



UNIVERSITAT DE
BARCELONA

The effects of organizational initiating actions on nurses' outcomes: A social exchange perspective

Facundo Garcia Pereyra



Aquesta tesi doctoral està subjecta a la llicència Reconeixement- NoComercial – SenseObraDerivada 4.0. Espanya de Creative Commons.

Esta tesis doctoral está sujeta a la licencia Reconocimiento - NoComercial – SinObraDerivada 4.0. España de Creative Commons.

This doctoral thesis is licensed under the Creative Commons Attribution-NonCommercial-NoDerivs 4.0. Spain License.

UNIVERSITAT DE
BARCELONA



PhD in Business | Facundo Garcia Pereyra

2023

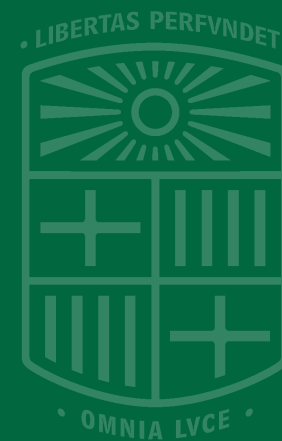


UNIVERSITAT DE
BARCELONA

PhD in Business

The effects of organizational initiating actions on nurses' outcomes: A social exchange perspective

Facundo Garcia Pereyra



UNIVE
BARC

PhD in Business

Thesis title:

The effects of organizational
initiating actions on nurses'
outcomes: A social exchange
perspective

PhD student:

Facundo Garcia Pereyra

Advisors:

Jorge Matute Vallejo

Josep Maria Argilés Bosch

Date:

April 2023



UNIVERSITAT DE
BARCELONA

The outstanding discovery of recent historical and anthropological research is that man's economy, as a rule, is submerged in his social relations. He does not act so as to safeguard his individual interest in the possession of material goods; he acts so as to safeguard his society standing, his social claims, his social assets.

Karl Polanyi in *The Great Transformation* (1944)

Acknowledgements

Si bien no puedo decir que escribir esta tesis doctoral ha sido un sueño o un objetivo de larga data, ya que fue en estos últimos años cuando tuve la oportunidad de concentrarme en mi educación y de pensar más allá del presente, sí ha sido una experiencia de lo más enriquecedora que me ha ayudado a descubrir un mundo que no sabía que existía, el cual he ido descubriendo a medida que iba desarrollando este trabajo, y que espero descubrir más en el futuro, ya que he quedado fascinado por la carrera académica y el noble trabajo de sus profesionales.

Me gustaría agradecer a muchas personas que en el transcurso de este proceso de formación y aprendizaje han sido claves para que el mismo fuera posible. Espero no olvidarme de nadie, pero les aseguro que les tengo a todos muy presentes.

Quiero agradecer, en primer lugar, a mis directores de tesis. A Jorge Matute que me ayudó a darle valor agregado a mis ideas y proyectos. A en Josep Maria Argilés Bosch per donar-me el seu suport a tota hora, confiar en mi i ajudar-me en moments crítics d'aquest procés.

Als integrants de la UB Business School per permetre'm ser part d'aquest programa i per l'excel·lent tracte que he rebut. Especialment m'agradaria expressar el meu agraïment a la Paloma Miravittles, pel seu suport i confiança des de l'etapa del màster; a la Mercè Bernardo pels seus consells i ensenyaments com a directora del programa i professora durant el màster; i a la Montse Crespi, que va confiar en mi des que vaig ser el seu alumne durant el màster.

Quiero agradecer especialmente a Maria Pilar Lopez Belbeze por confiar en mí y motivarme en mis primeros pasos en la academia. També voldria donar les gràcies a en Gabriel Izard per recolzar-me des del principi i ajudar-me a créixer en la docència, donant-me consells i brindant-me la seva experiència.

Además, quiero agradecer a mis compañeros y colegas del programa de máster y doctorado de la UB Business School con los que he compartido muchos momentos y emociones. Especialmente a Luis Francisco Miranda y a Mario Mendocilla por dejarme ser parte de un equipo que ha sido clave para

llegar hasta aquí ya que constantemente nos hemos apoyado y ayudado durante todo este proceso.

Additionally, I would like to express my gratitude to Professor Pedro Neves for providing me with the opportunity to visit NOVA School of Business and Economics and for sharing his invaluable advice with me.

Desde una perspectiva personal, este proceso hubiera sido muy difícil sin el apoyo y la guía de personas que por fuera del ámbito académico han sido claves para mí. En este sentido le quiero agradecer de corazón a mi amigo Felipe Lamas por acompañarme en las buenas y en las malas, y enseñarme a tener una visión más crítica de la realidad. A Júlia Miralles por apoyarme tanto y confiar en mi desde el principio, ella ha sido un pilar fundamental en este proceso. También a Silvia Estudillo y María Murillo por apoyarme constantemente para que hoy pueda estar aquí dedicándome a esto que me apasiona. Al profesor Osvaldo Sánchez de la Universidad de Buenos Aires por contagiarme con su pasión por la docencia y ayudarme a ver que uno puede influir positivamente en las nuevas generaciones.

Finalmente quiero agradecer a mi familia, a Claudia Inés García que es la mejor hermana que puedo desear y que siempre me ha entendido y soportado con una calma digna de envidia. A mi madre, Isabel del Carmen Pereyra que ha luchado incansablemente a pesar de tantas dificultades para sacar nuestra familia adelante y que me ha inculcado que el camino de la educación es el camino para salir adelante.

Abstract

Nurses are critical a part of the healthcare system and determine overall patient satisfaction and quality care. However, according to the World Health Organization, the scarcity of nurses on a global level has been quantified as a shortfall of 5.9 million nursing professionals. Accordingly, retaining nursing professionals and motivating them to foster their commitment and performance is a significant challenge for organizations.

This thesis takes part in this conversation and evaluates how nurses' perception of positive organizational initiating actions, such as perceived organizational support, and the perception of negative initiating actions, such as perceived organizational politics, may affect different outcomes for nurses. Drawing on social exchange theory, this thesis elaborates specific hypotheses that evaluate the effects of organizational support and organizational politics on different responses from nurses, such as affective commitment, organizational citizenship behavior, and quality of care.

Through three stand-alone potential academic articles, this thesis found that nurses' self-concept plays a key role in explaining the positive effects of organizational support on affective commitment and organizational citizenship behavior toward different targets. Moreover, the results of this thesis show that the tested positive effect of organizational support on the quality of care is mediated by positive and negative social exchange behavioral responses, such as organizational citizenship behavior toward the organization and organizational deviance, respectively. Finally, the current study found that the positive effect of perceptions of organizational politics on organizational deviance among nurses is moderated by their professional self-concept, and that affective commitment mediates the negative effects of perceived organizational politics on organizational citizenship behavior toward the organization.

This thesis presents theoretical advancements regarding how organizational initiating actions impact various outcomes among nursing professionals. Additionally, it offers managerial recommendations to enhance the effectiveness of nursing professionals within their organizations.

Contents

Acknowledgements	iii
Abstract	v
Contents.....	vii
List of Figures	xi
List of Tables.....	xiii
Chapter 1. Introduction	1
Motivation.....	2
Context.....	3
Social Exchange Theory	5
Perceived Organizational Support and Nurses	6
Organizational Politics and Nurses.....	14
Structure of the Thesis	19
Chapter 2. The Relevance of Nurses’ Self-concept in the Social Exchange Process: A Serial Mediation Model	23
Abstract.....	24
Introduction.....	25
Theoretical Framework.....	28
Perceived Organizational Support.....	31
Organizational Citizenship Behavior	31
The Mediating Role of Nurses’ Self-concept.....	32

The Mediating Role of Affective Commitment	33
Sequential Mediation of Affective Commitment and Nurses' Self- concept.....	34
Methodology	35
Assessment of Common Method Bias	36
Measurement Instruments	36
Data Analysis	37
Results.....	39
Measurement Model Evaluation	39
Structural Model Evaluation	42
Discussion.....	46
Theoretical Implications.....	48
Managerial Implications.....	49
Limitations and Future Research.....	50
Chapter 3 The Mediating Effect of Reciprocating Responses between Organizational Support and Quality of Care: A Multigroup Moderation Analysis.....	53
Abstract.....	54
Introduction.....	55
Background.....	56
POS and Quality of Care	57
Mediating Effect of OCBO	57
Mediating Effect of Organizational Deviance	58
Moderating Effect of Educational Level	59
The Study	60
Aims	60

Design.....	60
Participants	61
Data Collection.....	61
Measures.....	61
Ethical Considerations.....	62
Data Analysis	62
Results.....	63
Analysis of the Measurement Model	63
Structural Model Evaluation	67
Multigroup Analysis.....	69
Discussion.....	72
Limitations and Future Research.....	73
Implications for Nursing Management	74
Conclusion	74
 Chapter 4 Organizational Politics and Nurses' Social Exchange Responses: The Moderating Role of Nurses' Self-concept	 75
Abstract.....	76
Introduction.....	77
Conceptual Framework.....	79
Organizational Politics and its Effects	80
The Mediating Effect of Affective Commitment.....	82
The Moderating Effect of Nurses' Self-Concept	83
Methods	85
Assessment of Common Method Bias	85
Measurement Instruments	85
Results.....	86

Measurement Model Evaluation	87
Structural Model Evaluation	89
Discussion.....	91
Theoretical Contributions.....	93
Practical Implications	94
Limitations and Future Research.....	94
Chapter 5. Conclusions	97
General Conclusions	98
Chapter 2 Summary and Conclusions.....	100
Chapter 3 Summary and Conclusions.....	101
Chapter 4 Summary and Conclusions.....	102
Research Outputs	103
Academic contributions	106
Managerial Contributions	108
Limitations and Future Research	110
References	113
Appendices	139
Appendix 1.....	139
Appendix 2.....	143

List of Figures

Figure 1 Co-occurrence map based on specific keywords “perceived organizational support” and “employee”	8
Figure 2 Co-occurrence map based on specific keywords “perceived organizational support” and “nurse*”	9
Figure 3 Co-occurrence map based on specific keywords “organizational politics” and “employee”	16
Figure 4 Co-occurrence map based on specific keywords “organizational politics” and “nurse*”	17
Figure 5 Hypothesized Model	30
Figure 6 Theoretical model	60
Figure 7 Results of structural model per each subgroup.....	71
Figure 8 Conceptual model	84

List of Tables

Table 1 Studies that show the POS effects among nurses	11
Table 2 Studies that show the effects of organizational politics on nurses .	18
Table 3 Thesis objectives	20
Table 4 First and second order latent variables measurement	38
Table 5 Measurement model	40
Table 6 Discriminant validity.....	42
Table 7 Results of the estimation of the structural model.....	43
Table 8 Measurement model.....	64
Table 9 Discriminant validity.....	66
Table 10 Results of the estimation of the structural model.....	68
Table 11 MGA findings and permutation test	70
Table 12 Measurement model.....	88
Table 13 Discriminant validity.....	89
Table 14 Results of the estimation of the structural model.....	90
Table 15 Specific objectives and findings of the thesis	98
Table 16 Research outputs derived from this thesis	104

List of Abbreviations

AC	Affective Commitment
AVE	average variance extracted
BN	Bachelor of Nursing
CR	Composite Reliability
C α	Cronbach's alpha
EIASM	European Institute for Advanced Studies in Management
HR	Human Resources
HTMT	Heterotrait–Monotrait
MGA	Multigroup Analysis
MICOM	Measurement Invariance of Composites Method
Non-BN	Non-Bachelor of Nursing
NSCI	Nurses' Self-Concept Instrument
OCB	Organizational Citizenship Behavior
OCBI	Organizational Citizenship Behavior toward Individuals
OCBO	Organizational Citizenship Behavior toward Organization
OCBP	Organizational Citizenship Behavior toward Patients
OD	Organizational Deviance
PLS-SEM	Partial Least Squares Structural Equation Modelling
POP	Perceived Organizational Politics

POS	Perceived Organizational Support
Q2	Stone–Geisser’s
QC	Quality of Care
R2	Coefficient of determination
rho_A	Dijkstra–Henseler’s ρ_A
SET	Social Exchange Theory
VAF	Variance Accounted For
VIF	Variance Inflation Factor
WHO	World Health Organization

Chapter 1.

Introduction

Motivation

In the novel *A Farewell to Arms*, written by Ernest Hemingway, one of the main characters works as a Voluntary Aid Detachment, a kind of nursing assistant. This character expresses the following phrase:

"(...) We work very hard, but no one trusts us. (...) When there is really work, they trust us" (Hemingway, 1929).

This selected quote represents a feeling shared by many nursing professionals regarding their professional role (Hoeve et al., 2014). In this sense, when an employee feels that an organization trusts him/her, he/she tends to perceive organizational support, and this perception is related to different positive outcomes toward co-workers and the organization, such as commitment, citizenship behavior, job satisfaction, etc. (Rhoades and Eisenberger, 2002). On the contrary, trust toward the organization may be affected by negative social exchange initiating actions such as organizational politics (Mehmood, I., Macky, K., & Le Fevre, 2022), which in turn can generate negative employee outcomes such as increased turnover intention, burnout, among others (Labrague et al., 2017).

During my years as a Human Resources (HR) Business Partner and HR Coordinator in a hospital in Buenos Aires (Argentina), I remember that we often tended to focus specifically on physicians because they are usually respected professionals with higher salaries and many years of training. Therefore, we had a special area of the HR department dedicated to doctors. Furthermore, the HR manager tended to hold individual meetings with doctors to solve work-related problems, and they also received other special attention from the HR department, such as individual agreements.

However, when we conducted an analysis of our recruitment and turnover data, we found that the sector with major personnel-related problems was the nursing sector, where we had a shortage of nurses and difficulties attracting them to our organization. This is not a coincidence, considering that Argentina has more doctors than nurses per 1,000 population (Ministerio de Salud, 2023). Argentina has 0.56 nurses per physician (Ministerio de Salud, 2023), while the average ratio of nurses per physician in the Organization for Economic Co-operation and Development (2021) is

2.6. Although we detected these problems, an organizational solution to the issue never materialized.

During my doctoral training, I understood that the problem related to the shortage of nurses, the lack of organizational support, and the nurses' outcomes that I experienced in my professional career is, in fact, a crucial problem to explore (Brunetto et al., 2013; Yun Xu, Yongqi Liang, 2023). Therefore, I hope to make my own tiny theoretical contribution to better understand this problem.

Based on these personal, professional, and research considerations, the practical objective of this dissertation is to assess how organizations can improve the performance of those valuable and scarce professionals. Throughout this thesis, I will evaluate different theoretical models to gain a better understanding of specific actions that organizations can implement to enhance commitment, extra-role performance, and quality of care among nurses.

Context

According to the World Health Organization (WHO) (2020), "Nurses are the backbone of any health system," and there is a need for investment in nursing education, jobs, and leadership to strengthen nursing around the world and improve health for all. Additionally, there is a global shortage of nurses, which is calculated to be a shortfall of 5.9 million nursing professionals. Moreover, this shortage does not affect all countries equally. For example, countries like Australia, the United States, and Canada have more than 10 nurses per 1,000 population, while countries like Bolivia, Argentina, and Colombia have less than 3 nurses per 1,000 population (World Bank, 2023). Specifically, in Argentina, almost half of the nurses have not completed the Bachelor of Nursing program, and more than half of the nursing professionals are over 40 years old (Ministerio de Salud, 2023). Therefore, although there is a need for global investment in nursing professionals, some regions and countries require more attention and investment. In this regard, there is a need to analyze management practices that help improve the performance and quality of care in countries with a higher shortage of nurses, such as the Latin American countries.

Nurses are a key element in any healthcare system (WHO, 2020) because they spend more time than any healthcare worker with patients (Butler et al., 2018) and organizations that have better nursing resources have significantly lower 30-day mortality, and fewer readmissions (Lasater et al., 2021). Nevertheless, most nursing professionals have professional identity problems, suffer from low professional self-concept, and feel a mismatch between their desired professional role and actual professional role in practice (Cowin et al., 2008; Takase et al., 2002).

From an organizational perspective, retaining nursing professionals is important, not only as an effort to contain costs, but also to improve the performance of nurses and the quality of service in the units where they work. This is because prolonging tenure is related to nurses' performance (Asiamah, N., Opoku, E., & Kouveliotis, 2019). Therefore, organizations should focus their efforts not only on retaining nurses but also on improving their job performance, extra-role performance, and affective commitment, as these variables are related to lower turnover intention and higher patient satisfaction (Brunetto et al., 2013; Feather et al., 2018; Islam et al., 2018; Spence Laschinger et al., 2012). In this sense, organizational actions such as supporting or caring for employees are critical. For example, 32% of nursing professionals in the U.S. are currently considering leaving their patient care positions, and one of the strongest drivers of this desire to abandon the profession is not feeling supported at work (McKinsey, 2022). Furthermore, managers should be aware that some organizational actions may worsen nurses' outcomes, such as the employees' perception of organizational politics (Labrague et al., 2017; Movahedi et al., 2020), positive organizational actions such as taking care of and offering support to employees may enhance positive nurses' outcomes.

Past research in the field of organizational behavior shows that there are different theories which help to explain how organizational actions or mechanisms can enhance or decrease different employee outcomes, such as the personality traits perspective (Organ, 2018), the conservation of resource theory, and the need satisfaction theory (Ferris et al., 2019). Specifically, studies that assess how affective commitment and extra-role performance are enhanced, tend to use social exchange theory (SET) as the main theoretical framework to explain that relationship (Chernyak-Hai and Rabenu, 2018; Cropanzano et al., 2017). SET is suitable to assess how the employee's

perceptions of initiating actions from organizations, such as organizational support, can lead to a positive or negative employee response that is related to organizational effectiveness, such as organizational citizenship behavior and affective commitment (Cropanzano et al., 2017; Malbašić et al., 2018; Organ, 2018). In this line, this thesis uses SET as the principal frame of reference to analyze how organizational initiating actions can affect different nurses' outcomes.

In summary, the objective of this thesis is to assess how a positive initiating action such as perceived organizational support, and a negative initiating action such as perceived organizational politics can affect different employee social exchange responses.

Social Exchange Theory

According to Cropanzano and Mitchell (2005), SET has its roots in different theoretical fields such as social psychology (Gouldner, 1960), functionalist sociology (Blau, 1964), and anthropology (Malinowski, 1922). SET is a frame of reference that facilitates the analysis of a two-sided, mutually contingent, and mutually rewarding process involving "transactions" among actors (Emerson, 1976). In a social exchange relationship, resources are exchanged through a process of reciprocity. Normally, this exchange starts when a person perceives an initiating action or starting mechanism from another actor (e.g., an organization) (Blau, 1964), and feels the need to reciprocate this gesture or attitude, which serves as a "starting mechanism" of social interaction (Blau, 1964, p.92). According to Gouldner (1960), a starting mechanism helps to initiate a social interaction and commit the one who has perceived this starting mechanism to repay it at some moment. These initiating actions can be positive or negative. A well-known positive initiating action is the perceived organizational support (Cropanzano and Mitchell, 2005; Eisenberger et al., 2020; Wayne et al., 1997), while a negative initiating action is the perceived organizational politics (Chernyak-Hai and Rabenu, 2018; Cooper-Thomas and Morrison, 2018). Although there are other constructs that can be specified as social exchange starting mechanisms or initiating actions such as leader-member exchange (Wayne et al., 1997), transformative leadership (Buil et al., 2020) or abusive supervision (Cropanzano et al., 2017), perceived organizational

support (POS) and organizational politics are targeted at the organizational level (Lavelle et al., 2009), and they enable the assessment of nurses' perceptions from different actors who represent the organization, such as nurse managers and physicians.

Perceived Organizational Support and Nurses

POS is a construct that explains employees' global beliefs about how companies value their contributions and care for them (Eisenberger et al., 1986). According to Eisenberger and Stinglhamber (2011), employees who feel supported by the organization show superior performance in various aspects that help the organization reach its objectives. Eisenberger et al. (1986) developed the construct, disagreeing with other organizational theorists who assume employees' effort and loyalty are in return for "material and socioemotional rewards" (Eisenberger & Stinglhamber, 2011, p.30). On the contrary, Eisenberger (1997) tends to explain the effects of the POS using a social exchange approach.

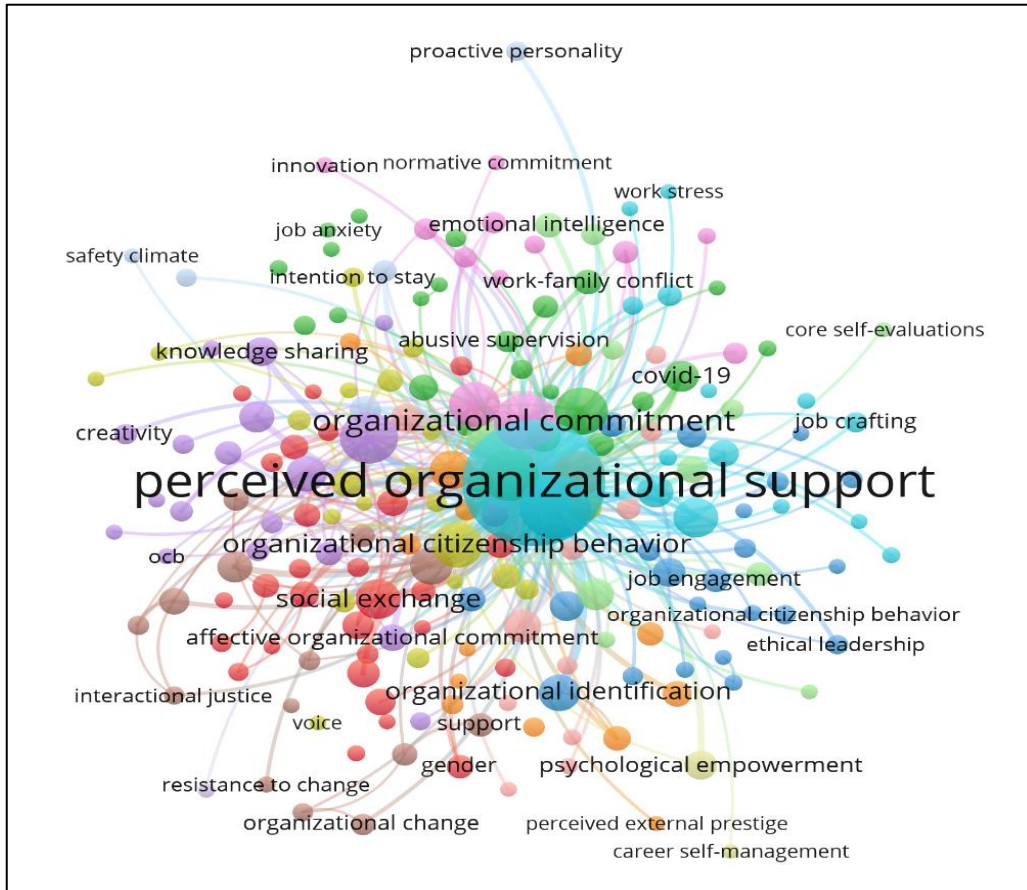
In their book, Eisenberger and Stinglhamber (2011) outline several fundamental mechanisms that elucidate how POS operates within an organization's workforce. First, employees typically perceive the actions of actors within the organization as reflecting upon the organization as a whole (Levinson, 1965). Second, when an organization takes actions that promote employee well-being, such as offering benefits or recognition, and takes care of them, it generates a reciprocal response of positivity from employees (Gouldner, 1960). Finally, in cases of expressions of positive consideration such as congratulations for good work or support when employees experience difficulties, employees value the organizational support to the extent that they think it is a genuine expression (Eisenberger & Stinglhamber, 2011).

A large and growing body of literature has investigated the effects of POS on positive and negative employee outcomes (Jha, 2023; Kurtessis et al., 2017; Panaccio, 2023; Rhoades and Eisenberger, 2002). However, in the case of nursing professionals, research about the effects of POS is still limited and there is a need to further explore the effects of POS and its consequences among nurses.

To compare the effects of POS on different outcomes among employees and nursing professionals, a co-occurrence map was created using VOSviewer software and Scopus database. The software calculated the number of times that specific keywords such as "perceived organizational support" and "employee" were mentioned in the database. The full counting method was used, with a minimum of 5 co-occurrences of keywords, and author keywords were also considered. Figure 1 shows that out of a total of 2,567 keywords, 208 met the proposed criterion and were included in the co-occurrence map. The results show eight clusters, with the most relevant ones being based on POS related to social exchange, affective commitment, job satisfaction, citizenship behavior, and justice. In the second cluster, POS was related to emotional exhaustion, turnover, affective commitment, and job satisfaction were identified. In the third cluster, POS was related to turnover intention and job satisfaction was also observed.

Figure 1

Co-occurrence map based on specific keywords “perceived organizational support” and “employee”

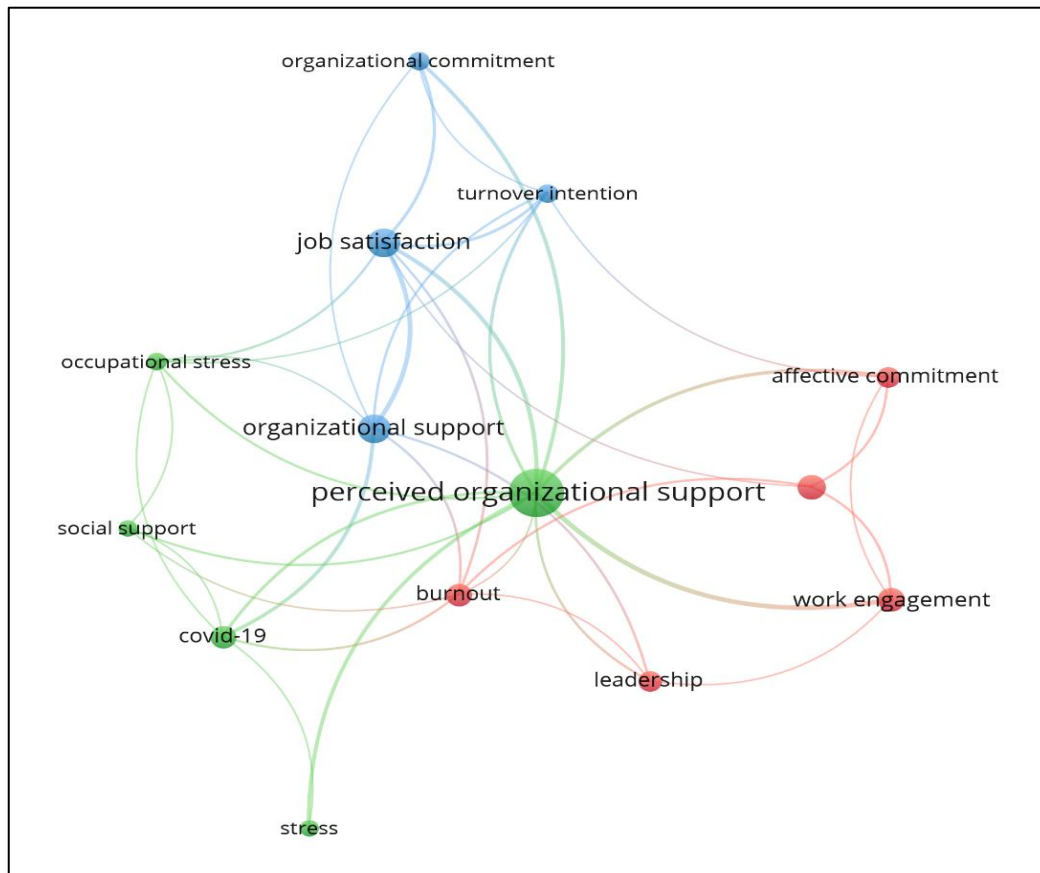


Note: Author’s own elaboration using VOSviewer.

Regarding nursing professionals, Figure 2 shows a co-occurrence map that calculates the number of times a specific keyword (i.e., "perceived organizational support" and "nurse*") has been mentioned in the review database. This co-occurrence map describes 17 terms out of a total of 478 that meet the proposed criterion, forming four clusters. Cluster 1 relates POS to affective commitment and work engagement. Cluster 2 relates POS to burnout, stress, and COVID-19. Thirdly, the map shows that cluster 3 relates POS to leadership and stress. Finally, cluster 4 relates POS to job satisfaction, organizational commitment, and turnover intention.

Figure 2

Co-occurrence map based on specific keywords “perceived organizational support” and “nurse”*



Note: Author’s own elaboration using VOSviewer.

Nursing is a profession that possesses unique characteristics when compared to other forms of employment (Cowin et al., 2008; Hoeve et al., 2014; Yun Xu, Yongqi Liang, 2023). Accordingly, a career in nursing is often perceived as tedious and lacking creativity, high wages, and status (Hoeve et al., 2014). These perceptions can affect the professional self-concept of nurses, which represents an individual's confidence in a certain area, for instance, their chosen profession (Bong and Skaalvik, 2003). In this sense, the analysis performed in the co-occurrence map shows that there may be research opportunities in the nursing field analyzing the effects of POS assessed as an initiating action of a social exchange relationship from a nurse's perspective. In order to gain a deeper understanding of the research

performed on POS in the nursing field, a search was conducted on Scopus using the keywords "perceived organizational support" and "nurses" or "nurse*" which revealed 187 publications. It was summarized that 79 publications show POS as the initiating action of different positive and negative employee outcomes (see Table 1).

