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The Relationship of Organizational Health Safety Efforts Specific to COVID-19 and Perceived Organizational Support on Affective Organizational Commitment

Suzzee Meusel
Walden University

Walden University

College of Management and Human Potential

This is to certify that the doctoral dissertation by

Suzzee A. Meusel

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Derek Rohde, Committee Chairperson, Industrial/Organizational Psychology Faculty
Dr. James Brown, Committee Member, Industrial/Organizational Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
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Abstract

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Suzzee A. Meusel

MS, Capella University, 2017

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Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

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Abstract

When health safety efforts for COVID-19 are perceived negatively, the implementation of health safety efforts by employers may not be effective and are therefore likely to fail in protecting employee health, such as in the agriculture industry. Guided by social exchange theory, organizational support theory, and the theory of organizational commitment, this quantitative correlational study involved examining relationships between organizational health safety efforts specific to COVID-19 (OHSE-C19), perceived organizational support (POS), and affective organizational commitment (AOC) among poultry hatchery employees. The study entailed analyzing survey and opinion poll data from 90 participants from two poultry hatcheries in Iowa and Pennsylvania, using multiple regression after confirming that all assumptions met the regression requirements. The overall model was statistically significant, $F(5, 54) = 29.21$, $p = .001$, with an R^2 of .635. Three predictors that were significantly related to AOC are sanitation of commonly touched surfaces ($\beta = .24$, $p = .004$), vaccination opportunities ($\beta = –.15$, $p = .038$), and POS ($\beta = .75$, $p = .001$). Paid time off for own COVID-19 quarantine time ($\beta = –.02$, $p = .724$) and required mask-wearing ($\beta = –.07$, $p = .363$) were not statistically significant predictors. Understanding this relationship could further assist organizational leaders in aligning communicable disease interventions with employee perspectives and improving organizational communication to clarify the purpose and potential benefits of health safety efforts. The implications for positive social change include the potential for organizational leaders to strengthen workplace health strategies that support employee wellbeing, foster engagement, and contribute efforts to reduce disease transmission.

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Dedication

I dedicate this dissertation and all of the work that went into it to all those in my life who have been so patient and supportive during my educational journey, with a special thank you to my husband, Charlie. Without you, I would never have succeeded.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Since late 2019, organizations have experienced many new challenges resulting from the COVID-19 pandemic, bringing the importance of employee health and safety back to the forefront of human capital considerations in the workplace. The Coronavirus pandemic has caused economic disruptions, with millions of jobs lost (Vu et al., 2022a), ultimately adding to the fear and frustrations employees and employers have felt. As organizations push forward, the challenging aspects of the Coronavirus have highlighted a variety of contemplations, possibly the most relevant of which is how employees perceive organizational efforts to keep them safe. The level of employee commitment to an organization is influenced by various aspects (Amponsah-Tawiah & Mensah, 2016), one of which is how organizations seek to protect employee health in the face of the unknown.

To further understand employee organizational commitment, it is crucial to know how employees perceive the efforts of their organizations to protect them from COVID-19. If employees perceive organizational health safety efforts as a form of organizational support, it may be that these health safety efforts will also influence employee levels of organizational commitment. As information about the COVID-19 pandemic and the virus itself continues to accumulate, understanding how organizational health safety efforts affect organizational commitment can enhance human capital management (Stuart et al., 2021). This in turn will likely enhance organizational practices regarding protection of employee health in terms of communicable diseases. For this study, the organizational health safety efforts specifically relevant to COVID-19 included sanitation of commonly

touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, and required mask-wearing. These organizational health safety efforts were used within the organizations participating in this study and are collectively referred to as the organizational health safety efforts (OHSE-C19) specific to COVID-19.

The implications of positive social change within this study are rooted in how organizations can help keep their employees safe from communicable diseases, thus assisting in overarching efforts to mitigate the spread of such diseases throughout society. Considering the amount of time individuals spend at work, efforts to mitigate communicable diseases in the workplace are invaluable (Azizi et al., 2021). Employee perceptions of organizational efforts to protect health will likely influence the overall success and effectiveness of these efforts, ultimately strengthening or weakening the organization's efforts to protect workers. To further augment organizational efforts to safeguard health, it is imperative to understand how employees perceive the efforts and whether the particular efforts set forth are perceived as valuable to them (Falco et al., 2021). To do this, organizations must understand employee perceptions of specific health safety efforts and use this information when developing communicable disease protection efforts for their workforces. I explored whether linear relationships exist between any of the organizational health safety efforts specific to COVID-19 (OHSE-C19) that were implemented in the participating poultry hatcheries, perceived organizational support (POS), and affective organizational commitment (AOC).

This chapter includes information about the background of the study. This is followed by the problem statement and purpose of the study. This chapter also includes

the research questions and hypotheses that were used for this quantitative study, along with the theoretical framework that included social exchange theory, organizational support theory, and the theory of organizational commitment. The nature of the study, definitions, assumptions, scope and delimitations, and limitations of the study are also discussed. The chapter concludes with the significance of the study and contributions to scholarly research and knowledge.

Background

Organizational safety is a topic that has remained one of the most significant when seeking to ensure employees can perform their jobs safely and effectively (Yaris et al., 2020). In light of the Coronavirus pandemic, organizations continue striving to understand how to keep their employees safe now and in the future while working to find options to facilitate employee retention (Stuart et al., 2021). Organizational commitment, one of the cornerstones of employee retention, indicates the likelihood of employees' continued associations with their organizations (Meyer et al., 2018). This level of commitment is influenced by POS, the degree to which employees believe their organizations genuinely value them (Eisenberger et al., 2020). Although the COVID-19 pandemic was preceded by other disastrous plagues, such as the Spanish Flu in 1918 (Berche, 2022; Unwin, 2021), researchers have not yet investigated how organizational health safety efforts specific to COVID-19 influence employee AOC in an agricultural plant production setting, specifically poultry hatcheries.

