

Original Article

Perceived Organizational Support Scale: Translation and Validation in Greek

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Abstract

Background: Organizational support is crucial to improve workers self-confidence, productivity and creativity.

Aim: To translate and validate the “Perceived Organizational Support” (POS) scale in Greek.

Methods: Our sample included 114 nurses in Greece. We performed our study during April 2024. We employed the forward-backward method to translate and adapt the POS in Greek language. We examined the construct validity of the POS by performing confirmatory factor analysis. We examined the concurrent validity of the POS using the “Quiet Quitting Scale” (QQS), the single item burnout measure, and the “Global Transformational Leadership” (GTL) scale. We examined the reliability of the POS by calculating Cronbach’s alpha.

Results: The POS showed very good psychometric properties. Our confirmatory factor analysis confirmed the one-factor structure of the POS. Concurrent validity of the Greek version of the POS was very good. We found statistically significant correlations between the POS and QQS ($r = -0.233$, $p=0.013$), and GTL ($r = 0.590$, $p<0.001$). We found that the POS had very good reliability since intraclass correlation coefficients for the eight items were higher than 0.798 ($p<0.001$ in all cases). Moreover, Cronbach’s coefficient alpha for the POS was 0.946.

Conclusions: The Greek version of the “Perceived Organizational Support” scale is a reliable and valid tool to measure organizational support among employees.

Keywords: Perceived Organizational Support Scale; organizational support; nurses; Quiet Quitting Scale

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Introduction

The modern working environments of healthcare organizations are characterized by high demands in terms of effectiveness, efficiency, quality and safety of the services provided. At the same time, however, healthcare professionals are faced with high workloads, understaffing and lack of material resources (Galanis et al., 2021; Lasater et al., 2020; Moghadam et al., 2021). Healthcare professionals report being dissatisfied and exhausted from their work, also experiencing high levels of stress, depression and turnover intention (Galanis, Moisoglou, et al., 2023; Galanis, Moisoglou, Malliarou, Papathanasiou, Katsiroumpa, Vraka, Siskou, Konstantakopoulou, et al., 2024; Lenzo et al., 2021). In turn, increased depression, anxiety and stress are associated with a deterioration in the quality of working life of healthcare employees (Barbagianni et al., 2023). High rates of dissatisfaction and burnout are leading healthcare professionals, and nurses in particular, to quit quitting, a new phenomenon that emerged in the time of the COVID-19 pandemic (Galanis, Katsiroumpa, Vraka, Siskou, Konstantakopoulou, Katsoulas, Moisoglou, et al., 2024). The phenomenon, however, affects employees across the business spectrum (Harter, 2022), where employees do not resign from the job, but choose to remain and reduce their performance by providing minimal services, just barely enough to avoid being fired.

An important tool that can help employees in their demanding working environment is the organizational support they receive either at the level of the work department or at the organizational level. According to Eisenberger and his colleagues, who developed the theory of perceived organizational support, the employee believes that the organization he/she works for values his/her contribution and cares about his/her well-being (Eisenberger et al., 1986). Specifically, the elements that make up the perceived organizational include organizational rewards in recognition of greater effort in achieving organizational goals, favorable working conditions, helping the employee to perform his/her tasks effectively even if he/she makes mistakes,

managing stressful situations and also the support he/she receives from the supervisor (Eisenberger et al., 1986; Kurtessis et al., 2015; Rhoades & Eisenberger, 2002). When healthcare employees receive higher organizational support, then they experience higher job satisfaction, lower burnout and turnover rates, better psychological well-being, higher job commitment, develop innovative behavior and the quality of care provided improves. (Galanis, Moisoglou, Papathanasiou, Malliarou, Katsiroumpa, Vraka, Siskou, Konstantakopoulou, et al., 2024; Gupta et al., 2016; Pahlevan Sharif et al., 2018; Qi et al., 2019; Tang et al., 2023).

The benefits of organizational support are not only limited to the health sector, but also occur in other service workplaces such as education or other areas of business. Relevant studies in the above work sectors have shown that organizational support is associated with employee satisfaction and reduced burnout, high levels of affective and normative commitment, reduced risky creative behavior but increased safe creative behavior, promotion the acceptance of new technologies perhaps by relieving the stress associated with fear of failure and increasing intrinsic motivation to look for ways to perform better (Eisenberger et al., 2020; Gutiérrez et al., 2017; Lee et al., 2024; Tuna & Aslan, 2018; Wen et al., 2019; Wu et al., 2021).

Therefore, the use of reliable and valid tool will help organizations, regardless of their sector of activity, to measure the degree of perceived organizational support of their employees, in order to proceed to appropriate improvement interventions.

In this context, we examined the psychometric properties of the “Perceived Organizational Support” (POS) scale (Eisenberger et al., 1997) in Greek language.

Methods

Study design: We performed our cross-sectional study during April 2024. We employed a sample of nurses in Greece. We employed the forward-backward method to translate and adapt the POS in Greek language (Galanis, 2019). We examined the reliability of the POS by calculating Cronbach’s alpha.

