

Research Article

Perceived Organizational Support and Health Care Service Quality

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Abstract: This study focused on perceived organizational support and healthcare service quality in selected tertiary public health institutions in Southern Nigeria. The purpose of the study was to explore the effects of perceived organizational support on healthcare service quality in the selected public health institutions. The specific objectives of the study were to examine how components of organizational support like employer support, supervisor support, and coworker support influenced the healthcare service quality in the sampled institutions. Appropriate research questions were raised and corresponding hypotheses tested to prosecute the study. The research utilized a cross-sectional research design which was executed by conducting a survey. The participants of the study were 244 employees across the sampled health institutions. The study used a well-structured questionnaire as the data collecting instrument. The data was analyzed and the hypotheses tested using regression analysis. The findings show that all the components of organizational support studied significantly influenced healthcare service quality. The study concludes that organizational support is vitally important for improved healthcare quality and recommends that the management of the sampled health institutions should continue to focus on policies and programs that would promote perceived levels of organizational support to help improve the health care service quality offered to patients.

Keywords: organizational support; employer support; supervisor support; coworker support; healthcare service quality

1. Introduction

Healthcare service quality remains a persistent challenge in many Nigerian public health institutions where limited resources, infrastructural constraints, and workforce pressures undermine service delivery (Ephraim-Emmanuel et al., 2018). Despite these difficulties, patients' expectations for reliable, responsive, and safe care remain high. To meet these expectations, healthcare institutions need not only physical resources, but robust organizational and human resource systems that support staff and promote consistent, patient-centered care. Among organizational factors, perceived organizational support emerges as a potent influence on how staff conduct themselves and engage for customer service efficiency and deliver offerings that align with service-quality standards (Adedoyin et. al., 2025). Perceived organizational support refers to employees' belief that their organization values their contributions and cares about their welfare (Rhoades & Eisenberger, 2002; Adedoyin et. al., 2025).

Some studies have linked perceived organizational support to desirable employee attitudes and behaviours, higher engagement, lower turnover intentions, better safety and extra-role performance because employees reciprocate perceived care with increased effort and organizational citizenship (Rhoades & Eisenberger, 2002; Akhimien & Kadiri, 2022; Adedoyin et. al., 2025). In the healthcare sector perceived organizational support is of huge significance not only for staff retention and morale but also for clinical safety and everyday service delivery because when workers feel supported, they are more likely to follow prescribed safety protocols, collaborate, and go the extra mile to offer enhanced healthcare service quality (Adekanmbi et al., 2022). This research is especially imperative as service quality in Nigerian public hospitals remain an area of concern given that patient-centred assessments have shown gaps between expectations and experience especially around

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reliability and responsiveness and an uneven service performance across facilities (Oyatoye et al., 2016).

The Nigerian healthcare sector operates under some sort of increased stressful conditions since the COVID-19 pandemic experience of high patient loads, low personnel to patient's ratio, poor infrastructure etc., Some reviews have documented systemic constraints (underfunding, staffing shortages, infrastructure deficits) that depress service quality and patient experience in public settings (Ephraim-Emmanuel et al., 2018). These structural problems make organizational support for staff even more critical. Consequently, understanding organizational factors that support quality healthcare services become particularly critical, invaluable and imperative to avoid medical errors, irreversible damages, economic and manpower losses and a plethora of other undesirable outcomes. From the literature, perceived organizational support helps shape staff behaviour and safety performance (Adekanmbi et al., 2022), with these staff behaviours contributing to improved service quality for patients (Oyatoye et al., 2016; Ephraim-Emmanuel et al., 2018).

A study of healthcare workers at a COVID-19 hospital ward in Nigeria found that higher perceived organizational support strongly predicted improved safety performance, indicating that staff who felt supported by their institution were more likely to comply with safety protocols and deliver safe care (Adekanmbi et al., 2022). Similarly, research among nurses in public hospitals across the South-East, Nigeria reported that perceived organizational support was a strong positive predictor of motivation (Uchegbu et al., 2021). These studies argue that even when structural and systemic limitations exist, perceived support from the organization can influence staff performance when they treat patients. Given the persistent healthcare personnel shortages, coupled with equipment and infrastructural deficiencies in many underdeveloped and developing nations, perceived organizational support may well serve as a motivator to promote resilience, commitment, and quality-focused behaviour.