Understanding how employees perceive the efforts their organizations take to protect them from communicable diseases is crucial for several reasons, regardless of

industry. First, employees who perceive that their organizations are committed to protecting them from communicable diseases are more likely to trust and feel confident in their employers; trust is a fundamental component of effective workplace relationships and can enhance employee morale and commitment (Colquitt et al., 2007). Secondly, POS for health and safety can directly influence employees' adherence to safety protocols, thereby reducing the spread of diseases within the workplace and giving way to positive perceptions of safety measures that can lead to higher productivity and reduced absenteeism (Probst, 2004). Thirdly, perceptions of being protected from health risks are essential for employees' psychological wellbeing, and organizations that prioritize employee health can reduce anxiety and stress among workers, which is crucial for maintaining mental health and overall job satisfaction (Grawitch et al., 2006). Fourth, when employees feel their organizations genuinely care about their wellbeing, their organizational commitment increases, and this enhanced commitment can lead to higher retention rates, reduced turnover costs, and conservation of valuable talent (Rhoades & Eisenberger, 2002). Fifth, organizations that are known for their proactive health and safety measures can enhance their reputations and public image, thereby attracting talent, customers, and investors contributing to long-term success (Fombrun & Shanley, 1990). Lastly, understanding employees' perceptions of health and safety efforts helps organizations meet their legal and ethical obligations, as ensuring safe workplaces is not only a regulatory requirement but also a moral imperative (Clarke, 2006).

Coronaviruses include a variety of viruses, such as the common cold, as well as more severe infections like severe acute respiratory syndrome coronavirus, the Middle

East respiratory syndrome coronavirus, and the recent coronavirus disease (COVID-19), which began to spread throughout the world in late 2019 (Bhat et al., 2021). Since then, people worldwide have been exposed to the virus, and employers have faced challenges regarding ways to keep businesses running while protecting workers and customers (US Department of Labor, 2021). Of course, ensuring the continuation of business and protecting workers is important, but perhaps of equal importance is how workers perceive efforts taken by their organizations to protect them and whether they feel these efforts are effective or even necessary. Whether people are influenced by their peers, political or ideological beliefs, mistrust in authority, economic and social concerns, or their own perceived risk with the virus (Barrios & Hochberg, 2021; Calvillo et al., 2020; Dryhurst et al., 2020; Freeman et al., 2022; Jennings et al., 2021), it is essential for organizations to understand how these perceptions influence workplace behaviors and attitudes to further develop practical ways to protect employees while working toward organizational success.

Safety practices in agriculture, such as those in poultry hatcheries, encompass many of the typical aspects of safety programs such as hazardous materials, environmental controls, and equipment safety (US Department of Labor, n.d.), similar to a range of other occupational environments. Standards put in place by the Occupational Safety and Health Administration (OSHA) have come to be accepted practices in workplaces in the United States. The emergence of the COVID-19 pandemic challenged OSHA and virtually all employers to supplement long-standing safety practices by addressing employee safety, explicitly targeting COVID-19.

The need for this study lies in the reality that COVID-19 will likely persist for some time, and work cannot cease because of it. Further, given the various types of respiratory viruses that have occurred throughout history such as the Spanish Flu, it would be irresponsible not to learn from what took place regarding COVID-19. At a minimum, the impact of the Coronavirus pandemic has shown that it is necessary to remain cognizant of infectious diseases and work to be prepared for the possibility of similar outbreaks in the future. Organizations must find ways for work to carry on so employees can continue to thrive, as well as address how health safety efforts impact employees and how these employees perceive these efforts.

Many researchers have studied various topics surrounding COVID-19 and employee safety and health. This research contributes to filling the research gap regarding how employee perceive the efforts their organizations take to protect them from COVID-19 and other respiratory illnesses. Brown et al. (2021) found that employee perceptions of safety and health environments were closely linked with their self-reported wellbeing during the initial COVID-19 wave, despite challenges such as shifts involving childcare, work capacity, and reduced social interactions. Further, Billock et al. (2021) found that when employers provided hazard controls such as masks and other personal protective equipment to employees, approximately 77% of participants who were not using available hazard controls did not believe they were needed. Brown et al. (2021) called for research to better understand the effectiveness of workplace safety efforts. Ceryes et al. (2021) called for research aimed at understanding how employees perceive the safety controls put in place by their employers. Rosemberg et al. (2023) called for

more industry-specific research regarding perceptions of employees after finding that among service workers, perceptions of the severity of the pandemic influenced the emphasis to self-protect.

During the rollout of the COVID-19 vaccine, the food and agriculture sector was deemed one of 16 critical infrastructure industries (Centers for Disease Control and Prevention [CDC], 2021; US Department of Homeland Security [DHS], 2021) and remains a vital aspect of the survival of the country and its inhabitants. Understanding how organizational efforts to protect agricultural workers from communicable diseases and the way these workers perceive these efforts is critical in terms of developing enhanced and effective workplace safety policies and practices. In this study I aimed to understand how variables interacted with one another so more insights can be gained and a deeper understanding can result.

Problem Statement

The social problem at the root of this study is the global COVID-19 pandemic that infiltrated virtually all aspects of society. The pandemic has prompted questions about organizational efforts to protect employee health (Bazzoli & Probst, 2022) and how these efforts influence organizational commitment within the workplace (Bieńkowska et al., 2022). Following the completion of this study, it can be concluded OHSE-C19 implemented by the participating poultry hatcheries along with POS, when considered as a linear combination, was significantly related to AOC. However, not all individual measures demonstrated a statistically significant relationship will AOC when controlling for other predictors. Although the overall model demonstrated a significant relationship

between OHSE-C19, POS and AOC, the findings suggest that this relationship may be largely driven by employee perceptions of organizational support. Thus, it remains unclear whether the other individual measures are perceived as authentic expression of employer support, which may be crucial in determining the effectiveness and reception of these efforts (Huang et al., 2021). Despite the extensive focus on general workplace safety and health measures, there is limited knowledge regarding the specific influence of these COVID-19-targeted interventions on employee attitudes and perceptions within agricultural plant production settings (Meixner et al., 2022). Moreover, a more in-depth understanding of the way employee perceptions of these measures affect organizational commitment across different, yet similar production environments such as manufacturing and food processing will be beneficial (Guidetti et al., 2022; Kosieradzka et al., 2022). A deeper understanding of these dynamics could illuminate whether these efforts bolster POS and, consequently, enhance AOC across industries facing similar health-related challenges. Given the similarities in the way employees work in various settings (e.g., agricultural plant production, manufacturing, and food processing), understanding how the implementation of OHSE-C19 within an agricultural plant production setting is related to POS and employee levels of AOC will likely contribute significantly to further development of effective communicable disease response within the agriculture industry, as well as within other workplace settings.