Also, we performed a test-retest study to examine the reliability of the POS. We examined the construct validity of the POS by performing confirmatory factor analysis (Galanis, 2013). We examined the concurrent validity of the POS using the “Quiet Quitting Scale” (QQS), the single item burnout measure (Hansen & Pit, 2016), and the “Global Transformational Leadership” (GTL) scale (Carless et al., 2000). In particular, we used the Greek versions of QQS (Galanis, Katsiroumpa, et al., 2023; Galanis, Katsiroumpa, Vraka, Siskou, Konstantakopoulou, Katsoulas, Moisoglou, et al., 2024), single item burnout measure (Galanis, Katsiroumpa, Vraka, Siskou, Konstantakopoulou, Katsoulas, Gallos, et al., 2024) and GTL (Moisoglou et al., 2024).

Ethical considerations: We applied the guidelines of the Declaration of Helsinki to perform this study (Association, 2013). Additionally, the study protocol was approved by the Ethics Committee of Faculty of Nursing, National and Kapodistrian University of Athens (reference number; 494, April 01 2024).

Statistical analysis: We performed confirmatory factor analysis (CFA) to examine the construct validity of the POS. In particular, we calculated chi-square/degree of freedom (χ^2/df); root mean square error of approximation (RMSEA); goodness of fit index (GFI); adjusted goodness of fit index (AGFI); Tucker–Lewis index (TLI); incremental fit index (IFI); normed fit index (NFI); comparative fit index (CFI) (Baumgartner & Homburg, 1996; Hu & Bentler, 1998). Acceptable value for χ^2/df is <5 , for RMSEA is <0.10 , and for all other measures in the CFA >0.90 . We used the AMOS version 21 (Amos Development Corporation, 2018) to conduct the CFA. We calculated Pearson’s correlation coefficient between POS, QQS, GTL and the single item burnout measure to examine the concurrent validity of the POS. Also, we calculated Pearson’s correlation coefficient between the two POS measurements in test-retest study. P-values less than 0.05 were considered as statistically significant. We used the IBM SPSS 21.0 (IBM Corp. Released 2012. IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.) for the analysis.

Results

Our sample included 114 nurses. Eighty-nine-point five percent of participants were females, while 10.5% were males. Mean age of our nurses was 33.2 years (standard deviation; 9.7).

We found that the POS had very good reliability since intraclass correlation coefficients for the eight items were higher than 0.798 ($p<0.001$ in all cases). Moreover, Cronbach’s coefficient alpha for the POS was 0.946.

We performed confirmatory factor analysis to examine the structure of the POS and we found that the Greek version of the POS had a one-factor structure as the original version (Figure 1). Table 1 presents model fit indices for the confirmatory factor analysis. All indices indicated an acceptable three-factor model. In particular, χ^2/df was 1.134, RMSEA was 0.001, GFI was 0.999, AGFI was 0.978, TLI was 0.999, IFI was 0.999, NFI was 0.999, and CFI was 0.999. Correlation between vigor and dedication was 0.83, between vigor and absorption was 0.78, and between dedication and absorption was 0.93 (Figure 1). Moreover, standardized regression weights for the nine items ranged from 0.57 to 0.93.

Concurrent validity of the Greek version of the POS was very good since we found statistically significant correlations between POS and QQS ($r = -0.233$, $p=0.013$), and GTL ($r = 0.590$, $p<0.001$). Moreover, we found a negative relationship between POS and single item burnout measure but this relationship was not statistically significant ($r = -0.098$, $p=0.300$). Concurrent validity of the Greek version of the POS is shown in Table 2.

Discussion

To the best of our knowledge, this is the first study that translates and validates the Perceived Organizational Support scale in a sample of Greek nurses. Our findings revealed that Perceived Organizational Support scale is a reliable and valid tool to measure the organizational support among employees. Moreover, since we examined several types of reliability (test-retest reliability, internal reliability), and validity (face validity, construct validity, and

concurrent validity) our results seem to be robust. In particular we found that the POS had very good reliability since intraclass correlation coefficients for the eight items were higher than 0.798 ($p < 0.001$ in all cases).

Moreover, concurrent validity of the POS was excellent in our study since we found statistically significant correlations between the POS and QQS, single item burnout measure, and GTL.

Table 1. Confirmatory factor analysis for the Greek version of the “Perceived Organizational Support” scale.