The broad objective of this study therefore was to investigate how the perceived organizational support given to the employees affects the quality of service delivered in the sampled public health institutions using dimensions such as management support, supervisor support and coworker support as components of perceived organizational support. In line with the objectives the following research questions were raised to prosecute this study: (1) What is the influence of management support on the healthcare service quality in the sampled public health institutions? (2) What is the effect of supervisor support on the healthcare service quality in the sampled public health institutions? (3) What is the influence of coworker support on the healthcare service quality in the sampled public health institutions?

2. Literature Review

2.1. Understanding Organizational Support

Perceived organizational support refers to employees' judgments about how much their organization and its agents value their contributions and are concerned for their well-being (Eisenberger et al., 1986; Rhoades & Eisenberger, 2002). It describes the extent to which employees experience a supportive work climate characterized by fair rewards, employee-centered policies, constructive training opportunities, and team-oriented practices and can be understood through three main sources of support in the organization namely management support, supervisors support, and coworkers support (Akhimien & Kadiri, 2022).

Drawing from organizational support theory, Eisenberger et al. (1990) posit that employees often visualize the organization as a human being, so the actions of its representatives are interpreted as direct expressions of organizational intent. Management support typically reflects broader organizational practices such as fairness, recognition, involvement in decision-making, career development, autonomy, and job security. These elements signal to employees whether the organization values their contributions and well-being (Rhoades & Eisenberger, 2002; Akhimien & Kadiri, 2022).

Supervisors, who serve as the immediate link between employees and management, play an especially influential role in shaping the perceived organizational support. Employees often interpret supervisory behaviour whether supportive or unsupportive as indicative of how the organization itself would treat them. Coworkers also contribute to perceived support by fostering a collaborative and affirming work climate. Positive peer interactions can reinforce an employee's belief that the organization supports them, while negative peer relations may diminish this perception (Shore & Shore, 1995; Akhimien & Kadiri, 2022). Collectively, these sources of support help determine whether employees feel valued, respected, and encouraged at work.

2.2. Interpretation of the Category of Service Quality

Service quality has been a central theme in services research since the late 20th century and continues to guide how public service institutions understand and improve user experiences. At its core, service quality is grounded in how consumers perceive the service delivered, shaped by their expectations and the reality of their interaction with the service (Abolarinwa et al., 2024). Essentially, service quality perceptions arise from the gap between what consumers expect before the service encounter and what they actually experience. This expectation-experience comparison has shaped contemporary quality models and remains fundamental to understanding how public organizations assess and redesign service processes.

2.2.1. Service Quality Dimensions

Service quality is determined by comparing customers' expectations with their actual experiences, making it a critical focus for organizations. It is the consumers' overall impression of an organization's competence and service effectiveness (Abolarinwa et al., 2024). Parasuraman, et. al. (1988) developed the service quality (SERVQUAL) scale to measure customer perceptions of service quality which is assessed through dimensions such as: tangibles - the physical and visible aspects of service delivery and is a significant driver of customer satisfaction in service encounters (Igbinedion & Adedoyin, 2024). It is linked to outcomes such as customer loyalty and favorable word-of-mouth / referrals (Zeithaml et al., 1996; Oliver, 1980). Reliability describes the extent to which a service provider can provide the promised service in a consistent and timely manner. It shapes customer perceptions of service quality (Igbinedion & Adedoyin, 2024) as patients often rely on healthcare providers to deliver life-saving treatments and interventions (Cronin & Taylor, 1994).