The specific research problem addressed in this study was that when health safety efforts specific to COVID-19 are perceived negatively, implementation of such health safety efforts by employers may not be effective and are therefore likely to fail in terms

of protecting employee health. The seemingly simple endeavor of heightened health safety efforts is inundated with concealed aspects, most notably the degree to which employees perceive the value and protection of health safety efforts implemented (Guzzo et al., 2021). Within work environments, employee health must be prioritized to sustain business functions and employees' source of income. Recognizing that organizational health and safety efforts continue to play a critical role in planning, I explored whether associations existed between OHSE-C19, POS, and employee levels of AOC. The findings confirmed that such associations were present, particularly with POS and select OHSE-C19 variables. This will assist in improving employee and public health, retaining human capital, and further equip work environments in prioritizing safety and support. After all, if employees do not perceive that health safety efforts are effective or needed, implementing practices and maintaining consistency is likely to be more difficult, causing applications to suffer.

Purpose of the Study

With this quantitative correlational study I aimed to explore whether relationships existed between OHSE-C19, POS, and AOC among employees within two poultry hatcheries. The independent variables were POS along with employee perceptions of sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, and required mask-wearing (collectively known as OHSE-C19). The dependent variable for this study is AOC.

Research Questions and Hypotheses

The following research questions and hypotheses were used:

RQ1: To what extent, if at all, is the linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) related to AOC?

$H_0$1: The linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) is not related to AOC.

H_a1: The linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) is related to AOC.

RQ2: To what extent, if at all, are the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) individually related to AOC?

$H_0$2: Sanitation of commonly touched surfaces is not individually related to AOC after controlling for the other four predictors.

H_a2: Sanitation of commonly touched surfaces is individually related to AOC after controlling for the other four predictors.

$H_0$3: Paid time off for own COVID-19 quarantine time is not individually related to AOC after controlling for the other four predictors.

H_a3: Paid time off for own COVID-19 quarantine time is individually related to AOC after controlling for the other four predictors.

$H_0 4$: Vaccination opportunities are not individually related to AOC after controlling for the other four predictors.

H_a4: Vaccination opportunities are individually related to AOC after controlling for the other four predictors.

$H_0 5$: Required mask-wearing is not individually related to AOC after controlling for the other four predictors.

H_a5: Required mask-wearing is individually related to AOC after controlling for the other four predictors.

$H_0 6$: POS is not individually related to AOC after controlling for the other four predictors.

H_a6: POS is individually related to AOC after controlling for the other four predictors.

Theoretical and/or Conceptual Framework for the Study

I used three theories that work together to make up the theoretical framework for this study and include social exchange theory, organizational support theory, and the theory of organizational commitment. Social interactions are thought to be based on social exchange theory, where obligatory exchanges and reciprocity occur between people (Chang et al., 2023; Cropanzano & Mitchell, 2005; Harrell & Quinn, 2023). Naturally following this, organizational support theory suggests employees view organizations as human-like entities that display purpose and intentions (Eisenberger et

al., 2020). Lastly, organizational commitment involves individual levels of organizational commitment based on affective organizational commitment (emotional), normative organizational commitment (obligatory), and continuance organizational commitment (cost of leaving) (Krajcsák, 2019). All three theories are discussed in more detail in Chapter 2.

Nature of the Study

To address the research questions in this study, a quantitative correlational nonexperimental research design was used to collect data from participants using two Likert scale surveys and one four-question general opinion poll. The quantitative correlational nonexperimental research design using surveys is an objective approach to empirically investigate whether relationships existed between OHSE-C19, POS, and AOC in that quantifiable data can be used to reveal any associations between variables (Creswell & Creswell, 2018). I used the correlational nonexperimental design to measure and analyze strength and direction of associations between variables in a real-world context without manipulating the environment or participants (Salkind, 2010).

Independent variables include POS, as measured using the Survey of Perceived Organizational Support (Eisenberger et al., 1986a), as well as sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, and required mask-wearing, measured by the general opinion poll written specifically for this study. The dependent variable was AOC, which was measured using the Affective Commitment Scale (Meyer & Allen, 1984).

The integration of pragmatism and postpositivism were the guiding paradigms in this study. Pragmatism emphasizes practical outcomes and problem-solving by focusing on research of real-world issues (Morgan, 2014), and postpositivism extends the philosophical grounding of the research by acknowledging limitations of human knowledge and influence of researcher perspectives on their work as well as advocating for cautious, reflective, and iterative approaches to understanding reality (Phillips & Burbules, 2001). When these paradigms are combined, research that is reflective, ethically committed, and grounded in real-world problems is methodologically sound and socially relevant.

Anonymous survey and poll data were collected from employees of the participating poultry hatcheries who met participation requirements. Surveys and polls were completed electronically using SurveyMonkey. Data were uploaded to IBM Statistical Package for the Social Sciences (SPSS) (Version 30) and analyzed using multiple regression to determine whether any relationships existed between the variables within OHSE-C19, POS, and AOC.

Definitions

Affective Organizational Commitment (AOC): For this study, AOC is defined as the psychological and emotional attachment employees feel toward their organizations, where they identify with their organizations and are involved with them, creating desires to remain with them (Meyer et al., 2002; Moin, 2018).

Perceived Organizational Support (POS): For this study, POS is the comprehensive perceptions employees have regarding the extent to which they believe

their organizations genuinely care for their wellbeing and value the contributions they make to their organizations, coupled with the belief the organization will consistently provide resources when needed through supportive and caring environments (Kurtessis et al., 2017; Li et al., 2022; Rhoades & Eisenberger, 2002).

OHSE-C19: For this study, organizational health safety efforts specific to COVID-19 refer to a collection of organizational health safety efforts designed to mitigate the spread of the COVID-19 virus throughout the workplace. The four organizational health safety efforts included in the collection that make up OHSE-C19 are sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, and required mask-wearing.

Sanitation of Commonly Touched Surfaces: For this study, sanitation of commonly touched surfaces is defined as the process of cleaning high-touch surfaces at various points throughout the day with disinfectant cleaner (Centers for Disease Control and Prevention, 2021b).

Paid Time Off for Own COVID-19 Quarantine Time: For this study, paid time off for own COVID-19 quarantine time is defined as paid time off granted to an employee for their own illness requiring quarantine based on a possible or confirmed COVID-19 illness (US Department of Labor, n.d.a).

Vaccination Opportunities: For this study, vaccination opportunities include the ability for employees to voluntarily receive the COVID-19 vaccine with assistance from the employer and in partnership with local pharmacies that includes paid time off for the employee to receive COVID-19 vaccinations during work time as well as paid time off to

recover from any side effects experienced from receiving the shots (Occupational Safety and Health Administration, 2021).

