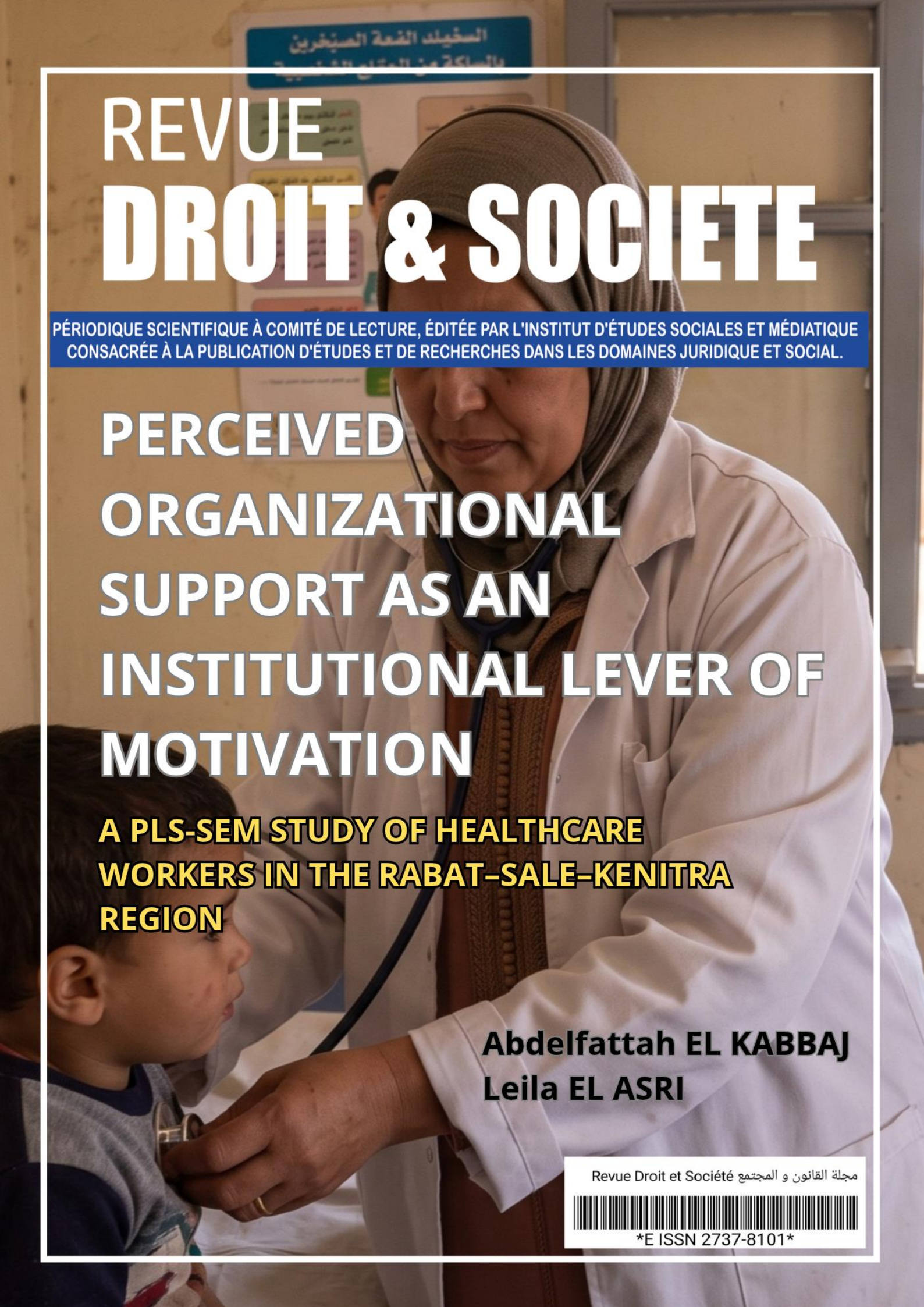




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PERCEIVED ORGANIZATIONAL SUPPORT AS AN INSTITUTIONAL LEVER OF MOTIVATION

**A PLS-SEM STUDY OF HEALTHCARE
WORKERS IN THE RABAT-SALE-KENITRA
REGION**

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PERCEIVED ORGANIZATIONAL SUPPORT AS AN INSTITUTIONAL LEVER OF MOTIVATION: A PLS-SEM STUDY OF HEALTHCARE WORKERS IN THE RABAT–SALE–KENITRA REGION

Abstract

This study examines the relationship between perceived organizational support (POS), conceptualized as an institutionalized welfare-based form of support, and the expectancy, instrumentality, and valence cognitions of healthcare professionals in Morocco's Rabat–Salé–Kénitra region. A cross-sectional questionnaire yielded an analytical sample of 100 complete observations, analyzed using partial least squares structural equation modeling (PLS-SEM). POS was positively associated with expectancy ($\beta = 0.309$), instrumentality ($\beta = 0.360$), and valence ($\beta = 0.330$), with bootstrapping indicating $p < 0.001$ for all three paths. Explanatory power was modest ($R^2 = 0.096, 0.130, \text{ and } 0.109$, respectively). Internal consistency was acceptable for all constructs, although the AVE of POS (0.430) remained below the preferred 0.50 threshold. The findings identify POS as a relevant but partial institutional correlate of motivational cognitions and should be interpreted cautiously given the cross-sectional design and measurement limitations.

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Keywords: *perceived organizational support; expectancy theory; work motivation; healthcare professionals; health-system reform.*

INTRODUCTION :

Health systems worldwide are undergoing profound restructuring to strengthen resilience, equity, and responsiveness to changing population needs. In many countries, these reforms place human resources for health at the centre of performance and quality of care. Yet, the success of such transformations depends not only on legal and organizational redesign, but also on how health professionals perceive support, recognition, and fairness within their institutions.