Responsiveness is the willingness of service providers to provide prompt and helpful service to their customers and describes the extent to which service providers can effectively and efficiently address customer needs and concerns. Studies have emphasized the importance of responsiveness in shaping customer perceptions of service quality (Adedoyin & Igbinedion, 2024). Assurance is the ability of service providers to instill trust and confidence in their customers by demonstrating their competence, expertise, and knowledge. Scholars have shown the links between assurance and service quality and establish it as a key predictor essential in shaping customer expectations, satisfaction and loyalty (Igbinedion & Adedoyin, 2024). Empathy refers to service provider compassionate, caring and sensitive concern to customer needs and is significantly linked with service quality (Davis et al. 2003; Adedoyin & Igbinedion, 2024) and beneficial in shaping customer satisfaction and loyalty.

2.2.2. The Nexus between Perceived Organizational Support and Quality Service Delivery

Understanding the relationship between perceived organizational support and quality of service delivery is imperative as employees who perceive high levels of support from their organization are more likely to be committed, motivated, and engaged in their work. This positive attitude translates into better service delivery, as supported employees are more willing and able to meet customer needs and expectations. Conversely, low levels of perceived organizational support can lead to disengagement, decreased job satisfaction, and higher turnover rates, all of which will negatively impact service quality (Rhoades & Eisenberger, 2002; Akhimien & Kadir, 2022; Abolarinwa et al., 2024). Enhancing organizational support would involve providing adequate training and development opportunities, recognizing and rewarding employee contributions, and fostering a positive organizational culture leading to customer satisfaction through improved service quality. This paper argues that increased perceived organizational support can foster higher motivation, safety compliance, and willingness to go the extra mile, leading to better care and patient-centeredness. Coupled with the needed support systems perceived organizational support would contribute to competencies and attitudes needed for enhanced reliability, responsiveness, assurance, and empathy in patient care (Adekanmbi et al., 2022; Uchehgbu et al., 2021).

2.3. Theoretical Framework of the Research

Several theories offer foundations for understanding and exploring the relationship between organizational support and service quality in the healthcare sector. These include organizational support theory, equity theory, and social exchange theory.

Organizational support theory avers that when employees believe their organization values their contributions and provides fair rewards, resources, and working conditions, they

respond with positive, reciprocal behaviors (Eisenberger et al., 1986; Eisenberger et al., 2001). Perceived organizational support will influence how engaged and committed employees will be to offer high quality service while perceived low support can produce disengagement and may lead to non-challant attitudes and consequently decline in quality of services offered if unaddressed.

Equity theory introduced by Adams (1965) posits that employees continuously assess the fairness of work exchanges by comparing the ratio of their inputs (effort, skills, time) to the outcomes they receive (pay, recognition, opportunities). When this ratio appears balanced, employees feel fairly treated and are more inclined to contribute positively to organizational goals. However, perceived inequity triggers emotional and behavioral reactions aimed at restoring balance. Employees who believe they are under-rewarded often reduce their effort or engage in withdrawal behaviors, such as decreased productivity, cynicism, or negative talk about the organization (Colquitt et al., 2013). Conversely, when fairness is evident, employees experience a sense of obligation and respond with stronger commitment and productive behaviors. Equity perceptions are therefore essential in shaping employee motivation and workplace conduct.

Social exchange theory originally advanced by Homans (1958) explains human interaction as a process in which individuals trade tangible or intangible benefits with the expectation of mutual return. The theory assumes that people engaged in ongoing relationships anticipate some balance of give-and-take over time. Building on this idea, Blau (1964) emphasized the norms of reciprocity, arguing that when one party provides a favor or benefit, the other feels compelled to reciprocate in a complementary manner. From this foundation, the concept of psychological contract emerged representing employees' beliefs about implicit promises made by employers. They are expectations that are not written into formal agreements but are grounded in trust and perceived obligations by both parties.