Table 1*Studies that show the POS effects among nurses*

Variable	Articles	References
Job Satisfaction	18	Al-Hussami (2008); Armstrong-Stassen, (2004); Armstrong-Stassen et al. (1998), (2001); Bradley and Cartwright (2002); Chevalier et al. (2017); Chou et al. (2012); Filipova (2011); Gillet et al. (2013); Labrage et al. (2018); Lartey et al. (2019); Liu et al. (2018); Mallette (2011); Newman et al. (2015); Patrick and Spence Laschinger (2006); Polat and Terzi (2021); Shacklock et al. (2014); Tourangeau et al. (2010); Trybou, De Pourcq, et al. (2014); Yahya et al. (2017)
Organizational Commitment	6	Al-Hussami (2009); Armstrong-Stassen and Schlosser (2010); Filipova (2011); Labrage et al. (2018); Lartey et al. (2019); Siew et al. (2011)
Affective commitment	12	El Akremi et al. (2014); Battistelli et al. (2016); Brunetto et al. (2013); Galletta et al. (2016); Gupta et al. (2016); Havaei et al. (2015); Islam et al. (2018); Mon, E. E., Akkadechanunt, T., & Chitpakdee (2022); Nazir et al. (2018); Perreira et al. (2018); Robson and Robson (2016); Sharma and Dhar (2016)
Normative commitment	2	Battistelli et al. (2016); Mon, E. E., Akkadechanunt, T., & Chitpakdee (2022)
Continuance commitment	2	Battistelli et al. (2016); Mon, E. E., Akkadechanunt, T., & Chitpakdee (2022)

Variable	Articles	References
Intention to leave	8	Armstrong-Stassen et al. (1998); Filipova (2011); Laschinger et al. (2012); Trybou et al. (2014); Robson & Robson (2016); Labrague et al. (2018); Islam et al. (2018); Liu, et al. (2018).
Engagement	12	Al-Hamdan and Bani Issa (2022); Armstrong-Stassen et al. (1998); Badwan, Marwa, Nidal Eshah (2022); Brunetto et al. (2013); Dasgupta (2016); Islam et al. (2017); Mehrad, A., Fernández-Castro, J., de Olmedo, M. P. G. G., & García-Sierra (2022); Nasurdin et al. (2018); Shacklock et al. (2014); Xerri et al. (2014); Xing (2023); Xu et al. (2022); Yun Xu, Yongqi Liang (2023)
Wellbeing	5	Bradley and Cartwright (2002); Brunetto et al. (2013), (2014); Filipova (2018); Nelson et al. (2014)
Organizational Citizenship Behavior	5	Islam et al. (2017), (2018); Lavelle et al. (2009); Pohl et al. (2013), (2019)
Trust	3	Bobbio et al. (2012); Bobbio and Manganelli (2015); Trybou, Gemmel, et al. (2014)
Performance	5	Foluso Philip Adekanmbi, Wilfred Isioma Ukpere (2022); Gillet et al. (2013); Labrague et al. (2018); Nasurdin et al. (2018); Sen (2023); Trybou, De Pourcq, et al. (2014)
Quality of Care	2	Chevalier et al. (2017); Spence Laschinger et al. (2012)
Burnout	2	Ren Yanbei, Ma Dongdong, Liu Yun (2023); Tang et al. (2023)

As shown in Table 1, most articles indicate that organizational support among nurses is related to positive employee outcomes such as job satisfaction, engagement, and affective commitment, as well as a negative employee outcome such as the intention to leave. Generally, the results of the majority of these studies are consistent with the findings of meta-analyses on POS conducted by Rhoades and Eisenberger (2002) and by Kurtessis et al. (2017). Nevertheless, the academic understanding of the effects of POS among nurses is far from complete in some aspects described below:

- There is a lack of studies that examine how a supportive organization can enhance the self-concept of nurses, which is a key element in understanding how nurses behave in their jobs (Cowin et al., 2008; Hovee et al., 2014).
- Few studies have examined the effects of organizational support on negative social exchange outcomes such as counterproductive work behavior or organizational deviance. Accordingly, Cropanzano et al. (2017) have called for future research to analyze how a social exchange initiating actions (e.g., perceived organizational support) can impact two different dimensions (i.e., positive and negative) in a bidimensional theoretical model.
- Although a meta-analysis performed by Kurtessis et al. (2017) showed that affective commitment tends to mediate the positive effect of POS on organizational citizenship behavior among employees, and Lavelle et al. (2015) explained that social exchange constructs such as organizational citizenship behavior can be directed at different levels (e.g., organization, co-workers, customers, etc.), there is a lack of studies that assess the effects of POS and affective commitment on different targets of organizational citizenship behavior, including patients, among nurses.
- Although some articles have assessed how organizational support improves the quality of care among nurses (Chevalier et al., 2017; Spence Laschinger et al., 2012), little is known about how this relationship can be mediated by different social exchange outcomes.

Based on the identified gaps above, this thesis aims to establish two general objectives to advance the understanding of the effects of POS among nursing professionals.

General objective 1: To provide a better understanding of how a supportive organization can foster nurses' self-concept, which in turn can enhance affective commitment and organizational citizenship behavior toward different targets, including the organization, co-workers, and patients with whom nurses interact daily.

General objective 2: To examine the mediating role of social exchange reciprocating responses, such as citizenship behavior toward the organization and organizational deviance, between POS and quality of care. Additionally, to assess whether these effects are similar among nurses with different educational levels.

Organizational Politics and Nurses

Organizational politics is a broad concept that can be assessed in different contexts. In their theoretical review, Ferris et al. (2019) refer to Niccolo Machiavelli's seminal treatise "Il Principe" as one of the roots of this concept. They subdivide the organizational politics literature into three areas: political skill, political behavior, and perceptions of organizational politics. It is possible to relate the first two areas with the recognized treatise because it refers to the person who executes the actions but not to the person who perceives the effects of these actions. The third area, called perceived organizational politics or organizational politics, refers to how an individual subjectively assesses whether their work setting serves the interests of some individuals and groups while disadvantaging others (Ferris et al., 2000), and can be studied as an organizational initiating action (Cooper-Thomas and Morrison, 2018).

According to Cropanzano et al. (2017), SET can be explained in a bidimensional model that describes how a positive initiating action such as POS, or a negative initiating action such as organizational politics, can lead to two types of responses: those related to the hedonic value (e.g., positive or negative) and those related to activity (e.g., active or inactive response). In this context, POS and organizational politics may be considered as two sides

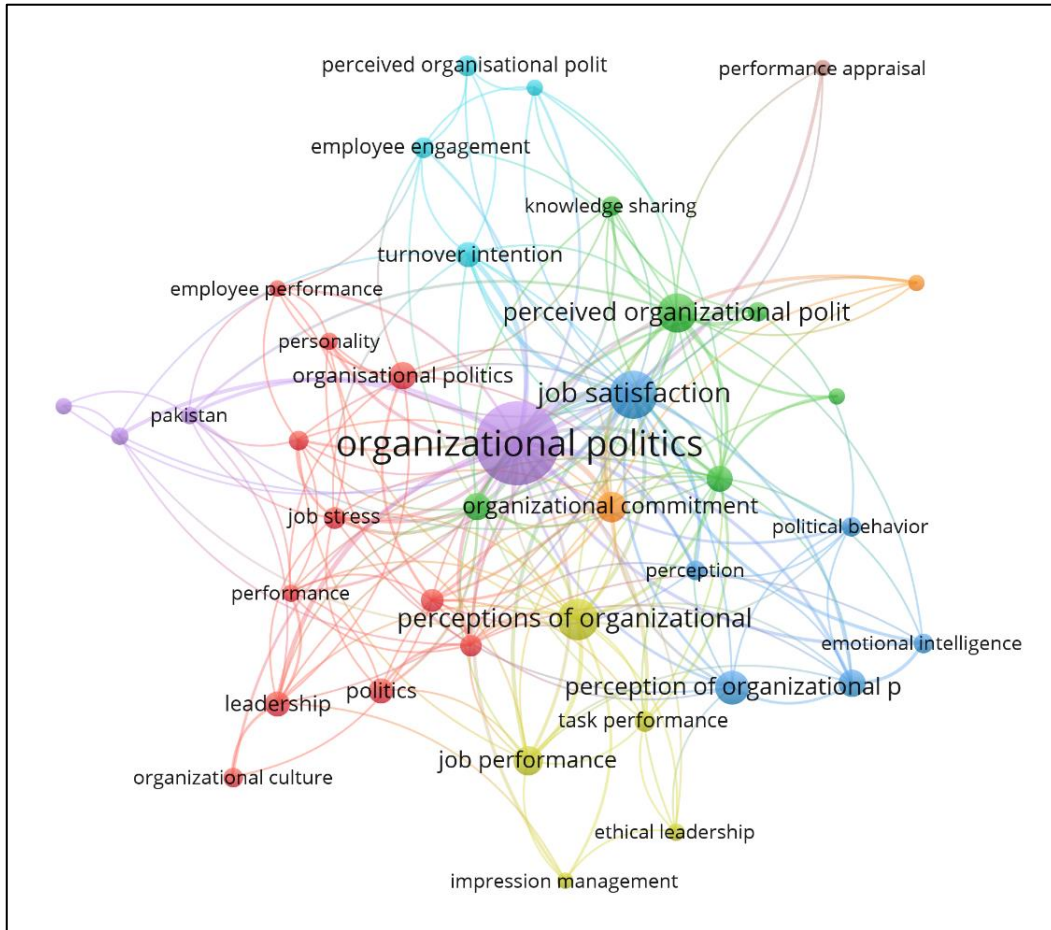
of a complex workplace relationship (Cooper-Thomas and Morrison, 2018). In this line, to draw a historical comparison with Niccolò Machiavelli's work, it may be possible to use a parallel example, and relate the positive side of SET to the beneficial effects of the tribunes of the plebs for the Roman republic, as explained in the "Discourses on the First Ten Books of Titus Livy". These tribunes offered support and actively listened to Roman citizens, which can be seen as a positive initiating action of SET. On the other hand, this text also describes how during Machiavelli's time in Florence, the citizens' perception of self-serving behavior by Francesco Valori's government, combined with the lack of a means to express their views, ultimately led to an armed confrontation.

Past research has indicated that organizational politics increases negative employee outcomes such as stress, burnout, and counterproductive work behavior, and negative effects on positive employee outcomes such as affective commitment, job satisfaction, and task performance (Chang et al., 2009; Hochwarter et al., 2020; Khan, 2023; Liang, 2023). However, there is a dearth of research that explores how organizational politics affects different employee outcomes among nursing professionals.

To conduct a comparative analysis of the impact of organizational politics on diverse outcomes among employees and nursing professionals, it was repeated a co-occurrence map using VOSviewer software with identical specifications as the previous analysis in order to analyze articles that used the keywords "organizational politics" and "employee". Figure 3 displays 39 terms out of a total of 889 that meet the proposed criterion. The analysis reveals 8 clusters. For instance, the first cluster is based on organizational politics related to keywords such as stress, performance, and trust. The second cluster is based on organizational politics related to citizenship behavior, turnover intentions, and so on.

Figure 3

Co-occurrence map based on specific keywords “organizational politics” and “employee”

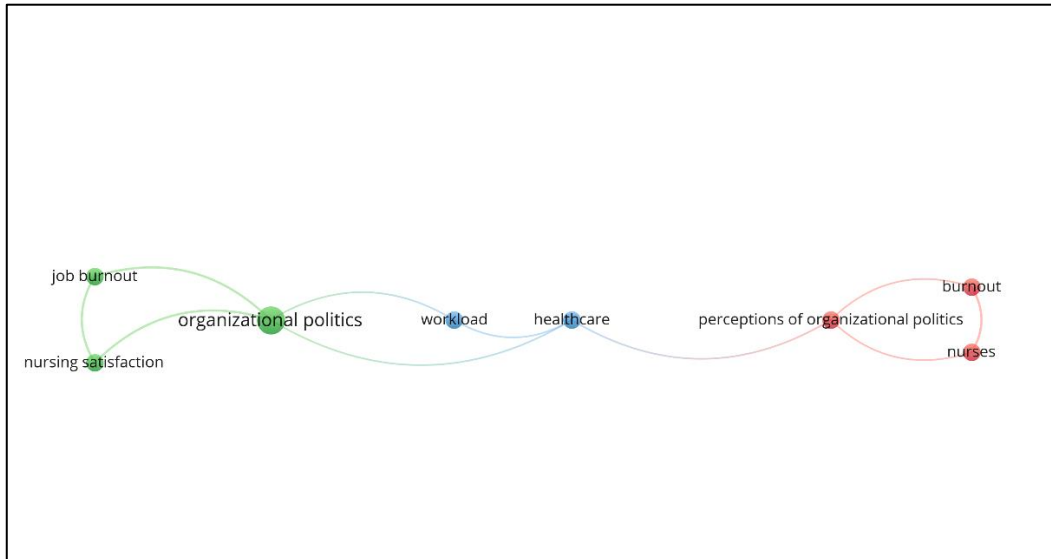


Note: Author’s own elaboration using VOSviewer.

With respect to nurses, Figure 4 shows a co-occurrence map that uses the keywords "organizational politics" and "nurse*". In this case, the full counting method was used with a minimum number of two keyword co-occurrences due to the limited number of author keywords found. This co-occurrence map describes 17 terms out of a total of 71 terms that meet the proposed criterion, forming three clusters. The first cluster shows that organizational politics is related to burnout and nursing satisfaction. The second cluster shows that organizational politics is related to burnout. Finally, the third cluster shows that organizational politics is related to workload.

Figure 4

Co-occurrence map based on specific keywords “organizational politics” and “nurse”*



Note: Author’s own elaboration using VOSviewer.

As shown in the co-occurrence map that relates organizational politics to employees, specifically nurses, there are several effects of organizational politics that have not been assessed in the case of nursing professionals. Considering that the mere lack of research does not justify a theoretical gap, a deeper analysis is necessary to better understand the research opportunities in the nursing field and determine if there are different effects of organizational politics among nurses compared to employees in other job positions. To gain a more profound comprehension of the research conducted on organizational politics and its effects, a search was conducted on Scopus using the keywords “organizational politics” and “nurses” or “nurse*,” which revealed 21 publications. An examination of each article shows that only four articles assess organizational politics as an initiating action and analyze its potential employee outcomes (see Table 2).

Table 2*Studies that show the effects of organizational politics on nurses*

Variable	Articles	References
Intention to leave	4	Kar & Suar (2014); Labrague et al. (2017); Movahedi et al. (2020); Abbas et al. (2021)
Job satisfaction	2	Labrague et al. (2017); Movahedi et al. (2020).
Organizational commitment	1	Kar & Suar (2014)

As can be seen in Table 2, much uncertainty still exists about the effects of organizational politics among nurses as described below:

- Some research shows that organizational politics negatively affects the intention to leave, and job satisfaction in different countries such as the Philippines, Iran, and India (Kar and Suar, 2014; Labrague et al., 2017; Movahedi et al., 2020). However, there is a lack of research in countries from other regions, such as Latin America, that may have different cultural backgrounds compared to the aforementioned countries.
- Few studies have shown if organizational politics affects some of these outcomes through a mediating effect, and there is a lack of research that assesses different behavioral responses, such as organizational citizenship behavior and organizational deviance, which have been analyzed among other professionals (Chang et al., 2009; Meisler et al., 2020).
- Considering that nurses are characterized by low professional self-concept (Hoeve et al., 2014), far too little attention has been paid to the moderating role of nurses' self-concept in the effects of organizational politics.

Based on the above, this thesis establishes a third general objective that considers how organizational politics can affect both positive and negative outcomes for nurses.

General objective 3: To explore how organizational politics affect behavioral responses such as nurses' deviant behavior and organizational citizenship behavior, and assess how affective commitment mediates these direct effects. To evaluate the moderating effect of nurses' self-concept in the relationship between organizational politics and its outcomes.

Structure of the Thesis

The thesis is structured as follows: it begins with chapters 2, 3, and 4, each of which is written in the format of a stand-alone potential academic article. Each article addresses general and specific objectives (see Table 3). These chapters are followed by the conclusion of the thesis, which includes a discussion of the academic and managerial contributions of the research as well as limitations and future research proposed during the study.

Table 3*Thesis objectives*

Chapter 2	The relevance of nurses' self-concept in the social exchange process: A serial mediation model
General	To provide a better understanding of how a supportive organization can foster nurses' self-concept, which in turn can enhance affective commitment and organizational citizenship behavior toward different targets, including the organization, co-workers, and patients with whom nurses interact daily.
Specific	To assess the effects of POS on different targets of organizational citizenship behavior.
Specific	To analyze the mediating effect of nurses' self-concept between POS and different targets of organizational citizenship behavior.
Specific	To test the sequential mediation of nurses' self-concept and affective commitment in the relationship between POS and different targets of organizational citizenship behavior.
Chapter 3	The Mediating Effect of Reciprocating Responses between Organizational Support and Quality of Care: A Multigroup Moderation Analysis
General	To examine the mediating role of social exchange reciprocating responses, such as citizenship behavior toward the organization and organizational deviance, between perceived POS and quality of care. Additionally, to assess whether these effects are similar among nurses with different educational levels.
Specific	To assess the mediating role of a positive reciprocating response such as organizational citizenship behavior toward the organization and a negative reciprocating response such as organizational deviance.
Specific	To evaluate the moderating effect of the educational level on these relationships.
Chapter 4	Organizational politics and nurses' social exchange responses: The moderating role of nurses' self-concept

<p>General</p>	<p>To explore how organizational politics affect behavioral responses such as nurses' deviant behavior and organizational citizenship behavior, and assess how affective commitment mediates these direct effects. To evaluate the moderating effect of nurses' self-concept in the relationship between organizational politics and its outcomes.</p>
<p>Specific</p>	<p>To assess the effects of organizational politics on behavioral responses</p>
<p>Specific</p>	<p>To analyze the moderating effects of the nurses' self-concept on the relationship between organizational politics and its effects</p>
<p>Specific</p>	<p>To explore the mediating effect of affective commitment between organizational politics and behavioral responses.</p>

Chapter 2.

The Relevance of Nurses' Self-concept in the Social Exchange Process: A Serial Mediation Model¹

¹ This chapter has been published in the journal *Management Decision* (SSCI, Impact Factor = 5.589 ; Q2 MANAGEMENT; SCOPUS-SJR Impact Factor = 1.16 Q1 Business, Management and Accounting). A version of this chapter was presented in the EIASM Talent Management workshop 2020 and the UB Ph.D. in Business workshop 2022.

Abstract

Purpose - Drawing on social exchange theory and the expectancy-value model, this study has two objectives. First, it sought to explore the mediating role of nurses' self-concept and affective commitment between perceived organizational support (POS) and three different targets (organization, co-workers, and patients) of organizational citizenship behavior (OCB). Second, it aimed to develop a better understanding of how nurses' self-concept and affective commitment mediate the influence of POS on OCB directed toward different targets through sequential mediation.

Methodology - A cross-sectional study was conducted with 229 nurses. This sample was representative of the nursing population based on several demographic characteristics. Data analysis was performed using partial least squares analysis.

Findings - The study revealed that nurses' self-concept plays a mediating role between POS and OCB directed toward the organization, co-workers, and patients, while affective commitment has a mediating effect between POS and OCB directed toward the organization and co-workers. Finally, the indirect influence of POS on OCB through nurses' self-concept and affective commitment was significant only at the organizational level.

Originality - This study contributes to the extant literature by identifying the mediating role of nurses' self-concept among social exchange constructs such as POS, affective commitment, and OCB directed toward different targets.

Keywords Social exchange theory, self-concept, organizational citizenship behavior, perceived organizational support, affective commitment.

“(...) the Towosi [native magician leader] (...) inspires them [the natives] with confidence in success and gives them a powerful impulse to work.”

Bronisław Malinowski in *The Primitive Economics of the Trobriand Islanders* (1921)

Introduction

Today, healthcare workers are the foundation of global health security significantly due to the coronavirus health crisis, which has placed great demands, especially on nurses, globally. According to the World Health Organization (WHO) (WHO, 2020), nurses are the backbone of any health system,” yet there was a global shortage of nurses estimated at 5.9 million in 2018 (WHO, 2020).

One explanation for this universal problem is that the shortage of nurses is attributable, in part, to nurses themselves, who report low professional self-concept and rarely recommend their career to others (Hoeve et al., 2014). Thus, 32% of nursing professionals in the United States are currently considering leaving their patient care positions, claiming that one of the strongest drivers of this wish to abandon the profession is not feeling supported at work (McKinsey, 2022). In contrast, empirical research shows that nurses who report a higher professional self-concept have lower turnover intentions and enhanced commitment, job satisfaction, and organizational citizenship behavior (OCB) (Cao et al., 2015; Jeon and Koh, 2017; Li et al., 2021). Self-concept is the “person’s self-perceptions that are formed through experience with and interpretations of one’s environment” (Marsh and Perry, 2005, p. 72). Although some self-perceptions share similar definitions, such as self-concept, self-efficacy, self-esteem, and core self-evaluation (Kammeyer-Mueller et al., 2009; Marsh and Perry, 2005), we consider that self-concept is more appropriate for our research because it refers to a very specific domain and represents one’s perception of confidence in a certain area, for instance, a profession (Bong and Skaalvik, 2003). Moreover, nurses’ self-concept is a variable designed specifically for the nursing profession (Angel et al., 2012; Yun Xu, Yongqi Liang, 2023), and it is a relevant factor in understanding the relational and behavioral outcomes of nurses, since it is

closely related to vocational development and professional identity, which are key issues in the nursing field (Arthur and Randle, 2007; Hoeve et al., 2014).

From an organizational perspective, a fundamental goal of any organization is to pursue organizational effectiveness. However, that goal is not readily achievable against a backdrop of workforce shortages, the case, for example, of the nursing profession. As such, an improvement in social exchange outcomes such as affective commitment and OCB can have a positive impact on organizational effectiveness (Malbašić et al., 2018; Organ, 2018). Recent research has shown that organizations with high levels of perceived organizational support (POS) can positively impact affective commitment and OCB in different contexts (Cicellin et al., 2022; Giunchi et al., 2015; Kao and Kao, 2023; Kurtessis et al., 2017; To, W. M., and Huang, 2022). Moreover, in the field of healthcare services, OCB can be directed toward different recipients, such as the organization, co-workers, and patients. In this sense, scholarly understanding of the processes by which the organization can enhance affective commitment and OCB directed at different targets among nurses is far from complete. Previous studies that analyze OCB among nursing professionals usually consider one potential recipient of this discretionary effort, such as solely an organization or patient (Islam et al., 2017; Zhang et al., 2019). From a practitioner's perspective, nurses have to deal with their organization, co-workers, and patients in their daily work, to the best of our knowledge, there are no studies that help managers understand how to improve OCB among nurses toward these different targets. In the present study, we attempted to assess how organizations can increase OCB toward the recipients with which nurses deal in their work settings.

From a theoretical point of view, past research based on social exchange theory (SET) considers that OCB is largely explained by POS, and this relationship is partially mediated by affective commitment (Kurtessis et al., 2017). This finding appears to be supported by nurses (Gupta et al., 2016). Nevertheless, the social exchange process through which affective commitment mediates the relationship between POS and the different targets of OCB has not been carefully examined. One purpose of this study, therefore, was to advance the understanding of the mediating effect of

affective commitment in the relationship between POS and OCB directed toward different targets.

Finally, although SET has much to say about how reciprocity processes explain OCB toward the target, which initiates a social exchange relationship (e.g., co-worker or organization) (Cropanzano et al., 2017; Lavelle et al., 2015), this theoretical framework is not sufficient to assess the processes by which the organization can help improve OCB toward different targets among nurses. In this vein, past research in the nursing field has shown that professional self-concept can enhance social exchange outcomes such as organizational commitment and OCB (Cao et al., 2015; Jeon and Koh, 2017), or it can be affected by a social exchange initiating action, such as POS (Cao et al., 2016). However, these studies did not integrate nurses' self-concept as a variable that helps explain the social exchange relationship in a work setting. Considering the call for new research to explain external factors that influence nurses' self-concept (Yun Xu, Yongqi Liang, 2023), and the lack of studies that analyze the mediating role of nurses' self-concept between POS and social exchange outcomes, this study assumed that nurses' self-concept is strengthened by POS. Moreover, it also assumed that a higher nurses' self-concept will result in a relational response, such as affective commitment, and will promote OCB toward the organization, co-workers, and patients.

With respect to the expected mediating role of nurses' self-concept, although some scholars have examined the importance of self-concept as a moderator in the social exchange process, such as the effects of POS or leadership on organizational commitment (Johnson and Chang, 2008; Robert and Vandenberghe, 2021), which are based on data gathered from undergraduate students or employees in a variety of different professions, they do not consider professions characterized by low self-concept, such as nursing, and the potential effects of POS on employees' self-perceptions. In their review of organizational support theory, Eisenberger et al. (2020) argued that POS may directly encourage the use of employees' professional skills. Moreover, some studies have shown that a supportive organization positively affects nurses' self-perceptions (Battistelli et al., 2016; Cao et al., 2016; Liu et al., 2015; Zhou et al., 2021), while nurses' self-perceptions affect different social exchange behavioral outcomes, such as organizational

commitment (Cao et al., 2015), OCB (Jeon and Koh, 2017), and work engagement (Orgambídez et al., 2019).

In short, this study aimed to provide a better understanding of how a supportive organization can foster nurses' self-concept, which in turn can help to enhance affective commitment and OCB toward different targets, which are related to agents that nurses must deal with in their daily work (i.e., organization, co-workers, and patients). To assess these behavioral processes, our research integrates SET and the expectancy-value model, according to which, when nurses feel organizational support, they tend to be more confident in their workplaces and more attached to their organization. Simultaneously, higher self-concept and affective commitment can foster the necessary effort to make informal contributions directed toward different targets, such as the organization, co-workers, and patients.

The remainder of the paper is structured as follows. The next section presents the theoretical framework and hypotheses, and is followed by the methodology and analysis of the empirical results. Finally, a discussion and concluding remarks are provided.

Theoretical Framework

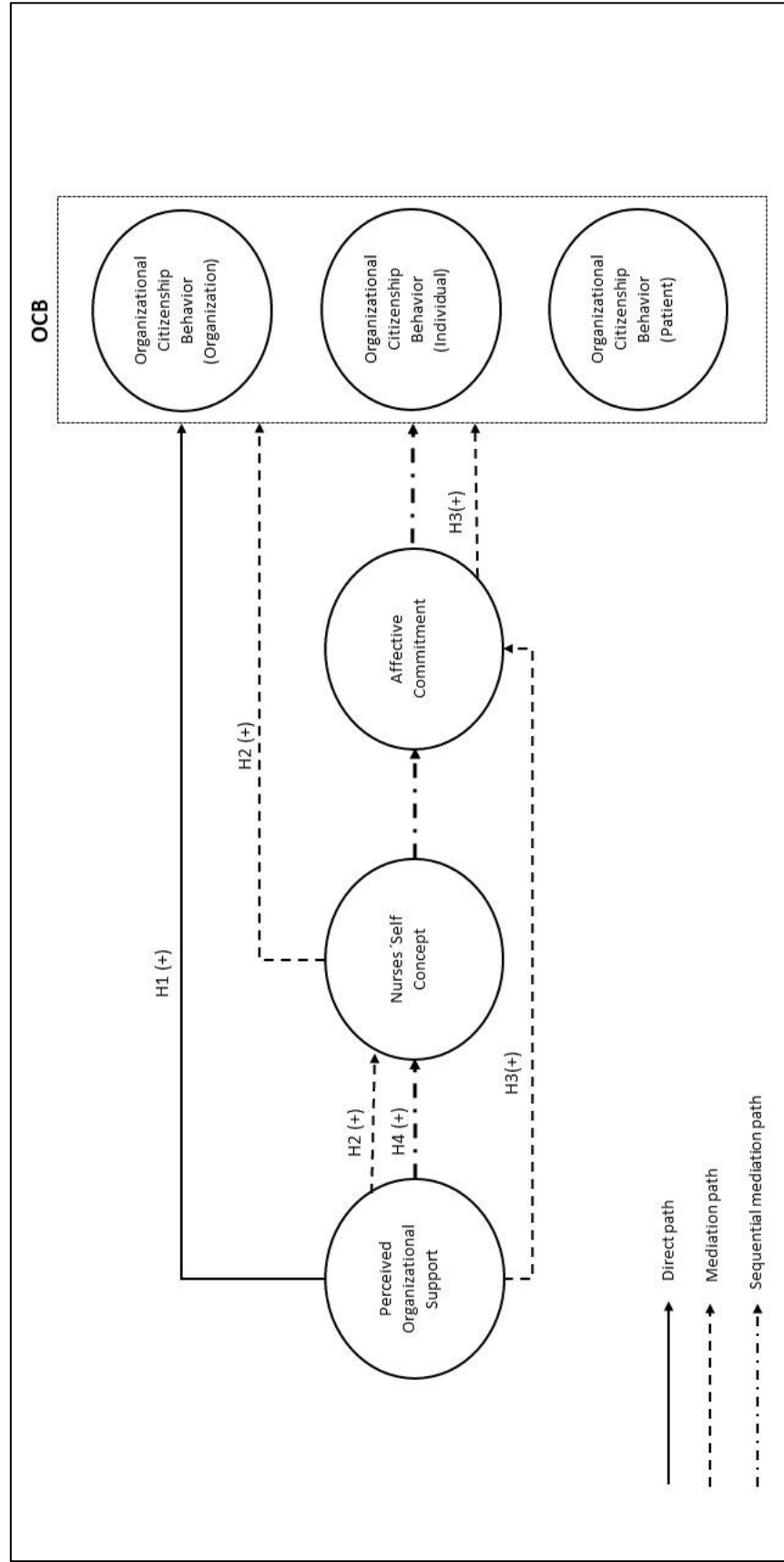
According to Organ (2018), different theories have guided OCB research such as job satisfaction and workplace justice framework. In addition, POS is related to organizational support theory (Eisenberger et al., 2020) to explain how employees form a meaningful explanation of perceived treatment from the organization. Specifically, studies that assess how POS or affective commitment can enhance OCB tend to use SET as a theoretical framework (Chernyak-Hai and Rabenu, 2018; Cropanzano et al., 2017). However, in the case of nursing professionals, self-concept is an important variable in examining nurses' professional identity and practice (Arthur and Randle, 2007; Hoeve et al., 2014). As mentioned above, this study integrates nurses' self-concept when analyzing how POS can foster nurses' relational and behavioral responses. Therefore, we complement SET with the expectancy-value model to show how the interplay of social exchange and expectancy-value processes explains how organizations can enhance affective commitment and OCB toward different targets among nurses.