Required Mask-Wearing: For this study, required mask-wearing is defined as the requirement of all employees to wear a face covering while in the workplace and within six feet of any other individual regardless of vaccination status (Centers for Disease Control and Prevention, 2021a).

Assumptions

The assumptions of this quantitative study were rooted in nonexperimental, correlational survey data collection with the overall goal of exploration free from bias on the part of the researcher. Since the data collection took place in my own workplace, it is important to note that fully anonymous surveys and polls were taken by participants voluntarily. As the researcher, I could not identify any of the participants based on their responses. I assumed all participants were honest and forthcoming when responding to survey questions given the anonymous nature of data collection and the anticipative alleviation of employees' possible felt obligation to respond in a specific way.

Scope and Delimitations

In this quantitative study, I explored whether relationships between sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, POS, and AOC existed. Within the participating poultry hatcheries, I observed during the course of normal work that some employees resisted some health safety efforts implemented by the organization. It appeared that some employees accepted some health safety efforts and some did not,

although not all employees seemed to accept or resist the same health safety efforts to the same degree. In this way, implementation of OHSE-C19 were difficult. Although employees largely adhered to required expectations, many felt very strongly either in support of or opposition to the efforts, and some were reluctant to comply. One employee abruptly resigned from their position with the company within one day of the company's implementation of OSHE-C19, specifying they were not willing to comply with the required mask-wearing policy. It became clear early on that some employees felt very strongly in favor of or against health safety efforts, while some did not reveal strong feelings either way.

AOC is rooted in the psychological and emotional attachment an employee feels toward their organization, where they identify with the organization and are involved with it, creating a desire to remain with it (Meyer et al., 2002; Moin, 2018), and POS is the comprehensive perception employees have regarding the extent to which they believe their organization genuinely cares for their wellbeing and values the contributions they make to the organization coupled with the belief the organization will consistently provide resources when needed through a supportive and caring environment (Kurtessis et al., 2017; Li et al., 2022, Rhoades & Eisenberger, 2002). With this in mind, it stood to reason that the data collected from employee surveys may reveal whether employees perceived OHSE-C19 as supportive with positive perceptions, impeding with negative perceptions, or if the health safety efforts had no impact on their perceptions at all.

In an effort to understand employee opinions about the implementations of OHSE-C19 within the participating poultry hatcheries, one opinion poll and two surveys

were administered using SurveyMonkey. The methodology of the study, along with the relevant population will be discussed in more detail in Chapter 3. Volunteer sampling, which is a type of convenience sampling (Etikan et al., 2016), was used to collect data from employees of the participating poultry hatcheries. The total number of eligible participants was 181 at the time of the study. The instruments I used in this study included a four-question general opinion poll that was written specifically for this study, the Survey of Perceived Organizational Support (Eisenberger et al., 1986a), and the Affective Commitment Scale (Meyer & Allen, 1984).

Generalizability is understood as the ability to generalize or apply research results to other populations based on research relevant to the circumstances and predict outcomes (Goodman, 2008). The generalizability of the results from this study should be made with caution, however, the findings may still be applicable in a variety of circumstances, both within agriculture and beyond, given the plant production setting of the participating poultry hatcheries and the way in which work is performed.

Limitations

Several limitations may affect the generalizability, validity, and trustworthiness of this study. First, the research was conducted in my own workplace, which introduces potential concerns related to response bias, including social desirability effects and power dynamics between myself and participants. Although participation was voluntary and anonymous and was administered using SurveyMonkey, the organizational context may have influenced participants' willingness to respond candidly. Written permission to conduct research was obtained from the chief executive officer and president of the

participating poultry hatcheries before recruitment, and informed consent forms emphasized that participation was entirely voluntary and confidential. Nevertheless, the familiarity between myself and the employee population may have introduced unintentional bias during data collection and interpretation.

Secondly, I employed a nonprobability volunteer sampling method, which may present a risk of self-selection bias. Employees who elected to participate may have held systematically different views, particularly regarding health safety efforts and organizational commitment compared to nonrespondents. As a result, external validity is limited, and findings should be generalized beyond the participating poultry hatcheries only with caution. Although the final analytic sample of 90 participants closely reflected the demographic and job-level composition of the workforce and approached the sample size target that was suggested by power analysis ($N = 92$), the slight shortfall could have impacted the statistical power of the analysis. This minor underpowering is noted for transparency but was not expected to substantially compromise results or interpretations.

Additionally, exclusive reliance on self-report measures may have introduced risks involving recall bias, common method variance, and social desirability bias, especially given the politically and socially-sensitive nature of COVID-19 safety protocols. While the study used validated instruments with strong internal consistency for the Survey of Perceived Organizational Support ($\alpha = .96$) (Eisenberger et al., 1986a) and the Affective Commitment Scale ($\alpha = .87$) (Meyer & Allen, 1991), the dichotomous response format used for perceptions of OHSE-C19 may have limited my ability to detect subtle gradations in terms of employee perceptions, potentially reducing construct

validity. Finally, several contextual and individual-level variables, such as organizational culture, prior trust in leadership, political ideology, and personality traits were not controlled for in this study but may have influenced how participants interpreted and responded to survey items. These factors may have limited internal validity and should be considered when interpreting results.

Significance

This research is significant in that it contributes to the Industrial and Organizational Psychology discipline by producing valuable data that may assist in understanding the relationships between OHSE-C19, POS, and employee levels of AOC within the context of the COVID-19 pandemic, thus narrowing the gap in the literature involving health safety efforts in the agricultural space and how employee commitment may be affected. This study examined how employees of the participating poultry hatcheries perceived the OHSE-C19 that were implemented in their organization due to the COVID-19 pandemic, answering calls for research in the literature for industry-specific exploration (Daniels et al., 2022), how employee perceptions of policies, programs, and practices implement wellbeing (Brown et al., 2021), and finding effective ways for employers to meet employee safety climate needs that are rooted in individual as well as collective interests (Wang et al., 2022). These perceptions are an essential aspect of employee POS, which is a significant aspect of AOC. In this way, the human resource management discipline may be able to further develop and enhance organizational health safety practices to more effectively support employees, thus

enhancing the Industrial and Organizational discipline as well. This in turn may influence hiring, retention, development, and a wide variety of employee work behaviors.