2.4. Empirical Review

Limpanitgul et. al. (2013) examined the effects of co-worker support and customer cooperation on service employee attitudes and behaviour in the airline industry using a sample of 335 cabin service attendants of a major flag-carrier airline. Their findings showed that the relationship between co-worker support and internal influence (i.e. employees' involvement in recommending service improvements) for service quality and customer satisfaction was fully mediated by job satisfaction and organizational commitment. Vieira (2005) conducted a study on delivering quality service in service organizations. They established that commitment to customer service and co-workers' support had direct and positive effects on the ability to satisfy customers, and that co-worker support, had direct effect on customer service and was an important predictor than supervisors' support. Similar results were reported by Susskind et. al. (2007) who affirmed coworker support improved service quality. Bell and Menguc (2002) also found a significant relationship between perceived organizational support and quality of service.

Some researchers (Adekanmbi et al., 2022) conducted a survey of frontline staff at University College Hospital Ibadan, Nigeria on perceived organizational support and safety performance. Their findings showed that higher perceived organizational support was significantly associated with better safety performance during the COVID-19 pandemic, underscoring that organizational support is very useful for improving quality care processes under stress. Other studies have similarly demonstrated links between supportive work environments, staff motivation, and job outcomes in public hospitals suggesting that the different forms of perceived organizational support are active across different healthcare facilities and regions (Oyatoye et. al., 2016).

2.4.1. The Link between Perceived Employer / Management Support and Service Quality

Perceived employer support reflects how employees judge the extent to which their organization genuinely values their work, cares about their wellbeing, and is willing to meet their socio-emotional needs by providing supportive rewards and work conditions (Aranami & Krishna, 2019; Akhimien & Kadiri, 2022). Supportive job conditions signal employer concern. These include ensuring job security, granting autonomy in how employees organize their tasks, setting reasonable workloads, and providing clear job information. Top management support represents how strongly senior leaders acknowledge the strategic value of quality practices and commit to participating in their execution (Chuang & Shaw, 2005). High-level involvement not only reinforces the importance of quality but also anchors



leadership close to core operational processes, enabling smoother implementation and consistent alignment across the organization (Sadikoglu & Olcay, 2014). The role of top management in fostering a quality-driven culture is widely recognized. Studies have reported a link between management support and positive staff behaviours that can improve the service quality for patients' experience (Oyatoye et al., 2016; Ephraim-Emmanuel et al., 2018; Adekanmbi et al., 2022). In view of the foregoing, we hypothesize that: H1: management support will have a positive influence on service quality in the sampled public healthcare organizations.

2.4.2. Perceived Supervisor Support and Service Quality

Supervisor support is employee perceptions of the amount and quality of help a subordinate can received from their supervisors and how supervisors evaluate their performance, care about their contribution, appreciate their extra effort and show concern about their wellbeing as they make decisions that affect employees (Eisenberger et al., 2014). Avortri et. al. (2019) argued that supportive supervision has the potential to improve the quality of health care delivered, enhance health worker skills and improve performance. The study by Kok et al. (2018) highlighted the importance of supportive supervision of community health workers in their study conducted across Ethiopia, Kenya, Malawi and Mozambique. The result of their study showed that supervisor interventions improved community health workers' motivation and performance. The study by Anoke et. al. (2021) also showed that appropriate interventions that will lead to improved worker performance and delivery of high-quality services. In their research on integrated supportive supervision and quality of health-care service delivery in Katsina state, Nigeria, Nass et. al. (2019) established that integrated supportive supervision enhanced health-care service delivery. In view of the foregoing, we hypothesize that H2: supervisor support will have a positive influence on service quality in the sampled public healthcare organizations.

2.4.3. The Interraltion between Perceived Coworker Cupport and Service Quality

The coworker support is employees' evaluation that their colleagues care about their well-being and readily make themselves available either voluntarily or involuntarily to help and assist them when experiencing heavy workload, defend them when absent and / or are faced with emotional, financial, and physical distresses (Shanock et. al., 2019). It is the evaluation that co-workers usually help and favor each other, defend each other when the need arises and help each other in addressing work and non-work-related challenges (Shanock et. al., 2012). Fellow employees' support will improve information flow, expertise, professional advice, political access, advocacy, and financial assistance which are embedded in networks of stable social relationships, help satisfy the desire of belonging and affiliation, provide emotional support and improve productivity (Shanock & Eisenberger, 2006; Hayton et al., 2012). In view of the foregoing, we hypothesize that H3: coworker support will have a positive effect on service quality in the sampled public healthcare organizations.