SET seeks to understand a relationship in which an employee favors or makes a positive gesture, with the general expectation of some return in the future (Blau, 1964). The need to “reciprocate this gesture or attitude serves as a ‘starting mechanism’ of social interaction” (Blau, 1964) This “starting mechanism” generates unspecified responses distinct from an economic exchange (Blau, 1964). Several reviews and meta-analyses (Chernyak-Hai and Rabenu, 2018; Eisenberger et al., 2020; Kurtessis et al., 2017; Organ, 2018) underlined the suitability of SET as a useful theoretical framework to explain the POS effects on affective commitment and OCB. In this sense, Cropanzano et al. (2017) recommend dividing social exchange responses into two sub-families: relational and behavioral. Accordingly, our research assesses how a starting mechanism (i.e., POS) will increase a relational response (i.e., affective commitment), and how this increased relational response will promote a positive behavioral response (i.e., OCB toward different targets). SET has been used to explain numerous workplace relationships, especially those that explain how positive initiating actions, such as POS or trust, can help improve engagement, affective commitment, and OCB (Brunetto et al., 2013; Noble-Nkrumah et al., 2022).

The expectancy-value model assumes that individual motivation depends on the valence of the outcomes, the subjective probability of success, and the attainment of an incentive (Atkinson, 1957). From this perspective, ability and expectancy beliefs are critical for predicting behavioral outcomes (Wigfield and Eccles, 2000). According to Cowin et al. (2008), the connection between self-concept and behavioural outcomes has its roots in the expectancy-value model. Recent research shows a clear link between self-concept and behavioral outcomes such as performance (Geng, S., Lu, Y., and Shu, 2022) or employee creativity (Geng et al., 2022).

This study used SET as a theoretical framework to explain how a positive initiating action, such as POS, can enhance positive employee responses, including greater commitment, OCB (Cropanzano et al., 2017), and a sense of competence in a specific domain (Eisenberger et al., 2020). Additionally, we used the expectancy-value model to explain how nurses’ self-concept affects relational and behavioral social exchange outcomes (Cowin et al., 2008; Yun Xu, Yongqi Liang, 2023), such as OCB and affective commitment. Figure 5 illustrates the theoretical framework that underpins this study.

Figure 5
Hypothesized Model



Note: Author's own elaboration.

Perceived Organizational Support

POS explains employees' global beliefs about how companies value their contributions and care for them (Eisenberger et al., 1986). Employees who feel supported by their organization perform better in some areas related to their work and increase their affective commitment to the organization (Kurtessis et al., 2017). In addition, POS can be especially rewarding for employees requiring emotional support, social approval, or esteem, and can foster employees' feelings of competence (Eisenberger et al., 2020). This is especially relevant in the nursing profession, which might suffer from low self-concept (Hoeve et al., 2014). For example, differential professional status compared with physicians and participation in decision-making (Durand et al., 2022) can increase the need to perceive the support of their organizations. POS is clearly important for nursing professionals because it helps improve positive behavioral outcomes such as engagement, well-being, and affective commitment (Brunetto et al., 2013).

Organizational Citizenship Behavior

OCB is defined as behavior that is discretionary, not explicitly rewarded, and that can contribute to organizational effectiveness by enhancing the social and psychological context contributing to task performance (Organ, 1997). Williams and Anderson, (1991) classify OCB as behavior that immediately benefits specific individuals or co-workers within the organization (OCBI) and that directly benefits the organization (OCBO). According to Lavelle et al. (2015), the distinction between OCBI and OCBO is relevant because the relationships between the social exchange variables directed toward the same target are stronger (i.e., a nurse who feels organizational support would show better OCBO than OCBI).

Recent studies suggest that OCB directed toward patients (OCBP) is also a relevant domain within nurses' OCB and is defined as discretionary, helpful, and caring behavior toward patients (Zhang et al., 2019). This kind of service behavior is part of employees' organizational role and is related to their extra-role behavior (Bettencourt and Brown, 1997; Zhang et al., 2019). It should be understood as a customer orientation among nurses, referring to the desire to provide excellent service to patients (Chang and Chang, 2010).

In the case of nursing professionals, previous research shows that nurses who feel supported by the organization present a better level of OCB (Gupta et al., 2016), particularly OCBO (Lavelle et al., 2009). Although some studies have tested the POS effects on different levels of citizenship behavior, including OCBO and OCBI (Kurtessis et al., 2017), it remains unclear how POS can affect the three different OCB targets, especially OCBP, given that nurses have to deal with their organization, co-workers, and patients. Therefore, we expect that nurses who feel supported by their organization reciprocate this gesture by performing discretionary informal contributions toward their organizations, co-workers, and the patients they serve.

Hypothesis 1: A direct positive relationship exists between POS and (a) OCBO, (b) OCBI, and (c) OCBP.

The Mediating Role of Nurses' Self-concept

Self-concept stands for a general evaluation of an individual as a person, which is formed through experience with and interpretation of the individual's environment (Marsh and Perry, 2005). According to Angel et al. (2012), nurses' self-concept comprises the following four dimensions: staff relations, knowledge, leadership, and care. It is especially relevant to consider low self-concept in the nursing profession, as it helps shed light on the effects of burnout, attrition, and job satisfaction (Cao et al., 2016; Hoeve et al., 2014).

To provide a richer explanation of the mediating effect of nurses' self-concept between POS and OCB, we drew on SET and the expectancy-value model. In reference to SET, in their theoretical review, Eisenberger et al. (2020) argued that the relationship between POS and behavioral outcomes can be mediated by performance-reward expectancies, which are clearly related to nurses' self-concept (Yun Xu, Yongqi Liang, 2023). In this context, we expect that positive initiating actions taken by the organization, such as providing support or taking care of nurses, will enhance nurses' self-concept. Additionally, empirical evidence points to the positive effect of POS on nurses' self-concept (Cao et al., 2016). With regard to the expectancy-value model, studies performed among students and elite swimmers show that self-concept has a positive effect on subsequent performance (Geng, S., Lu, Y., and Shu, 2022; Marsh and Perry, 2005). In this sense, OCB was theoretically

developed to measure a qualitative performance, which represents “more discretionary forms of contribution” (Organ, 2018, p. 296). Furthermore, in a study performed in Korea, Jeon and Koh (2017) found a positive effect of nurses’ self-concept on their overall OCB. Recent research shows that nurses’ self-concept positively affects professional quality, academic performance, and patient safety attitudes (Yun Xu, Yongqi Liang, 2023). In conclusion, these arguments suggest that nurses’ self-concept mediates the relationship between POS and OCB directed toward different targets. Hence, we hypothesize as follows:

Hypothesis 2: Nurses’ self-concept mediates the influence of POS on (a) OCBO, (b) OCBI, and (c) OCBP.

The Mediating Role of Affective Commitment

Meyer and Allen, (1991) divided organizational commitment into the following three dimensions: normative, continuance, and affective. According to a meta-analysis by Kurtessis et al. (2017), the relationship between POS and affective commitment is stronger than that between POS and organizational commitment. Affective commitment is a concept that defines employees’ emotional attachment to and identification with the organization and their involvement in it (Meyer and Allen, 1991).

Past empirical research has shown the positive effect of POS on affective commitment (Battistelli et al., 2016; Cicellin et al., 2022) and the mediating effect of affective commitment in the relationship between POS and OCB among nurses (Gupta et al., 2016). However, few studies have examined the link between affective commitment and OCB toward co-workers and patients among nurses. Based on previous research conducted with frontline hotel employees that considers how employee attitudes directed to the organization can affect OCB toward the organization, co-workers, and customers (Buil et al., 2016), and a recent study performed among flight attendants that shows a mediating effect of affective commitment in the relationship between POS and OCBP (Le-Hoang Long, N., Thi-Thu Huong, N., and Viet-Anh, 2022), we expect a mediating effect of affective commitment in the relationship between POS and the three OCB targets. In other words, organizational support may contribute to a relational response such as the affective commitment of nurses, which, in turn, will

improve behavioral responses such as OCB directed toward their organization, co-workers, and patients in their units. Therefore, we hypothesize as follows:

Hypothesis 3: Affective commitment mediates the influence of POS on (a) OCBO, (b) OCBI, and (c) OCBP.

Sequential Mediation of Affective Commitment and Nurses' Self-concept

Meyer et al. (2004) related a social foci commitment, for example, the nurses' service to the patient or the community (Karanikola et al., 2018), with affective commitment rather than with the other dimensions of organizational commitment. Considering that caring behavior is related to nurses' self-concept (Angel et al., 2012), we expect a positive relationship between nurses' self-concept and affective commitment. Furthermore, following previous hypothesis, we expect POS to enhance affective commitment and nurses' self-concept. Finally, only one study (Jeon and Koh, 2017) reported the mediating role of organizational commitment between nurses' self-concept and overall OCB. Accordingly, the mediating role of affective commitment between nurses' self-concept and OCB targeted at different recipients (organizations, co-workers, and patients) is poorly understood.

In light of the aforementioned studies, we expected POS to indirectly influence different OCB targets through sequential mediation via nurses' self-concept and affective commitment. When nurses perceive that their organizations attach importance to their role and allow them to develop a social foci commitment, they feel more confident in their workplace, and their self-concept increases. Additionally, in line with SET (Eisenberger et al., 2020) and the expectancy-value model (Geng, S., Lu, Y., and Shu, 2022; Wigfield and Eccles, 2000), this should result in greater attachment and identification with the organization to which they belong, and an increase in informal forms of contribution directed toward the organization, co-workers, and patients. Thus, it is proposed that.

Hypothesis 4: There is sequential mediation through nurses' self-concept and affective commitment in the relationship between (a) OCBO, (b) OCBI, and (c) OCBP.

Methodology

We performed our study with data from a sample of nurses because nursing is a profession that might be affected by low self-concept. In addition, we considered that in the healthcare sector nursing care is the primary determinant factor to explain overall patient satisfaction because nurses spend more time with patients than other healthcare workers (Butler et al., 2018). Therefore, the OCB performed by nursing toward different targets, especially patients, will be particularly important to explain patient satisfaction. The survey research design was selected because it is suitable for data related to the subjective state of respondents, such as attitudes, perceptions, or beliefs (Vogt et al., 2012). Online surveys were distributed among nurses by nursing managers in three hospitals located in Buenos Aires. Two hospitals were medium sized (144 and 200 beds, respectively), while the third was a large hospital (534 beds). We initially collected 234 surveys completed by nursing professionals between May and November, 2019. However, after discarding incoherent responses, we considered 229 valid surveys. Of these, 80.79% were female respondents, 64.19% were aged 35 years or older, over 27% worked more than 50 hours per week, and 72.93% had a university education. This sample is representative of the nursing population in Argentina (Ministerio de Salud, 2023).

The original English questionnaire was translated into Spanish, using the protocol recommended by Brislin (1980). Two students with bilingual master's degrees were invited to translate the survey. Then, a third student, bilingual in Spanish and English, compared the two Spanish versions of the questionnaire and translated them again from Spanish into English without referring to the original English version. Next, a bilingual professor made a backward translation into Spanish. Finally, three registered nurses examined their understanding of the resulting Spanish version and survey duration. The three nurses provided useful feedback that allowed the application of a few changes in the questionnaire to be more understandable and to avoid complex syntax (Podsakoff et al., 2003); thus, the authors built the final Spanish questionnaire considering a time consumption of 5 to 7 minutes.

Assessment of Common Method Bias

Given that the data used in this study were obtained from a one-time survey, and that the predictor and criterion variables cannot be measured in other contexts, we opted to implement a number of recommendations to reduce and assess common method bias (Podsakoff et al., 2003). First, we ensured that the respondents were anonymous, and that their responses would be treated confidentially to reduce dishonest responses. Second, we avoided the use of complex syntax in the questionnaire and eliminated double-barrelled questions. Third, our statistical procedures included performing exploratory factor analysis in SPSS 26.0, which revealed 12 factors that explained 67.97% of the total variance, with the largest factor accounting for 21.53% of this variability. We then performed a Harman test using SPSS 26.0, which also suggested that common method bias was not a problem in this study. Finally, we performed a full collinearity test based on the variance inflation factor (VIF) (Kock and Lynn, 2012) in SmartPLS 3.3.9, and the values were below the threshold of 3 (Hair, Risher, et al., 2019). Thus, there was no indication of common method bias.

Measurement Instruments

To measure the variables included in our study, respondents indicated the extent of their agreement with each statement on a 7-point Likert-type scale (1 = strongly disagree, 7 = strongly agree; see the Appendix).

To test POS, the study used the eight-item short-form version of the 36 original items “that had been found to load highly on the main factor and that seemed applicable to a wide array of organizations’ (Eisenberger et al., 1997, p. 814) (e.g., “My organization cares about my opinions”). To measure affective commitment, this study used four items adapted from Meyer and Allen’s Affective Commitment Scale (Meyer et al., 1993) (e.g., “I would be very happy to spend the rest of my career with this organization”). Nurses’ self-concept was measured using the Nurses’ Self-Concept Instrument Measure, developed by Angel et al. (2012). It included 14 items within the four dimensions of care, knowledge, leadership, and staff relations (e.g., knowledge dimension: “I find new nursing knowledge stimulating.”).

OCBO and OCBI were measured using four items designed to assess each dimensions proposed by Saks (2006). Responses include statements such as “Attend functions that are not required but that help the organizational image” (OCBO) in response to a respondent’s willingness to perform a particular behaviour and “Willingly give your time to help others who have work-related problems” (OCBI) in response to the likelihood of a respondent performing a particular behavior. Finally, OCBP was measured using three items from Zhang et al. (2019) (e.g., “I can help patients to solve problems beyond what is expected or required of the nursing work contents.”).

Data Analysis

To test the hypotheses, we employed partial least squares structural equation modelling (PLS-SEM) with SMART-PLS 3.3.9. We opted to employ this method based on the following considerations: First, compared to traditional covariance-based structural equation modelling, this methodology is particularly appropriate when the study focuses on prediction and theory development rather than on strong theory confirmation (Hair et al., 2017). Second, PLS-SEM is especially suitable for performing mediation analyses (Hair, Sarstedt, et al., 2019), and third, it is specifically suited for the analysis of models with formative and higher-order constructs (Hair, Sarstedt, et al., 2019). Indeed, in the case of higher-order constructs, this theoretical model incorporates both first-order latent and second-order (multidimensional) variables. To estimate the multidimensional construct of nurses’ self-concept, we implemented a disjoint two-stage process, as outlined by (Sarstedt et al., 2019). This process requires estimating the construct scores of the first-order construct without the second-order construct present. We used the first-order construct scores obtained in the first stage as formative indicators for the higher-order latent variable (i.e., knowledge, leadership, staff relations, and care) in the second stage for the analysis of the multidimensional construct. Our theoretical model combines constructs compatible with composite reflective models (mode A) (i.e., POS, affective commitment, and OCB) and a composite formative construct (mode B) (i.e., nurses’ self-concept). Table 4 summarizes the measurement models for the constructs included in our study.

Table 4*First and second order latent variables measurement*

First-order latent variables	First-order measurement model	Second-order latent variables	Second-order measurement model
Perceived Organizational Support	Composite type A	n/a	n/a
Care	Composite type A		
Knowledge	Composite type A	Nurses' Self Concept Instrument	Composite type B
Leadership	Composite type A		
Staff Relations	Composite type A		
Affective Commitment	Composite type A	n/a	n/a
Organizational Citizenship Behavior toward Individuals	Composite type A	n/a	n/a
Organizational Citizenship Behavior toward Organization	Composite type A	n/a	n/a
Organizational Citizenship Behavior toward Patient	Composite type A	n/a	n/a

Note: Author's own elaboration.

Results

Measurement Model Evaluation

As discussed, this study employed a two-stage approach to estimate the second-order model. In the first stage, we assessed the validity and reliability of all mode A first-order constructs. As suggested by Hair, Risher, et al. (2019), we deleted items with values <0.708 . The internal consistency reliability of the constructs was assessed using Cronbach's alpha ($C\alpha$), composite reliability (CR), and Dijkstra–Henseler's ρ^2_A , which presented a threshold value >0.7 Hair et al. (2017). To determine the convergent validity of each construct, we evaluated the average variance extracted (AVE), which must be >0.5 (Hair et al., 2017).

In the second stage, the assessment of the final measurement model, we evaluated nurses' self-concept as a second-order construct (reflective-formative type) following the disjoint two-stage approach (Sarstedt et al., 2019). Thus, we assessed that the collinearity between dimensions was not greater than 3 (Hair, Risher, et al., 2019) and that the outer weights for all dimensions were significant (Hair et al., 2017). Table 5 presents the estimation and validation of the first-order (factor loadings, ρ^2_A , Cronbach's alpha, and CR) and second-order latent variables (weights and VIF). Table 6 reports the discriminant validity results when testing the reflective constructs using the heterotrait–monotrait (HTMT) ratio of correlations approach. This evidence shows that discriminant validity was not a problem in this study because all HTMT ratios were <0.85 (Hair et al., 2017).

Table 5*Measurement model*

Construct	Items	Standardized loading/weight	Cronbach rho_A	CR	AVE	VIF
	POS1	0.841				
	POS2	0.908				
Perceived Organizational Support (POS)	POS3	0.919	0.941	0.953	0.773	n/a
	POS5	0.872				
	POS7	0.891				
	POS8	0.841				
	Care	0.352*				0.430
Nurses' Self-Concept	Knowledge	0.451*	n/a	n/a	n/a	1.276
	Leadership	0.238*				1.187
	Staff	0.439*				1.071
Affective Commitment (AC)	AC1	0.796				
	AC2	0.802	0.753	0.858	0.669	n/a
	AC4	0.854				
Organizational Citizenship Behavior toward Organization (OCBO)	OCBO1	0.751	0.800	0.869	0.625	n/a
	OCBO2	0.826				
	OCBO3	0.819				

Construct	Items	Standardized loading/weight	Cronbach	rho_A	CR	AVE	VIF
	OCBO4	0.763					
Organizational Citizenship Behavior toward Individuals (OCBI)	OCBI1 OCBI2 OCBI4	0.834 0.800 0.852	0.772	0.774	0.868	0.687	n/a
Organizational Citizenship Behavior toward Patient (OCBP)	OCBP1 OCBP2 OCBP3	0.837 0.811 0.866	0.790	0.805	0.876	0.703	n/a

Note: * = (p < 0.05).

rho_A = Dijkstra–Henseler’s ρ_A ; CR = composite reliability; AVE average variance extracted; VIF = variance inflation factor.

Author’s own elaboration.

Table 6
Discriminant validity

HTMT	AC	OCBP	OCBI	OCBO	POS
Affective Commitment (AC)					
OCBP	0.285				
OCBI	0.446	0.552			
OCBO	0.649	0.683	0.739		
POS	0.479	0.278	0.358	0.581	

Note: Values below the diagonal represent the HTMT ratios between the latent constructs.

Author's own elaboration.

Structural Model Evaluation

To assess the significance of path coefficients, bootstrapping was performed with 10,000 subsamples. For the statistical significance of the hypotheses, the value of the path coefficients was first established using the percentile bootstrap confidence interval, where 1.96 was recognized as the cut-off criterion for t-statistics. The variance inflation factor (VIF) of the predictors was lower than the recommended threshold of 3 (Hair, Risher, et al., 2019) thus discarding potential collinearity issues. The predictive relevance of the model was analyzed using the coefficient of determination (R²) and confirmed by blindfolding (Q²). Both indicators indicate in-sample predictive power and relevance (Hair et al., 2017; Ringle et al., 2020). Table 7 presents the results of the structural model estimation.

Table 7*Results of the estimation of the structural model*

	Structural Paths	Original Sample (O)	t-values
Direct Effects			
H1a:	POS -> OCBO	0.297**	4.821
H1b:	POS -> OCBI	0.120	1.778
H1c:	POS -> OCBP	0.101	1.557
Specific Indirect effects			
H2a:	POS -> Nurses' Self Concept -> OCBO	0.099**	3.269
H2b:	POS -> Nurses' Self Concept -> OCBI	0.122**	3.112
H2c:	POS -> Nurses' Self Concept -> OCBP	0.116**	2.846
H3a:	POS -> Affective Commitment -> OCBO	0.096**	3.668
H3b:	POS -> Affective Commitment -> OCBI	0.055*	1.961
H3c:	POS -> Affective Commitment -> OCBP	0.021	0.824
H4a:	POS -> Nurses' Self Concept -> Affective Commitment -> OCBO	0.019*	2.110

Structural Paths	Original Sample (O)	t-values
H4b: POS -> Nurses' Self Concept -> Affective Commitment -> OCBI	0.011	1.471
H4c: POS -> Nurses' Self Concept -> Affective Commitment -> OCBP	0.004	0.700

R2 Affective commitment = 0.215; R2 Nurses' Self Concept Q2 Affective commitment = 0.134; Q2 Nurses' Self Concept Instrument = 0.09; R2 OCB (individual) = 0.294; R2 OCB Instrument = 0.034; Q2 OCB (individual) = 0.188; Q2 (organization) = 0.464; R2 OCB (Patient) = 0.208. OCB (organization) = 0.275; Q2 OCB (Patient) = 0.136

Note: *p < 0.01; **p < 0.05.

Author's own elaboration.

The results of the evaluation of the direct effects (Hypothesis H1) revealed that POS has a positive and significant direct effect on OCBO ($\beta = 0.297$; t -value:4.821), while the effects of POS on OCBI ($\beta = 0.120$; t -value:1.778) and OCBP ($\beta = 0.101$; t -value:1.557) were not significant. Therefore, hypothesis H1a is confirmed, and hypotheses H1b and H1c are rejected.

Hypothesis H2 confirmed a positive and significant mediating effect of nurses' self-concept between POS and the three OCB targets of. In our test, hypothesis H2 was confirmed. It shows partial mediation in the case of the relationship between POS and OCBO ($\beta = 0.099$; t -value:3.269), full mediation in the positive influence of POS on OCBI ($\beta = 0.122$; t -value:3.112), and a positive influence of POS on OCBP ($\beta = 0.116$; t -value:2.846).

In the case of the mediating role of affective commitment between POS and OCB directed toward the three targets, the model indicated a positive and significant partial mediation of affective commitment in the influence of POS on OCBO ($\beta = 0.096$; t -value: 3.668) and a positive and significant full mediation of affective commitment in the influence of POS on OCBI ($\beta = 0.055$; t -value: 1.961). However, the mediation of affective commitment on the influence of POS on OCBP was not significant ($\beta = 0.021$; t -value: 0.824).

In addition, the results of the model confirmed the positive and significant sequential mediation (Hypothesis H4) from POS to OCBO through nurses' self-concept and affective commitment ($\beta = 0.019$; t -value: 2.110). Nevertheless, Hypothesis H4 is partially rejected because the sequential mediation from POS to OCBI ($\beta = 0.011$; t -value: 1.471) and OCBP ($\beta = 0.004$; t -value: 0.700) through nurses' self-concept and affective commitment is rejected.

Considering that our theoretical model analyses multiple indirect effects (H2, H3, and H4), we calculated the variance accounted for (VAF) value, as recommended by Henseler (2020), to gain a better understanding of the mediation effect. The VAF value in the relationship between POS and OCBO showed that the direct effect accounted for 58.01% of the total effect, the mediation effect of nurses' self-concept accounted for 19.33%, and the mediation effect of affective commitment accounted for 18.75% of the total

effect. Sequential mediation accounted for 3.71% of the total effect. Regarding the total effect of POS on OCBI, the direct effect accounted for 38.96% (not significant), the mediation effect of nurses' self-concept accounted for 39.61%, the mediation effect of affective commitment accounted for 17.86%, and sequential mediation accounted for 3.57% (not significant). Finally, the total effect of POS on OCBP was explained as follows: 41.74% (not significant) by the direct effect, 47.93% by the nurses' self-concept mediation effect, 8.68% (not significant) by the affective commitment mediation effect, and 1.65% (not significant) by the sequential mediation.

Discussion

Based on SET and the expectancy-value model, this study hypothesized that the positive effects of POS on the three OCB targets (i.e., organization, co-workers, and patients) could be partially explained by the mediating effects of nurses' self-concept and affective commitment. To test this argument, we studied the direct effects of POS on the three OCB targets, the mediating role of nurses' self-concept between POS and the three targets of OCB, the mediating role of affective commitment between POS and the three OCB targets, and the sequential mediation of nurses' self-concept and affective commitment between POS and the three OCB targets.

Previous studies support this relationship, based on the positive relationship between POS and OCBO (Kurtessis et al., 2017; Lavelle et al., 2009). In contrast to earlier findings (Kurtessis et al., 2017), however, the relationship between POS and OCBI was not found to be statistically significant at a p -value <0.05 . These results are in line with a multi-foci approach (Lavelle et al., 2009, 2015), which concludes that relationships between social exchange variables directed to the same target are stronger. Contrary to our expectations, the relationship between POS and OCBP was not supported by our study. These results show that SET has some difficulties in explaining the OCBP enhancement since there is no expectation of some return in the future.

The most interesting finding was that nurses' self-concept explains how POS affects the three targets of OCB analyzed. Nurses' self-concept

mediates the relationship between POS and OCBI. Additionally, in this theoretical model, the enhancement of OCBP can only be understood through the mediating effect of nurses' self-concept. According to the VAF analysis, the mediating effect between POS and the three targets of OCB was better explained by nurses' self-concept than by affective commitment, which is one of the most important constructs for explaining the effect of POS on OCB (Kurtessis et al., 2017). These findings tie with one of the expected contributions, since they integrate nurses' self-concept to provide a better explanation of how it can be enhanced by a supportive organization (Cao et al., 2016; Eisenberger et al., 2020) and, in turn, positively affect the subsequent performance of nurses (Geng, S., Lu, Y., and Shu, 2022; Jeon and Koh, 2017). Moreover, nurses' self-concept helps to understand how organizations can foster OCB toward recipients with which nurses deal in their work settings. As mentioned previously, SET is not sufficient to explain different OCB targets, and the contribution of the expectancy value model is necessary to explain how a higher self-concept can stimulate the necessary effort to perform informal contributions, especially regarding patients without an expected return in the future.

One purpose of this study was to advance the understanding of the mediating effect of affective commitment on the relationship between POS and OCB directed toward different targets. In this regard, the results also show that affective commitment partially mediates the relationship between POS and OCBO and mediates the relationship between POS and OCBI. However, the mediating effect of affective commitment between POS and OCBP was not significant. Regarding OCBO, these findings are consistent with the meta-analysis performed by Kurtessis et al. (2017) based on different samples and with the results of Gupta et al. (2016) among nurses. However, our study allows us to differentiate the effect of this mediation directed toward the different targets and to show that affective commitment helps explain the positive indirect effects on OCBO and OCBI. However, the results of the current study do not support previous research on flight attendants (Le-Hoang Long, N., Thi-Thu Huong, N., and Viet-Anh, 2022).

Finally, the indirect influence of POS on OCB through the sequential mediation of nurses' self-concept and affective commitment was significant only at the organizational level. However, sequential mediation was not significant for co-worker and patient targets. These results are in line with a

multifoci approach (Lavelle et al., 2015), as there is partial sequential mediation only when the target is the same, and they indicate that POS indirectly influences OCBO through sequential mediation through nurses' self-concept and affective commitment.

Theoretical Implications

We began this article with a quote from Bronislaw Malinowski, whose research contributed to the foundations of SET (Cropanzano and Mitchell, 2005). In the quote, Malinowski suggested that the leader inspires workers with confidence in success and motivates them to fulfil their tasks. Despite these obvious differences, the present research shows that through supportive leadership, organizations can enhance nurses' confidence in themselves as professionals, encourage them to foster their attachment to the organization, and perform extra-role job duties toward their organization, co-workers, and patients assigned to care. Our theoretical contributions can be explained through the combination of SET and the expectancy-value model, because a social exchange initiating action positively affects nurses' self-concept and helps to generate the necessary value expected by the expectancy-value model, which promotes a better relationship with the recipient of the initiating action and increases effort through enhancing social exchange behavior.