Morocco is implementing a major reform of its national health system around three key legislative instruments: Framework Law No. 06-22, which establishes the general architecture of the national health system; Law No. 08-22, which creates Territorial Health Groups (Groupements Sanitaires Territoriaux, GST); and Law No. 09-22, which establishes the health-service employment framework (Kingdom of Morocco, 2023a, 2023b, 2023c).

Together, these texts reorganize governance, territorial coordination, and the management of human resources for health.

The Rabat–Salé–Kenitra region constitutes a particularly relevant laboratory for observing these transformations. Concentrating university hospitals, provincial health facilities, and an extensive network of primary care centers, the region is at the forefront of GST implementation. Health professionals working in this context face significant changes in organizational processes, resource allocation, managerial expectations, and interprofessional coordination. These shifts modify not only their working conditions, but also the psychological environment in which they perform daily tasks, making the analysis of organizational support and motivation especially salient.

Within this evolving governance landscape, Perceived Organizational Support (POS) is a potentially important correlate of staff well-being and motivation. POS is classically defined as employees' belief that their organization values their contributions and cares about their welfare. In the Moroccan public health sector, formal social-welfare arrangements coordinated by the Fondation Hassan II pour la Promotion des Œuvres Sociales au Profit du Personnel du Secteur Public de la Santé provide visible signals of institutional support through measures related to housing, supplementary medical assistance, transport, family support, and other social services (Ministry of Health, 2016). These arrangements may shape perceptions of fairness, recognition, and professional stability.

Understanding how such institutionalized support relates to work motivation is crucial in a context where clinical workloads are increasing, expectations regarding quality of care are rising, and organizational structures are being reconfigured. Vroom's Expectancy Theory offers a robust cognitive lens for analyzing these motivational dynamics. According to this framework, motivation results from the joint effect of three beliefs: expectancy (the belief that effort will lead to adequate performance), instrumentality (the belief that performance will lead to valued outcomes), and valence (the importance attributed to those outcomes). In high-demand healthcare environments, these beliefs may be related not only to individual competencies, but also to resource availability, leadership practices, and the perceived fairness and reliability of institutional support.

Despite the relevance of this perspective, empirical research integrating POS and Vroom's cognitive components in healthcare remains limited, particularly in low- and middle-income countries undergoing systemic reforms. Existing work on human resources for health in Morocco has largely focused on staffing shortages, regional disparities, governance challenges, and financing mechanisms, while giving less attention to the subjective experience of frontline health professionals. Moreover, the specific role of formal social welfare institutions—such as the Fondation Hassan II—as drivers of POS has not been systematically examined, even though these mechanisms represent some of the most concrete manifestations of the State's commitment to its health workforce.

This article addresses these gaps by examining the relationships between perceived organizational support derived from social welfare services and the three components of Vroom's Expectancy Theory among healthcare professionals in the Rabat–Salé–Kenitra region. Rather than treating POS as a generic psychosocial construct, the study conceptualises it as an institutionalized, welfare-based form of support embedded in Morocco's health-system reform. Its contribution is threefold: theoretically, it connects Social Exchange Theory with expectancy, instrumentality, and valence; empirically, it documents these relationships

among frontline health professionals in a middle-income reform context; and, at the policy level, it identifies support, fairness, and institutional reliability as plausible complementary mechanisms for workforce motivation. These contributions are interpreted as associative rather than causal because of the cross-sectional design.

To address these objectives, the study uses a quantitative cross-sectional design and Partial Least Squares Structural Equation modeling (PLS-SEM) to examine the relationships between POS, expectancy, instrumentality, and valence among healthcare professionals in the Rabat-Salé-Kenitra region. The next section develops the conceptual framework and hypotheses, followed by the methodology, empirical results, and discussion.

1. Conceptual Framework

1.1. Reconceptualizing Perceived Organizational Support in Health Systems Under Structural Transformation

Perceived Organizational Support (POS) refers to employees' belief that their organization values their contributions and cares about their well-being (Eisenberger et al., 1986; Rhoades & Eisenberger, 2002; Kurtessis et al., 2017). While originally theorized within Social Exchange Theory, POS is increasingly understood as a multidimensional construct shaped not only by interpersonal treatment but also by institutional, structural, and policy-level arrangements.

In public health systems undergoing major reforms, POS emerges from the broader institutional environment, including welfare mechanisms, compensation structures, and governance arrangements. Formal support programs—such as housing schemes, enhanced medical coverage, transportation assistance, and financial aid—constitute explicit organizational signals that employees interpret as evidence of benevolence, fairness, and stability (OECD, 2023).

The Moroccan health system offers a salient example. Through the Fondation Hassan II, welfare benefits are institutionalized, codified in public policy, and integrated into national reform strategies. This institutionalization transforms POS into a hybrid construct that is simultaneously relational and structural. Employees evaluate support not only through interactions with supervisors or colleagues but also through the reliability, visibility, and accessibility of state-backed welfare infrastructures (Labrague & De los Santos, 2020; Daniels et al., 2017).

Such a conceptualization positions POS as a stabilizing mechanism that helps health professionals interpret organizational change, maintain trust in institutional direction, and sustain motivation in situations characterized by uncertainty, increased expectations, and evolving professional demands.

1.2. Expectancy Theory as a Multi-Level Cognitive Architecture of Motivation

Expectancy Theory (Vroom, 1964) provides a comprehensive model for understanding work motivation through three mutually reinforcing cognitions: expectancy, instrumentality, and valence.