From our review, literature evidence suggests that perceived organizational support will support healthcare service delivery. Some of the studies reviewed however are of foreign origins with a few from Nigeria. This research is imperative as it sought to will provide insights into the subject matter in the sampled healthcare institutions in Nigeria.

3. Materials and Methods

3.1. Research Design

The research design adopted for this study is the cross-sectional design and executed by conducting a survey. We solicited responses from healthcare workers and a total of 244 respondents participated in the study. These respondents were from two Federal Medical Centres and two University Teaching Hospitals in Nigeria. These health institutions were purposively se-lected because of their high patient traffic, broad spectrum consultations, involvement in healthcare training and development, involvement in policy development and possession of a large proportion of assets of the healthcare sector. The respondents for this study comprised of the medical, paramedical and administrative personnel from the sampled hospitals. We aimed at ob-taining adequate representation of the population by ensuring that the respondents cut across the different departments and units of the participating hospitals. The respondent's distribution is given below (table 1).

Table 1. Distribution of respondents from the participating hospitals.

S/N	Name of Hospital	Number of respondents
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1.	University of Benin Teaching Hospital, (UBTH) Benin City, Edo State	68
2.	University of Nigeria Teaching Hospital (UNTH) Enugu, Enugu State	72
3.	Federal Medical Centre (FMC) Owo, Ondo State	48
4.	Federal Medical Centre (FMC) Asaba, Delta State	56
Total		244

Source: Researchers field visits and computation, 2024.

3.2. The Research Instrument, Validity and Reliability Measures

The study utilized a well-structured questionnaire designed in two sections as the research instrument for eliciting data. The first section of the instrument focused on respondents' demographic characteristics while the second section focused on statement items for extracting opinions on the dependent and independent variables of the study. The research instrument was designed in a 5-point Likert scale format. A properly structured 32 - item questionnaire focused on the subject matter was used for eliciting respondents' opinions. All constructs in the model were estimated with different item scales. We used face and content validation techniques to ascertain the validity of the instrument. We also used Cronbach alpha statistics reliability test in ascertaining the reliability of the research instrument. This was achieved through a pilot's study. The results yielded a value of 0.827 (table 2). The individual constructs all gave alpha values ranging from 0.70 - 0.83

Table 2. Reliability statistics.

S/N	Variables	No of items	Alpha value
1.	Employer support	8	0.743
2.	Supervisor support	6	0.709
3.	Coworker support	6	0.787
4.	Service delivery	12	0.836
		32	0.827

Source: Researchers computation, 2024.

3.3. Hypotheses Testing and Model Specification

The copies of the questionnaires retrieved were processed and the three hypotheses were evaluated using multiple regression analysis and at 5% level of significance using SPSS V20. Our decision rule is based on the computed p-value. We accept the null hypothesis if the computed p-value is greater than significance level at 5% otherwise reject the null and accept the alternate hypothesis. We used the following model to test our hypotheses,

$$HSQ = \alpha + \beta_1 Es + \beta_2 Ss + \beta_3 Cs + \epsilon_i$$

Where: HSQ = Healthcare Service quality; Es = Employer support; Ss = Supervisor support; Cs = Co-worker support; ϵ = error term.

4. Results and Discussion

This section presents the findings on the relationship between perceived organizational support through its studied dimensions and healthcare service quality. The results are discussed according to the general perception of respondents on each of the variables and then the hypothesis is tested to ascertain the relationship with service quality. Of the 244 copies of the questionnaires completed 218 were found useful. A mean performance index was applied to summarize the data and is presented below (table 3).

Table 3. Mean index of sampled variables.

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Employer support	218	1	5	3.375	0.794
Supervisor support	218	1	5	3.550	1.066
Coworker support	218	1	5	3.667	0.897
Service delivery	218	1	5	3.133	0.892

Source: Researcher compilation, 2024.