Implications for positive social change stemming from this study are multifaceted. By characterizing mechanisms through which workplace health safety initiatives safeguard employees, this study underscores the pivotal role of organizational policies in terms of fostering health protections within the workplace. Understanding how employees perceive OHSE-C19 not only minimizes risks of workplace-related illnesses but may also help organizations understand how best to implement such efforts now and in the future. Secondly, helping organizations understand how to effectively implement health safety efforts based on employee perceptions of such efforts may lead to reductions in community-wide transmission rates of contagious diseases such as COVID-19, thereby mitigating strains on public health resources. Moreover, by advocating for the integration of health safety measures as a core component of organizational strategy, workplaces may be able to serve as critical venues for public health interventions. This can have far-reaching implications, including acceleration of disease prevention efforts when needed.

Summary

This chapter included an introduction to the study against the backdrop of the COVID-19 pandemic, underscoring the renewed importance of employee health and safety in the workplace. I outlined challenges organizations have faced since late 2019, which brought employee health safety efforts into sharp focus. I explored how such efforts may be perceived by employees and the impacts of these perceptions on

organizational commitment and POS. Given the ongoing nature of the pandemic and the ever-present possibility that another pandemic could occur, understanding the effects of OHSE-C19 and POS on organizational commitment is crucial for enhancing human capital management strategies.

I investigated OHSE-C19 within the context of the agriculture industry, specifically poultry hatcheries. I sought to determine the relationship between these efforts and AOC, as well as the role of POS within that dynamic. The research was grounded in social exchange theory, organizational support theory, and the theory of organizational commitment and employed a quantitative correlational nonexperimental design using one opinion poll and two surveys to gather data. This study's significance lies in its potential to provide insights regarding effective organizational health safety efforts, thereby providing valuable information about such practices to organizations, enhancing retention and safety in the workplace, and contributing to the scholarly body of knowledge regarding organizational practices during pandemics.

In the background section, I addressed organizational health safety's critical role in light of the challenges highlighted by the pandemic. Despite historical precedents like the Spanish Flu, there was a gap in the research regarding impacts of OHSE-C19 on employee commitment in agricultural settings. In the problem statement I articulated social and organizational challenges posed by the COVID-19 pandemic, emphasizing the need to understand the effectiveness of OHSE-C19 from the employees' perspective. In the purpose section I delineated the study objectives, which were ultimately to examine the relationships between OHSE-C19, POS, and AOC among employees in the

participating poultry hatcheries. Finally, I concluded the chapter by defining key terms, outlining the study's scope, delimitations, and limitations as well as significance and potential contributions to Industrial and Organizational Psychology, human resource management, and positive social change through improved workplace safety practices.

Chapter 2: Literature Review

The social problem at the root of this study is the global COVID-19 pandemic that infiltrated virtually all aspects of society and forced organizations to focus even more on protecting employees. The COVID-19 pandemic prompted questions about organizational efforts to protect employee health (Bazzoli & Probst, 2022) and how these efforts influence organizational commitment within the workplace (Bieńkowska et al., 2022). At the time of this study, it was not known whether OHSE-C19 implemented by the participating poultry hatcheries had a measurable impact on employees' AOC. Additionally, it remained unclear whether these health safety efforts were perceived by employees as genuine support from their employer, which may be crucial in determining the effectiveness and reception of such efforts (Huang et al., 2021). Despite the extensive focus on general workplace safety and health measures, there is limited knowledge regarding the specific influence of these COVID-19-targeted interventions on employee attitudes and perceptions within agricultural plant production settings (Meixner et al., 2022). Moreover, a more in-depth understanding of ways employees' perceptions of these measures affect organizational commitment across different yet similar production environments such as manufacturing and food processing would be beneficial (Guidetti et al., 2022; Kosieradzka et al., 2022). A deeper understanding of these dynamics could illuminate whether these efforts bolster POS and consequently enhance AOC across industries facing similar health-related challenges. Given the similarities in the way employees work in various settings (e.g., agricultural plant production, manufacturing, and food processing), understanding how the implementation of OHSE-C19 within an

agricultural plant production setting, such as poultry hatcheries, is related to POS and employee levels of AOC will likely contribute significantly to further development of effective communicable disease responses within the agriculture industry as well as other workplace settings.

The specific research problem addressed in this study was that if OHSE-C19 are perceived negatively by employees, implementation of such efforts by employers may not be effective, and are therefore likely to fail in terms of protecting employee health. The endeavor of heightening health safety efforts is inundated with concealed aspects, most notably the degree to which employees perceive the value and protection of the health safety efforts that are implemented (Guzzo et al., 2021). Within work environments, employee health must be prioritized to sustain business functions and employee sources of income. There is a research need to investigate how agricultural plant production employees perceive COVID-19 health safety efforts in the workplace, given their unique vulnerabilities and challenges during the pandemic. Studies highlight that during the pandemic many agricultural workers continued to work even when ill, and this underscores a pressing need for enhanced health interventions with more comprehensive workplace safety efforts in this sector (Boggess et al., 2024). Addressing socioeconomic challenges and social determinants of health is crucial, and tailored health initiatives are vital to improving health safeguards and outcomes for these workers, as agricultural workers face increased risks associated with COVID-19 (Ramos & Schenker, 2021).

Developing human resources and sustainable health policies would strengthen the agricultural workforce, as the pandemic has revealed significant personnel shortages, and there is a critical need for improved health and safety standards to attract and retain employees in this essential sector (Baidybekova et al., 2023). Moreover, there is an identifiable research gap regarding the impact of COVID-19 health efforts on employees' AOC, particularly in sectors like agriculture, where workforce dynamics may differ substantially from other industries (Muñoz et al., 2023; Ramos & Schenker, 2021). This gap suggests that understanding agricultural employees' perceptions of workplace health measures could inform strategies to enhance employee loyalty, morale, and emotional attachment to their organizations during challenging times.

This underexplored area offers a promising direction for this and future studies, as understanding the connection between organizational health safety efforts specific to COVID-19 and employee commitment in agricultural settings could guide the development of more effective organizational strategies, ensuring that health measures not only protect workers but also reinforce their commitment to organizations. Given that implementation of organizational health safety efforts will likely remain at the forefront of organizational planning, it is essential to understand the associations between OHSE-C19, POS, and employee levels of AOC. This understanding will assist in improving employee and public health, retaining human capital, and providing a work environment of safety and support. After all, if employees do not perceive that health safety efforts are effective or needed, implementing practices and maintaining consistency will likely be more difficult, causing applications to suffer.