Expectancy reflects the belief that effort will lead to the expected level of performance. This cognitive appraisal is shaped by perceived competence, clarity of task requirements, availability of resources, and the presence of organizational support systems (Colquitt et al., 2015; Schaufeli & Taris, 2014).

Instrumentality concerns the perceived contingency between performance and outcomes. Employees are more likely to believe that performance leads to valued results when evaluation systems are transparent, reward mechanisms are consistent, and organizational commitments are perceived as credible (Meyer & Allen, 1997).

Valence denotes the subjective importance assigned to these outcomes. In healthcare, valence frequently encompasses career stability, professional recognition, emotional fulfillment, and improved working and living conditions (Bacharach et al., 1991; Wright & Pandey, 2010).

In the health sector—where work is emotionally demanding, interdependent, and highly regulated—these cognitive evaluations are particularly sensitive to structural conditions, welfare guarantees, and the overall organizational climate (Labrague & De los Santos, 2020).

Thus, organizational signals such as resource adequacy, welfare benefits, leadership behavior, and institutional communication directly influence how professionals assess effort-performance relationships, performance-outcome contingencies, and the desirability of work outcomes.

1.3. Integrating POS and Expectancy Theory in a Reformed Public Health System

The integration of POS with Expectancy Theory provides a robust framework for explaining how institutional environments shape motivation. Empirical research shows that POS enhances confidence in one's ability to perform (expectancy), strengthens trust in the fairness and reliability of reward mechanisms (instrumentality), and increases the value attributed to work outcomes (valence) (Blau, 1964; Cropanzano & Mitchell, 2005; Eisenberger & Stinglhamber, 2011; Giauque et al., 2011).

POS → Expectancy

When employees perceive consistent organizational support—through resource provision, welfare systems, or managerial clarity—they interpret the work environment as enabling rather than constraining. This fosters a stronger belief in their capacity to achieve required performance levels (Eisenberger et al., 1986).

POS → Instrumentality

POS increases instrumentality through mechanisms of organizational justice and credibility. Employees who perceive support are more likely to believe that performance will be recognized and rewarded in a fair and predictable manner (Paarlberg & Perry, 2007; Rhoades & Eisenberger, 2002).

POS → Valence

POS enhances valence by elevating the desirability of work outcomes. Welfare benefits, career development opportunities, and improved working conditions reinforce the attractiveness of professional rewards and strengthen the meaning associated with work (Daniels et al., 2017).

Under the Moroccan reform trajectory—characterized by legal restructuring, territorial governance changes, and expanded welfare guarantees—POS can be theorized as a system-level antecedent shaping all components of the motivational process described by Expectancy Theory.

1.4. Research Hypotheses

H1a. Perceived Organizational Support positively predicts expectancy, increasing confidence in one's ability to achieve expected performance levels (Eisenberger et al., 1986; Colquitt et al., 2015).

H1b. Perceived Organizational Support positively predicts instrumentality, strengthening the belief that adequate performance will lead to valued outcomes (Rhoades & Eisenberger, 2002; Paarlberg & Perry, 2007).

H1c. Perceived Organizational Support positively predicts valence, enhancing the perceived desirability of work-related outcomes (Daniels et al., 2017).

H1 (Integrated Effect). Perceived Organizational Support exerts a multidimensional and positive influence on the motivational process described by Expectancy Theory, simultaneously reinforcing expectancy, instrumentality, and valence.

2. Materials and Methods

2.1. Study Design

This study employed a quantitative, cross-sectional research design to examine the associations between Perceived Organizational Support (POS) and the motivational cognitions of Expectancy Theory—expectancy, instrumentality, and valence—among healthcare professionals. Given the objective of estimating latent psychological constructs and testing theoretically grounded relationships, Partial Least Squares Structural Equation Modeling (PLS-SEM) was used through SmartPLS 4.

The choice of PLS-SEM is justified by several methodological considerations. First, the model includes multiple reflective latent variables that require simultaneous estimation. Second, the predictive and theory-building orientation aligns with variance-based structural modeling. Third, the approach is robust to deviations from multivariate normality, a common feature in self-report data from organizational settings (Hair et al., 2022). Finally, PLS-SEM performs reliably with moderate sample sizes, making it suitable for studies conducted in complex professional environments such as public healthcare.

2.2. Study Setting and Target Population

The study was conducted in the Rabat–Salé–Kenitra region, one of Morocco’s major healthcare hubs. The region comprises university hospitals, provincial hospitals, district medical centers, emergency units, and primary healthcare facilities. It also hosts one of the country’s largest concentrations of clinical personnel, who constitute the backbone of healthcare delivery.

According to the National Health Map (2023–2024), the region employs approximately:

- 3,200 medical doctors (general practitioners and specialists),
- 3,975 nurses,
- 2,434 health technicians and other paramedical technical profiles (radiology, laboratory, anesthesia, biomedical, etc.).

Total clinical workforce $\approx$ 9,600 healthcare professionals

These three categories—doctors, nurses, and health technicians—represent the core of frontline service provision and are directly exposed to organizational support mechanisms, workload demands, and ongoing health-system reforms. The study therefore focuses on direct-care personnel and excludes administrative and managerial staff.

2.3. Sampling Strategy

Recruitment followed a non-probability quota approach designed to include the principal clinical professional categories in the regional healthcare workforce. Participation was voluntary and anonymous. Given the recruitment strategy, the sample is treated as an analytical sample rather than as statistically representative of the regional workforce.

The analytical sample comprised 100 complete observations across 17 indicators, with no missing values in the dataset used for PLS-SEM.