This study offers a number of relevant theoretical contributions to the nursing/management literature. First, the findings of the current study revealed that the mediating role of affective commitment in the relationship between POS and OCB helps partially explain how nurses can go beyond their duties toward co-workers and the organization. This implies that nurses who work in a supportive organization will develop a relational response such as affective commitment, and they will feel the necessity to reciprocate to the organization performing extra-role behaviors directed toward the organization and its workers, since the latter indirectly represents the organization (Eisenberger et al., 2020). Second, the theory and results presented here show that nurses' self-concept provides a helpful framework for understanding how POS can increase the OCB of nursing professionals toward colleagues and patients. It is necessary to integrate nurses' self-concepts to explain social exchange relationships in a work setting.

Specifically, nurses' self-concept plays the most relevant role in explaining the increase of these behavioral responses toward targets that do not initiate a social exchange relationship, such as patients. Finally, our findings showed that nurses' self-concept and affective commitment perform sequential mediation only at the organizational level implying that a supportive organization allows nurses to feel more confident and to develop a social foci commitment (Karanikola et al., 2018; Meyer et al., 2004), which increases their attachment to the organization and encourages them to go beyond their stipulated job duties to help the organization.

Managerial Implications

As mentioned above, one of the aims of this study was to assess how organizations can increase OCB toward the targets that nurses have to deal with in their daily work (i.e., organization, co-workers, and patients). In general, our findings suggest that it is important for managers and HR departments to create a supportive environment that fosters nurses' self-concept, because it will positively affect affective commitment and different targets of OCB, especially those directed at co-workers and patients. Although POS represents an employee's perception of how companies value their contributions and care for them, it is important to consider that employees tend to see the actions of agents in an organization as actions of the organization (Levinson, 1965). Therefore, the study results can be interpreted as a call to develop organizational policies and practices that include managers and physicians. One of the most important implications of our results is that a supportive organization will foster the perception of self-concept among nurses, which is a key factor in enhancing extra-role performance through co-workers and patients. In this sense, organizations should develop policies and practices that provide more support in critical situations and coach them. For example, the organization should promote collecting nurses' opinions and discussing their suggestions with managers and physicians, and attach more importance to nurses' contributions, since they spend more time than any healthcare worker with patients (Butler et al., 2018) and therefore, the organization should guarantee the quality of the health service.

Additionally, there are a number of relevant recommendations concerning the importance of nurses' self-concept made by Cowin et al. (2008) that ought to be considered by organizations regarding how the image of nursing professionals is shaped in a company's communications. For instance, HR employees and physicians should be educated to understand the key role of nursing professionals in the health system and encourage the treatment of nurses as professionals in their field.

Finally, HR departments need to consider the results reported herein and pay special attention to the professional development and well-being of nursing professionals in their organizations. There is a real need to empower nurses because, as the WHO General Director stated, they are "the backbone of any health system" (WHO, 2020). HR departments play a key role in fostering nurses' self-concept by promoting a less formal hierarchy between them, nursing managers, physicians, and HR managers. HR business partners should act as mediators in nurse–doctor conflicts, considering the power imbalance between these professions (Fagin and Garelick, 2004). Furthermore, HR and nurse managers can seek to encourage nursing development by implementing good human resource policies, for example, offering opportunities to develop professional and social skills, such as clinical leadership and management skills.

Limitations and Future Research

This study has several limitations. First, the cross-sectional nature of the data generates limitations that include a potential common method bias. Although we adopted various recommendations to reduce and assess common method bias, a more effective way is to introduce a separation between the measures of the predictor and criterion variables (Podsakoff et al., 2003). Second, our study does not consider the nature of the managerial level in the theoretical model. Future research could explore the managerial and employee levels by adopting a dyadic perspective. Third, this study is limited to one profession (nurses) and to members of the profession working in just one country (Argentina). Therefore, further studies are required to support the relationships explained by our model in other professions associated with low self-concept, such as teachers (Friedman and Farber, 1992). Moreover, this model could generate a broader set of outcomes that

could be extended to the analysis of other countries and thus facilitate cross-country comparisons, as Brunetto et al. (2013) showed in their comparative study of Australia and the United States. Fourth, recent research has pointed to different outcomes in relation to self-concept as a result of sex differences (Van Veelen and Derks, 2022). Accordingly, future research could also usefully study differences in the effects of SET variables and self-concept, taking the gender gap into consideration. Fifth, although this study argues that nurses' self-concept is positively affected by POS, future research should analyze the moderating effect of nurses' self-concept on alternative social exchange relationships when independent variables could not directly affect professional self-concept, such as procedural justice or organizational politics, which tend to be used as initiating actions in SET. Sixth, even if nurses' self-concept is a construct designed specifically for the nursing profession, future studies should investigate the mediating effect on the relationship between POS and social exchange outcomes (i.e., affective commitment and OCB toward different targets) of other constructs that have overlapping boundaries or close definitions with self-concept, such as core self-evaluation, self-esteem, and self-efficacy among nurses. Finally, future research may also need to focus on the understanding of OCB among nurses and include patient surveying in their work, as has been the case in studies measuring other variables (Mahmoud and Reisel, 2014). Again, it would be interesting to measure these variables and relationships across countries.

Chapter 3

The Mediating Effect of Reciprocating

Responses between Organizational Support

and Quality of Care: A Multigroup

Moderation Analysis²

² This chapter is currently under revision in the Journal of Advanced Nursing. A version of this chapter has been accepted in the 2023 Academy of Management Annual meeting.

Abstract

Aims: To examine the mediating role of social exchange reciprocating responses such as citizenship behavior toward organization and organizational deviance between perceived organizational support and quality of care, and to assess if those effects are similar among nurses with different educational levels.

Design: A cross-sectional survey design was implemented.

Background: This study explores the mediating role of citizenship behavior toward organization and organizational deviance between perceived organizational support and quality of care, and analyses if these relationships are different for nurses who completed the Bachelor of Nursing.

Methods: This is a cross-sectional study with 228 nurses from Argentina. Data were collected between May and November 2019. Hypothesis are tested with partial least squares and multigroup analysis.

Results: Citizenship behavior toward organization and organizational deviance play a mediating role in the relationship between perceived organizational support and quality of care. Moreover, the mediating role of citizenship behavior toward organization is moderated by the educational level.

Conclusions: These results suggest citizenship behavior toward organization and organizational deviance help explain how perceived organizational support affects the quality of care, and that educational level plays a relevant role to explain how the quality of care is enhanced.

Implications for the Profession: Nurse managers should pay attention to the reciprocating responses that mediate the effect of organizational support on the quality of care, and design strategies to encourage nurses to achieve a better education.

No Patient or Public Contribution: This study investigated the relationship between the perceived organizational support and quality of care, the mediating effects of reciprocating responses, and the moderating effect of educational level among nursing employees. No patient or public contribution was involved in this study.

Keywords: Social exchange theory, perceived organizational support, quality of care, organizational citizenship behavior, organizational deviance.

Introduction

Quality of care is a critical factor in the healthcare sector, since it is related to patient satisfaction (Sutharjana et al., 2013), and mortality of patients hospitalized (He et al., 2021). Considering that nurses spend more time with patients than any healthcare worker (Butler et al., 2018), they can enhance or undermine their quality of care through different reciprocating responses such as citizenship behavior or organizational deviance that are not formal duties in their jobs. For example, in a study performed among nurses in the UK, a participant explains how a supportive manager encourages her to exert discretionary efforts, such as talking to patients or their families to offer a better service. Those discretionary efforts conduct to a better quality of care, and nurses tend to encourage new staff to do it (Ross et al., 2015). Conversely, in some cases, nurses can exhibit behaviors that negatively affects the quality of care. For instance, in an ethnographic study Aberese-Ako et al. (2015) found that nurses who perceived an unfair treatment from doctors frequently engage in “avoiding responses” such as coming to work late and closing early in surgeries. These behaviors in turn delayed health care provision.

The Social Exchange Theory (SET) is widely used as a frame of reference to explain this phenomenon and understand how organizations can enhance employee positive attitudes and reduce employee negative attitudes toward different targets such as the organization or co-workers (Cropanzano et al., 2017). Past research evidence how a social exchange initiating action, such as organizational support, directly affects the quality of care (Aiken *et al.*, 2002). In this sense, a meta-analysis performed by Kurtessis et al. (2017) shows that perceived organizational support (POS) has a positive effect on the organizational citizenship behavior toward the organization (OCBO), and a negative effect toward the organizational deviance. Although prior research has also found that quality of care is positively affected by organizational citizenship behavior (Sutharjana et al., 2013), and organizational deviance can be detrimental to patient satisfaction (Zaghini et al., 2020), previous studies have ignored how organizational support can affect the quality of care through reciprocating responses. Additionally, past research evidence that a higher educational level is related to a better quality of care and critical thinking skills (Aiken et al., 2003; Gloudemans et al., 2013). In different countries, it is not necessary to hold a Bachelor of Nursing (BN) to exert the

nursing profession. For example, in Argentina, about 16% of nurses have a BN (Ministerio de Salud, 2023), while in the United States the percentage of nurses with BN is about 56% (Campaign for Action, 2019). However, a previous study shows that holding a BN is related to better patient outcomes among nurses (Aiken et al., 2003). Despite this, little is known about how different educational levels can affect how organizational support, and reciprocating responses which in turn affect the quality of care.

Considering existing gaps in current literature, this study aims to respond to the following questions: Do these social exchange reciprocating responses (i.e., OCBO, and organizational deviance) mediate the relationship between POS and quality of care? And are those effects similar among nurses with different educational levels? To address these questions, our research builds on and extends the SET responding to the call for further research made by Cropanzano et al. (2017) to explore bidimensional social exchange models. Consequently, this study analyzes how nurses' perceived organizational support directly determines the quality of care they supply to their patients. Additionally, this study proposes and test the mediating role of OCBO and organizational deviance between POS and quality of care. In this line, it is assumed that this process may depend on the nurses' level of education since education has been revealed to be a critical factor in explaining the quality of care among nurses.

Background

Social exchange Theory (SET) refers to voluntary actions motivated by expected reciprocity from others and the need to reciprocate a gesture serves as a “starting mechanism” of social interaction through unspecified obligations which are distinct from an economic exchange (Gouldner, 1960). Most studies based on SET have primarily focused on a unidimensional perspective that explains the hedonic value of a relationship (Cropanzano et al., 2017) which analyzes if a relationship is desirable (e.g., the positive effect of POS on OCBO) or undesirable for the organization (e.g., the negative effect of abusive supervision on organizational deviance). Following the current debate on SET (Cropanzano et al., 2017), we assume the need to add a dimension called “activity”, which assesses if a relationship is active (e.g., the effect of POS on OCBO) or inactive (e.g., the effect of POS on

organizational deviance). The inclusion of these two dimensions may help to explain how POS can affect the quality of care through enhancing the OCBO or through reducing organizational deviance.

POS and Quality of Care

POS is a construct that explains how employees view decisions and actions taken by agents of the organization as decisions taken by the organization itself (Eisenberger and Stinglhamber, 2011). In this sense, POS intends to explain how employees develop global beliefs based on the extent to which the organization takes care of them or values their contributions (Eisenberger et al., 1997). Furthermore, POS predicts positive employee behaviors among nurses, such as citizenship behavior (Lavelle et al., 2009).

Aiken et al. (2002) define the quality of care as a construct used to measure the nurses' perception of the quality of care in their unit. In this sense, a more favorable work environment positively affects the quality of care reported by nurses (Coetzee et al., 2013). Past studies have found that POS has a positive effect on the quality of care among nursing professionals in different countries (Aiken et al., 2002; Pahlevan Sharif et al., 2018). Based on the literature reviewed above, we expect that POS has a positive and direct influence on the quality of care.

Hypothesis 1: POS has a positive direct effect on the quality of care.

Mediating Effect of OCBO

According to a meta-analysis performed by Kurtessis et al. (2017) OCBO is an expected desirable reciprocating response to POS. OCBO is defined as a discretionary behavior and represents informal modes of cooperation and contributions that directly benefit the organization (Williams and Anderson, 1991). Regarding nursing professionals, past research performed by Gupta et al (2016) in India and by Lavelle et al. (2009) in the United States found that POS affect positively OCB and OCBO respectively.

Past research also evidence that OCB is positively associated with the quality of care that services staff provide to their patients (Feather et al., 2018). For example, a study performed in Indonesia found that patients in a

hospital relates the OCB among nurse with a better quality of service (Sutharjana et al., 2013). Consequently, from a social exchange perspective, this causal process means that a nurse who feels supported by her/his organization reciprocates this gesture by performing discretionary informal contributions toward his/her organization, which in turn contributes to improving the quality of care in their units through discretionary efforts. Therefore, it is proposed that:

Hypothesis 2: OCBO mediates the positive influence of POS on quality of care. Specifically, POS positively affects OCBO and OCBO positively affects quality of care.

Mediating Effect of Organizational Deviance

From a different perspective, an individual which feels supported by her/his organization can withhold an undesirable response such as deviant behavior. According to Cropanzano et al. (2017), deviant work behavior is part of the counterproductive work behavior “family”. Organizational deviance represents such voluntary behaviors that violate organizational norms specifically. Kurtessis et al. (2017) in their meta-analysis found a negative effect of POS on organizational deviance. However, no studies have been found testing the relationship between POS and organizational deviance among nursing professionals, and empirical evidence to date is scarce.

Moreover, much uncertainty still exists about the effect of organizational deviance on the quality of care among nurses. However, recent research evidence that counterproductive work behavior negatively affects the quality of care (Zaghini et al., 2020). Accordingly, it is expected that nurses who feel supported by their organizations will avoid harming their organizations through a negative reciprocating response such as organizational deviance. Therefore, these nurses will withhold their deviant behaviors toward the organization which in turn will be less detrimental to the quality of care in their units. Coherently, it is proposed that:

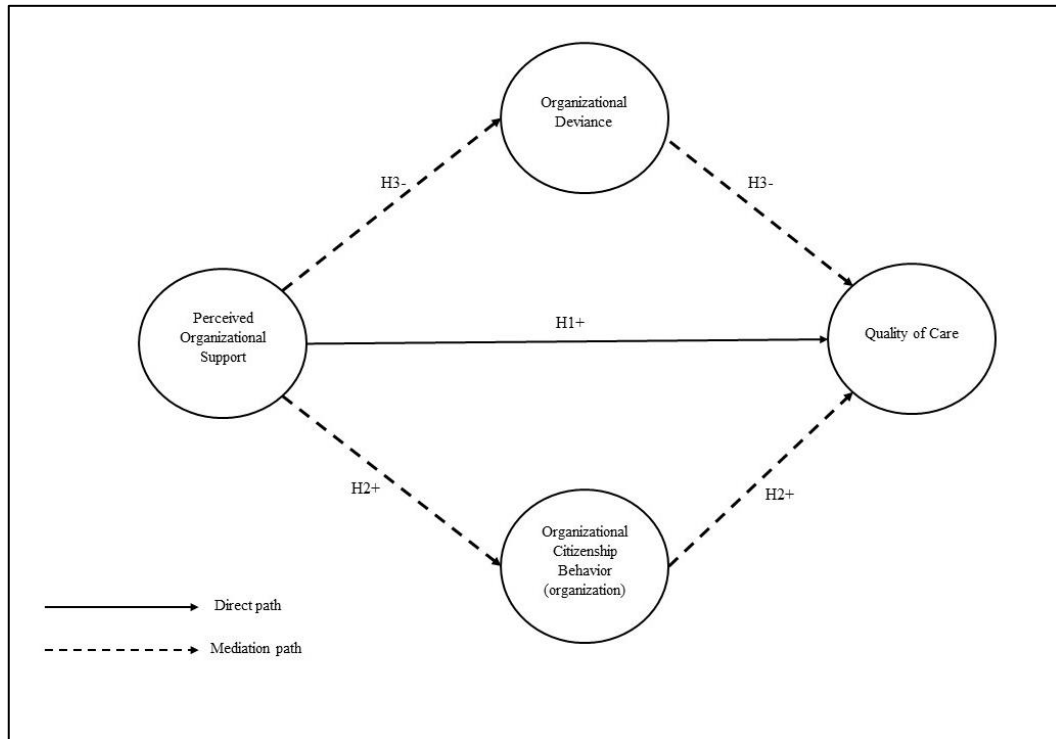
Hypothesis 3: Organizational Deviance mediates the positive influence of POS on quality of care. Specifically, POS negatively affects organizational deviance and organizational deviance negatively affects quality of care.

Moderating Effect of Educational Level

Regarding the role of nurses' education, previous studies have found evidence that relates to nursing professionals who hold a BN with better healthcare outcomes. For example, in a study performed in the United States, Aiken et al. (2003) found that nurses with a BN show better patient outcomes and lower mortality rates than nurses who do not have a BN. Moreover, some studies relate educational level with turnover intentions (Park and Choi, 2019), and with critical thinking skills (Gloude-mans et al., 2013). However, research performed among Malaysian nurses did not find differences in outcomes of care among nurses with diploma degrees and BN (Abdul Rahman et al., 2015). Despite these contradictions, this study will attempt to explore possible differences regarding the educational level in how POS affects the quality of care through the mediating effect of OCBO and organizational deviance (see Figure 6).

Hypothesis 4: The relationships between POS and quality of care, and the mediating effects of OCBO and organizational deviance between POS and quality of care will be significantly different for nurses with BN and nurses without BN.

Figure 6
Theoretical model



Note: Author's own elaboration.

The Study

Aims

The aim of the present study was twofold. First, this research examine the mediating influence of OCBO and organizational deviance, on the relationship between POS and quality of care. Second, to determine if those effects are different for nurses with BN and nurses without BN.

Design

A cross sectional design was implemented using data collected among nurses in Argentina. The questionnaire was originally developed in English and translated from English to Spanish using a forward–backward translation protocol involving the English and Spanish languages.

Participants

The study participants were 228 nursing professionals working in three hospitals located in Buenos Aires city, Argentina. This sample is similar in various aspects to the nursing population in Argentina (Ministerio de Salud, 2023), where 80.37% of nurses are female, 84.62% are aged 30 years or older, and more than 23% work more than 50 hours per week. In our sample, 80.34% of the respondents are female and 85.90% are aged 30 years or older. Moreover, 74.56% of nurses have a BN and more than 27% work 50 hours or more per week.

Data Collection

Surveys were collected via an online survey distributed by nursing managers. At the time of the study, two hospitals were medium-sized with 144 and 200 beds, respectively, and the third being a large hospital with 534 beds. The data was collected via surveys administered to nursing professionals between May and November 2019, yielding a total of 234 completed surveys. After discarding incoherent responses, we considered 228 valid surveys.

Given the fact that the data for the model's variables come from single respondents in a one-time survey, common method bias was assessed through procedural and statistical methods (Podsakoff et al., 2003). Regarding the procedural methods, we ensured the respondents that the survey was anonymous and responses confidential to reduce dishonest answers. We avoid complex syntax in the questionnaire, as well as double-barreled questions. Concerning statistical methods, we performed a Harman test in SPSS 26.0 which suggested that common method bias was not a problem in this study.

Measures

This study uses previously validated scales to operationalize the constructs in the theoretical model. A seven-point Likert scale was used, with anchors rating from 1 (strongly disagree) to 7 (strongly agree). The POS was measured using the eight-item short version form of the original survey of

POS (Eisenberger et al., 1997). Organizational deviance was measured using five items adapted from Bennett and Robinson (2000) validated instrument. OCBO was measured using four items from Saks (2006). Finally, quality of care was measured using the validated instrument of (Aiken et al., 2002). This variable is measured with one item adapted from Aiken et al. (2002). The quality of care single-item measure was chosen since it is considered to be a valid and reliable approach when a construct is narrow in scope, unidimensional and explicit (Sackett and Larson Jr., 1990).

Ethical Considerations

The questionnaire included a clear statement assuring anonymity and confidentiality. The research does not include any intervention or manipulation of the human subjects and it neither includes any identifiable private information.

Data Analysis

This study employed partial least squares structural equation modeling (PLS-SEM) regression with SMART-PLS 3.3.9 software to test the hypotheses. The PLS-SEM approach was employed to assess the theoretical model in the following steps. First, the measurement model was performed. Second, the structural model was assessed. Third, after validating the initial model, the full structural model is then examined to ensure the measurement invariance across subgroups (Henseler et al., 2016). Finally, multigroup analysis (MGA) was conducted.

Regarding the sub-sample used in each profile, the often-cited ten times rule (Hair et al., 2017) says that the sample size should be equal to or larger than 10 times the largest number of arrowheads pointing at a construct in the structural model. In this case, we need 30 observations per group and each sub-sample meet these minimum requirements since nurses with BN are 170 observations, while nurses without a BN are 58 observations.

Results

Analysis of the Measurement Model

The study assesses the reliability factor loadings to perform the measurement model evaluation. The items with values below 0.7 were deleted (Hair et al., 2017). The internal consistency reliability of the constructs was assessed with Composite reliability which showed a threshold value above 0.7, and to determine the convergent validity of each construct, the Average Variance Extracted (AVE) was evaluated and values are higher than 0.5 (Hair et al., 2017). Table 8 shows the results of the measurement model for the sample and sub-groups.

To analyze discriminant validity, the heterotrait-monotrait (HTMT) ratio of correlations approach was explored (Henseler et al., 2015) As revealed in Table 9, estimations revealed that all these ratios were below the critical threshold of 0.85. Table 9 reports the results of discriminant validity among the reflective constructs with HTMT ratios.

Table 8
Measurement model

Construct/ associated items	Loading			Composite Reliability			Average Variance Extracted		
	All	Non-Bachelor of Nursing	Bachelor of Nursing	All	Non-Bachelor of Nursing	Bachelor of nursing	All	Non-Bachelor of Nursing	Bachelor of nursing
Perceived									
Organizational Support (POS)				0.951	0.955	0.950	0.797	0.809	0.793
POS1	0.848	0.887	0.839						
POS2	0.931	0.916	0.933						
POS3	0.937	0.945	0.934						
POS5	0.861	0.877	0.855						
POS7	0.884	0.869	0.887						
Organizational Citizenship Behavior toward organization (OCBO)				0.865	0.877	0.863	0.615	0.642	0.611
OCBO1	0.735	0.734	0.735						
OCBO2	0.805	0.819	0.805						
OCBO3	0.824	0.854	0.816						

Construct/ associated items	Loading			Composite Reliability			Average Variance Extracted		
	All	Non-Bachelor of Nursing	Bachelor of Nursing	All	Non-Bachelor of Nursing	Bachelor of nursing	All	Non-Bachelor of Nursing	Bachelor of nursing
OCBO4	0.772	0.792	0.770						
Organizational deviance (OD)				0.881	0.882	0.881	0.787	0.789	0.787
OD1	0.863	0.854	0.862						
OD2	0.911	0.922	0.911						

Table 9
Discriminant validity

Constructs	All respondents (n= 228)				Non-Bachelor of Nursing (n= 58)				Bachelor of Nursing (n=170)			
	OCBO	OD	POS	QC	OCBO	OD	POS	QC	OCBO	OD	POS	QC
Organizational Citizenship toward organization (OCBO)												
Organizational deviance (OD)	0.192				0.325				0.156			
Perceived Organizational Support (POS)	0.569	0.331			0.400	0.204			0.621	0.378		
Quality of care (QC)	0.431	0.281	0.285		0.202	0.414	0.232		0.488	0.251	0.291	

Structural Model Evaluation

To assess the significance of the path coefficients, bootstrapping one-tailed test was performed with 10,000 subsamples. The coefficient of determination (R^2) is the value of the endogenous construct of the model's in-sample predictive power, and Stone–Geisser's (Q^2) is the measure of predictive relevance (Hair et al., 2017). The results of the R^2 analysis reveal that the model as a whole explains 18.6% of the variance of quality of care, 25.5% of the variance of OCBO, and 7.6% of the variance of organizational deviance. Moreover, Q^2 values should be above 0, and it is assessed using the cross-validated redundancy approach of the blindfolding procedure (Hair et al., 2017). Both analyses are shown in Table 10.

Table 10*Results of the estimation of the structural model*

Structural Paths	β	p-value	Support
H1: POS à Quality of care	0.061	0.432	Not supported
H2: Mediating effect of OCBO			
POS -> OCBO	0.505**	0.000	Supported
OCBO -> Quality of care	0.327**	0.000	Supported
POS -> OCBO -> Quality of care	0.165**	0.000	Supported
H3: Mediating effect of Organizational deviance			
POS -> Organizational deviance	-0.275**	0.000	Supported
Organizational deviance -> Quality of care	-0.178**	0.000	Supported
POS -> Organizational deviance -> Quality of care	0.049*	0.024	Supported

Note: **p < 0.01; *p < 0.05.

According to the results of the path coefficients established in the hypotheses on the full dataset of 228 nurses, the direct influence of POS on the quality of care is positive but not significant ($\beta= 0.061$; p-value: 0.432). Therefore, hypothesis H1 is rejected. However, this relationship was positively mediated by OCBO. In this sense, the effect of POS on OCBO ($\beta= 0.505$; p-value: 0.000), and OCBO on quality of care ($\beta= 0.327$; p-value: 0.000), are significant and positive, and the mediating effect of OCBO between POS and quality of care is positive and significant ($\beta= 0.165$; p-value: 0.000). Additionally, organizational deviance also mediates the influence of POS on quality of care. In this sense, the effect of POS on organizational deviance ($\beta= -0.275$; p-value: 0.000), and organizational deviance on quality of care ($\beta= -0.178$; p-value: 0.004), are both significant and negative. The mediating effect of organizational deviance between POS and quality of care is significant and positive ($\beta= 0.049$; p-value: 0.024). These findings lead us to confirm hypotheses H2 and H3. Besides, since the direct effect of POS on quality of care is not significant, it can be concluded that OCBO and deviance fully mediate this relationship.

Multigroup Analysis

To perform an MGA analysis, we validated the 3 steps of measurement invariance of composites method (MICOM) following Henseler et al. (2016) recommendations. In the first step, we perform the qualitative assessment of the composites' specifications such as identical indicators per measurement model, identical data treatment, and Identical algorithm settings. In the second step, we confirm that none of the correlations of the MICOM are significantly different from one. Finally, in step three we assess that values and variances between construct scores of the first and second subgroups are at least not significant, and we find that the confidence intervals of differences in mean and logarithms of variances include zero. Therefore, we conclude that full measurement invariance was established. Table 11 shows the results of measurement invariance testing.

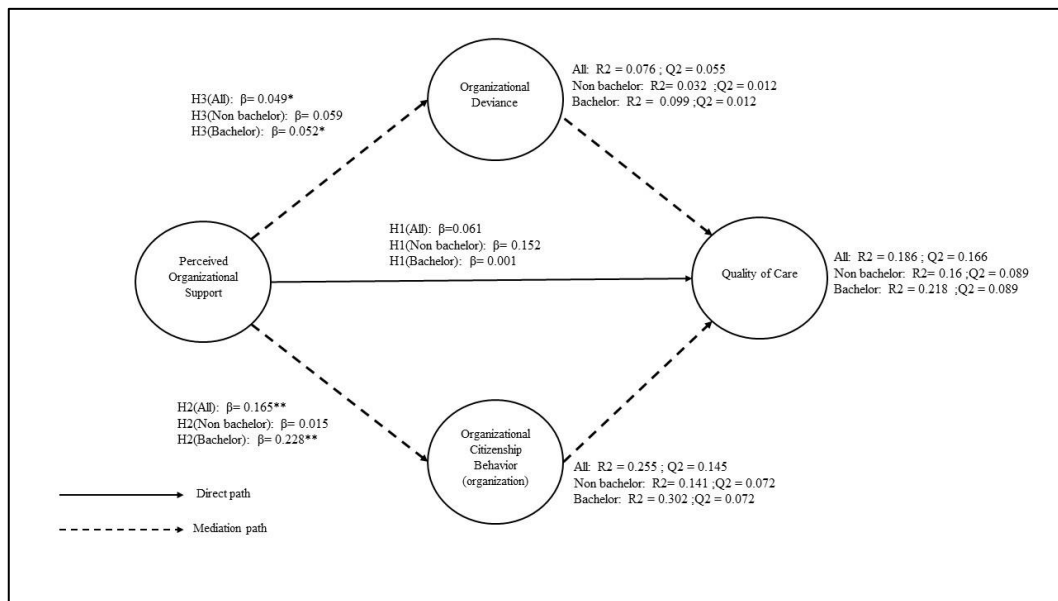
Table 11
MGA findings and permutation test

Structural Paths	Non-Bachelor of Nursing (Non-BN)	Bachelor of Nursing (BN)	MGA Path coefficient differences	MGA p-value Test	Permutation p-value Test	Result
H1: POS -> Quality of care	0.152	0.001	0.151	0.992	0.414	Non-BN ≈ BN
H2: POS -> OCBO -> Quality of care	0.015	0.228**	-0.214**	0.007	0.036	Non-BN < BN
H3: POS -> Organizational deviance -> Quality of care	0.059	0.052	0.007	0.498	0.904	Non-BN ≈ BN

Note: **p < 0.01; *p < 0.05.