This quantitative correlational study aimed to explore whether relationships exist between OHSE-C19, POS, and AOC among employees within the agriculture industry, specifically poultry hatcheries. The independent variables included sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask wearing, and POS. The dependent variable for this study was AOC. This chapter includes a comprehensive exploration and discussion of seminal and current literature relevant to the independent and dependent variables, the literature search strategy, theoretical foundation, and a comprehensive review of literature, followed by the summary and conclusions.

Literature Search Strategy

To provide a comprehensive review of the literature for this study, I identified relevant sources using Thoreau, which enabled simultaneous searches across multiple academic databases. I used the following databases for this study: Thoreau, Business Source Complete, Directory of Open Access Journals, Social Sciences Citation Index, PsycArticles, PsycInfo, and APA PsycTests. I searched for peer-reviewed journals that were available in full-text and published between 2016 and 2025. I used the following search terms: *organizational commitment*, *perceived organizational support*, *affective commitment*, *normative commitment*, *continuance commitment*, *organizational support theory*, *change*, *affective normative commitment*, and *measurement*. All sources were written in English.

Theoretical Foundation

As stated in Chapter 1, the three theories that work together to make up the theoretical framework for this study are social exchange theory, organizational support theory, and the theory of organizational commitment. Virtually all social interactions are based on social exchange theory, where obligatory exchanges and reciprocity occur between people (Cropanzano & Mitchell, 2005). This theory posits that relationships are governed by a reciprocal exchange of resources, benefits, or support, forming the basis for a mutual sense of commitment and loyalty (Liu & Deng, 2011). In the context of organizational settings, social exchange theory suggests that when employees perceive that they receive support and resources from their employer, they feel obligated to reciprocate, enhancing their commitment to the organization (Cropanzano & Mitchell, 2005). The Survey of Perceived Organizational Support (Eisenberger et al., 1986a) measures employees' perceptions of the support they receive, which aligns with social exchange theory's framework, where perceived support fosters positive exchanges, leading to commitment and reduced turnover intentions (Rhoades & Eisenberger, 2002). Naturally following this, organizational support theory is closely related to social exchange theory and expands on the idea that POS builds trust and reinforces an employee's sense of belonging with the organization, as well as suggests employees view organizations as human-like entities that display purpose and intention (Eisenberger et al., 2020) The Survey of Perceived Organizational Support (Eisenberger et al., 1986a) directly measures these supportive perceptions, providing data that aligns with organizational support theory's predictions about the positive outcomes of organizational

support on employee attitudes, loyalty, and organizational citizenship behaviors (Sousa-Lima et al., 2013). Lastly, the theory of organizational commitment involves an individual's level of organizational commitment based on three different aspects, which include AOC (emotional), normative organizational commitment (obligatory), and continuance organizational commitment (cost of leaving the organization) (Krajcsák, 2019).This theory defines commitment as an emotional attachment and the sense of loyalty employees develop towards their organization, often influenced by perceived support and benefits received (Song et al., 2009). The Affective Commitment Scale (Meyer & Allen, 1984) is designed to measure this emotional attachment, which is closely tied to both organizational support theory and social exchange theory (Song et al., 2009). AOC grows stronger when employees experience positive changes with and feel supported by their organization, as these positive experiences increase their desire to remain part of the organization increases as well (Song et al., 2009). Together, these theories provide a framework for understanding the results obtained from the Survey of Perceived Organizational Support (Eisenberger et al., 1986a) and the Affective Commitment Scale (Meyer & Allen, 1984), supporting the notion that POS and reciprocal relationships are fundamental to fostering a committed, engaged workforce (Bush, 2015). This theoretical alignment highlights the importance of support-oriented policies and the need for reciprocal employer-employee relationships to cultivate organizational commitment, especially through tangible measures of affective loyalty and support perceptions (Bush, 2015). Within these theories, constructs such as AOC and POS provide the opportunity for a vast understanding of how employees relate to,

perceive, and interact with their organization and the individuals who represent the organization. These aspects translate to an overall understanding of how organizational efforts to protect employees may be perceived by the employees, as well as the possible outcomes.

Social Exchange Theory

Given that POS and AOC were significant aspects of this study, it is important to understand the social exchange aspects of workplace relationships and how these exchanges may be perceived by employees. Social exchange theory provides a foundational framework for understanding the relationship dynamics between employees and their organizations, especially as it pertains to POS and AOC in relation to employee perceptions of organizational health safety efforts specific to COVID-19 and beyond. Social exchange theory was formulated by George C. Homans (1958), Peter Blau (1964) and Richard Emerson (1976) and has continued to evolve. The theory posits that when individuals interact, each individual can offer one or more resources, and each will benefit from the resources of the others due, in part, to unspecified and unstructured obligations and reciprocity (Cropanzano & Mitchell, 2005). In organizational contexts, this means that when employees perceive tangible or intangible resources from their employer, they feel obligated to reciprocate, thereby fostering commitment and loyalty (Cropanzano & Mitchell, 2005). As one of the most predominant workplace theories (Cropanzano & Mitchell, 2005; Ahmad et al., 2023), social exchange theory is poised to assist in understanding the behavior of employees in the workplace and as a concept of workplace behavior, social exchange theory postulates that if obligations are not met, and

reciprocity does not occur, it is likely that trust, POS, and organizational commitment can be negatively affected (Cropanzano & Mitchel, 2005).

Within the idea that obligatory exchanges exist, even unspecified and unstructured obligatory exchanges (Cropanzano & Mitchell, 2005), an implication also exists that the organization, being seen as a human-like entity by employees (Eisenberger et al., 2020), would be perceived as providing or not providing support to employees based on actions taken by those who represent the organization. Further, variations in employee perceptions of the COVID-19 pandemic and what they consider necessary regarding organizational health safety efforts may also influence their perceptions of whether these efforts are beneficial or intrusive. The Survey of Perceived Organizational Support developed by Eisenberger et al. (1986a) directly measures employees' perceptions of the support they receive from their organization. This aligns with social exchange theory's framework in which perceived support fosters positive exchanges that enhance organizational commitment and reduce turnover intentions (Cropanzano & Mitchell, 2005). Under social exchange theory, the reciprocal benefit of organizational support means that employees who feel valued and supported by their employer are likely to reciprocate with higher engagement and commitment, aligning with the goals of the Survey of Perceived Organizational Support (Eisenberger et al., 1986a) to capture these supportive perceptions. The Affective Commitment Scale (Meyer & Allen, 1984) measures an employee's emotional attachment to their organization, which is deeply rooted in social exchange theory as well. When employees receive support from their organization, they experience positive affective reactions, which foster loyalty and an

emotional bond (Rahmani & Heydari, 2017). This sense of reciprocity and mutual benefit underpins the social exchange framework, where unstructured obligations encourage employees to stay committed to an organization they perceive as supportive (Rahmani & Heydari, 2017). In this way, and directly relevant to this study, those who represent the organization from the perspective of the employees would include the chief executive officer, the president the vice president, director-level leadership, managers, supervisors, and leads. However, this phenomenon is not only applicable to employees. For those in leadership positions, others who are situated in positions higher than them are considered to be the personification of the organization. For instance, from a general employee's perspective, their lead or supervisor would personify the organization. From a manager's perspective, their director would personify the organization and so on. After all, those in leadership positions are also employees of an organization and are human beings, just like employees who are not in leadership positions.