The study used a cross-sectional self-report questionnaire. Participation was based on informed consent; no clinical intervention or patient-level data were involved. These procedural safeguards were intended to protect participants and reduce response-related concerns.

Table 1 summarizes the analytical sample and data structure.

Tableau 1: Analytical sample and Data Structure

Characteristic	Value
Complete observations	100
Indicators	17
Missing observations	0
Response scale	Five-point Likert scale

2.4. Measurement Instruments

The questionnaire consisted of four sections:

1. **Sociodemographic and professional characteristics**, including age, gender, profession, years of experience, and institutional setting.
2. Perceived Organizational Support (POS), measured using an eight-item adaptation of the Survey of Perceived Organizational Support (SPOS), contextualized for healthcare and aligned with institutional welfare mechanisms (Eisenberger et al., 1986; Rhoades & Eisenberger, 2002).
3. **Expectancy, instrumentality, and valence**, each measured through three reflective items derived from Vroom's theoretical formulation (Vroom, 1964).
 - Expectancy captured beliefs regarding the ability to perform effectively.
 - Instrumentality assessed the perceived link between performance and outcomes.
 - Valence reflected the desirability attributed to work-related rewards.
4. **Response format**, using a 5-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

2.5. Data Analysis

Data analysis followed a two-step procedure combining SPSS 26 for preliminary statistics and SmartPLS 4 for the estimation of the measurement and structural models. Partial Least Squares Structural Equation Modeling (PLS-SEM) was selected because it is appropriate for exploratory models, predictive objectives, medium sample sizes, and situations where multivariate normality cannot be assumed.

Because all variables were collected through a self-report questionnaire administered at a single point in time, potential common method bias was considered (Podsakoff et al., 2003). Procedural safeguards included respondent anonymity and the separation of questionnaire sections. These precautions reduce, but do not eliminate, the possibility of common method bias.

2.5.1. Measurement Model Assessment

Reliability, convergent validity, and discriminant validity were evaluated before estimating structural relationships, following established PLS-SEM guidance (Henseler et al., 2015; Hair et al., 2022).

Reliability

Internal consistency was assessed using Cronbach's alpha and composite reliability (ρ_C). Convergent validity was examined using Average Variance Extracted (AVE), while discriminant validity was evaluated using the heterotrait-monotrait ratio (HTMT).

Convergent Validity

Convergent validity was assessed using the **Average Variance Extracted (AVE)**. An $AVE \geq 0.50$ indicates that the latent construct explains at least half of the variance of its indicators.

Discriminant Validity

Discriminant validity was evaluated using HTMT ratios, with values below 0.85 treated as evidence that the constructs are empirically distinct.

For reflective constructs, indicator loadings, Cronbach's alpha, composite reliability (rho_C), AVE, and HTMT were examined jointly. Lower-loading indicators were not removed automatically because statistical improvement must be balanced against theoretical coverage and content validity. The complete outer loadings are reported in the Results section.

2.5.2. Structural Model Assessment

After establishing the reliability and validity of the measurement model, the structural relationships between constructs were estimated. The model examines the effect of **Perceived Organizational Support (POS)** on the three motivational components of Vroom's Expectancy Theory:

- **Expectancy**
- **Instrumentality**
- **Valence**

The structural assessment reports path coefficients, bootstrapped t- and p-values, R², f² effect sizes, blindfolding Q², and the available PLSpredict and CVPAT results.

This approach permits a joint assessment of measurement quality, explanatory power, and the direction of the hypothesized relationships. Given the cross-sectional design, structural paths are interpreted as associations rather than definitive causal effects.

3. Results

The analyses were conducted using SmartPLS 4. Measurement quality was assessed before examining the structural relationships between POS and the three motivational cognitions. The analytical sample comprised 100 complete observations and 17 indicators.

3.1. Measurement Model: Reliability and Validity

Internal consistency was acceptable for all four constructs (Cronbach's α and rho_C above 0.70). Convergent validity was supported for expectancy, instrumentality, and valence. For POS, however, the AVE calculated from the outer loadings was 0.430, below the preferred threshold of 0.50.

Tableau 2: Reliability and Convergent Validity

Construct	Loading range	Cronbach's α	rho_C	AVE
Perceived Organizational Support	0.549–0.744	0.814	0.856	0.430
Expectancy	0.699–0.875	0.716	0.839	0.636

Construct	Loading range	Cronbach's α	rho_C	AVE
Instrumentality	0.785–0.890	0.819	0.890	0.730
Valence	0.780–0.917	0.805	0.879	0.709

The results support internal consistency for all constructs. The POS measurement remains the main psychometric limitation: its acceptable reliability does not fully compensate for an AVE below 0.50. The POS indicators were retained to preserve the conceptual coverage of institutional support, and the structural findings are consequently interpreted with caution.

Tableau 3: Outer loadings for the 17 Indicators

Construct	Indicator	Outer loading
POS	POS1	0.659
POS	POS2	0.549
POS	POS3	0.684
POS	POS4	0.744
POS	POS5	0.733
POS	POS6	0.679
POS	POS7	0.563
POS	POS8	0.605
Expectancy	EXP1	0.809
Expectancy	EXP2	0.699
Expectancy	EXP3	0.875
Instrumentality	INS1	0.884
Instrumentality	INS2	0.785
Instrumentality	INS3	0.890
Valence	VAL1	0.917
Valence	VAL2	0.780
Valence	VAL3	0.824

Discriminant validity was assessed using HTMT ratios. All ratios were below the conservative threshold of 0.85, supporting empirical distinctiveness among the four constructs (Henseler et al., 2015).