After confirming the full measurement invariance between subgroups, we proceed to perform MGA analysis to compare the subgroup with a bachelor's degree and the group without a bachelor's degree datasets. To test the hypothesis 4, we compare the established theoretical model between both subgroups using a test of significant differences which is confirmed if the p-value is lower 0.05 or higher than 0.95. A significant difference between the subgroups theoretical models was found in the mediating effect of OCBO between POS and quality of care ($\beta_{diff} = -0.214$; p-value: 0.007). This reveal that the mediating effect of OCBO is predominantly revealed in nurses with bachelor's degrees. Therefore, hypothesis 4 is partially supported. Figure 7 shows the results per each model.

Figure 7
Results of structural model per each subgroup



Note: Author's own elaboration.

Discussion

Two questions were posed at the beginning of this study aimed to provide a better understanding of the results. The first question attempts to assess if social exchange reciprocating responses mediate the relationship between POS and quality of care. Although this study did not find a significant direct effect between POS and quality of care, there is a significant mediating effect of OCBO between POS and quality of care. This finding suggests that employees who feel that they are supported by their organization will perform tasks that go beyond their stipulated job duties which in turn will affect the quality of care of their units. The example mentioned above (Ross et al., 2015) can be exemplified by how nurses which feel that are supported perform discretionary efforts such as talking to patients or their families, which at the same time helps to improve the quality of care since nurses have a better understanding of the particular necessities of a patient and are improving the functioning of the organization offering a better caring for patients.

With respect to organizational deviance, we found that it has a weak positive mediating effect between POS and quality of care. This means that POS helps offset the negative effect of organizational deviance on quality of care. Considering one of the minimal demands of the norm of reciprocity which says that “people should not injure those who have helped them” (Gouldner, 1960, p.171), a nurse who feels supported by the organization, and thus the agents that represent it, will not engage in this kind of negative behavior because of the tendency to reciprocate the positive gesture performed by the organization. Returning to the example exposed by Aberese-Ako et al. (2015), POS would negatively affect behaviors such as coming to work late and closing early, which are responses that reduce the quality of care.

Additionally, this model supports one of the theoretical foundations of the bidimensional model proposed by Cropanzano et al. (2017), which is that a desirable and active relationship such as the POS-OCBO relationship, will be stronger than a desirable but inactive relationship such as POS-organizational deviance since the former relationship match hedonic value and activity. In this sense, our study shows in the sample which includes all nurses that both mediating effects are significant, but the mediating effect of

OCBO, which is the desirable and active outcome of POS, has a stronger effect on the quality of care.

The second question asked if the direct effect of POS on quality of care and the mediating role of OCBO and organizational deviance between POS and quality of care are similar among nurses with different educational levels. In this case, our results show that the mediating role of OCBO between POS and quality of care will vary depending on the educational level of nurses. The sub-sample of nurses with a BN gives a better explanation of the mediating role of OCBO between POS and quality of care. This also accords with our earlier observations, which showed that educational level positively affects a social exchange relationship such as commitment Mensah et al. (2017). A possible explanation for this might be that nurses which hold a BN are more committed to the profession and when they reciprocate the organizational support through a positive discretionary attitude such as talk to patients to improve the patient care, they feel that this attitude has a greater effect on the quality of care in their units than nurses who has a lower educational level. According to De Boer et al. (2010) students choose to pursue a higher education degree based on a factor such as personnel development and further development of disciplinary competence. In this sense, a nurse with a BN who reciprocate a positive organizational gesture such as POS expects that her/him positive reciprocating response has a greater effect on the quality of care.

Limitations and Future Research

This study has some limitations. First, the methodology is a cross-sectional survey. Future research could perform a longitudinal survey design to reduce potential problems of common method bias. Second, the data gathered is based in self-reported measures. As suggested by Podsakoff et al. (2003), for future research it is recommended to separate the measures of the predictor and criterion variables. For instance, quality of care could be measured from patients' surveys. Third, while the sample size of sub-groups meets the methodological requirements (Hair et al., 2017), further studies including a larger sample size of each sub-group are required. Finally, this study is limited to those nurses working in one country. Future studies could extend the analysis performing a cross-cultural study.

Implications for Nursing Management

The findings of this study will lead to a better understanding about how improve the quality of care through a social exchange behavioral process. Nurse managers need to consider that it is not enough to foster the organizational support in order to enhance the quality of care. Therefore, they should pay attention to the reciprocating responses that mediate the effect of organizational support on the quality of care. For example, nurse managers may recognize and encourage those nurses which perform discretionary efforts and enhance behaviors such as talking to patients or their families to offer a better patient care.

Regarding to organizational deviance, managers can explain to nurses how a conflict with an agent of the organization such as some manager or physician may be detrimental to the quality of care and be able to assume an acceptable intermediate position for everyone involved in the conflict.

Finally, as suggested by Aiken et al. (2003) a national workforce planning is necessary to alter the educational composition. However, from the organizational perspective, it is possible to encourage nurses to achieve a better education through funding the cost of their studies, or offering salary increases to nurses who achieve the bachelor's degree.

Conclusion

This study revealed that POS enhances the quality of care through the mediating effect of a positive and a negative social exchange reciprocating response. On the one hand, POS positively affects the quality of care through the effect of OCBO performed by nurses. On the other hand, POS helps offset the negative effect of organizational deviance on quality of care among nurses. Additionally, our study suggest that educational level moderates the mediating effect of OCBO in the relationship between POS and quality of care because nurses with a BN gives a better explanation of the mediating role of OCBO between POS and quality of care.

Chapter 4

Organizational Politics and Nurses' Social

Exchange Responses: The Moderating Role of

Nurses' Self-concept³

³ A version of this chapter has been submitted and accepted at the EURAM 2023 annual conference.

Abstract

Purpose – Drawing on the social exchange theory, this study analyzes how organizational politics can affect a negative behavioral response such as organizational deviance, and a positive behavioral response such as organizational citizenship behavior toward the organization (OCBO) among nursing professionals. Moreover, this research assesses the mediating effect of affective commitment between organizational politics and behavioral responses. Finally, this study also evaluates the moderating effect of nurses' self-concept in the relationship between organizational politics and its outcomes.

Methodology - A cross-sectional study was performed among 229 nurses. This sample is shown to be representative of the nursing population based on several demographic characteristics. Data analysis was conducted using Partial Least Squares.

Findings - The study reveals that organizational politics has a positive effect on organizational deviance and nurses' self-concept has a positive moderating effect on this relationship. Furthermore, affective commitment mediates the relationship between organizational politics and OCBO.

Originality - This study contributes to the extant literature by identifying the moderating role of nurses' self-concept between organizational politics and organizational deviance and confirms the mediating effect of affective commitment between organizational politics and OCBO among nursing professionals.

Keywords

Social exchange theory, self-concept, organizational citizenship behavior, perceived organizational politics, organizational deviance.

Introduction

In recent years there has been some studies which explain that organizational politics can affect employee attitudes and behavior in the services industry (Atshan et al., 2022; Basar & Basim, 2016). This is not the exception in the healthcare services (Labrague et al., 2017). According to a review performed by Copanitsanou et al. (2017), the work environment constitutes a determinant factor to ensure healthcare quality and patient satisfaction. This makes sense, since organizational politics not only is detrimental for the work environment, but also motivates employees' deviant behaviors which in turn affect the organizational performance (Azeem et al., 2021).

According to Chernyak-Hai & Rabenu (2018), social exchange theory (SET) helps to explain how organizational politics may enhance deviant behavior toward the organization or decrease a relational response such as affective commitment and a behavioral response such as organizational citizenship behavior (OCB). In this sense, Cropanzano et al. (2017) recommend adopting a bidimensional framework which allow researchers to assess the hedonic value (i.e., positive, or negative) and activity (i.e., active or unactive) of the social exchange relationships. This bidimensional framework allow to improve the predictions regarding how employees can be expected to behave in reaction to an organizational social exchange initiating action (Cropanzano et al., 2017). For example, when an employee who perceive a political environment or self-serving behavior in his/her organization reciprocate it with a deviant behavior (Meisler et al., 2020). However, employees may be constrained by work rules that punish this kind of behavior or there are situational constraints which limit the employee active responses such as deviant or counterproductive behavior (Cropanzano et al., 2017). In such situations, the employee may select a substitute unactive response such as dissatisfaction or avoiding OCB toward the organization (OCBO) (Chang et al., 2009).

Although past research relates organizational politics with an increase in organizational deviance (Cohen and Diamant, 2019) and a negative effect on OCBO (Chang et al., 2009; Kaur & Kang, 2022), little is known about the processes by which organizational politics affects nurses' relational and behavioral responses. For example, past research on the organizational

politics' outcomes among nurses has tended to focus to explain how the organizational politics affects the nurses' job burnout, job satisfaction, and turnover intentions (Kar & Suar, 2014; Labrague et al., 2017; Movahedi et al., 2020). However, there is a lack of studies which analyze the effects of organizational politics on negative employee's outcomes such as organizational deviance and positive employee's outcomes such as affective commitment and OCB.

Additionally, several studies reveal the importance of nurses' self-concept among nursing professionals (Cowin et al., 2008; Arthur & Randle, 2007; Xu, 2023) that is a profession which tend to suffer from low self-concept (Hoeve et al., 2014). This can be related to the stereotyped public image of nurses (Takase et al., 2002), the sex role stereotyping (Hallam, 1998), or because they are aware of their subordination to the medical profession (Hoeve et al., 2014). Considering the importance of the nurses' self-concept among nurses, an academic understanding of the processes by which organizational politics can affect organizational deviance and OCB is far from complete and there is still a need to assess these processes among professions such as nurses who have its characteristics and assess the effects of the nurses' self-concept on these relationships. In this sense, literature examining how employees' self-perceptions can moderate the relationship between organizational politics and employees' outcomes has been focused on self-efficacy and not analyze these relationships among nursing professionals (Bozeman et al., 2001; Ali Rasyid & Marta, 2020). In this sense, it is important to distinguish between nurses' self-concept and other definitions such as self-efficacy and self-esteem. The latter represents one's expectations or convictions of what one can accomplish in certain situations while the former represents one's perception of confidence in a certain domain, for instance, a profession (Marsh and Perry, 2005). Considering the importance of self-concept among nurses and recent studies which found that some self-perceptions such as self-efficacy and perceived insider status can moderate the relationship between organizational politics and employees' outcomes (Atshan et al., 2022; Khan et al., 2019), there is a little understanding of how nurses' self-concept can moderate the relationship between organizational politics and social exchange positive and negative relational and behavioral responses such as organizational deviance and OCBO.

Based on the above, this study aims to provide a better understanding of how organizational politics can affect organizational deviance and OCBO, the mediating effect of affective commitment between organizational politics and these two behavioral responses. Additionally, this research assesses how the nurses' self-concept can moderate the direct relationship between organizational politics and these different employee's social exchange responses.

This study is structured as follows. It opens with a general discussion of the SET. Secondly, the theoretical model, constructs, and hypotheses are presented. This section is followed by the methodology and the analysis of the empirical results. Finally, the discussion, conclusions, future research, and limitations are presented.

Conceptual Framework

Although some research that investigate how organizational politics negatively affects positive employee behaviors such as for example OCB use conservation of resource theory (Kaur and Kang, 2022) or need satisfaction theory (Rosen and Hochwarter, 2014), recent research that analyzes the relationship between organizational politics and different negative or positive employee's outcomes such as organizational deviance, affective commitment and OCB tend to use SET as a frame of reference (Bashir et al., 2019; Crawford et al., 2019; Fatima et al., 2020; Khan et al., 2019; Khattak et al., 2021). Despite the recent debate about the suitability of different theories in order to explain the effects of organizational politics on different employee's outcomes (Ferris et al., 2019; Hochwarter et al., 2020; Rosen et al., 2014), this study applies the bidimensional framework of SET because it allows to assess in a theoretical framework how organizational politics may affects positive and negative employee's social exchange responses. In this sense, a recent theoretical review in SET (Cropanzano et al., 2017) allow us to interpret how the employee's perceptions of initiating action from organizations such as organizational politics can lead to a positive or negative reciprocating responses in a two-dimensional model. Therefore, this study uses the SET as a frame of reference to analyze how organizational politics can positively affects the organizational deviance, and negatively affects affective commitment and OCBO. Specifically, SET refers to voluntary

actions motivated by expected reciprocity from others and the need to reciprocate this gesture which serves as a starting mechanism or initiating action of social interaction. This “starting mechanism” generates unspecified obligations that are distinct from an economic exchange (Blau, 1964).

Most studies based on SET have only focused on a unidimensional model which test the hedonic value of a relationship (Cropanzano et al., 2017; Cooper-Thomas & Morrison, 2018). An example of this unidimensional model can be a positive or negative starting mechanism and its effect on a positive or negative target response respectively. Following the current debate on SET (Cropanzano et al., 2017), we assume the need to add an additional dimension called “activity” which measure the frequency and force of the behaviors exhibited, since employees can react to a negative initiating action such as organizational politics enhancing an undesirable and active behavior such as organizational deviance or withholding a desirable behavior such as OCBO. In this line, the relationship between organizational politics and organizational deviance matches hedonic value and activity, while the relationship between organizational politics and OCBO shows only a single match in valence and not in activity because an active and undesirable initiating action such as organizational politics generate a decrease in a desirable and active response such as OCBO.

Organizational Politics and its Effects

Perceptions of organizational politics is defined as an individual's subjective assessment of the degree to which their work setting is believed to be self-serving of some individuals and groups, to the detriment of others (Ferris et al., 2000). When employees perceive that they are negatively or unfairly appraised by the organization, they may trigger behaviors with negative effects on the quality of the social exchange relationship between employees and their organizations (Aryee et al., 2004; Bergeron & Thompson, 2020).

According to Pearson et al. (2005) organizational deviance is part of the counterproductive work behavior “family” (Cropanzano et al., 2017), and it is defined as a voluntary behavior that violates organizational norms specifically and intend to harm an organization or people in the organization (Pearson et al., 2005). In his seminal study, Gouldner (1960) explains that in

a negative form of reciprocity the emphasis is placed in the return of injuries. In this regard, past research shows that the perception of organizational politics in the work environment may enhance the organizational deviance among workers (Cohen and Diamant, 2019; Meisler et al., 2020). According to Spector & Fox (2006) an employee who violates the organizational norms, is in fact attempting to violate those norms defined by the dominant management of organizations. Since employees tend to see the actions of agents in an organization as actions of the organization (Levinson, 1965), nurses who feel harmed by an action of one or some individuals which represents the organization (e.g., manager, physician) may then choose to reciprocate this treatment with organizational deviance. Therefore, we expect that the perception of an organizational politics has a positive influence on the organizational deviance among nurses.

Hypothesis 1: Organizational politics is positively related to organizational deviance.

OCB is defined as a discretionary behavior and represents informal modes of cooperation and contributions (Organ, 2018) which tend to be directed to the target that initiates the starting mechanism such as the organization (Lavelle et al., 2015). In this sense, OCBO represents a discretionary behavior that directly benefits the organization (Williams and Anderson, 1991). Past research shows that employees that perceive organizational politics engage in lower OCB (Chang et al., 2009; Rosen et al., 2006). An example provided by Chernyak-Hai & Rabenu, (2018) details how an employee who received a negative and politically influenced performance appraisal can react by reducing her/his OCBO as a withdrawal response, since the power imbalance in the relationship between employee-employer difficult an active and retaliatory response such as organizational deviance. Recent studies performed among frontline bank and public sector employees, (Kaur and Kang, 2022; Khattak et al., 2021) found that organizational politics affects negatively the OCBO. In this line, it is expected that nurses which perceive organizational politics in their jobs will engage in lower extra-role behavior toward their organization.

Hypothesis 2: Organizational politics is negatively related to OCBO.

The Mediating Effect of Affective Commitment

According to Meyer & Herscovitch (2001) commitment can be presented as a behavioral force that binds the person to a course of action to one or more targets, and this behavior can be influenced without extrinsic motivations, or can be enhanced by POS (Sharma and Dhar, 2016) or job security (Filimonau et al., 2020). In this sense, Meyer & Allen (1991) divide organizational commitment into three discernible dimensions, namely normative, continuance, and affective, and according to Meyer et al. (2004) affective commitment has been found to have stronger relationships with discretionary behaviors than normative and continuance commitment. Specifically, affective commitment represents the employee's emotional attachment and identification with the organization (Meyer and Allen, 1991).

According to a meta-analysis performed by Chang et al. (2009) organizational politics negatively affects the affective commitment. Accordingly, an employee who perceives a political environment in her/his organization may decrease her/his attachment to it. Moreover, past research shows that nurses who perceive a higher affective commitment toward their organization may perform fewer deviant behaviors in their workplaces due to their attachment and loyalty to the targeted organization (Neves and Story, 2015). However, a study performed among hotel employees in China found that affective commitment does not affect the organizational deviance (Qu et al., 2020), and research among restaurant employees in the United States found that affective commitment reduces the interpersonal deviance but does not reduce the organizational deviance (Liao et al., 2004). Despite these contradictions, it is expected that affective commitment helps offset the positive effect of organizational politics on organizational deviance among nurses.

Hypothesis 3: Affective commitment mediates the influence of Organizational politics on organizational deviance.

Additionally, employees who feel high affective commitment toward their organization tend to show a higher OCB (Gupta et al., 2016). For example, different studies show that affective commitment mediates the relationship between positive initiating actions such as benevolent leadership (Nguyen Le-Hoang Long, 2022) or perceived organizational support

(Kurtessis et al., 2017). However, few studies have examined the mediating effect of affective commitment between organizational politics and OCBO. In this line, recent research show found that affective commitment mediates the relationship between organizational politics and helping behavior which is a specific form of OCB (De Clercq et al., 2023). Accordingly, we expect that nurses who perceive a political environment in their organizations will decrease their citizenship behavior, and this negative effect will be explained by the decrease of the employee's attachment to the organization.

Hypothesis 4: Affective commitment mediates the influence of Organizational politics on OCBO.

The Moderating Effect of Nurses' Self-Concept

Nurses' self-concept represents how employees feel about themselves in their professions and is an important predictor of behavior (Arthur and Randle, 2007). In the case of the nursing profession, it is relevant to consider the nurses' self-concept as a relevant variable because a high nurses' self-concept is recognized as a remarkably valuable perception, and the significance of low nurses' self-concept in the nursing occupation becomes important to understanding effects as burnout, high stress, attrition, and low professional status (Cao et al., 2016; Wang et al., 2019; Yun Xu, 2023).

An employee who perceives a political environment in her/his organization tend to perceive that the organization fails to reciprocate her/his effort and performance. This perception may be accentuated if the employee feels a high self-concept because a higher self-concept is related with better performance (Jeon and Koh, 2017). Although there is a lack of studies which assess the moderating effect of nurses' self-concept between organizational politics and employee's outcomes, past research shows that others self-perceptions such as for example self-efficacy or perceived insider status can moderate the relationship between organizational politics and employee outcomes (Ali Rasyid and Marta, 2020; Atshan et al., 2022; Khan et al., 2019). For example, a study performed among managers in the hotel industry found that managers who feel higher self-efficacy show a stronger negative effect of organizational politics on job satisfaction and organizational commitment (Bozeman et al., 2001), and recent research among healthcare workers found that the relationship between organizational politics and some

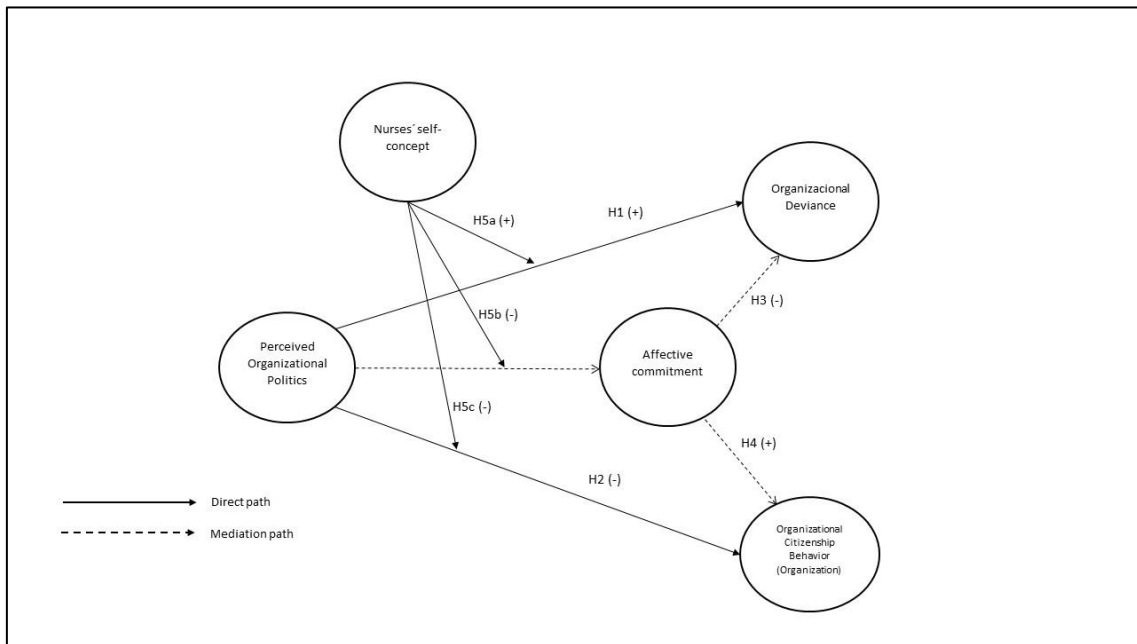
dimensions of job dissatisfaction (i.e., silence and loyalty) is stronger when the perceived self-efficacy is high (Atshan et al., 2022). Consequently, it is expected that the positive effect of organizational politics on organizational deviance and the negative effect of organizational politics on affective commitment and OCBO will be stronger among nurses who feel a high nurses' self-concept.

Hypothesis 5: Moderation of nurses' self-concept will increase (a) the positive effect of organizational politics on organizational deviance, (b) and the negative effect of organizational politics on affective commitment and (c) OCBO.

Figure 8 summarizes the hypothesized relationships between variables of the conceptual model.

Figure 8

Conceptual model



Note: Author's own elaboration

Methods

Information was collected via online questionnaires in three hospitals located in Buenos Aires city, Argentina. Two hospitals were medium sized (144 and 200 beds, respectively), while the third was a large hospital (534 beds). The self-reported survey was fulfilled by 229 nurses. In our sample, 80.79% of nurses are female, 27.95% work 50 hours or more, and 85.9% are aged 30 years or more. Regarding the Argentinian nursing population, 80.37% of nurses are female, more than 23% work more than 50 hours per week, and 84.62% are aged 30 years or older (Ministerio de Salud, 2023). Therefore, the demographic characteristics of the sample is representative in some key aspects of the nursing population in Argentina. The questionnaire was originally developed in English and translated from English to Spanish using the protocol recommended by Brislin (1980).

Assessment of Common Method Bias

Common method bias was assessed through procedural and statistical methods (Podsakoff et al., 2003). Regarding the procedural methods, we ensured the respondents that the survey was anonymous and responses confidential to reduce dishonest answers. Additionally, we avoid complex syntax in the questionnaire, as well as double-barreled questions. Concerning statistical methods, we performed a Harman test in SPSS 26.0 which suggested that common method bias was not a problem in this study. Finally, we performed a full collinearity test based on variance inflation factor (VIF) (Kock, 2015a) in SmartPLS 3.3.9, showing that the values were below the threshold of 3 (Hair, Risher, et al., 2019). Therefore, there is no indication of the existence of common method bias.

Measurement Instruments

This study uses previously validated scales to operationalize the latent variables in the theoretical model. The perception of organizational politics was measured using four items adapted from De Clercq et al. (2016) validated instrument. A sample item was “people spend too much time sucking up to those who can help them”. Nurses’ self-concept was measured using the Nurses Self-Concept Instrument (NSCI) (Angel et al., 2012). This

construct is comprised by four dimensions named care, knowledge, leadership, and staff relations which contains fourteen items. For instance, participants respond to statements such as “I am proud of the way I care for my patients”. Organizational deviance was measured using five items adapted from (Bennett and Robinson, 2000) validated instrument. Sample item included, “Taken an additional or a longer break than is acceptable at your workplace”. OCBO was measured using four items designed to assess the dimensions proposed by Saks (2006). Responses include statements such as “Attend functions that are not required but that help the organizational image”. Finally, this study used four items adapted from Meyer et al. (1993) to measure affective commitment (e.g., “I really feel as if this organization’s problems are my own”).

Results

This study tests the proposed hypotheses with partial least squares structural equation modeling (PLS-SEM). Hypotheses testing employed a bootstrapping procedure with 10,000 subsamples, and we employ a one tailed test, since we made assumptions about coefficient sign in our hypothesis (Kock, 2015b). Path modeling with SmartPLS 4.0.7.8 PLS-SEM was chosen based on the following considerations. First, compared to traditional covariance-based structural equation modeling, this methodology is appropriate when the interest of the study focuses on prediction and theory development rather than on strong theory confirmation (Hair et al., 2017). Second, PLS-SEM is recommended for theoretical models which assess mediating effects (Hair, Sarstedt, et al., 2019). Third, PLS method is most suitable to analyze models with formative constructs (Benitez et al., 2020), and models with higher order constructs (Hair, Sarstedt, et al., 2019) which is the case of the NSCI. Finally, PLS-SEM is suitable to handle high complex models (Akter et al., 2017).

Our theoretical model combines constructs compatible with composite reflective models (type A) (i.e., organizational politics, organizational deviance, affective commitment, and OCBO), and a composite formative variable (type B) (i.e., nurses’ self-concept). To estimate the multidimensional construct nurses’ self-concept, we implemented an embedded two-stage approach as outlined by Sarstedt et al.

(2019). Therefore, we estimated the constructs scores of the first-order construct, and we saved the scores in the dataset. After that, the constructs scores of each dimension are used as a formative indicator in the higher-order latent variable (i.e., knowledge, leadership, staff relations, and care) in the second stage for the analysis of the multidimensional construct.

Measurement Model Evaluation

To assess the first-order latent variables (i.e., organizational politics, organizational deviance, OCBO, affective commitment, and the four dimension of nurses' self-concept), the indicator reliability was measured and items values < 0.708 were deleted. The internal consistency reliability of the variables was analyzed and are above the critical threshold of 0.7. Additionally, Average Variance Extracted (AVE) was assessed and values of the constructs are above the critical threshold of 0.5.

The nurses' self-concept was evaluated as a second-order construct and its four dimensions (care, staff relations, knowledge, and leadership) form a formative construct. In this regard, the results confirms that the VIF among dimensions is not greater than 3 (Hair, Risher, et al., 2019). Finally, we assessed the outer weights for all dimensions, and they are significant (Hair et al., 2017). Table 12 presents the estimation and validation of the first order (factor loadings, ρ_A , Cronbach's alpha, 'CR', and AVE) and second-order latent variables (weights and VIF).

Finally, Table 13 shows the discriminant validity tested in the reflective constructs with heterotrait-monotrait (HTMT) ratio of correlations approach (Henseler et al., 2015). The results show that values are below the critical threshold of up 0.85 which is recommended to ensure discriminant validity.

Table 12*Measurement model*

Construct	Items	Standardized loading/Weight	Cronbach rho_A	CR	AVE	VIF
Perceived organizational politics (POP)	POP3	0.923	0.814	0.915	0.843	n/a
	POP4	0.914				
Nurses' Self-Concept	Care	0.285*				1.430
	Knowledge	0.281*		n/a	n/a	1.187
	Leadership	0.591*	n/a	n/a		1.071
	Staff	0.332*				1.276
Affective commitment (AC)	AC1	0.801				
	AC2	0.797	0.753	0.858	0.669	n/a
	AC4	0.854				
	OD3	0.773				
Organizational deviance (OD)	OD4	0.863	0.763	0.863	0.678	n/a
	OD5	0.831	0.763	0.778		
	OCBO1	0.761				
Organizational Behavior toward organization (OCBO)	Citizenship	0.833				
	OCBO2	0.833	0.800	0.870	0.626	n/a
	OCBO3	0.820				
	OCBO4	0.747				

Note: * = ($p < 0.05$). rho_A = Dijkstra–Henseler's ρ_A ; CR = composite reliability; AVE average variance extracted; VIF = variance inflation factor.

Table 13*Discriminant validity*

	HTMT	AC	OCBO	OD	POP
Affective commitment (AC)					
Organizational Citizenship Behavior toward organization (OCBO)		0.649			
Organizational deviance (OD)		0.148	0.226		
Perceived organizational politics (POP)		0.302	0.244	0.279	

Note: Values below the diagonal represent the HTMT ratios between the latent constructs

Structural Model Evaluation

Hypotheses was tested using a bootstrap procedure with 10.000 subsamples, and a one-tailed test. Table 14 shows the results of the estimation of the structural model. The Q^2 values (the measure of predictive relevance) for the endogenous constructs were positive. The predictive relevance of the model shows that the model explains 16.6% of the variance of affective commitment, 40.4% of the variance of OCBO, and 9.9% of the variance of organizational deviance. Furthermore, there is not existence of collinearity issues among the exogenous latent variables. Since the VIF of the indicators was below 1.199 which is lower than the suggested threshold of 3 (Hair, Risher, et al., 2019).

