospital the highest percentages of nursing managers were female, aged less than 30 years, their experience less than 5 years, were married. Mainwhile at Assuit university hospital all of nursing mangers were female, highest percentages of them aged from 30 to 40 years old, married, their experience from 5 to 10 years. The highest percentages of selected sample for both Sohag and Asuit Universities reported their income not enough. *Table* (1)

The results of the present study as shown in *Table (2)* declared that, the highest percentages of study sample at Sohag university hospital had low organizational support for both factors (Personal development, and job structure). Mainwhile the highest percentages of study sample at Assuit university hospital had high for personal development, but they had low job structure factor for organizational support. This finding was inconsistent with finding of Lee et al., (2013) theyreported that, their study sample had high levelof organizational support perceived by respondents. Also, Peterson (2015) mentioned that the extent to which organizations value and support their managers may play an important role in retaining them and attracting future leaders to management positions. This rsult due to in Assiut University Hospital have known regulations, plicies, standards and use clear job descriptions for each category in the organization and they have inservice education unit which help them to make education and training for staff contnouncely and increase personal development.

From another perspective, the findings of the present study clarified that the highest percentages of study sample at Sohag university hospital had low organizational commitment factors; for Affective, and Continuance, but they had high organizational commitment factor; for Normative commitment. Meanwhile at Assuit university hospital the highest percentages were high for all factors of organizational commitment; (Affective, Continuance, and Normative). *Table* (3)this finding was inaccordance with **Lee et al.**, (2013)they reported the study sample had low level of total organizational commitment. But, this finding was supported by with finding of **Laschinger et al.** (2011) they suggested that perceived organizational support is a basic tenet of employee satisfaction and results in an increased effort to fulfill organizational goals and greater organizational commitment. These results may be due to in the Assiut University Hospital they know their responsibilities through clear job description and all employees including nursing managers held accountable for non-committed with these responsibilities.

Ongoing of the present study the findings in *Table (4)* clarified that, there were statistical significance between Social status and all organizational commitment factors; Affective, Continuance and Normative at sohag university hospital. These results supported by *Khattak* et al. (2014) they reported that there were significant between perceived organizational support and affective commitment. The current study findings are contradictory with the findings of **Abood** et al. (2011) which revealed no significant correlation between experience and organizational commitment. This result may be due to half of the study sapmle at sohag university hospital were unmarried and they not have family and childen responsibilities which affect their work responsiblities and commitment.

Table (5)shows that there were statistical significance between organizational commitment (affective, and continuance) with age, and experinces at Assuit university hospital. These results inconsistent with Saad & Abd rabou (2016) they found nostatistical significance between education and age between organizational commitments. Also, this finding is in accordance with finding a study that showed by Azizollah (2016) he reported that no significant correlations between organizational commitment and factors such as age, gender, education level and work experience of the subjects. The current study is consistent with the findings of the Dorgham (2012) showed that there was a significant relationship between age and organizational commitment. This result may be due to more than half of the study sample age between 30-40 year, and less than half of them were experience between 5 -10 years, they have mature enough and aware with hospital policies and responsibilities which lead to they become more committed.

The results of the present study as shown that *Table* (6) there were negative correlations between organizational support factor; Personal development, and organizational commitment (normative), at Sohag University hospitals and, Affective, continuance, and normative at Assuit University hospitals. The current study is inconsistent with the findings of the *Khattak* et al. (2014) Found a positive association between organizational support and affective commitment. The current study findings are supported by Lee et al., (2013) perceived significant association between perceived organizational support and all factors of organizational

commitment. Also this finding was inconsistent with study results conducted by Saad&Abd rabou (2016) they found that a positive correlation between organizational commitment, working experience, and education. This result may be due to, in Assiut University Hospital is concerned with staff development programs through continuing education that leads to improve the level of knowledge about the organization commitment, and have administrative structure which supports nursing managers at work more than Sohag University Hospital.

VI. Conclusion:

- The present study offer insight into assess the impact of perceived organizational support on organizational commitment among nursing managers.
- More than two third of study sample at Sohag university hospital had low organizational support and Low
 organizational commitment, while at Assuit university hospital about half of them had low organizational
 support and low organizational commitment
- There were negative correlations between organizational support factor; Personal development, and organizational commitment (normative), at Sohag University hospitals and, Affective, continuance, and normative at Assuit University hospitals.
- There were positive correlations between job structure organizational support and all factors of organizational commitment at both Sohag and Assuit Universities hospitals.
- There were statistical significances differences between job structure organizational support and affective organizational commitment at both Sohag and assuit universities hospitals.

VII. Recommendations:

- On hospital officials improve organizational support factors to help the employees to become more committed
- Provide operational and administrative activities to help organizational support, and explaining what set of
 activities could lead to organizational commitment
- Manage organizations for job stracture and personal development, which maintain commitment across organizational parts and increase employee satisfaction
- Increase awareness of nursing managers about the important of organizational commitment through training progams and workshops
- Top managers responsible for support and empowering nursing managers, motivating them, improving their morale, and encouraging committed actions and establishing rewards for them.
- Sending research report to the hospitals managers to increase organizational support which help in organizational commitment.

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