Tableau 4: Heterotrait-Monotrait Ratios (HTMT)

Construct	POS	Expectancy	Instrumentality	Valence
POS	—			

Construct	POS	Expectancy	Instrumentality	Valence
Expectancy	0.365	—		
Instrumentality	0.407	0.155	—	
Valence	0.362	0.225	0.171	—

3.2. Descriptive Overview of Constructs

Unit-weighted construct scores indicated moderately positive perceived organizational support ($M = 3.505$, $SD = 0.500$). The three motivational cognitions were lower: expectancy ($M = 1.983$, $SD = 0.606$), instrumentality ($M = 1.803$, $SD = 0.678$), and valence ($M = 2.067$, $SD = 0.702$).

Among the motivational dimensions, valence had the highest mean, followed by expectancy and instrumentality. These descriptive values should be interpreted as observed scale averages rather than latent-variable scores.

Tableau 5: Descriptive Statistics for Unit-Weighted Construct Scores

Construct	Mean	Standard deviation
Perceived Organizational Support	3.505	0.500
Expectancy	1.983	0.606
Instrumentality	1.803	0.678
Valence	2.067	0.702

3.3. Structural Model (PLS-SEM)

The structural model yielded positive coefficients for all three relationships. Because each endogenous construct has a single predictor, the R^2 values correspond closely to the squared path coefficients and indicate modest explanatory power.

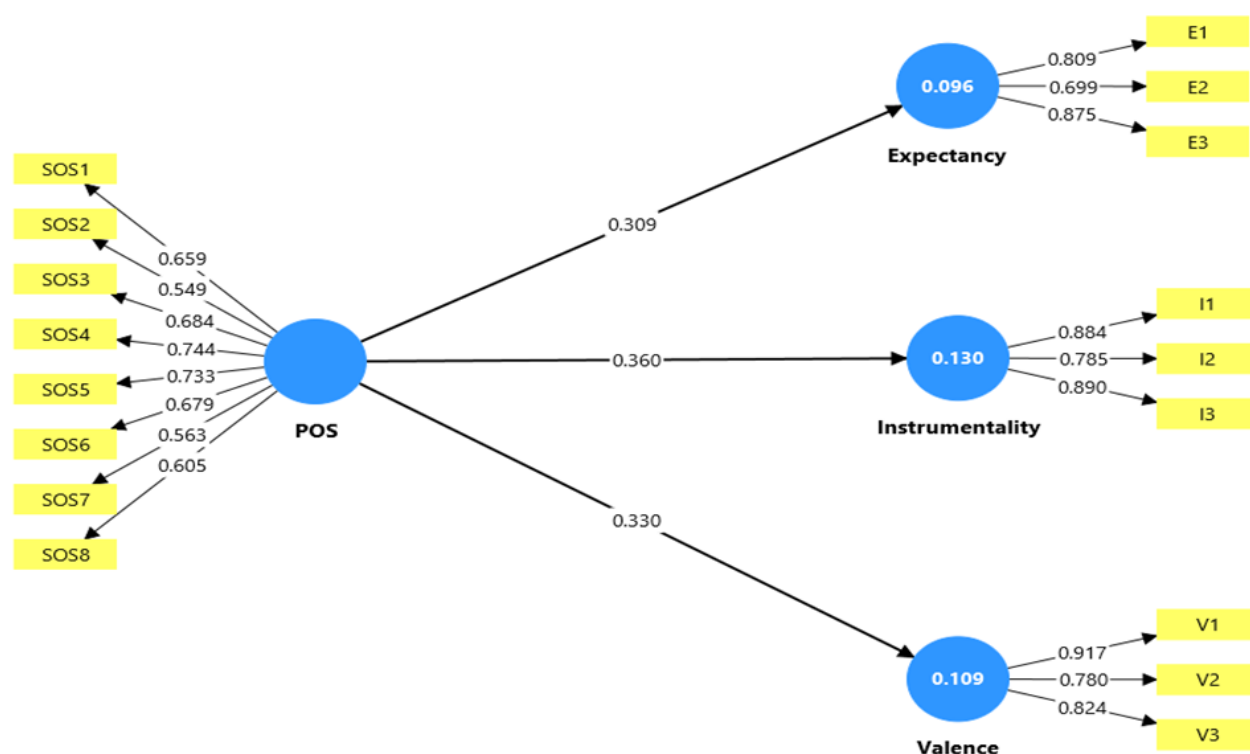


Figure 1: PLS-SEM measurement and structural model

Tableau 6: Explained Variance (R²)

Endogenous Construct	R²
Expectancy	0.096
Instrumentality	0.130
Valence	0.109

Tableau 7: Bootstrapped Path Coefficients

Relationship	Beta	t-value	p-value	Interpretation
POS → Expectancy	0.309	8.811	< 0.001	Supported
POS → Instrumentality	0.360	17.106	< 0.001	Supported
POS → Valence	0.330	26.320	< 0.001	Supported

Bootstrapping results support H1a, H1b, and H1c. POS showed its largest association with instrumentality, followed by valence and expectancy. The relationships are statistically significant, but the cross-sectional design does not justify a strong causal interpretation.

Because each endogenous construct has POS as its sole predictor, Cohen's f^2 can be derived from the full-model R^2 as $f^2 = R^2/(1 - R^2)$, equivalent to comparing the full model with the predictor-removed model ($R^2 = 0$). The resulting effects are small for all three paths, with instrumentality very close to the conventional 0.15 medium-effect threshold under conventional thresholds (Cohen, 1988; Hair et al., 2022).