Table 14

Results of the estimation of the structural model

Structural Paths	Original Sample (O)	95% Percentile Confidence Interval	p-values
Direct Effects			
H1: POP-> OD	0.186**	0.066	0.002
H2: POP -> OCBO	-0.069	-0.186	0.259
Mediating effects			
H3: POP-> AC -> OD	0.002	-0.031	0.885
H4: POP -> AC -> OCBO	-0.080**	-0.136	0.003
Moderating effects			
H5(a): NSCI x POP -> OD	0.117*	-0.004	0.046
H5(b): NSCI x POP -> AC	0.066	-0.060	0.304
H5(c): NSCI x POP -> OCBO	-0.042	-0.163	0.491

R2 Organizational citizenship behavior toward organization (OCBO) = 0.404; R2 Affective commitment (AC) = 0.166; R2 Organizational deviance (OD) = 0.099.

Q2 Organizational citizenship behavior toward organization = 0.237; Q2 Affective commitment = 0.116; Q2 Organizational deviance = 0.067.

Note: *p < 0.01; **p < 0.05.

The results of the model reveal that organizational politics has a positive and significant effect on organizational deviance ($\beta= 0.186$; $p < 0.01$). Therefore, our results support hypothesis H1. Hypothesis H2 is rejected since the relationship between organizational politics and OCBO is not significant ($\beta= -0.069$; *ns*). With respect to mediating effects, on the one hand, the hypothesis H3 is rejected because mediating effect of affective commitment between organizational politics and organizational deviance is not significant ($\beta= 0.002$; *ns*). On the other hand, the mediating effect of affective commitment between organizational politics and OCBO is significant ($\beta= 0.080$; $p < 0.01$). Therefore, our results support hypothesis H4.

Finally, estimations confirms that nurses' self-concept has a positive influence in the relationship between organizational politics and organizational deviance ($\beta= 0.117$; $p < 0.05$). However, nurses' self-concept has no significant influence in the relationship between organizational politics and OCBO ($\beta= -0.042$; *ns*). In addition, nurses' self-concept does not affect the relationship between organizational politics and affective commitment ($\beta= 0.066$; *ns*). Therefore, while hypothesis H5(a) is statistically significant with positive sign, hypotheses H5(b) and H5(c) are not empirically supported.

Discussion

As we mentioned above, SET elucidates the necessity to reciprocate a gesture or attitude which in turn serves as a starting mechanism of social interaction (Blau, 1964), and this reciprocity can be positive or negative (Gouldner, 1960). Additionally, these social exchange relationships can be represented in two dimensions (i.e., hedonic value and activity value) (Cropanzano et al., 2017). In this sense, this study analyses first of all the relationship between organizational politics and organizational deviance which represent a negative form of reciprocity where the emphasis is placed not on the return of benefits but on the return of injuries. Therefore, organizational politics has an undesirable hedonic value, and organizational deviance it is an undesirable and active social exchange response. Accordingly, our study confirms that perceptions of organizational politics among employees enhances the organizational deviance (Cohen, 2016; Meisler et al., 2020). This means that nurses who feel that their organizations recognize employees which shows selfish and self-serving behaviors, and in turn it does not recognize their efforts or perceive that the actors which

represent the organization act in a political manner, may violate organizational norms and causes harm to the organization to return the perceived injury. Furthermore, this study did not find a significant mediating effect of affective commitment between organizational politics and organizational deviance. This finding is in line with previous research conducted in China and United States (Liao et al., 2004; Qu et al., 2020), and show that although a nurse can feel affective commitment toward their organization it does not affect that nurses may return the perceived injury caused by the perceptions of organizational politics.

With respect to the moderating effect of the nurses' self-concept, the findings of this study have relevant implications for the way researchers think about how organizational politics may enhances the nurses' organizational deviance among nursing professionals. Specifically, the results of this research show that the positive relationship between organizational politics and organizational deviance is stronger when nurses feel higher nurses' self-concept. These results coincide with the findings of past research regarding other self-perception such as self-efficacy (Atshan et al., 2022; Bozeman et al., 2001). According to our results it is expected that nurses who feel competent in their profession will show stronger deviant behaviors when they perceive organizational politics. An alternative explanation may be that nurses who feels a high nurse' self-concept are less constrained by work rules which may punish deviant conduct (Cropanzano et al., 2017; Hollinger and Clark, 1983). For instance, a nurse who feels a high nurse' self-concept and perceived organizational politics in their organization will not be afraid to reciprocate this negative initiating action from the organization performing deviant behaviors toward it as such, for example neglecting the boss instructions.

Contrary to our expectations, the results show that the relationship between organizational politics and OCBO is not significant. These results contradict earlier observations, which showed that organizational politics can be detrimental to the OCBO (Kaur and Kang, 2022; Khattak et al., 2021). Nevertheless, affective commitment plays a mediating role between organizational politics and OCBO. This finding supports previous research performed by De Clercq et al. (2022) which found a mediating effect of affective commitment between organizational politics and helping behavior. According to our results, the negative effect of organizational politics on

OCBO is mediated by affective commitment. In this sense, a political environment can be detrimental to the nurse's attachment to the organization and this reduction in the affective commitment decrease their extra-role behavior toward their organization.

Finally, our results show that nurses' self-concept did not moderate the relationship between organizational politics and different positive employees' social exchange responses such as affective commitment and OCBO. These results differ from earlier research which found a moderation of a self-perception such as self-efficacy on the relationship between organizational politics and organizational commitment (Bozeman et al., 2001). A potential reason to explain this result can be that withhold a positive response such as affective commitment or OCBO is an inactive employee' response and it does not require goes against the work rules. Accordingly, a higher nurse' self-concept does not necessarily need to affect a reciprocating response that does not imply explicit damage for the targeted actor such as organizational deviance which is an active response that may be punished.

Theoretical Contributions

The theoretical analysis of this research can be viewed through a bidimensional social exchange model (Cropanzano et al., 2017). This theoretical framework allows to explain how organizational politics can produces two different employees's responses. On the one hand, employee's perceptions of organizational politics generate an undesirable and active response such as organizational deviance which represents a negative form of reciprocity or homeomorphic reciprocity (Gouldner, 1960; Lyons and Scott, 2012). In this case, nurses who feel high self-concept as professionals is able to retaliate her/his perception of a negative starting mechanism from the organization. On the other hand, nurses who perceived a political environment withhold a desirable employee's relational response such as affective commitment which in turn affects a behavioral response such as OCBO. Accordingly, a nurse who withhold a positive social exchange response does not need to feel herself/himself as a self-confident professional.

Practical Implications

The model advanced in this paper suggests that the perception of a higher nurses' self-concept among nurses serves to exacerbate the positive effect of organizational politics on organizational deviance. Nevertheless, past studies show that a higher nurse' self-concept among nurses is critical to decreasing negative outcomes such as job satisfaction (Cowin et al., 2008) and burnout (Cao et al., 2016). Therefore, managers should be aware of the employee's perception of organizational politics in their organizations in order to limit the negative effects of organizational deviance. However, some managers can consider that political behavior is a way to achieve "ethically justifiable win-win situations" (Ferris et al., 2019, P. 306). In these cases, it is necessary to take an organizational perspective that includes, senior executives and the HR department. Moreover, organizational culture plays a key role here. According to Delbecq, (2001), organizational culture does matter, and in this sense, it is important to provide a reminder of the organizational norms, clear verbal reproof where norms are violated and keep written records of deviation.

Considering that exists a global shortage of nurses, our results invite practitioners to pay special attention to the detrimental effects of organizational politics on affective commitment and OCBO. First, a reduction on affective commitment means it will be difficult to retain such nurses because they do not feel an affective attachment to the organization. Second, the negative effect of organizational politics on OCBO through the mediating effect of affective commitment means that the nurses which actually work in the organization will not perform extra job duties. These detrimental employee's outcomes should be addressed through active listening and effective communication from managers because they represent the personification of the organization (Levinson, 1965).

Limitations and Future Research

This study has certain limitations that should be noted. First, this study relied in self-reported surveys to test the proposed hypotheses which is a source of common method bias. Although, this study adopts some recommendations to reduce and assess common method bias. Future research can adopt an effective form to reduce common method bias such as a

temporal, proximal or psychological separation between the measures of the predictor and criterion variables (Podsakoff et al., 2012). Second, this research does not consider the managerial level in the theoretical model. In this sense, future studies can perform an analysis including the managerial level using a dyadic perspective. Finally, this study is limited to nursing professionals working in one country. Therefore, further research can consider the cultural differences and compare different professions.

Chapter 5.

Conclusions

General Conclusions

As mentioned previously, the aim of this thesis is to explore how POS and organizational politics can affect different nursing outcomes. Through the three stand-alone potential academic articles presented, this thesis assesses different general and specific objectives that seek to help in a better understanding of how organizations can enhance nursing outcomes. Table 15 offers a synthesis and comparison between the different proposed specific objectives of this thesis and their corresponding empirical findings.

Table 15

Specific objectives and findings of the thesis

	Specific objectives	Findings
Chapter 2: The relevance of nurses' self-concept in the social exchange process: A serial mediation model		
1	To assess the effects of POS on different targets of organizational citizenship behavior	The research shows that POS has a direct effect on the organizational citizenship behavior toward a similar target (i.e., organization)
2	To analyze the mediating effect of nurses' self-concept between POS and different targets of organizational citizenship behavior.	This study shows that nurses' self-concept plays a mediating role between POS and three different targets of citizenship behavior (i.e., organization, co-workers, and patients).
3	To test the sequential mediation of nurses' self-concept and affective commitment in the relationship between POS and different targets of organizational citizenship behavior.	The results show that exists a sequential mediation at the organizational level. This means that nurses' self-concept plays a mediating role in a social exchange model which includes a starting mechanism (i.e., POS), a relational response (i.e., affective commitment), and a behavioral response (i.e., organizational citizenship behavior toward organization).

Specific objectives	Findings
Chapter 3: The Mediating Effect of Reciprocating Responses between Organizational Support and Quality of Care: A Multigroup Moderation Analysis	
<p>4 To assess the mediating role of a positive reciprocating response such as organizational citizenship behavior toward the organization and a negative reciprocating response such as organizational deviance in the relationship between POS and quality of care.</p>	<p>The research shows that organizational citizenship behavior toward organization and organizational deviance plays a mediating role between POS and quality of care.</p>
<p>5 To evaluate the moderating effect of the educational level on the established relationships.</p>	<p>According to the multigroup moderation analysis, educational level moderates the specific indirect effect of POS on quality of care through organizational citizenship behavior toward the organization.</p>
Chapter 4: Organizational Politics and Nurses' Social Exchange Responses: The Moderating Role of Nurses' Self-concept	
<p>6 To assess the effects of organizational politics on organizational deviance and organizational citizenship behavior toward the organization.</p>	<p>This study found that organizational politics has a direct and positive effect on organizational deviance which is an active and undesirable effect. However, organizational politics does not affect the citizenship behavior toward the organization, which is an inactive and undesirable effect.</p>
<p>7 To analyze the moderating effects of the nurses' self-concept on the relationship between organizational politics and its effects.</p>	<p>Nurses' self-concept moderates the relationship between organizational politics and organizational deviance. It means that the positive relationship between organizational politics and</p>

Specific objectives	Findings
	organizational deviance is stronger when nurses feel a higher self-concept.
8 To explore the mediating effect of affective commitment between organizational politics and behavioral responses.	This study did not find a significant mediating effect of affective commitment between organizational politics and organizational deviance. Additionally, affective commitment plays a mediating role between organizational politics and citizenship behavior toward the organization.

Chapter 2 Summary and Conclusions

With the objective of assessing how a social exchange theoretical model is complemented by the nurses' self-concept, Chapter 2 revisits a quote written by Bronislaw Malinowski, who was one of the roots of the SET (Cropanzano and Mitchell, 2005) and studied the Trobriand Islanders in the early twentieth century. Specifically, Malinowski describes how the magician leader of the tribe inspires workers with confidence in success and motivates them to fulfill their tasks. In this line, the research conclusions presented in this chapter show that through supportive leadership, organizations can enhance nurses' self-concept. This, in turn, increases their attachment to the organization and positively affects their citizenship behavior toward their organization, co-workers, and patients they are assigned to care for.

In summary, this chapter concludes that "all roads do not lead to Rome" because while the social exchange theoretical model can explain how POS can foster organizational citizenship behavior toward organizations, a better understanding of the theoretical role of the expectancy-value model and the effects of nurses' self-concept is necessary to explain how a supportive organization can foster OCB toward patients and individuals, as the chapter's results demonstrate. Specifically, nurses' self-concept plays the most significant role in explaining the increase in these behavioral responses toward targets that do not initiate the social exchange relationship studied, such as patients and co-workers. Finally, the chapter finds a serial mediation

of nurses' self-concept and affective commitment in the relationship between POS, nurses' self-concept, and a behavioral response toward the organization, in line with previous research on multifoci conducted by Lavelle et al. (2015).

Chapter 3 Summary and Conclusions

Chapter 3 analyzes the relationship between POS and quality of care among nurses in-depth. To achieve this objective, the study establishes two main research objectives. Firstly, the chapter assesses the mediating role of positive reciprocating responses such as organizational citizenship behavior toward the organization and negative reciprocating responses such as organizational deviance in the relationship between POS and quality of care. Secondly, this research analyzes whether the direct and indirect effects are moderated by educational level.

The results reveal that POS does not directly affect the quality of care, but the effect of POS on the quality of care can be explained through social exchange reciprocating responses. On the one hand, POS enhances a positive behavioral response such as organizational citizenship behavior toward the organization, which in turn enhances the quality of care of the unit. An example of this result can be a supportive manager who encourages nurses to exert discretionary efforts, such as talking to patients or their families to offer a better service. Those discretionary efforts lead to better quality of care. On the other hand, POS helps offset the negative effect of organizational deviance on the quality of care among nurses. For instance, a supportive environment may decrease negative behavioral responses such as coming to work late and closing early in surgeries, which in turn delays healthcare provision. In both cases, SET plays a key role in explaining how the reciprocation of POS helps to improve the quality of care by fostering citizenship behavior and offsetting the effects of organizational deviance among nurses.

With respect to educational level, the study shows that the mediating role of organizational citizenship behavior toward the organization between POS and quality of care is enhanced among nurses with higher educational levels (i.e., nurses who possess a bachelor's degree). This implies that a higher level of education has a positive impact on the social exchange

relationship between nurses and employers, leading to better reciprocation between nurses and the organization. As a result, investing in nurses' education can lead to improved extra-role behavior and quality of care.

Chapter 4 Summary and Conclusions

Chapter 4 assesses the effects of organizational politics on different outcomes for nurses, and the moderating role of nurses' self-concept in these relationships. Firstly, this chapter analyzes the effects of organizational politics on negative behavioral responses such as organizational deviance. The results show that organizational politics has a positive effect on organizational deviance. This means that nurses who feel that their organizations recognize employees who exhibit selfish and self-serving behaviors may violate organizational norms and cause harm to the organization in return for perceived injury.

Contrary to our expectations, the study did not find a significant negative effect of organizational politics on organizational citizenship behavior toward the organization. However, the results show that the relationship between organizational politics and organizational citizenship behavior toward the organization is mediated by affective commitment. This means that a political environment can be detrimental to nurses' attachment to the organization, and this reduction in affective commitment decreases their extra-role behavior toward the organization.

Finally, our results show that nurses' self-concept did not moderate the relationship between organizational politics and different positive employee outcomes, such as affective commitment and OCBO. Additionally, the moderation analysis results show that nurses' self-concept moderates an active social exchange relationship, such as organizational politics' effect on organizational deviance, but it did not moderate an inactive relationship, such as the effect of organizational politics on affective commitment and citizenship behavior, which means that nurses refrain from retaliatory action. Accordingly, these findings show that nurses who have a higher self-concept tend to exhibit a stronger retaliatory reciprocating response to their perception of a negative starting mechanism from the organization.

Research Outputs

At the time of its deposit, this dissertation has already led to the following outputs in relation to academic publications and activities.

First, in January 2022, the research design and progress were presented to Prof. Pedro Neves of the Nova School of Management (Portugal) with the aim of applying for a predoctoral research stay. Prof. Neves, considering the research progress and potential, accepted to host the researcher for a one-month stay and supervise his research work during that period.

Regarding participation in research workshops and attendance at international conferences, two different versions of Chapter 2 were presented at the Talent Management workshop of the European Institute for Advanced Studies in Management (EIASM) on October 5, 2020, and at the Universitat de Barcelona Ph.D. in Business workshop on May 11, 2022. Moreover, Chapter 3 has been accepted for presentation at the 2023 Academy of Management Annual meeting, which will take place in Boston from 4 to 8, 2023. Finally, Chapter 4 has been accepted for presentation at the European Academy of Management Conference, to be held at Trinity College, Dublin, from June 14 to 16, 2023.

In terms of publications, a version of Chapter 2, accepted for publication in the *Management Decision* journal (SSCI 2021 impact factor 5.589, Q2 Management; SJR 2021 impact factor 1.16, Q1 Business, Management, and Accounting), was published on February 17, 2023. Furthermore, Chapter 3 was submitted to the *Journal of Advanced Nursing* on February 17, 2023, and is currently under review.

Table 16 shows the detailed contributions derived from this thesis as of the date.

Table 16
Research outputs derived from this thesis

Thesis chapters	Authors	Title	Type	Status	Impact factor	Publication details
		The relevance of nurses' self-concept in the social exchange process: A serial mediation model.	Journal article	Published	SJR 2021: 1.16 (Q1) JCR 2021: SSCI 5.589 (Q2).	Management Decision
Chapter 2	Garcia-Pereyra, F., Matute, J., Argilés-Bosch, J.M.	The relevance of self-concept in a social exchange model: the mediating role of nurses' self-concept.	Workshop	Presented		UB Ph.D. in Business workshop 2022
		Who heals nursing professionals? Effects of organizational support through the mediating effect of nurses' self-concept on commitment and extra-role behavior.	Workshop	Presented		EIASM talent management workshop 2020
Chapter 3	Garcia-Pereyra, F., Matute, J	The Mediating Effect of Reciprocating Responses between Organizational Support and Quality of Care: A Multigroup Moderation Analysis	Conference	Accepted		2023 Academy of Management Annual meeting

Thesis chapters	Authors	Title	Type	Status	Impact factor	Publication details
		The Mediating Effect of Reciprocating Responses between Organizational Support and Quality of Care: A Multigroup Moderation Analysis	Journal article	Under review	SJR 0.77 (Q1). JCR: SSCI-NURSING 3.057 (Q1)	Journal of Advanced Nursing
Chapter 4	Garcia-Pereyra, F., Matute, J., Argilés-Bosch, J.M.	Organizational politics and nurses' social exchange behavioral responses: The moderating role of nurses' self-concept	Conference	Accepted		EURAM 2023 Conference

Academic contributions

This thesis applies the Social Exchange Theory (SET) as the main theoretical framework in each stand-alone potential academic article that studies different employee outcomes among nursing professionals. Although there is some debate about the suitability of SET in the new era of workplace relationships (Chernyak-Hai & Rabenu, 2018) or about its use as a theoretical framework to analyze a negative initiating action such as organizational politics (Rosen et al., 2014), this thesis addresses the ongoing debate about SET in each case and justifies the use of this theoretical perspective in every chapter while acknowledging its limitations. For example, in Chapter 2, SET helps to explain how organizations can improve nurses' affective commitment and citizenship behaviors toward different targets (i.e., organization and co-workers), but it is necessary to add the theoretical lens of the expectancy-value model to better understand the key role of nurses' self-concept and its effects on citizenship behaviors toward different targets. Moreover, in Chapters 3 and 4, the use of SET is based on recent theoretical considerations such as the use of a bidimensional theoretical model that takes into account the hedonic value and activity in the social exchange relationships to offer more precise predictions about employees' outcomes (Cropanzano et al., 2017). This theoretical approach may be subject to debate because there are other theoretical approaches that reveal considerable overlap to explain the effects of POS and organizational politics, such as Organizational Support Theory (Eisenberger et al., 2020), Conservation Resources Theory (Hobfoll, 1989), and Need Satisfaction Theory (Rosen and Hochwarter, 2014). Therefore, each chapter takes into account these theoretical debates and justifies the use of a specific theory to assess the variables considered.

Additionally, each theoretical proposition made in this thesis follows a clear theoretical structure in each chapter considers the recent debate on the SET (Cropanzano et al., 2017; Cooper-Thomas and Morrison, 2018; Chernyak-Hai & Rabenu, 2018; Eisenberger et al., 2020) in order to assess the potential effects of organizational politics and POS on different employee outcomes among nurses. For instance, organizational politics and POS are considered a starting mechanism or initiating action of a social exchange relationship (Cooper-Thomas and Morrison, 2018). This starting mechanism generates unspecified responses from the employee, which can be broadly

organized into two types: relational and behavioral responses. A relational response represents a number of variables that have been used to operationalize relationship quality (Cropanzano et al., 2017). An example of this kind of variable is affective commitment (Sharma and Dhar, 2016) or organizational identification (Bravo et al., 2016; 2017) which can be a positive reciprocating relational response to a positive initiating action such as POS. A behavioral response is a construct that intends to measure work behaviors such as citizenship behavior, organizational deviance, or prosocial behavior. It is important to note the distinction between relational and behavioral responses because this thesis contains both types of social exchange responses. Furthermore, past research shows that relational responses tend to mediate the relationship between an initiating action and a behavioral response. For example, Kurtessis et al. (2017) found in their meta-analysis that affective commitment mediates the relationship between POS and citizenship behavior. This thesis considers these findings and offers new research outputs such as the mediating role of affective commitment in an inactive relationship such as the effect of organizational politics on organizational citizenship behavior toward the organization in chapter 4.

Regarding the role of self-perceptions in a social exchange theoretical model, some research has found a moderating role of certain self-perceptions such as self-efficacy or self-concept between initiating action and both types of social exchange responses (Bozeman et al., 2001; Johnson and Chang, 2008; Robert and Vandenberghe, 2021). However, there are contradictory findings regarding the mediating role of self-concept in the case of nursing professionals (Battistelli et al., 2016; Cao et al., 2016). This thesis proposes that, in the case of a relationship between a initiating actions such as POS and its effect on social exchange responses, nurses' self-concept plays a mediating role because POS may directly encourage the use of employees' professional skills (Eisenberger et al., 2020), and past research studies do not consider professions characterized by low self-concept such as nursing professionals. On the other hand, nurses' self-concept plays a moderating role in the relationship between organizational politics and different nurses' outcomes because this negative employee perception does not directly affect the self-concept of nursing professionals.

Managerial Contributions

I began this dissertation by explaining some personal, professional, and research considerations that allow me to propose a main practical objective of this thesis that aims to explore specific actions that organizations can execute to improve the nurses' outcomes. Building on the results of the three standalone potential academic articles presented in Chapters 2, 3, and 4, it is possible to elaborate on some practical implications that can help healthcare managers, nursing managers, and HR professionals to improve the effectiveness of nurses by enhancing their outcomes. While each organization has its own specificities, it is feasible to develop eight managerial recommendations based on the managerial contributions for HR departments, nursing, and senior healthcare managers of this thesis, which are described below:

- o *Create a supportive environment.* Managers and HR departments should create a supportive environment for nursing professionals. For instance, managers can encourage the collection of nurses' opinions and suggest discussing their suggestions with other managers, the HR department, and physicians. This is particularly important because nurses spend more time with patients than any other healthcare worker (Butler et al., 2018), and it is essential for the organization to ensure the quality of healthcare services.
- o *Transmit the importance of nurses through organizational culture.* Managers, HR employees, and physicians should be educated to understand the critical role of nursing professionals in the healthcare system and treat them as respected professionals in their field. For example, the surface manifestation of organizational culture, which includes stories, ceremonies, and heroes, should reflect the essential role of nurses in the organization and be transmitted through the socialization process (Schein, 2004).
- o *Promote equality between nurses and physicians.* Healthcare organizations should prioritize the growth and welfare of nursing professionals within their organizations. In this sense, HR

departments hold significant responsibility for enhancing nurses' self-perception by encouraging a more relaxed hierarchy among nursing managers, physicians, and HR managers. For instance, HR business partners may intervene in any disputes between nurses and doctors as mediators, recognizing the power disparity between these two professions, as suggested by Fagin and Garelick (2004).

- o *Invest in nurses' development.* Healthcare organizations should promote nursing development through training. For example, HR and nurse managers can collaborate in order to adopt human resource policies to improve nurses' soft skills, such as providing chances to enhance both professional and interpersonal abilities, including clinical leadership and management expertise.
- o *Acknowledge and reinforce discretionary efforts.* Nursing managers should understand that reciprocal responses to organizational support, such as citizenship behavior towards the organization and organizational deviance, can have an influence on the quality of care provided. Therefore, nurse managers should acknowledge and encourage those nurses who make discretionary efforts and exhibit positive behaviors, such as communicating effectively with patients and their families, to improve patient care.
- o *Invest in nurses' education.* Nursing managers and the HR department should encourage nurses to achieve a better education since a better level of education helps to improve the quality of care. For instance, organizations may offer to fund the cost of their studies or offer salary increases to nurses who achieve a bachelor's degree or higher educational level.
- o *Be aware of negative perceptions in your team.* Managers should take into account their employees' perceptions of organizational politics, including perceptions of self-serving behavior within the organization, because these negative perceptions can have a detrimental effect on affective commitment, citizenship behavior,

and the quality of care, all of which are crucial factors in enhancing organizational effectiveness. To tackle such negative perceptions, managers must actively listen and communicate effectively with their teams.

- o *The end does not justify the means.* Although some managers can think that political behavior is a way to achieve “ethically justifiable win-win situations” (Ferris et al., 2019, p. 306), senior managers and the HR department should be clear regarding the workplace rules and provide a reminder of the organizational norms, clear verbal reproof where norms are violated, keep written records of deviation, and do not hesitate to penalize any employee, including managers, who violates the organizational rules.

Limitations and Future Research

This study has several limitations. The subsequent points highlight the principal shortcomings of the current investigation and suggest a research program for future exploration.

- o The cross-sectional nature of the data generates limitations that include a potential common method bias. Although we implemented several statistical and procedural suggestions to mitigate and evaluate common method bias, future research can adopt more effective forms to reduce common method bias such as a temporal, proximal, or psychological separation between the measures of the predictor and criterion variables (Podsakoff et al., 2012). For example, Chapter 2 could use a temporal separation such as a longitudinal design to decrease the respondent's capacity to employ earlier responses to complete any memory gaps, deduce absent information, or address follow-up queries that can hamper their performance. The studies performed in this thesis do not consider the nature of the managerial level in the theoretical model. Future research could explore the managerial and employee levels by adopting a dyadic perspective. In this line,

future research also may include supervisors' surveys or secondary data (Podsakoff et al., 2003). Although obtaining measures of predictor and criterion variables from different sources may decrease the effect of the independent on the dependent variable (Podsakoff et al., 2012), it will improve the effectiveness of the study.

- Since the studies conducted in this thesis have a cross-sectional design, it may be beneficial for future projects to employ a mixed-methods approach. For instance, future research could employ an explanatory sequential design strategy to supplement the results of quantitative analysis by conducting interviews with nursing professionals or managers.
- The studies are limited to one country (Argentina). In this sense, future research could be extended to the analysis of other countries and thus facilitate cross-country comparisons, as Brunetto et al. (2013) showed in their comparative study of Australia and the United States.
- One of the limitations of chapter 2 refers to the future opportunities for analyzing the moderating role of nurses' self-concept on alternative social exchange relationships when independent variables could not directly affect the professional self-concept, such as procedural justice or organizational politics, which tend to be used as initiating actions in SET. This limitation is addressed in the theoretical model presented in chapter 4 where the moderating role of nurses' self-concept had a significant effect on the relationship between organizational politics and organizational deviance.
- With respect to the sample size of sub-groups in chapter 3, although each subgroup meets the methodological requirements (Hair et al., 2017), further studies including a larger sample size of each sub-group are required.

- Recent research has pointed to different outcomes in relation to self-concept as a result of gender differences (Van Veelen and Derks, 2021). Accordingly, future research could also usefully study differences in the effects of SET variables and self-concept, taking the gender gap into consideration.
- Although nurses' self-concept is a construct specifically designed for the nursing field, upcoming studies should explore the potential mediating impact of other constructs that have overlapping boundaries or closely related definitions with self-concept, such as core self-evaluation, self-esteem, and self-efficacy, among nurses, and examine if their role can shed light on the relationship between POS and social exchange outcomes (e.g., affective commitment and OCB toward different targets).
- The research presented in various chapters of this thesis relied on the analysis of the same database due to limited resources. In future studies, it is recommended to exercise greater discretion when selecting a database for different projects.
- The studies performed in this thesis could be performed using experimental designs such as experimental vignette methodology studies in order to improve internal validity (Aguinis and Bradley, 2014). For example, future research similar to Chapter 4 could use a 2x2 between-subject design in order to manipulate the independent and moderating variable (i.e., POS and nurses' self-concept) to corroborate the causal relationship established in the theory.