Model	χ^2	df	χ^2/df	RMSEA	GFI	AGFI	TLI	IFI	NFI	CFI
Eight items	1.134	4	0.284	0.001	0.999	0.978	0.999	0.999	0.999	0.999

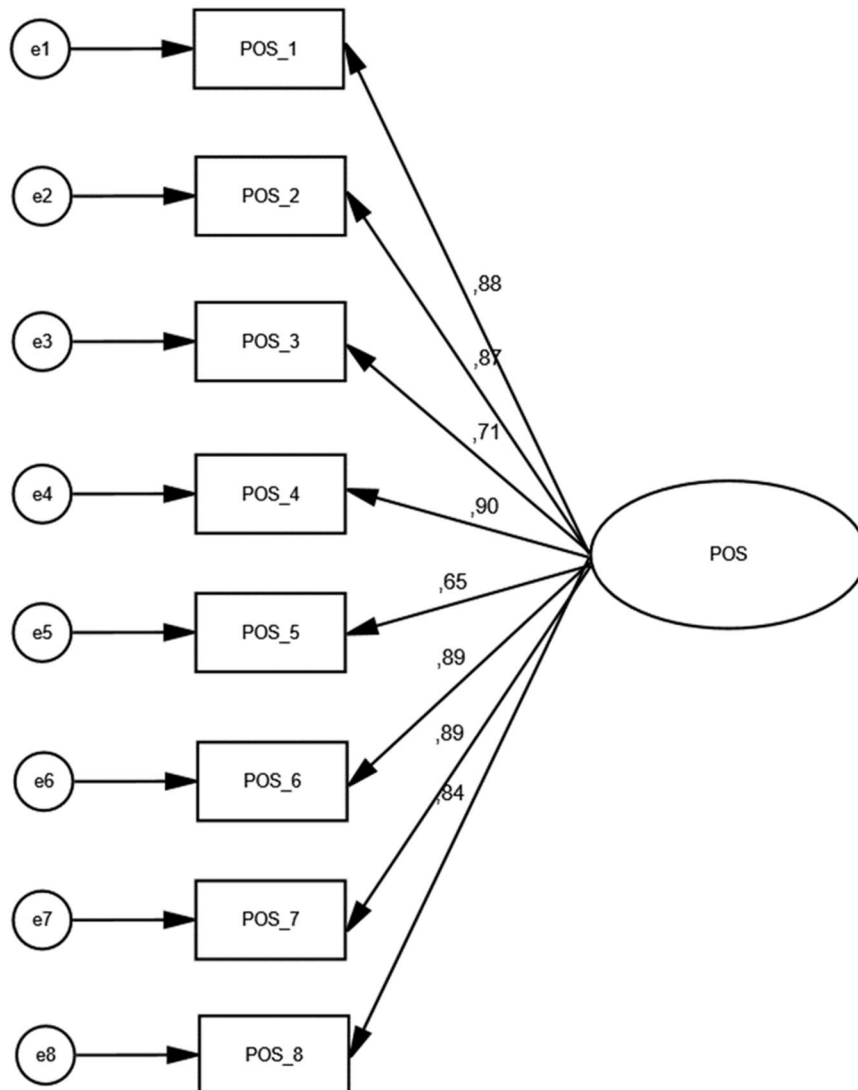


Figure 1. Confirmatory factor analysis for the Greek version of the “Perceived Organizational Support” scale.

Table 2. Concurrent validity of the Greek version of the “Perceived Organizational Support” scale.

	Quiet Quitting Scale		Global Transformational Leadership Scale		Single item burnout measure	
	Pearson's correlation coefficient	P-value	Pearson's correlation coefficient	P-value	Pearson's correlation coefficient	P-value
Perceived Organizational Support Scale	-0.233	0.013	0.590	<0.001	-0.098	0.300

Discussion

To the best of our knowledge, this is the first study that translates and validates the Perceived Organizational Support scale in a sample of Greek nurses. Our findings revealed that Perceived Organizational Support scale is a reliable and valid tool to measure the organizational support among employees. Moreover, since we examined several types of reliability (test-retest reliability, internal reliability), and validity (face validity, construct validity, and concurrent validity) our results seem to be robust. In particular we found that the POS had very good reliability since intraclass correlation coefficients for the eight items were higher than 0.798 ($p < 0.001$ in all cases). Moreover, concurrent validity of the POS was excellent in our study since we found statistically significant correlations between the POS and QQS, single item burnout measure, and GTL.

Additionally, Cronbach's coefficient alpha for the POS was 0.946, indicating excellent internal consistency. We found that the Greek version of the POS had a one-factor structure as the original version and all indices indicated an acceptable three-factor model. Several studies in different countries and settings support these findings by confirming

the strong internal consistency of the POS (Armeli et al., 1998; Caesens & Stinglhamber, 2014; Farh et al., 2007; Hellman et al., 2006; Karatepe, 2012; Kim et al., 2016; Norizan et al., 2021; Panaccio & Vandenberghe, 2009; Rozdi et al., 2017; Vandenberghe & Peiro, 1999).

The use of reliable and valid tool will assist the management of organizations to assess the perceived organizational support of employees, to improve the working environment and to create favorable conditions for the performance and well-being of employees. Our study had several limitations. We used a convenience sample of nurses to validate the POS in Greek. Therefore, we cannot generalize our results. There is a need to validate the tool among other employees in Greece. Moreover, we employed self-reported questionnaires, such as the QQS and the single item burnout measure to investigate the concurrent validity of the POS. Also, scholars can investigate several other types of validity of the POS.

In conclusion, the Greek version of the Perceived Organizational Support scale showed very good psychometric properties and, thus, it is a valid and reliable tool to measure the organizational support among employees.

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