Tableau 8: Effect Sizes (f^2)

Relationship	f^2	Interpretation
POS → Expectancy	0.106	Small
POS → Instrumentality	0.149	Small (borderline 0.15)
POS → Valence	0.122	Small

3.4. Predictive Validity

Blindfolding produced positive Stone-Geisser Q^2 values for all endogenous constructs. These values indicate limited in-sample predictive relevance rather than strong out-of-sample predictive power.

Tableau 9: Blindfolding Predictive Relevance (Q^2)

Construct	Q^2
Expectancy	0.057
Instrumentality	0.095
Valence	0.070

PLSpredict provided an additional out-of-sample comparison. For V1, the PLS-SEM RMSE was lower than the linear-model benchmark (0.812 versus 0.869). This single indicator-level comparison provides limited evidence of predictive improvement and should not be generalized to every indicator in the model.

The cross-validated predictive ability test (CVPAT) produced a negative and statistically significant overall loss difference ($\Delta\text{Loss} = -0.035$, $t = 2.255$, $p = 0.026$). At the indicator level, V1 also showed a negative loss difference ($\Delta\text{Loss} = -0.080$, $p = 0.045$). These results provide limited support for predictive improvement and are interpreted alongside the modest R^2 and Q^2 values.

3.5. Summary

The results show positive associations between POS and expectancy, instrumentality, and valence. The explained variance is modest, and predictive evidence is partial. POS should therefore be treated as one institutional correlate of motivational cognitions rather than as their central or exclusive determinant.

4. Discussion

The purpose of this study was to examine how Perceived organizational Support (POS) relates to the three motivational cognitions of Expectancy Theory—expectancy, instrumentality, and valence—among healthcare professionals in a changing public-health context. The findings support positive associations across the three hypothesized relationships, while the modest R^2 values and the POS measurement limitation call for cautious interpretation.

Because the study relies on a cross-sectional design, the relationships identified should be interpreted as associative rather than strictly causal. Although the theoretical framework suggests directional relationships between perceived organizational support and motivational cognitions, longitudinal or experimental research would be required to establish causal mechanisms with greater certainty.

4.1. POS as an Institutional Correlate of Motivational Cognitions

The results indicate that POS is positively associated with each of the three cognitive components of motivation. Employees' perceptions of being valued, supported, and treated fairly may therefore contribute to how they assess their ability to perform, the credibility of reward systems, and the desirability of professional outcomes.

The significant effect of POS on expectancy suggests that health professionals feel more capable of meeting performance expectations when they perceive their organization as supportive. In environments characterized by heavy workloads and institutional restructuring, support signals—whether material, relational, or welfare-based—appear to reduce uncertainty and strengthen confidence in one's professional capabilities.

The comparatively larger coefficient for instrumentality suggests that organizational support may be particularly relevant to beliefs about the relationship between performance and outcomes. The effect remains moderate and should not be described as decisive.

The positive association between POS and valence suggests that perceived support is related to the subjective value professionals assign to work-related outcomes. When employees perceive the organization as attentive to their welfare and working conditions, they may attribute greater significance to career advancement, recognition, and improved professional environments.

Together, these results are consistent with the conceptualization of POS as one institutional antecedent of motivational cognition. They do not establish that POS is a sufficient or dominant cause of motivation.

4.2. Limited but Meaningful Explanatory Power

Although the structural model explains modest proportions of variance for expectancy, instrumentality, and valence, such levels are consistent with empirical research in public organisations and health systems. Motivation in healthcare is inherently shaped by a constellation of factors—including emotional demands, team dynamics, leadership style, resource constraints, and professional identity—which makes modest R^2 values theoretically plausible.

Despite the modest R^2 values, the directionally consistent coefficients suggest that POS may operate as a supplementary institutional factor alongside leadership, resources, professional identity, and working conditions. The present model does not establish POS as a substantive or dominant lever of motivation.

For instance, prior research examining the effects of perceived organizational support on motivational and attitudinal outcomes in public organizations often reports modest explained variance due to the complex and multidimensional nature of motivation (Eisenberger & Stinglhamber, 2011; Giauque et al., 2011). In this perspective, the R^2 values observed in the present study are consistent with empirical patterns commonly reported in organizational behavior and public administration research.

4.3. The Institutional Nature of POS in a Reformed Health System

A notable contribution of the study is its contextualisation of POS within a system undergoing large-scale reform. In Morocco, reforms introduced through Laws 06-22, 08-22, and 09-22 have redefined governance structures, professional rights, and welfare frameworks. POS in this environment is not limited to interpersonal support from supervisors; it reflects a broader institutional commitment expressed through welfare programs, organizational protections, and guarantees of professional stability.

The significant associations between POS and motivational cognitions suggest that health professionals may interpret these institutional arrangements as meaningful organizational signals. In other words, the visibility, coherence, and accessibility of support mechanisms may relate to how employees evaluate the credibility of their organization and its long-term commitment to their well-being.

This finding aligns with emerging literature recognizing the growing importance of welfare-driven and policy-embedded forms of organizational support in public-sector motivation.

Although this study focuses on Morocco, similar welfare-based forms of organizational support exist in many public healthcare systems where institutional mechanisms such as housing programs, professional guarantees, or social benefits are embedded in national human resource policies. Consequently, the conceptual framework developed here may also be relevant for other reforming health systems in middle-income or welfare-oriented public sectors.