The statistics show that participants reported moderate levels of support across all workplace sources. Coworker support had the highest mean score (M = 3.67, SD = 0.90), followed by supervisor support (M = 3.55, SD = 1.07), suggesting that employees perceive



their colleagues and supervisors as generally supportive. Employer support was slightly lower ($M = 3.38, SD = 0.79$), though still within the moderate range. Service delivery recorded the lowest mean score ($M = 3.13, SD = 0.89$), indicating a comparatively modest perception of service performance. The standard deviations, which range from 0.79 to 1.07, reflect moderate variability in respondents' ratings across all variables. A multiple regression analysis was performed to determine the extent to which employer support, supervisor support, and coworker support predicted service quality in the sampled healthcare institutions. Table 4 gives extracted regression results predicting healthcare service quality.

Table 4. Extracted regression results predicting healthcare service quality.

Variable	Unstandardized coefficient (β)	Standard error	Standardized Beta (β)	t-value	p-value
Constant	1.120	0.291		3.862	.001
Es / Ms	0.280	0.091	0.220	3.121	.002
Ss	0.351	0.083	0.341	4.521	.001
Cs	0.210	0.080	0.190	2.630	.010

N = 218, R = .530; R² = .28; Adjusted R² = .270; F (3, 214) = 27.63; p < .005.

Source: Authors compilation, 2024.

The overall model was statistically significant, $F(3, 214) = 27.63, p < .001$, accounting for approximately 28% of the variance in service quality ($R^2 = .28$). All three dimensions of organizational support emerged as significant positive predictors of service quality. Employer support demonstrated a significant effect ($\beta = .22, p = .002$), indicating that employees who perceived stronger institutional backing reported higher levels of service quality. Supervisor support had the strongest influence ($\beta = .34, p < .001$), suggesting that effective supervisory leadership substantially enhances employees' ability to deliver high-quality services. Coworker support also contributed significantly ($\beta = .19, p = .010$), showing that supportive relationships among colleagues positively shape performance and service outcomes.

It is observable that supervisor support emerged as the strongest predictor of service quality, reinforcing existing evidence that leadership quality and direct supervisory interactions shape employees' motivation, clarity of expectations, and task effectiveness. Taken together, these findings show that organizational support at all levels all play a significant role in improving service quality in healthcare institutions.

In hypothesis one the employer support showed a significant effect on service quality indicating that when healthcare workers perceive strong institutional commitment through organizational policies, resources, and fair treatment, they reciprocate with improved service delivery. This is consistent with the social exchange theory. This finding is supported by results of certain studies such as Oyatoye et al. (2016) and Ephraim-Emmanuel et al. (2018). Also, Mburu et. al. (2020) who investigated the effect of employer-employee relationships on service quality but in the hospitality industry in Kenya established similar findings. Other related studies affirm that employer branding and support significantly improved employee retention and commitment to the organization, service quality and other positive behaviours (Arasanmi & Krishna, 2019).

With respect to hypothesis two, our findings support the alternate hypothesis that supervisor support had a positive and significant effect on service quality in the sampled health care institutions. This finding is supported by the result from Liu et. al. (2024) who examined the effects of super-visor support on employee service performance and reported results that upshift in daily supervisor support is positively related to daily employee positive emotions leading to higher levels of daily service performance. Grobelna (2021) established research findings that supervisor support is one significant antecedent of emotional exhaustion, which, in turn, exerts a significant impact on hotel employee's intention to leave which reduces the quality-of-service performance. The study suggested that management take steps to protect employees from emotional exhaustion and maintain committed workforce who will in turn likely deliver high quality service. In healthcare organizations supervisors occupy a proximal and influential position in daily clinical operations, their support therefore is particularly vital for maintaining high service standards in healthcare settings.