References

- Aberese-Ako, M., Agyepong, I.A., Gerrits, T. and van Dijk, H. (2015), “I used to fight with them but now I have stopped!: Conflict and doctor-nurse-anaesthetists’ motivation in maternal and neonatal care provision in a specialist referral hospital”, *PLoS ONE*, Vol. 10 No. 8, doi: 10.1371/journal.pone.0135129.
- Aguinis, H. and Bradley, K.J. (2014), “Best Practice Recommendations for Designing and Implementing Experimental Vignette Methodology Studies”, *Organizational Research Methods*, Vol. 17 No. 4, doi: 10.1177/1094428114547952.
- Aiken, L.H., Clarke, S.P., Cheung, R.B., Sloane, D.M. and Silber, J.H. (2003), “Educational Levels of Hospital Nurses and Surgical Patient Mortality”, *Journal of the American Medical Association*, Vol. 290 No. 12, doi: 10.1001/jama.290.12.1617.
- Aiken, L.H., Clarke, S.P. and Sloane, D.M. (2002), “Hospital staffing, organization, and quality of care: Cross-national findings”, *Nursing Outlook*, Vol. 50 No. 5, doi: 10.1067/mno.2002.126696.
- El Akremi, A., Colaianni, G., Portoghese, I., Galletta, M. and Battistelli, A. (2014), “How organizational support impacts affective commitment and turnover among Italian nurses: a multilevel mediation model”, *International Journal of Human Resource Management*, Vol. 25 No. 9, doi: 10.1080/09585192.2013.826713.
- Akter, S., Fosso Wamba, S. and Dewan, S. (2017), “Why PLS-SEM is suitable for complex modelling? An empirical illustration in big data analytics quality”, *Production Planning and Control*, Vol. 28 No. 11–12, doi: 10.1080/09537287.2016.1267411.
- Al-Hamdan, Z. and Bani Issa, H. (2022), “The role of organizational support and self-efficacy on work engagement among registered nurses in Jordan: A descriptive study”, *Journal of Nursing Management*, Vol. 30 No. 7, doi: 10.1111/jonm.13456.
- Al-Hussami, M. (2008), “A study of nurses’ job satisfaction: The relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership, and level of education”, *European Journal of Scientific Research*, Vol. 22 No. 2.

- Al-Hussami, M. (2009), "Predictors of nurses' commitment to health care organisations", *Australian Journal of Advanced Nursing*, Vol. 26 No. 4.
- Ali Rasyid, F. and Marta, M.S. (2020), "Impact of organizational politics on proactive behavior of government employees: The moderating role of self-efficacy", *Problems and Perspectives in Management*, Vol. 18 No. 1, doi: 10.21511/ppm.18(1).2020.33.
- Angel, E., Craven, R. and Denson, N. (2012), "The Nurses Self-Concept Instrument (NSCI): Assessment of psychometric properties for Australian domestic and international student nurses", *International Journal of Nursing Studies*, Vol. 49 No. 7, doi: 10.1016/j.ijnurstu.2012.01.016.
- Armstrong-Stassen, M. (2004), "The Influence of Prior Commitment on the Reactions of Layoff Survivors to Organizational Downsizing", *Journal of Occupational Health Psychology*, Vol. 9 No. 1, doi: 10.1037/1076-8998.9.1.46.
- Armstrong-Stassen, M., Al-Ma'aitah, R., Cameron, S.J. and Horsburgh, M.E. (1998), "The relationship between work status congruency and the job attitudes of full-time and part-time Canadian and Jordanian nurses", *International Journal of Human Resource Management*, Vol. 9 No. 1, doi: 10.1080/095851998341189.
- Armstrong-Stassen, M., Cameron, S.J., Mantler, J. and Horsburgh, M.E. (2001), "The impact of hospital amalgamation on the job attitudes of nurses", *Canadian Journal of Administrative Sciences*, Vol. 18 No. 3, doi: 10.1111/j.1936-4490.2001.tb00252.x.
- Armstrong-Stassen, M. and Schlosser, F. (2010), "When hospitals provide HR practices tailored to older nurses, will older nurses stay? It may depend on their supervisor", *Human Resource Management Journal*, Vol. 20 No. 4, doi: 10.1111/j.1748-8583.2010.00143.x.
- Arthur, D. and Randle, J. (2007), "The professional self-concept of nurses: A review of the literature from 1992-2006", *Australian Journal of Advanced Nursing*, Vol. 24 No. 3.
- Aryee, S., Chen, Z.X. and Budhwar, P.S. (2004), "Exchange fairness and employee performance: An examination of the relationship between organizational politics and procedural justice", *Organizational*

- Behavior and Human Decision Processes*, Vol. 94 No. 1, doi: 10.1016/j.obhdp.2004.03.002.
- Asiamah, N., Opoku, E., & Kouveliotis, K. (2019), “The association between nurses’ physical activity counselling and patients’ perceptions of care quality in a primary care facility in Ghana”, *PLoS ONE*, Vol. 17 No. 7, p. e0270208.
- Atkinson, J.W. (1957), “Motivational determinants of risk-taking behavior”, *Psychological Review*, Vol. 64 No. 6 PART 1, doi: 10.1037/h0043445.
- Atshan, N.A., Al-Abrow, H., Abdullah, H.O., Khaw, K.W., Alnoor, A. and Abbas, S. (2022), “The effect of perceived organizational politics on responses to job dissatisfaction: The moderating roles of self-efficacy and political skill”, *Global Business and Organizational Excellence*, Vol. 41 No. 2, doi: 10.1002/joe.22141.
- Azeem, M.U., de Clercq, D. and Haq, I.U. (2021), “Suffering doubly: How victims of coworker incivility risk poor performance ratings by responding with organizational deviance, unless they leverage ingratiation skills”, *Journal of Social Psychology*, Vol. 161 No. 1, doi: 10.1080/00224545.2020.1778617.
- Badwan, Marwa, Nidal Eshah, and R.A. (2022), “The role of organizational support in work engagement among nurses working in intensive care units”, *Journal of Holistic Nursing And Midwifery*, Vol. 32 No. 4, pp. 301–308.
- Basar, U. and Basim, N. (2016), “A cross-sectional survey on consequences of nurses’ burnout: moderating role of organizational politics”, *Journal of Advanced Nursing*, Vol. 72 No. 8, doi: 10.1111/jan.12958.
- Bashir, M., Abrar, M., Yousaf, M., Saqib, S. and Shabbir, R. (2019), “Organizational politics and workplace deviance in unionized settings: Mediating role of job stress and moderating role of resilience”, *Psychology Research and Behavior Management*, Vol. 12, doi: 10.2147/PRBM.S213672.
- Battistelli, A., Galletta, M., Vandenberghe, C. and Odoardi, C. (2016), “Perceived organisational support, organisational commitment and self-competence among nurses: A study in two Italian hospitals”,

- Journal of Nursing Management*, Vol. 24 No. 1, doi: 10.1111/jonm.12287.
- Benitez, J., Henseler, J., Castillo, A. and Schuberth, F. (2020), “How to perform and report an impactful analysis using partial least squares: Guidelines for confirmatory and explanatory IS research”, *Information and Management*, Vol. 57 No. 2, doi: 10.1016/j.im.2019.05.003.
- Bennett, R.J. and Robinson, S.L. (2000), “Development of a measure of workplace deviance”, *Journal of Applied Psychology*, Vol. 85 No. 3, doi: 10.1037/0021-9010.85.3.349.
- Bergeron, D.M. and Thompson, P.S. (2020), “Speaking Up at Work: The Role of Perceived Organizational Support in Explaining the Relationship Between Perceptions of Organizational Politics and Voice Behavior”, *Journal of Applied Behavioral Science*, Vol. 56 No. 2, doi: 10.1177/0021886319900332.
- Bettencourt, L.A. and Brown, S.W. (1997), “Contact employees: Relationships among workplace fairness, job satisfaction and prosocial service behaviors”, *Journal of Retailing*, Vol. 73 No. 1, doi: 10.1016/S0022-4359(97)90014-2.
- Blau, Peter.M. (1964), *Exchange and Power in Social Life*, Wiley, New York.
- Bobbio, A., Bellan, M. and Manganelli, A.M. (2012), “Empowering leadership, perceived organizational support, trust, and job burnout for nurses: A study in an Italian general hospital”, *Health Care Management Review*, Vol. 37 No. 1, doi: 10.1097/HMR.0b013e31822242b2.
- Bobbio, A. and Manganelli, A.M. (2015), “Antecedents of hospital nurses’ intention to leave the organization: A cross sectional survey”, *International Journal of Nursing Studies*, Vol. 52 No. 7, doi: 10.1016/j.ijnurstu.2015.03.009.
- de Boer, H., Kolster, R. and Vossensteyn, H. (2010), “Motives underlying bachelors-masters transitions: The case of dutch degree stackers”, *Higher Education Policy*, Vol. 23 No. 3, doi: 10.1057/hep.2010.14.
- Bong, M. and Skaalvik, E.M. (2003), “Academic Self-Concept and Self-Efficacy: How Different Are They Really?”, *Educational Psychology Review*, doi: 10.1023/A:1021302408382.

- Bozeman, D.P., Hochwarier, W.A., Perrew, P.L. and Brymer, R.A. (2001), “Organizational politics, perceived control, and work outcomes: Boundary conditions on the effects of politics”, *Journal of Applied Social Psychology*, Vol. 31 No. 3, doi: 10.1111/j.1559-1816.2001.tb02052.x.
- Bradley, J.R. and Cartwright, S. (2002), “Social support, job stress, health, and job satisfaction among nurses in the United Kingdom”, *International Journal of Stress Management*, Vol. 9 No. 3, doi: 10.1023/A:1015567731248.
- Bravo, R., Matute, J., & Pina, J. M. (2016). “Corporate identity management in the banking sector: effects on employees’ identification, identity attractiveness, and job satisfaction”. *Service Business*, Vol. 10, pp. 687-714.
- Bravo, R., Matute, J., & Pina, J. M. (2017). “Corporate identity management and employees’ responses.” *Journal of Strategic Marketing*, Vol. 25 No. 1, pp. 1-13.
- Brislin, R.W. (1980), “Translation and content analysis of oral and written materials. In H.C. Triandis, & J.W. Berry (Eds.)”, *Handbook of Cross-Cultural Psychology*.
- Brunetto, Y., Shacklock, K., Teo, S. and Farr-Wharton, R. (2014), “The impact of management on the engagement and well-being of high emotional labour employees”, *International Journal of Human Resource Management*, Vol. 25 No. 17, doi: 10.1080/09585192.2013.877056.
- Brunetto, Y., Xerri, M., Shriberg, A., Farr-Wharton, R., Shacklock, K., Newman, S. and Dienger, J. (2013), “The impact of workplace relationships on engagement, well-being, commitment and turnover for nurses in Australia and the USA”, *Journal of Advanced Nursing*, Vol. 69 No. 12, doi: 10.1111/jan.12165.
- Buil, I., Martínez, E. and Matute, J. (2016), “From internal brand management to organizational citizenship behaviours: Evidence from frontline employees in the hotel industry”, *Tourism Management*, Vol. 57, doi: 10.1016/j.tourman.2016.06.009.
- Buil, I., Martínez, E., & Matute, J. (2019). “Transformational leadership and employee performance: The role of identification, engagement and

- proactive personality”. *International journal of hospitality management*, Vol. 77, pp. 64-75.
- Butler, R., Monsalve, M., Thomas, G.W., Herman, T., Segre, A.M., Polgreen, P.M. and Suneja, M. (2018), “Estimating Time Physicians and Other Health Care Workers Spend with Patients in an Intensive Care Unit Using a Sensor Network”, *American Journal of Medicine*, Vol. 131 No. 8, doi: 10.1016/j.amjmed.2018.03.015.
- Campaign for action. (2019), *New Resource Highlights Nurses Heeding the Call to Earn Their BSN*.
- Cao, X., Chen, L., Tian, L. and Diao, Y. (2016), “The effect of perceived organisational support on burnout among community health nurses in China: The mediating role of professional self-concept”, *Journal of Nursing Management*, Vol. 24 No. 1, doi: 10.1111/jonm.12292.
- Cao, X., Chen, L., Tian, L., Diao, Y. and Hu, X. (2015), “Effect of professional self-concept on burnout among community health nurses in Chengdu, China: The mediator role of organisational commitment”, *Journal of Clinical Nursing*, Vol. 24 No. 19–20, doi: 10.1111/jocn.12915.
- Chang, C.H., Rosen, C. and Levy, P. (2009), “The relationship between perceptions of organizational politics and employee attitudes, strain, and behavior: A meta-analytic examination”, *Academy of Management Journal*, Vol. 52 No. 4, doi: 10.5465/AMJ.2009.43670894.
- Chang, C.S. and Chang, H.C. (2010), “Motivating nurses’ organizational citizenship behaviors by customer-oriented perception for evidence-based practice”, *Worldviews on Evidence-Based Nursing*, Vol. 7 No. 4, doi: 10.1111/j.1741-6787.2010.00188.x.
- Chernyak-Hai, L. and Rabenu, E. (2018), “The New Era Workplace Relationships: Is Social Exchange Theory Still Relevant?”, *Industrial and Organizational Psychology*, doi: 10.1017/iop.2018.5.
- Chevalier, S., Lejeune, J., Fouquereau, E., Coillot, H., Gillet, N., Gandemer, V., Michon, J., *et al.* (2017), “Organizational and Managerial Resources and Quality of Care in French Pediatric Oncology Nursing”, *Journal of Pediatric Oncology Nursing*, Vol. 34 No. 6, doi: 10.1177/1043454217717238.

- Chou, H.Y., Hecker, R. and Martin, A. (2012), "Predicting nurses' well-being from job demands and resources: A cross-sectional study of emotional labour", *Journal of Nursing Management*, Vol. 20 No. 4, doi: 10.1111/j.1365-2834.2011.01305.x.
- Cicellin, M., Tomo, A., Consiglio, S., Moschera, L. and Aria, M. (2022), "Temporary and permanent agency workers. A study of perceived organizational support and dual commitment", *Employee Relations*, Vol. 44 No. 5, doi: 10.1108/ER-06-2021-0243.
- De Clercq, D., Dimov, D. and Belausteguigoitia, I. (2016), "Perceptions of Adverse Work Conditions and Innovative Behavior: The Buffering Roles of Relational Resources", *Entrepreneurship: Theory and Practice*, Vol. 40 No. 3, doi: 10.1111/etap.12121.
- De Clercq, D., Shu, C. and Gu, M. (2023), "Overcoming organizational politics with tenacity and passion for work: benefits for helping behaviors", *Personnel Review*, doi: 10.1108/PR-09-2020-0699.
- Coetzee, S.K., Klopper, H.C., Ellis, S.M. and Aiken, L.H. (2013), "A tale of two systems-Nurses practice environment, well being, perceived quality of care and patient safety in private and public hospitals in South Africa: A questionnaire survey", *International Journal of Nursing Studies*, Vol. 50 No. 2, doi: 10.1016/j.ijnurstu.2012.11.002.
- Cohen, A. (2016), "Are they among us? A conceptual framework of the relationship between the dark triad personality and counterproductive work behaviors (CWBs)", *Human Resource Management Review*, Vol. 26 No. 1, doi: 10.1016/j.hrmr.2015.07.003.
- Cohen, A. and Diamant, A. (2019), "The role of justice perceptions in determining counterproductive work behaviors", *International Journal of Human Resource Management*, Vol. 30 No. 20, doi: 10.1080/09585192.2017.1340321.
- Cooper-Thomas, H.D. and Morrison, R.L. (2018), "Give and Take: Needed Updates to Social Exchange Theory", *Industrial and Organizational Psychology*, doi: 10.1017/iop.2018.101.
- Copanitsanou, P., Fotos, N. and Brokalaki, H. (2017), "Effects of work environment on patient and nurse outcomes", *British Journal of Nursing*, Vol. 26 No. 3, doi: 10.12968/bjon.2017.26.3.172.

- Cowin, L.S., Johnson, M., Craven, R.G. and Marsh, H.W. (2008), “Causal modeling of self-concept, job satisfaction, and retention of nurses”, *International Journal of Nursing Studies*, Vol. 45 No. 10, doi: 10.1016/j.ijnurstu.2007.10.009.
- Crawford, W.S., Lamarre, E., Kacmar, K.M. and Harris, K.J. (2019), “Organizational Politics and Deviance: Exploring the Role of Political Skill”, *Human Performance*, Vol. 32 No. 2, doi: 10.1080/08959285.2019.1597100.
- Cropanzano, R., Anthony, E.L., Daniels, S.R. and Hall, A. V. (2017), “Social exchange theory: A critical review with theoretical remedies”, *Academy of Management Annals*, doi: 10.5465/annals.2015.0099.
- Cropanzano, R. and Mitchell, M.S. (2005), “Social exchange theory: An Interdisciplinary review”, *Journal of Management*, doi: 10.1177/0149206305279602.
- Dasgupta, P. (2016), “Work Engagement of Nurses in Private Hospitals: A Study of Its Antecedents and Mediators”, *Journal of Health Management*, Vol. 18 No. 4, doi: 10.1177/0972063416666160.
- Delbecq, A.L. (2001), “‘Evil’ Manifested in Destructive Individual Behavior: A Senior Leadership Challenge”, *Journal of Management Inquiry*, Vol. 10 No. 3, doi: 10.1177/1056492601103004.
- Durand, F., Bourgeault, I.L., Hebert, R.L. and Fleury, M.J. (2022), “The role of gender, profession and informational role self-efficacy in physician–nurse knowledge sharing and decision-making”, *Journal of Interprofessional Care*, Vol. 36 No. 1, doi: 10.1080/13561820.2021.1890006.
- Eisenberger, R., Cummings, J., Armeli, S. and Lynch, P. (1997), “Perceived organizational support, discretionary treatment, and job satisfaction”, *Journal of Applied Psychology*, Vol. 82 No. 5, doi: 10.1037/0021-9010.82.5.812.
- Eisenberger, R., Huntington, R., Hutchison, S. and Sowa, D. (1986), “Perceived organizational support”, *Journal of Applied Psychology*, Vol. 71 No. 3, pp. 500–507.
- Eisenberger, R., Rhoades Shanock, L. and Wen, X. (2020), “Perceived Organizational Support: Why Caring about Employees Counts”,

- Annual Review of Organizational Psychology and Organizational Behavior*, doi: 10.1146/annurev-orgpsych-012119-044917.
- Eisenberger, R. and Stinglhamber, F. (2011), *Perceived Organizational Support: Fostering Enthusiastic and Productive Employees.*, *Perceived Organizational Support: Fostering Enthusiastic and Productive Employees.*, doi: 10.1037/12318-000.
- Emerson, R. (1976), “Social exchange theory”, *Annual Review of Sociology*, Vol. 2, pp. 335–362.
- Fagin, L. and Garelick, A. (2004), “The doctor-nurse relationship”, *Advances in Psychiatric Treatment*, Vol. 10 No. 4, doi: 10.1192/apt.10.4.277.
- Fatima, T., Raja, U., Malik, M.A.R. and Jahanzeb, S. (2020), “Leader-member exchange quality and employees job outcomes: a parallel mediation model”, *Eurasian Business Review*, Vol. 10 No. 2, doi: 10.1007/s40821-020-00158-6.
- Feather, J., McGillis Hall, L., Trbovich, P. and Baker, G.R. (2018), “An integrative review of nurses’ prosocial behaviours contributing to work environment optimization, organizational performance and quality of care”, *Journal of Nursing Management*, Vol. 26 No. 7, doi: 10.1111/jonm.12600.
- Ferris, G.R., Ellen, B.P., McAllister, C.P. and Maher, L.P. (2019), “Reorganizing Organizational Politics Research: A Review of the Literature and Identification of Future Research Directions”, *Annual Review of Organizational Psychology and Organizational Behavior*, doi: 10.1146/annurev-orgpsych-012218-015221.
- Ferris, G.R., Harrell-Cook, G. and Dulebohn, J.H. (2000), “Organizational politics: The nature of the relationship between politics perceptions and political behavior”, *Research in the Sociology of Organizations*, Vol. 17, doi: 10.1016/S0733-558X(00)17004-1.
- Filimonau, V., Derqui, B., & Matute, J. (2020). “The COVID-19 pandemic and organisational commitment of senior hotel managers”. *International Journal of Hospitality Management*, Vol. 91, pp. 102659.
- Filipova, A.A. (2011), “Relationships Among Ethical Climates, Perceived Organizational Support, and Intent-to-Leave for Licensed Nurses in

- Skilled Nursing Facilities”, *Journal of Applied Gerontology*, Vol. 30 No. 1, doi: 10.1177/0733464809356546.
- Filipova, A.A. (2018), “Countering unprofessional behaviors among nurses in the workplace”, *Journal of Nursing Administration*, Vol. 48 No. 10, doi: 10.1097/NNA.0000000000000656.
- Foluso Philip Adekanmbi, Wilfred Isioma Ukpere, L.E.K.-I. (2022), “The relational effects of perceived organizational support, fear of COVID-19, and work-related stress on the safety performance of healthcare workers”, *Frontiers in Psychology*, Vol. 13.
- Friedman, I.A. and Farber, B.A. (1992), “Professional Self-Concept as a Predictor of Teacher Burnout”, *Journal of Educational Research*, Vol. 86 No. 1, doi: 10.1080/00220671.1992.9941824.
- Galletta, M., Portoghese, I., Pili, S., Piazza, M.F. and Campagna, M. (2016), “The effect of work motivation on a sample of nurses in an Italian healthcare setting”, *Work*, Vol. 54 No. 2, doi: 10.3233/WOR-162327.
- Geng, S., Lu, Y., and Shu, H. (2022), “Cross-cultural generalizability of expectancy-value theory in reading: A multilevel analysis across 80 societies”, *Current Psychology*, Vol. In press, pp. 1–16.
- Geng, Z., Xiao, M., Tang, H., M Hite, J. and J Hite, S. (2022), “Tolerate to innovate: an expectancy-value model on error management culture and radical creativity”, *Management Decision*, Vol. 60 No. 7, doi: 10.1108/MD-03-2021-0387.
- Gillet, N., Colombat, P., Michinov, E., Pronost, A.M. and Fouquereau, E. (2013), “Procedural justice, supervisor autonomy support, work satisfaction, organizational identification and job performance: The mediating role of need satisfaction and perceived organizational support”, *Journal of Advanced Nursing*, Vol. 69 No. 11, doi: 10.1111/jan.12144.
- Giunchi, M., Chambe, M.J. and Ghislieri, C. (2015), “Contract moderation effects on temporary agency workers’ affective organizational commitment and perceptions of support”, *Personnel Review*, Vol. 44 No. 1, doi: 10.1108/PR-03-2014-0061.
- Gloudemans, H.A., Schalk, R.M.J.D. and Reynaert, W. (2013), “The relationship between critical thinking skills and self-efficacy beliefs in

- mental health nurses”, *Nurse Education Today*, Vol. 33 No. 3, doi: 10.1016/j.nedt.2012.05.006.
- Gouldner, A.W. (1960), “The Norm of Reciprocity: A Preliminary Statement”, *American Sociological Review*, Vol. 25 No. 2, doi: 10.2307/2092623.
- Gupta, V., Agarwal, U.A. and Khatri, N. (2016), “The relationships between perceived organizational support, affective commitment, psychological contract breach, organizational citizenship behaviour and work engagement”, *Journal of Advanced Nursing*, Vol. 72 No. 11, doi: 10.1111/jan.13043.
- Hair, et al. (2017), *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM)*. Thousand Oaks, Sage.
- Hair, J.F., Hult, G.T., Ringle, C. and Sarstedt, M. (2017), *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM) - Joseph F. Hair, Jr., G. Tomas M. Hult, Christian Ringle, Marko Sarstedt*, Sage.
- Hair, J.F., Risher, J.J., Sarstedt, M. and Ringle, C.M. (2019), “When to use and how to report the results of PLS-SEM”, *European Business Review*, doi: 10.1108/EBR-11-2018-0203.
- Hair, J.F., Sarstedt, M. and Ringle, C.M. (2019), “Rethinking some of the rethinking of partial least squares”, *European Journal of Marketing*, Vol. 53 No. 4, doi: 10.1108/EJM-10-2018-0665.
- Hallam, J. (1998), “From angels to handmaidens: Changing constructions of nursing’s public image in post-war Britain”, *Nursing Inquiry*, Vol. 5 No. 1, doi: 10.1046/j.1440-1800.1998.510032.x.
- Havaei, F., Dahinten, V.S. and Macphee, M. (2015), “The effects of perceived organisational support and span of control on the organisational commitment of novice leaders”, *Journal of Nursing Management*, Vol. 23 No. 3, doi: 10.1111/jonm.12131.
- Hemingway, E. (1929), *A Farewell to Arms*, New York, NY.
- Henseler, J. (2020), *Composite-Based Structural Equation Modeling: Analyzing Latent and Emergent Variables*, Guilford Publications, New York, NY.

- Henseler, J., Ringle, C.M. and Sarstedt, M. (2015), "A new criterion for assessing discriminant validity in variance-based structural equation modeling", *Journal of the Academy of Marketing Science*, Vol. 43 No. 1, doi: 10.1007/s11747-014-0403-8.
- Henseler, J., Ringle, C.M. and Sarstedt, M. (2016), "Testing measurement invariance of composites using partial least squares", *International Marketing Review*, Vol. 33 No. 3, doi: 10.1108/IMR-09-2014-0304.
- Hobfoll, S.E. (1989), "Conservation of Resources: A New Attempt at Conceptualizing Stress", *American Psychologist*, Vol. 44 No. 3, doi: 10.1037/0003-066X.44.3.513.
- Hochwarter, W.A., Rosen, C.C., Jordan, S.L., Ferris, G.R., Ejaz, A. and Maher, L.P. (2020), "Perceptions of Organizational Politics Research: Past, Present, and Future", *Journal of Management*, Vol. 46 No. 6, doi: 10.1177/0149206319898506.
- Hoeve, Y. ten, Jansen, G. and Roodbol, P. (2014), "The nursing profession: Public image, self-concept and professional identity. A discussion paper", *Journal of Advanced Nursing*, Vol. 70 No. 2, doi: 10.1111/jan.12177.
- Hollinger, R.C. and Clark, J.P. (1983), "Deterrence in the workplace: perceived certainty, perceived severity, and employee theft.", *Social Forces; a Scientific Medium of Social Study and Interpretation*, Vol. 62 No. 2, doi: 10.1093/sf/62.2.398.
- Islam, T., Ali, G. and Ahmed, I. (2018), "Protecting healthcare through organizational support to reduce turnover intention", *International Journal of Human Rights in Healthcare*, Vol. 11 No. 1, doi: 10.1108/IJHRH-03-2017-0012.
- Islam, T., Khan, M.M., Khawaja, F.N. and Ahmad, Z. (2017), "Nurses' reciprocation of perceived organizational support: the moderating role of psychological contract breach", *International Journal of Human Rights in Healthcare*, Vol. 10 No. 2, doi: 10.1108/IJHRH-12-2016-0023.
- Jeon, K.D. and Koh, M.S. (2017), "Structural equation model of clinical nurses' professional self-concept, job embeddedness, organizational citizenship behavior, and organizational performance", *Information (Japan)*, Vol. 20 No. 6.

- Jha, A. (2023), “Relevance of CSR for building affective commitment of employees: a multilevel approach”, *Journal of Global Responsibility*, Vol. 14 No. 1, pp. 135–154.
- Johnson, R.E. and Chang, C.H. (2008), “Relationships between organizational commitment and its antecedents: Employee self-concept matters”, *Journal of Applied Social Psychology*, Vol. 38 No. 2, doi: 10.1111/j.1559-1816.2008.00315.x.
- Kammeyer-Mueller, J.D., Judge, T.A. and Scott, B.A. (2009), “The Role of Core Self-Evaluations in the Coping Process”, *Journal of Applied Psychology*, Vol. 94 No. 1, doi: 10.1037/a0013214.
- Kao, J.-C. and Kao, C.-C.C. and R.-H. (2023), “Perceived organizational support and organizational citizenship behavior—A study of the moderating effect of volunteer participation motivation, and cross-level effect of transformational leadership and organizational climate”, *Frontiers in Psychology*, Vol. 14, pp. 1–15.
- Kar, S. and Suar, D. (2014), “Role of burnout in the relationship between job demands and job outcomes among indian nurses”, *Vikalpa*, Vol. 39 No. 4, doi: 10.1177/0256090920140403.
- Karanikola, M., Doulougeri, K., Koutrouba, A., Giannakopoulou, M. and Papathanassoglou, E.D.E. (2018), “A phenomenological investigation of the interplay among professional worth appraisal, self-esteem and self-perception in nurses: The revelation of an internal and external criteria system”, *Frontiers in Psychology*, Vol. 9 No. OCT, doi: 10.3389/fpsyg.2018.01805.
- Kaur, N. and Kang, L.S. (2022), “Perception of organizational politics, knowledge hiding and organizational citizenship behavior: the moderating effect of political skill”, *Personnel Review*, doi: 10.1108/PR-08-2020-0607.
- Khan, A.A. (2023), “Perceived organizational politics and workplace gossip: the moderating role of compassion”, *International Journal of Conflict Management*, Vol. 34 No. 2, pp. 392–416.
- Khan, N.A., Khan, A.N. and Gul, S. (2019), “Relationship between perception of organizational politics and organizational citizenship behavior: testing a moderated mediation model”, *Asian Business and Management*, Vol. 18 No. 2, doi: 10.1057/s41291-018-00057-9.