4.4. Implications for Healthcare Management in Reform Contexts

The results have several implications for human resource management and governance in reformed health systems:

1. Strengthen visible support mechanisms.
Institutional support—whether through welfare programs, professional guarantees, or resource allocation—should be made explicit, transparent, and accessible to strengthen motivational cognitions.
2. Reinforce fairness and reliability in evaluation processes. Because the association with instrumentality was comparatively larger, management practices should emphasize consistency, fairness, and transparency in evaluation and reward systems.
3. Cultivate supervisory behaviors aligned with institutional commitments.
Supportive leadership can amplify the effects of institutional mechanisms by reinforcing the perception of organizational care.
4. Leverage POS as a buffer during organizational transition.
In periods of reform, POS can mitigate uncertainty, promote adherence to institutional change, and preserve morale.

These implications identify POS as a potential complementary lever for supporting motivation during organizational change; they should be tested through intervention and longitudinal research.

4.5. Contribution to Theory

This study offers three theoretical contributions:

- It is consistent with the view that POS relates to role confidence, assessments of organizational reliability, and the perceived importance of work outcomes.
- It suggests that POS can be conceptualized within a broader institutional framework in public sectors where welfare policies form part of the psychological contract.
- It reinforces the relevance of Expectancy Theory for understanding motivational dynamics in healthcare—a domain characterized by emotional labor, high responsibility, and strong professional norms.

5. Limitations

Several limitations should be acknowledged. First, the cross-sectional design precludes causal inference. Second, all variables are based on self-reported perceptions and may remain affected by common method bias despite procedural safeguards. Third, the analytical sample consists of 100 voluntary participants from one Moroccan region and cannot be considered statistically representative of the national health workforce. Fourth, a complete respondent-level sociodemographic profile was not available for final reporting, which prevents subgroup analysis by age, gender, tenure, profession, and institutional setting. Fifth, the POS construct displayed acceptable internal consistency but insufficient convergent validity ($AVE = 0.430$), requiring caution in the interpretation of structural relationships. Finally, the predictive assessment is partial and should be replicated with larger samples, complete item-level prediction diagnostics, and longitudinal or multi-wave designs.

6. Conclusion

This study examined the relationship between Perceived organizational Support (POS) and expectancy, instrumentality, and valence among healthcare professionals. POS was positively associated with all three cognitions, but the explained variance remained modest. The findings therefore identify POS as a relevant institutional correlate of motivation rather than as a definitive causal determinant.

The results are compatible with the view that motivation in healthcare is embedded partly in employees' perceptions of fairness, recognition, protection, and institutional care. They do not establish that POS strengthens engagement or performance, which were not directly measured as outcomes in the present model.

By bringing Social Exchange Theory into dialogue with Vroom's Expectancy framework, the study proposes an institutional reading of motivational cognitions. The practical implications—supportive supervision, transparent evaluation, and accessible welfare mechanisms—should be understood as hypotheses for management practice rather than as effects demonstrated by this cross-sectional study.

Overall, the study suggests that organizational support may contribute to motivational cognition in healthcare settings. Strengthening transparent and accessible support mechanisms remains a plausible managerial objective, but the present results should be corroborated with larger probability samples, stronger measurement of POS, and longitudinal designs. Future research could also examine leadership, organizational climate, professional identity, and working conditions as complementary predictors.

Appendix A. Measurement Items

All constructs were measured using previously validated scales adapted to the healthcare context of the Rabat–Salé–Kenitra region. Minor wording adjustments were made to reflect institutional welfare mechanisms and working conditions in the Moroccan public health system. All items were rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree).

Perceived Organizational Support (POS)

(adapted from Eisenberger et al., 1986; Rhoades & Eisenberger, 2002)

POS1. My organization values my contributions to the healthcare services provided.

POS2. My organization cares about my well-being as a healthcare professional.

POS3. My organization provides support mechanisms that help staff cope with professional and personal challenges.

POS4. The organization shows concern for the working conditions of healthcare professionals.

POS5. Welfare programs available to healthcare staff make me feel supported by my organization.

POS6. My organization recognizes the efforts made by healthcare professionals.

POS7. When healthcare staff face difficulties, the organization tries to provide assistance.

POS8. Institutional welfare mechanisms (financial aid, healthcare coverage, housing or social programs) reflect the organization's concern for employees.

Expectancy

(derived from Vroom, 1964)

EXP1. If I make a strong effort in my work, I am confident that I will perform well.

EXP2. When adequate resources are available, I am able to meet the performance expectations of my job.

EXP3. I believe that my skills and effort allow me to achieve the expected level of professional performance.

Instrumentality

(derived from Vroom, 1964)

INS1. When I perform well in my job, it leads to positive professional outcomes.

INS2. Good performance in my work is likely to be recognized by the organization.

INS3. Achieving good performance increases the likelihood of obtaining valued professional benefits.

Valence

(derived from Vroom, 1964)

VAL1. Professional recognition is important to me.

VAL2. Improved working conditions are valuable outcomes of my professional performance.

VAL3. Career development and professional advancement are important motivations for my work.

References

Armstrong-Stassen, M., & Ursel, N. D. (2009). Perceived organizational support, career satisfaction, and the retention of older workers. *Journal of Occupational and Organizational Psychology*, 82(1), 201–220. <https://doi.org/10.1348/096317908X288838>

Bacharach, S. B., Bamberger, P., & Conley, S. (1991). Work–home conflict among nurses and engineers: Mediating the impact of role stress on burnout and satisfaction at work. *Journal of Organizational Behavior*, 12(1), 39–53. <https://doi.org/10.1002/job.4030120104>

Blau, P. M. (1964). *Exchange and power in social life*. Wiley.

Christensen, T., Lægreid, P., & Rykkja, L. H. (2016). Organizing for crisis management: Building governance capacity and legitimacy. *Public Administration Review*, 76(6), 887–897. <https://doi.org/10.1111/puar.12558>

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.