Social exchange theory, especially within the context of organizational health safety efforts specific to COVID-19, offers insight into how POS influences employee adherence to safety measures. Social exchange theory implies that employees view organizational actions, such as implementing health protocols, as an exchange of support (Cropanzano & Mitchell, 2005). Employees may reciprocate by following these protocols, viewing them as the organization's investment in their wellbeing (Laurent et al., 2021; Kilroy et al., 2023). Moreover, the hierarchical structure within organizations influences perceptions of support under social exchange theory. Employees often view those in higher positions, such as managers and supervisors, as representatives of the

organization (Sousa-Lima et al., 2013; Rogozińska-Pawełczyk & Buchali, 2023). Consequently, the behaviors of these individuals are seen as direct reflections of organizational intentions (Sousa-Lima et al., 2013; Rogozińska-Pawełczyk & Buchali, 2023).

For this study, obligatory exchanges exist within the organization's efforts to protect employees by implementing organizational health safety efforts specific to COVID-19. As in all interpersonal relationships and interactions, exchanges within the workplace occur between employees and those who represent the organization, and psychological contracts are formed regarding obligatory expectations (Bal et al., 2008; Krasniqi & Lokaj, 2022). Rogozińska-Pawełczyk and Buchali (2023) found that social relationships held the strongest obligatory implications among employees, meaning that interpersonal relationship aspects such as trust are significant regarding positive changes. Further, Kilroy et al. (2023) found that these exchanges are not static but tend to operate fluidly and dynamically, where a single reciprocation does not tend to be the basis for social exchange relationships. Within these social exchanges in the workplace and the psychological contracts that result, emotions, job attitudes, and behaviors are also influenced (Bal et al., 2008).

Given the complexity of social exchanges, it is essential to recognize the nuanced, psychological elements involved, which affect how employees perceive safety measures and other organizational support initiatives. These perceptions can fluctuate based on individual emotions, experiences, and the inherent fluidity of social exchange relationships, reinforcing the idea that workplace exchanges are neither straightforward

nor static (Ahmad et al., 2023; Saleem et al., 2021). In sum, social exchange theory assists in explaining commitment through the interplay of trust, reciprocity, and organizational loyalty, as measured by the Survey of Perceived Organizational Support (Eisenberger et al., 1986a) and the Affective Commitment Scale (Meyer & Allen, 1984). Since social exchanges within the workplace are influenced by the perspectives employees have of the social exchanges that take place, it stood to reason that the psychological perspectives of safety employees have within the organization may also influence the way in which they perceived the efforts the organization put in place to protect their health. Research shows that psychological safety is a factor that can reduce negative employee outcomes and facilitate positive employee attitudes (Saleem et al., 2021; Sobaih et al., 2022; Bai et al., 2023). Research shows that psychological safety is a factor that can reduce negative employee outcomes and facilitate positive employee attitudes (Saleem et al., 2021; Sobaih et al., 2022; Bai et al., 2023). This implies that the physical safety environment is important, as is the psychological environment when considering employee perspectives. This further iterates the convolution of social exchanges in the workplace regarding safety efforts and the different ways in which employees may perceive these efforts. With this in mind, it becomes clear that the reciprocity between employees and those representing the organization is complex, and there are countless aspects within social exchanges that may influence employee attitudes toward the organization.

Ultimately, social exchange theory is built upon the reality that interactions among individuals are interdependent, and the actions of others are affected by those with

whom interactions take place (Blau, 2017). In this way, the interactions between individuals (i.e., social exchanges) can be perceived as positive, thus developing relationships perceived by these individuals as valuable (Cropanzano & Mitchell, 2005). Following this, it stood to reason that the same could be said for the potential of negative or neutral perceptions of interactions, which could create negative or neutral perceptions of outcomes. These perceptions are particularly important when considering workplace behavior and opportunities to understand such behavior. Within this study, and following social exchange theory, it stood to reason that employee perceptions of their organization's efforts to keep them safe from COVID-19 infection may have been viewed as unspecified and unstructured necessary obligations of the organization. Conversely, these organizational efforts may have been viewed by employees as intrusive and burdensome, thus creating a negative perception of the implementation of organizational health safety efforts specific to COVID-19. Further it may have been that employees did not feel as though the organizational health safety efforts specific to COVID-19 put forth by their organization were valuable or intrusive, thus not influencing perceptions at all.

Within social exchange theory, reciprocity includes obligatory aspects of benefits exchange between the organization and the employees (Laurent et al., 2021). For this study, and from a reciprocal benefit standpoint, the benefits provided by the organization were the organizational health safety efforts specific to COVID-19 that were put in place to protect employee health, and the benefits reciprocated by the employees involve following the protocols put in place to protect their health and mitigate wide-spread illness that would be costly to the employees as well as the organization overall. Laurent

et al. (2021) found that a relationship exists between POS and safety behaviors that are discretionary, implying that required safety behaviors may also be influenced by felt obligations to the organization. This means that, even though employees adhered to the required organizational health safety protocols put in place by the participating poultry hatcheries, they may or may not have perceived these safety efforts as supportive or even necessary.

With the reality that social exchanges in the workplace are complex and involve multiple interactions (Ahmad et al., 2023; Kilroy et al., 2023), it is important to consider that not all employee perceptions can be seen in black and white. The psychological elements embedded in social exchanges are factors that implicate emotion, world view, familiarity, and the overall perceptions those involved in the exchanges have. With this in mind, it is possible that even if an employee felt as though the organizational health safety efforts specific to COVID-19 implemented by their employer were a show of support for them as an employee, they may have also felt that these efforts were not needed or even that these efforts were intrusive. Conversely, employees may have felt that the organizational health safety efforts specific to COVID-19 implemented by their employer were unnecessary or intrusive, but their AOC to the organization may have influenced their decisions to adhere to the safety protocols implemented.