Furthermore, findings from the test of hypothesis three showed that coworkers support significantly predicted service quality. This demonstrates how important supportive relationships among colleagues are in healthcare settings. When staff can rely on one another, communication improves, workloads feel more manageable, and collaboration becomes



easier, all of which help create better and safer care for patients. The result of hypothesis three is supported by the works of other scholars who established from their study that co-worker support and organization support influenced the relationship between total quality management implementation, service quality and improved organization performance (Joiner, 2007; Mosadeghrad, 2014). Also, the study by Yang et. al. (2019) in China affirmed that better supervisor and coworker support among healthcare workers in Chinese hospitals, would be invaluable and thereby increasing their performance.

5. Conclusions

The findings of this study demonstrate that employer support, supervisor support, and coworker support each exert a significant positive influence on service quality in healthcare institutions. The study concludes that organizational support operates as a multidimensional construct in which all levels of the work environment contribute meaningfully to employees' service performance. Based on the findings, healthcare organizations should deliberately strengthen employer support systems by institutionalizing fair policies, adequate resource provision, competitive rewards, and employee-centered welfare programmes. Management should consistently demonstrate commitment to staff well-being through transparent policies, safe working conditions, and opportunities for professional development, as this will motivate healthcare workers to reciprocate with improved service quality. In line with social exchange theory, sustained organizational support will foster commitment, retention, and patient-centered care.

Furthermore, supervisor support should be prioritized through leadership training and capacity-building programmes for line managers and unit heads. Supervisors should be equipped with interpersonal, emotional intelligence, and supportive leadership skills that enable them to provide guidance, recognition, and emotional support to subordinates. Given their proximity to daily clinical operations, supportive supervisors can reduce emotional exhaustion, enhance morale, and directly influence the quality of healthcare service delivery. In addition, healthcare institutions should promote coworker support and teamwork by encouraging collaborative work cultures, effective communication, and team-based problem-solving. Structured team-building initiatives, peer support systems, and inclusive work environments should be emphasized to strengthen collegial relationships. When healthcare workers feel supported by colleagues, workload pressures are eased, coordination improves, and service quality outcomes are enhanced.

Specifically, the following recommendations are proffered:

Firstly, management of the sampled healthcare institutions should strengthen institutional support systems by improving organizational policies, resource allocation and implement initiatives that uplift employee welfare to reinforce employer support.

Secondly, management of the sampled healthcare institutions should invest in supervisory capacity building, prioritize leadership training, mentorship programs, and performance management support for supervisors, given their strong influence on employees' service delivery outcomes.

And thirdly, management of the sampled healthcare institutions should support collaborative team building, implement strategies that foster cooperation among colleagues, organize interprofessional collaboration sessions, create opportunities for staff to work together, and strengthen collaboration which will lead to better patient care.

The implications of this study are; firstly, theoretically it supports the social exchange theory and strengthens existing literature by confirming that perceived organizational support is a useful in enhancing health care service quality and that when healthcare workers perceive strong employer, supervisor, and coworker support, they are more likely to reciprocate through improved service quality. Secondly, from a managerial viewpoint the study harps loudly that management of the healthcare institutions must view support structures as strategic investments rather than optional welfare initiatives. Thirdly, another implication is that improving service quality would require an organization wide and holistic well coordinated template covering policies, supervisory practices, and team operations simultaneously.

Despite its contributions some attendant limitations in this study include its reliance on self-reported data which may be subject to response bias and social desirability or perceptual bias. The participants' opinions on support and service quality may not accurately represent the unbiased organizational realities. Also, the relatively limited number of participating healthcare institutions portends limitations on the generalizability of the study findings to



other sectors of the economy or even other healthcare institutions with different organizational cultures, structures, or policy environments. Furthermore, organization specific factors like age, size, funding levels, etc. were not particularly investigated in this study and may influence eventual quality of healthcare service.

Future studies should consider adopting a longitudinal research design and mixed method approaches to provide stronger evidence of causality and reveal long-term effects of organizational support on healthcare service quality. Upcoming researches may explore the moderating or mediating roles of other variables on the relationship between organizational support and service quality. Expanding the scope of research to include other sectors or cross-country comparisons would also enhance the generalizability and robustness of the findings.

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