Colquitt, J. A., LePine, J. A., & Wesson, M. J. (2015). *Organizational behavior: Improving performance and commitment in the workplace* (4th ed.). McGraw-Hill Education.

Cropanzano, R., & Mitchell, M. S. (2005). Social exchange theory: An interdisciplinary review. *Journal of Management*, 31(6), 874–900. <https://doi.org/10.1177/0149206305279602>

Daniels, K., Watson, D., & Gedikli, C. (2017). Well-being and the social environment of work: A systematic review of intervention studies. *International Journal of Environmental Research and Public Health*, 14(8), 918. <https://doi.org/10.3390/ijerph14080918>

Eisenberger, R., & Stinglhamber, F. (2011). Perceived organizational support: Fostering enthusiastic and productive employees. American Psychological Association. <https://doi.org/10.1037/12318-000>

Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500–507. <https://doi.org/10.1037/0021-9010.71.3.500>

Giauque, D., Ritz, A., Varone, F., Anderfuhren-Biget, S., & Waldner, C. (2011). Putting public service motivation into context: A balance between universalism and particularism. *International Review of Administrative Sciences*, 77(2), 227–253. <https://doi.org/10.1177/0020852311399232>

Gouldner, A. W. (1960). The norm of reciprocity: A preliminary statement. *American Sociological Review*, 25(2), 161–178.

Hair, J. F., Jr., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2022). *A primer on partial least squares structural equation modeling (PLS-SEM)* (3rd ed.). SAGE.

Henseler, J., Ringle, C. M., & Sarstedt, M. (2015). A new criterion for assessing discriminant validity in variance-based structural equation modeling. *Journal of the Academy of Marketing Science*, 43, 115–135. <https://doi.org/10.1007/s11747-014-0403-8>

Kingdom of Morocco. (2023a). Dahir No. 1-22-77 of 9 December 2022 promulgating Framework Law No. 06-22 relating to the national health system. *Bulletin Officiel du Royaume du Maroc*, No. 7178, 16 March 2023.

- Kingdom of Morocco. (2023b). Dahir No. 1-23-50 of 28 June 2023 promulgating Law No. 08-22 relating to the creation of Territorial Health Groups. Bulletin Officiel du Royaume du Maroc, No. 7213, 17 July 2023.
- Kingdom of Morocco. (2023c). Dahir No. 1-23-51 of 28 June 2023 promulgating Law No. 09-22 relating to the health-service employment framework. Bulletin Officiel du Royaume du Maroc, No. 7213, 17 July 2023.
- Kock, N. (2015). Common method bias in PLS-SEM: A full collinearity assessment approach. *International Journal of e-Collaboration*, 11(4), 1–10.
- Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. (2017). Perceived organizational support: A meta-analytic evaluation of organizational support theory. *Journal of Management*, 43(6), 1854–1884. <https://doi.org/10.1177/0149206315575554>
- Labrague, L. J., & De los Santos, J. A. A. (2020). COVID-19 anxiety among front-line nurses: Predictive role of organizational support, personal resilience and social support. *Journal of Nursing Management*, 28(7), 1653–1661. <https://doi.org/10.1111/jonm.13121>
- Meyer, J. P., & Allen, N. J. (1997). *Commitment in the workplace: Theory, research, and application*. SAGE.
- Ministry of Health, Morocco. (2016, April 6). *Lancement officiel des œuvres sociales*. Ministry of Health.
- OECD. (2023). *Health at a glance 2023: OECD indicators*. OECD Publishing. <https://doi.org/10.1787/ae3016b9-en>
- Paarlberg, L. E., & Perry, J. L. (2007). Values management: Aligning employee values and organization goals. *The American Review of Public Administration*, 37(4), 387–408. <https://doi.org/10.1177/0275074006297238>
- Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5), 879–903. <https://doi.org/10.1037/0021-9010.88.5.879>
- Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology*, 87(4), 698–714. <https://doi.org/10.1037/0021-9010.87.4.698>
- Ringle, C. M., Wende, S., & Becker, J.-M. (2024). *SmartPLS 4*. SmartPLS. <https://www.smartpls.com>
- Schaufeli, W. B., & Taris, T. W. (2014). A critical review of the Job Demands–Resources model: Implications for improving work and health. In G. F. Bauer & O. Hämmig (Eds.), *Bridging occupational, organizational and public health: A transdisciplinary approach* (pp. 43–68). Springer. https://doi.org/10.1007/978-94-007-5640-3_4

Shmueli, G., Sarstedt, M., Hair, J. F., Cheah, J.-H., Ting, H., Vaithilingam, S., & Ringle, C. M. (2019). Predictive model assessment in PLS-SEM: Guidelines for using PLSpredict. *European Journal of Marketing*, 53(11), 2322–2347. <https://doi.org/10.1108/EJM-02-2019-0189>

Shore, L. M., & Shore, T. H. (1995). Perceived organizational support and organizational justice. In R. S. Cropanzano & K. M. Kacmar (Eds.), *Organizational politics, justice, and support: Managing the social climate of the workplace* (pp. 149–164). Quorum Books.

Vroom, V. H. (1964). *Work and motivation*. Wiley.

World Health Organization. (2016). *Global strategy on human resources for health: Workforce 2030*. World Health Organization.

World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. World Health Organization.

Wright, B. E., & Pandey, S. K. (2010). Public organizations and mission valence: When does mission matter? *Journal of Public Administration Research and Theory*, 20(1), 75–98. <https://doi.org/10.1093/jopart/mup006>