- Khattak, M.N., Zolin, R. and Muhammad, N. (2021), "The combined effect of perceived organizational injustice and perceived politics on deviant behaviors", *International Journal of Conflict Management*, Vol. 32 No. 1, doi: 10.1108/IJCMA-12-2019-0220.
- Kock, N. (2015a), "Common method bias in PLS-SEM: A full collinearity assessment approach", *International Journal of E-Collaboration*, Vol. 11 No. 4, doi: 10.4018/ijec.2015100101.
- Kock, N. (2015b), "One-tailed or two-tailed P values in PLS-SEM?", *International Journal of E-Collaboration*, Vol. 11 No. 2, doi: 10.4018/ijec.2015040101.
- Kock, N. and Lynn, G.S. (2012), "Lateral collinearity and misleading results in variance-based SEM: An illustration and recommendations", *Journal of the Association for Information Systems*, Vol. 13 No. 7, doi: 10.17705/1jais.00302.
- Kurtessis, J.N., Eisenberger, R., Ford, M.T., Buffardi, L.C., Stewart, K.A. and Adis, C.S. (2017), "Perceived Organizational Support: A Meta-Analytic Evaluation of Organizational Support Theory", *Journal of Management*, Vol. 43 No. 6, doi: 10.1177/0149206315575554.
- Labrague, L.J., McEnroe Petite, D.M., Leocadio, M.C., Van Bogaert, P. and Tsaras, K. (2018), "Perceptions of organizational support and its impact on nurses' job outcomes", *Nursing Forum*, Vol. 53 No. 3, doi: 10.1111/nuf.12260.
- Labrague, L.J., McEnroe-Petite, D.M., Gloe, D., Tsaras, K., Arteché, D.L. and Maldia, F. (2017), "Organizational politics, nurses' stress, burnout levels, turnover intention and job satisfaction", *International Nursing Review*, Vol. 64 No. 1, doi: 10.1111/inr.12347.
- Lartey, J.K.S., Amponsah-Tawiah, K. and Osafo, J. (2019), "The moderating effect of perceived organizational support in the relationship between emotional labour and job attitudes: A study among health professionals", *Nursing Open*, Vol. 6 No. 3, doi: 10.1002/nop2.295.
- Lasater, K.B., Aiken, L.H., Sloane, D., French, R., Martin, B., Alexander, M. and McHugh, M.D. (2021), "Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: An

- observational study”, *BMJ Open*, Vol. 11 No. 12, doi: 10.1136/bmjopen-2021-052899.
- Lavelle, J.J., McMahan, G.C. and Harris, C.M. (2009), “Fairness in human resource management, social exchange relationships, and citizenship behavior: Testing linkages of the target similarity model among nurses in the United States”, *International Journal of Human Resource Management*, Vol. 20 No. 12, doi: 10.1080/09585190903363748.
- Lavelle, J.J., Rupp, D.E., Manegold, J. and Thornton, M.A. (2015), “Multifoci justice and target similarity: Emerging research and extensions”, *The Oxford Handbook of Justice in Work Organizations*.
- Le-Hoang Long, N., Thi-Thu Huong, N., and Viet-Anh, H. (2022), “Workplace Support and Service-Oriented Organisational Citizenship Behaviour: The Mediating Role Of Psychological Empowerment And Affective Commitment”, *Cogent Business & Management*, Vol. 9 No. 1, pp. 1–16.
- Levinson, H. (1965), “Reciprocation: The Relationship Between Man and Organization”, *Administrative Science Quarterly*, Vol. 9 No. 4, doi: 10.2307/2391032.
- Li, X., Guo, Y., Zhao, T., Zhang, S., Yue, X. and Liu, Y. (2021), “Cluster analysis of self-concept and job satisfaction in Chinese nurses with master’s degree to identify their turnover intention: A cross-sectional study”, *Journal of Clinical Nursing*, Vol. 30 No. 13–14, doi: 10.1111/jocn.15762.
- Liang, J.J. (2023), “Crafting Personal territory in a political world: A human agency approach to organizational politics”, *Journal of Occupational and Organizational Psychology*, Vol. In press.
- Liao, H., Joshi, A. and Chuang, A. (2004), “Sticking out like a sore thumb: Employee dissimilarity and deviance at work”, *Personnel Psychology*, Vol. 57 No. 4, doi: 10.1111/j.1744-6570.2004.00012.x.
- Liu, J.Y., Yang, J.P., Yang, Y. and Liu, Y.H. (2015), “The relationships among perceived organizational support, intention to remain, career success and self-esteem in Chinese male nurses”, *International Journal of Nursing Sciences*, Vol. 2 No. 4, doi: 10.1016/j.ijnss.2015.01.004.
- Liu, W., Zhao, S., Shi, L., Zhang, Z., Liu, X., Li, L., Duan, X., *et al.* (2018), “Workplace violence, job satisfaction, burnout, perceived

- organisational support and their effects on turnover intention among Chinese nurses in tertiary hospitals: A cross-sectional study”, *BMJ Open*, Vol. 8 No. 6, doi: 10.1136/bmjopen-2017-019525.
- Lyons, B.J. and Scott, B.A. (2012), “Integrating social exchange and affective explanations for the receipt of help and harm: A social network approach”, *Organizational Behavior and Human Decision Processes*, Vol. 117 No. 1, doi: 10.1016/j.obhdp.2011.10.002.
- Mahmoud, A.B. and Reisel, W.D. (2014), “Relating patient satisfaction to nurses’ job satisfaction, job security, and obedience OCBs”, *International Journal of Pharmaceutical and Healthcare Marketing*, Vol. 8 No. 1, doi: 10.1108/IJPHM-01-2013-0001.
- Malbašić, I., Mas-Machuca, M. and Marimon, F. (2018), “Through the Decreased Values Gap to Increased Organizational Effectiveness: The Mediating Role of Organizational Commitment”, *Journal of Human Values*, Vol. 24 No. 2, doi: 10.1177/0971685818754553.
- Malinowski, B. (1922), *Argonauts of the Western Pacific*, Planeta agostini, Barcelona.
- Mallette, C. (2011), “Nurses’ work patterns: Perceived organizational support and psychological contracts”, *Journal of Research in Nursing*, Vol. 16 No. 6, doi: 10.1177/1744987111422421.
- Marsh, H.W. and Perry, C. (2005), “Self-concept contributes to winning gold medals: Causal ordering of self-concept and elite swimming performance”, *Journal of Sport and Exercise Psychology*, Vol. 27 No. 1, doi: 10.1123/jsep.27.1.71.
- McKinsey. (2022), “Surveyed nurses consider leaving direct patient care at elevated rates”, available at: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/surveyed-nurses-consider-leaving-direct-patient-care-at-elevated-rates> (accessed 20 May 2022).
- Mehmood, I., Macky, K., & Le Fevre, M. (2022), “High-involvement work practices, employee trust and engagement: the mediating role of perceived organisational politics”, *Personnel Review*, Vol. In press.
- Mehrad, A., Fernández-Castro, J., de Olmedo, M. P. G. G., & García-Sierra, R. (2022), “Mediation Role of Perceived Organizational

- Support on Nurses' Work Engagement and Leadership Styles", *Nurse Media Journal of Nursing*, Vol. 12 No. 2, pp. 208–222.
- Meisler, G., Drory, A. and Vigoda-Gadot, E. (2020), "Perceived organizational politics and counterproductive work behavior: The mediating role of hostility", *Personnel Review*, Vol. 49 No. 8, doi: 10.1108/PR-12-2017-0392.
- Mensah, H.K., Agyapong, A. and Nuerthey, D. (2017), "The effect of corporate social responsibility on organizational commitment of employees of rural and community banks in Ghana", *Cogent Business and Management*, Vol. 4 No. 1, doi: 10.1080/23311975.2017.1280895.
- Meyer, J.P. and Allen, N.J. (1991), "A three-component conceptualization of organizational commitment", *Human Resource Management Review*, Vol. 1 No. 1, doi: 10.1016/1053-4822(91)90011-Z.
- Meyer, J.P., Allen, N.J. and Smith, C.A. (1993), "Commitment to Organizations and Occupations: Extension and Test of a Three-Component Conceptualization", *Journal of Applied Psychology*, Vol. 78 No. 4, doi: 10.1037/0021-9010.78.4.538.
- Meyer, J.P., Becker, T.E. and Vandenberghe, C. (2004), "Employee commitment and motivation: A conceptual analysis and integrative model", *Journal of Applied Psychology*, Vol. 89 No. 6, doi: 10.1037/0021-9010.89.6.991.
- Meyer, J.P. and Herscovitch, L. (2001), "Commitment in the workplace: Toward a general model", *Human Resource Management Review*, Vol. 11 No. 3, doi: 10.1016/S1053-4822(00)00053-X.
- Ministerio de Salud. (2023), "Datos Sobre Fuerza de Trabajo", available at: <https://www.argentina.gob.ar/salud/observatorio/datos/fuerzadetrabajo> (accessed 12 March 2023).
- Mon, E. E., Akkadechanunt, T., & Chitpakdee, B. (2022), "Factors predicting organizational commitment of nurses in general hospitals: A descriptive-predictive study", *Nursing & Health Sciences*, Vol. 24 No. 3, pp. 610–617.
- Movahedi, A., Bidkhori, M., Arazi, T., Khaleghipour, M. and Amini, F. (2020), "The Relationship between Positive Perceptions Toward Organizational Politics and the Work-Related Outcomes of Nurses", *Journal of Nursing Research*, doi: 10.1097/jnr.0000000000000381.

- Nasurdin, A.M., Ling, T.C. and Khan, S.N. (2018), “Linking social support, work engagement and job performance in nursing”, *International Journal of Business and Society*, Vol. 19 No. 2.
- Nazir, S., Qun, W., Hui, L. and Shafi, A. (2018), “Influence of social exchange relationships on affective commitment and innovative behavior: Role of perceived organizational support”, *Sustainability (Switzerland)*, Vol. 10 No. 12, doi: 10.3390/su10124418.
- Nelson, S.A., Azevedo, P.R., Dias, R.S., Sousa, S.M.A. de, Carvalho, L.D.P. de, Silva, A.C.O. and Rabelo, P.P.C. (2014), “The influence of bullying on the wellbeing of Brazilian nursing professionals”, *Public Money and Management*, Vol. 34 No. 6, doi: 10.1080/09540962.2014.962364.
- Neves, P. and Story, J. (2015), “Ethical Leadership and Reputation: Combined Indirect Effects on Organizational Deviance”, *Journal of Business Ethics*, Vol. 127 No. 1, doi: 10.1007/s10551-013-1997-3.
- Newman, A., Nielsen, I., Smyth, R. and Hooke, A. (2015), “Examining the Relationship Between Workplace Support and Life Satisfaction: The Mediating Role of Job Satisfaction”, *Social Indicators Research*, Vol. 120 No. 3, doi: 10.1007/s11205-014-0613-y.
- Nguyen Le-Hoang Long, N.T.-T.H.& H.V. (2022), “Workplace Support and Service - Oriented Organisational Citizenship Behaviour: The Mediating Role Of Psychological Empowerment And Affective Commitment”, *Cogent Business & Management*, Vol. 9 No. 1, p. 2131984, doi: 10.1080/23311975.2022.2131984.
- Noble-Nkrumah, F., Anyigba, H. and Mensah, H.K. (2022), “Psychological contract fulfilment and work behaviour nexus: the interactive effects of employee job autonomy and trust”, *Management Decision*, Vol. 60 No. 5, doi: 10.1108/MD-11-2020-1493.
- Orgambidez, A., Borrego, Y. and Vázquez-Aguado, O. (2019), “Self-efficacy and organizational commitment among Spanish nurses: the role of work engagement”, *International Nursing Review*, Vol. 66 No. 3, doi: 10.1111/inr.12526.
- Organization for Economic Co-operation and Development (2021). “Health at a Glance 2021 : OECD Indicators”, available at: <https://www.oecd-ilibrary.org/sites/015d1834->

[en/index.html?itemId=/content/component/015d1834-en](#) (accessed 12 March 2023).

- Organ, D.W. (1997), “Organizational citizenship behavior: It’s construct clean-up time”, *Human Performance*, Vol. 10 No. 2, doi: 10.1207/s15327043hup1002_2.
- Organ, D.W. (2018), “Organizational citizenship behavior: Recent trends and developments”, *Annual Review of Organizational Psychology and Organizational Behavior*, doi: 10.1146/annurev-orgpsych-032117-104536.
- Pahlevan Sharif, S., Ahadzadeh, A.S. and Sharif Nia, H. (2018), “Mediating role of psychological well-being in the relationship between organizational support and nurses’ outcomes: A cross-sectional study”, *Journal of Advanced Nursing*, Vol. 74 No. 4, doi: 10.1111/jan.13501.
- Panaccio, A.A. (2023), “Agreeable Supervisors Promoting the Organization - Implications for Employee Commitment and Retention”, *Journal of Personnel Psychology*, Vol. In press.
- Park, M. and Choi, J.S. (2019), “Effects of workplace cyberbullying on nurses’ symptom experience and turnover intention”, *Journal of Nursing Management*, Vol. 27 No. 6, doi: 10.1111/jonm.12779.
- Patrick, A. and Spence Laschinger, H.K. (2006), “The effect of structural empowerment and perceived organizational support on middle level nurse managers’ role satisfaction”, *Journal of Nursing Management*, Vol. 14 No. 1, doi: 10.1111/j.1365-2934.2005.00600.x.
- Pearson, C.M., Andersson, L.M. and Porath, C.L. (2005), *Workplace Incivility In S. Fox & P. E. Spector (Eds.), Counterproductive Work Behavior: Investigations of Actors and Targets:., Counterproductive Work Behavior: Investigations of Actors and Targets.,* doi: 10.1037/10893-000.
- Perreira, T., Berta, W., Ginsburg, L., Barnsley, J. and Herbert, M. (2018), “Insights into nurses’ work: Exploring relationships among work attitudes and work-related behaviors”, *Health Care Management Review*, Vol. 43 No. 4, doi: 10.1097/HMR.000000000000151.
- Podsakoff, P.M., MacKenzie, S.B., Lee, J.Y. and Podsakoff, N.P. (2003), “Common Method Biases in Behavioral Research: A Critical Review

- of the Literature and Recommended Remedies”, *Journal of Applied Psychology*, Vol. 88 No. 5, doi: 10.1037/0021-9010.88.5.879.
- Podsakoff, P.M., MacKenzie, S.B. and Podsakoff, N.P. (2012), “Sources of method bias in social science research and recommendations on how to control it”, *Annual Review of Psychology*, doi: 10.1146/annurev-psych-120710-100452.
- Pohl, S., Battistelli, A. and Librecht, J. (2013), “The impact of perceived organizational support and job characteristics on nurses’ organizational citizenship behaviours”, *International Journal of Organization Theory and Behavior*, Vol. 16 No. 2, doi: 10.1108/IJOTB-16-02-2013-B002.
- Pohl, S., Vonthron, A.M. and Closon, C. (2019), “Human resources practices as predictors of organizational citizenship behaviour: The role of job breadth and organizational support”, *Journal of Management and Organization*, Vol. 25 No. 2, doi: 10.1017/jmo.2017.14.
- Polat, Ş. and Terzi, B. (2021), “Relationships between perceived support types and the job satisfaction levels of nurses”, *Perspectives in Psychiatric Care*, Vol. 57 No. 3, doi: 10.1111/ppc.12675.
- Qu, Y., Jo, W.M. and Choi, H.C. (2020), “Gender Discrimination, Injustice, and Deviant Behavior among Hotel Employees: Role of Organizational Attachment”, *Journal of Quality Assurance in Hospitality and Tourism*, Vol. 21 No. 1, doi: 10.1080/1528008X.2019.1619498.
- Ren Yanbei, Ma Dongdong, Liu Yun, W.N.& Q.F. (2023), “Does perceived organization support moderates the relationships between work frustration and burnout among intensive care unit nurses? A cross-sectional survey”, *BMC Nursing*, Vol. 22 No. 1, pp. 1–9.
- Rhoades, L. and Eisenberger, R. (2002), “Perceived organizational support: A review of the literature”, *Journal of Applied Psychology*, Vol. 87 No. 4, doi: 10.1037/0021-9010.87.4.698.
- Ringle, C.M., Sarstedt, M., Mitchell, R. and Gudergan, S.P. (2020), “Partial least squares structural equation modeling in HRM research”, *International Journal of Human Resource Management*, Vol. 31 No. 12, doi: 10.1080/09585192.2017.1416655.
- Robert, V. and Vandenberghe, C. (2021), “Laissez-Faire Leadership and Affective Commitment: the Roles of Leader-Member Exchange and

- Subordinate Relational Self-concept”, *Journal of Business and Psychology*, Vol. 36 No. 4, doi: 10.1007/s10869-020-09700-9.
- Robson, A. and Robson, F. (2016), “Investigation of nurses’ intention to leave: a study of a sample of UK nurses”, *Journal of Health, Organisation and Management*, Vol. 30 No. 1, doi: 10.1108/JHOM-05-2013-0100.
- Rosen, C.C., Ferris, D.L., Brown, D.J., Chen, Y. and Yan, M. (2014), “Perceptions of organizational politics: A need satisfaction paradigm”, *Organization Science*, Vol. 25 No. 4, doi: 10.1287/orsc.2013.0857.
- Rosen, C.C. and Hochwarter, W.A. (2014), “Looking back and falling further behind: The moderating role of rumination on the relationship between organizational politics and employee attitudes, well-being, and performance”, *Organizational Behavior and Human Decision Processes*, Vol. 124 No. 2, doi: 10.1016/j.obhdp.2014.03.003.
- Rosen, C.C., Levy, P.E. and Hall, R.J. (2006), “Placing perceptions of politics in the context of the feedback environment, employee attitudes, and job performance”, *Journal of Applied Psychology*, doi: 10.1037/0021-9010.91.1.211.
- Ross, H., Tod, A.M. and Clarke, A. (2015), “Understanding and achieving person-centred care: The nurse perspective”, *Journal of Clinical Nursing*, Vol. 24 No. 9–10, doi: 10.1111/jocn.12662.
- Sackett, P.R. and Larson Jr., J.R. (1990), “Research strategies and tactics in industrial and organizational psychology.”, *Handbook of Industrial and Organizational Psychology, Vol. 1 (2nd Ed.)*.
- Saks, A.M. (2006), “Antecedents and consequences of employee engagement”, *Journal of Managerial Psychology*, Vol. 21 No. 7, doi: 10.1108/02683940610690169.
- Sarstedt, M., Hair, J.F., Cheah, J.H., Becker, J.M. and Ringle, C.M. (2019), “How to specify, estimate, and validate higher-order constructs in PLS-SEM”, *Australasian Marketing Journal*, Vol. 27 No. 3, doi: 10.1016/j.ausmj.2019.05.003.
- Schein, E.H. (2004), “Organizational Culture and Leadership, Third Edition”, *Published by Jossey-Bass*, Vol. 7 No. San Francisco, CA.

- Sen, H.T. (2023), “The relationship between nurses’ perceived organisational, supervisor and coworker support, psychological well-being and job performance”, *The Journal of the Pakistan Medical Association*, Vol. 73 No. 3, pp. 552–557.
- Shacklock, K., Brunetto, Y., Teo, S. and Farr-Wharton, R. (2014), “The role of support antecedents in nurses’ intentions to quit: The case of Australia”, *Journal of Advanced Nursing*, Vol. 70 No. 4, doi: 10.1111/jan.12239.
- Sharma, J. and Dhar, R.L. (2016), “Factors influencing job performance of nursing staff: Mediating role of affective commitment”, *Personnel Review*, Vol. 45 No. 1, doi: 10.1108/PR-01-2014-0007.
- Siew, P.L., Chitpakdee, B. and Chontawan, R. (2011), “Factors predicting organizational commitment among nurses in state hospitals, Malaysia”, *International Medical Journal Malaysia*, Vol. 10 No. 2, doi: 10.31436/imjm.v10i2.678.
- Spector, P.E. and Fox, S. (2006), “The Stressor-Emotion Model of Counterproductive Work Behavior.”, *Counterproductive Work Behavior: Investigations of Actors and Targets.*, doi: 10.1037/10893-007.
- Spence Laschinger, H.K., Wong, C.A., Grau, A.L., Read, E.A. and Pineau Stam, L.M. (2012), “The influence of leadership practices and empowerment on Canadian nurse manager outcomes”, *Journal of Nursing Management*, Vol. 20 No. 7, doi: 10.1111/j.1365-2834.2011.01307.x.
- Sutharjana, N.W.K., Thoyib, A., Taroena, E.A. and Rahayu, M. (2013), “Organizational Citizenship Behavior Effect On Patient Satisfaction And Loyalty Through Service Quality (Study On Maternity Hospitals In Indonesia)”, *International Journal of Scientific & Technology Research*, Vol. 2 No. 5.
- Takase, M., Kershaw, E. and Burt, L. (2002), “Does public image of nurses matter?”, *Journal of Professional Nursing*, Vol. 18 No. 4, doi: 10.1053/jpnu.2002.127014.
- Tang, Y., Wang, Y., Zhou, H., Wang, J., Zhang, R. and Lu, and Q. (2023), “The relationship between psychiatric nurses’ perceived organizational

- support and job burnout: Mediating role of psychological capital”, *Frontiers in Psychology*, Vol. 14, pp. 1–12.
- To, W. M., and Huang, G. (2022), “Effects of equity, perceived organizational support and job satisfaction on organizational commitment in Macao’s gaming industry”, *Management Decision*, Vol. 60 No. 9, pp. 2433–2454.
- Tourangeau, A., Cranley, L., Spence Laschinger, H.K. and Pachis, J. (2010), “Relationships among leadership practices, work environments, staff communication and outcomes in long-term care”, *Journal of Nursing Management*, Vol. 18 No. 8, doi: 10.1111/j.1365-2834.2010.01125.x.
- Trybou, J., Gemmel, P., Pauwels, Y., Henninck, C. and Clays, E. (2014), “The impact of organizational support and leader-member exchange on the work-related behaviour of nursing professionals: The moderating effect of professional and organizational identification”, *Journal of Advanced Nursing*, Vol. 70 No. 2, doi: 10.1111/jan.12201.
- Trybou, J., De Pourcq, K., Paeshuyse, M. and Gemmel, P. (2014), “The importance of social exchange to nurses and nurse assistants: Impact on retention factors”, *Journal of Nursing Management*, Vol. 22 No. 5, doi: 10.1111/jonm.12039.
- Van Veelen, R. and Derks, B. (2022), “Academics as Agentic Superheroes: Female academics’ lack of fit with the agentic stereotype of success limits their career advancement”, *British Journal of Social Psychology*, Vol. 61 No. 3, doi: 10.1111/bjso.12515.
- Vogt, W.P., Gardner, D.C. and Haefele, L.M. (2012), “When to use what research design: Chapter 16”, *When to Use What Research Design*, No. 2012.
- Wang, M., Guan, H., Li, Y., Xing, C. and Rui, B. (2019), “Academic burnout and professional self-concept of nursing students: A cross-sectional study”, *Nurse Education Today*, Vol. 77, doi: 10.1016/j.nedt.2019.03.004.
- Wayne, S.J., Shore, L.M. and Liden, R.C. (1997), “Perceived organizational support and leader-member exchange: A social exchange perspective”, *Academy of Management Journal*, Vol. 40 No. 1, doi: 10.2307/257021.

- WHO. (2020), “State of the world’s nursing 2020: investing in education, jobs and leadership”, available at: <https://www.who.int/publications/i/item/9789240003279> (accessed 10 July 2022).
- Wigfield, A. and Eccles, J.S. (2000), “Expectancy-value theory of achievement motivation”, *Contemporary Educational Psychology*, Vol. 25 No. 1, doi: 10.1006/ceps.1999.1015.
- Williams, L.J. and Anderson, S.E. (1991), “Job Satisfaction and Organizational Commitment as Predictors of Organizational Citizenship and In-Role Behaviors”, *Journal of Management*, Vol. 17 No. 3, doi: 10.1177/014920639101700305.
- Xerri, M.J., Farr-Wharton, R., Brunetto, Y., Shacklock, K. and Robson, F. (2014), “Antecedents and outcomes relating to public and private nurses’ use of intuition in England”, *Public Money and Management*, Vol. 34 No. 6, doi: 10.1080/09540962.2014.962363.
- Xing, L. (2023), “Moderating effect of organizational climate on the relationship between research motivation and learning engagement among nurses taking part-time master’s program: A cross-sectional study”, *Nurse Education in Practice*.
- Xu, D., Zhang, N., Bu, X. and He, J. (2022), “The effect of perceived organizational support on the work engagement of Chinese nurses during the COVID-19: the mediating role of psychological safety”, *Psychology, Health and Medicine*, Vol. 27 No. 2, doi: 10.1080/13548506.2021.1946107.
- Yahya, F., Rashid, A. and Ali, S.A. (2017), “The Relationship between Perceived Organisational Support, Perceived External Prestige, Growth Need Strength and Job Satisfaction of Nurses in Pakistan.”, *Journal of Contemporary Issues in Business & Government*, Vol. 23 No. 1.
- Yun Xu, Yongqi Liang, H.Y.& Y.X. (2023), “Literature review of the research on nursing students’ professional self-concept”, *Medical Education Online*, Vol. 28 No. 1, pp. 1–10.
- Zaghini, F., Fiorini, J., Piredda, M., Fida, R. and Sili, A. (2020), “The relationship between nurse managers’ leadership style and patients’ perception of the quality of the care provided by nurses: Cross

- sectional survey”, *International Journal of Nursing Studies*, Vol. 101, doi: 10.1016/j.ijnurstu.2019.103446.
- Zhang, N., Gong, Z.X., Xu, Z. and Gilal, F.G. (2019), “Ethical climate and service behaviours in nurses: The moderating role of employment type”, *Journal of Advanced Nursing*, Vol. 75 No. 9, doi: 10.1111/jan.13961.
- Zhou, T., Guan, R. and Sun, L. (2021), “Perceived organizational support and PTSD symptoms of frontline healthcare workers in the outbreak of COVID-19 in Wuhan: The mediating effects of self-efficacy and coping strategies”, *Applied Psychology: Health and Well-Being*, Vol. 13 No. 4, doi: 10.1111/aphw.12267.

Appendices

Appendix 1

<i>Variable</i>	<i>Dimensions</i>	<i>Items</i>	<i>Mean</i>	<i>Standard deviation</i>
Perceived Organizational Support		My organization cares about my opinions		
		My organization really cares about my well-being		
		My organization strongly considers my goals and values		
		Help is available from my organization when I have a problem		
		My organization would forgive an honest mistake on my part	4,03	1,89
		If given the opportunity, my organization would take advantage of me (R)		
		My organization shows concern for me		
Nurses' self-concept instrument		My organization is willing to help me if I need a special favor		
		I care about my patients needs		
	Care	I am proud of the way I care for my patients.	6,27	1,04
		I get a lot of enjoyment out of caring for my patients.		
	Knowledge	I am able to master new nursing knowledge	6,56	0,71
	I am good at applying my nursing knowledge to patient care			

<i>Variable</i>	<i>Dimensions</i>	<i>Items</i>	<i>Mean</i>	<i>Standard deviation</i>
		I find new nursing knowledge stimulating		
		I like having the knowledge to solve nursing problems		
		I like working with my colleagues		
	Staff relations	I am able to form good working relationships with my colleagues	6,11	1,07
		I am good at helping my colleagues		
		I am/will be a good leader of nurses		
	Leadership	I enjoy/will enjoy having nursing leadership responsibility		
		I am/will be a respected nurse team leader	5,72	1,44
		I like/will like leading a nursing team		
Quality of Care		I am satisfied with the quality of patient care in my unit	5,70	1,30
		People spend too much time sucking up to those who can help them		
		People are working behind the scenes to ensure that they get their piece of the pie		
Perceived Organizational Politics		There is a lot of self-serving behavior going on in the company	5,05	1,87
		People do what's best for them, not what's best for the company		
Organizational Deviance		Taken an additional or a longer break than is acceptable at your workplace	2,60	1,83
		Spent too much time fantasizing or daydreaming instead of working		

<i>Variable</i>	<i>Dimensions</i>	<i>Items</i>	<i>Mean</i>	<i>Standard deviation</i>
Affective Commitment		Come in late to work without permission	4,29	2,11
		Neglected to follow your boss's instructions		
		Intentionally worked slower than you could have worked		
		I would be very happy to spend the rest of my career with this organization		
		I really feel as if this organization's problems are my own		
Organizational Citizenship Behavior (organization)		I do not feel a strong sense of "belonging" to my organization (R)	5,59	1,49
		I feel "emotionally attached" to this organization		
		Attend functions that are not required but that help the organizational image		
		Offer ideas to improve the functioning of the organization		
		Take action to protect the organization from potential problems		
Organizational Citizenship Behavior (individual)		Defend the organization when other employees criticize it	5,68	1,42
		Willingly give your time to help others who have work-related problems		
		Adjust your work schedule to accommodate other employees' requests for time off		
		Give up time to help others who have work or non-work problems		
		Assist others with their duties		

<i>Variable</i>	<i>Dimensions</i>	<i>Items</i>	<i>Mean</i>	<i>Standard deviation</i>
Organizational Citizenship Behavior (patient)		<p>I can help patients to solve problems beyond what is expected or required of the nursing work contents</p> <p>When the patient is in need, I can provide additional services voluntarily</p> <p>Even beyond my job requirements, I take the initiative to meet the needs of the patients</p>	5,98	1,31