Organizational Support Theory and POS

Organizational support theory was formulated by Robert Eisenberger and his team (Eisenberger et al., 1986) and posits that employees view organizations as human-like entities that display purpose and intention (Eisenberger et al., 1986; Eisenberger et al.,

2020). The actions and behaviors of the individuals who represent the organization (e.g., executives, directors, managers, supervisors, and leads) create the personification of the organization and allow employees to exercise their socioemotional needs via interactions with the organization's representatives as if the organization were a living being (Eisenberger et al., 2020). Relevant to this study, employees would interact with their organization by way of the organization's representatives and form perceptions of whether their organization was providing support throughout the pandemic by implementing the organizational health safety efforts specific to COVID-19. This aspect of organizational support theory particularly relates to the foundational social exchange theory and provides a solid basis for the employee-organization relationship. This also implies that the implementation of the organizational health safety efforts specific to COVID-19 by the organization could be perceived as unsupportive if these efforts were perceived as intrusive or not needed.

POS originates from organizational support theory and is the comprehensive perception employees have regarding the extent to which they believe their organization genuinely cares for their wellbeing and values the contributions they make to the organization, coupled with the belief the organization will consistently provide resources when needed through a supportive and caring environment (Kurtessis et al., 2017; Li et al., 2022; Rhoades & Eisenberger, 2002). Directly relevant to this study, POS could be a significant factor in consideration of whether employees perceived the implementation of organizational health safety efforts specific to COVID-19 as supportive and fulfilling the obligatory reciprocity commitments the organization had to them.

Although implementing the organizational health safety efforts specific to COVID-19 was likely to be naturally perceived as an act of protection put in place by the organization for the employees, differences among employee personality traits and belief systems may have influenced whether employees actually perceived the implementation of the efforts as valuable or intrusive. Research has found that proactive personality traits, self-esteem, self-efficacy, status within the organization, locus of control, and emotional stability influence how organizational support is individually perceived by employees (Lee & Jeung, 2018; Yi-Feng Chen et al., 2021; Mihalache & Mihalache, 2022). These findings imply that it is likely that not all employees perceive organizational support in the same way, thus creating the need for further understanding regarding employee perceptions of the implementation of the organizational health safety efforts specific to COVID-19 within organizations.

In addition to individual aspects of personality, the political aspects surrounding the pandemic may have had implications for the perception of whether implementation of the organizational health safety efforts specific to COVID-19 were perceived as supportive as well. Although an in-depth political discussion is beyond the scope of this research, it is important to consider the political aspect, given the politicization of the COVID-19 and the perceived division between traditional political parties regarding efforts to prevent the spread of the virus and necessary efforts to prevent infection (Conway III et al., 2021). Although no political data was gathered in this study, it is still imperative to understand that people in any organization will likely perceive organizational support in different ways, and the organizational health safety efforts

specific to COVID-19 may have been an effort of protection that was perceived very differently among the employees of the participating poultry hatcheries. In much the same way as employees in an organization, citizens within a country perceive support from governmental bodies in various ways.

Regardless of politics, as employees navigated the COVID-19 pandemic, it stood to reason that POS may have been a significant factor in many human capital outcomes. Zhao et al. (2022) found that POS positively influenced employee wellbeing relevant to the circumstances involved in the Coronavirus pandemic. Further, Adekanmbi et al. (2022) found that POS and fear of COVID-19 were positively correlated with safety performance. In addition, Kurt and Duyar (2023) found that POS had significant positive correlations with job satisfaction and psychological safety climate. All of these findings are directly relevant to this study, given that the way in which employees perceive the organizational health safety efforts specific to COVID-19 may influence their levels of AOC to the organization. With this in mind, it stood to reason that POS may have been influenced by some or all of the four aspects of OHSE-C19 experienced by employees in the participating poultry hatcheries as aspects of safety. Further, given the basis of social exchange theory, the organization in this case, is likely to have been seen by the employees through a lens where the representatives of the organization were the personification of the organization. In essence, POS could have been the mechanism through which employees could understand the level to which the organization cared for them as if the organization were a human being with whom social exchanges took place. In this way, employee perceptions as a result of some or all four of the aspects of OHSE-

C19 may have been influenced by the organization through the social exchange les, thus possibly influencing levels of POS and subsequently, the levels of AOC each employee had.

Theory of Organizational Commitment

Organizational commitment is a concept that was brought to the forefront of Industrial and Organizational Psychology in the early 1990s by John Meyer and Natalie Allen, and envelops a collection of employee attitudes, behaviors, and even intentions regarding the workplace, and it varies in the types of commitment that employees experience (Meyer et al., 2018). Organizational commitment can be defined as the emotional, obligatory, or necessary connection an employee feels toward their organization, which formulates the employee's overall attachment to the organization (Maiti & Sanyal, 2018; Meyer et al., 2018). The emotional, obligatory, and necessary connections employees experience are AOC, normative organizational commitment, and continuance organizational commitment, respectively (Meyer et al., 2018).

AOC is the psychological and emotional attachment an employee feels for their organization, where they identify with the organization and are involved with it, creating a desire to remain with it (Meyer et al., 2002; Moin, 2018), and this was the focus of this study. AOC has been found to be the strongest of the three aspects of organizational commitment, influencing many important factors of the employment relationship such as job satisfaction, motivation, job performance, and organizational citizenship behaviors (Yancey & Krome, 2020). Xiu et al. (2019) found that organizational support for employee health, such as wellness programs, was positively correlated with positive

human resource outcomes, such as job performance and intent to remain with the organization. Given these findings, some or all of the aspects of OHSE-C19 may have produced similar results. However, with the convoluted nature of the pandemic, as well as the societal and political response regarding the threat to public health, the outcomes may or may not have been similar.

The AOC employees feel toward their organizations stems from various constructs such as psychological safety, POS, and trust in leadership (Eisenberger et al., 2020; Kim, 2020; Yue et al., 2022). Based in organizational support theory, if employees perceive the leaders of an organization as the personification of that organization, it stood to reason that the relationships among these leaders and employees may have impacted employee attitudes about aspects of the organization, including safety efforts. Yue et al. (2022) found that the ways in which leaders communicate with their followers positively influenced employee affective trust and thus, positively influenced organizational commitment. With this in mind, employee levels of AOC may have been positively or negatively influenced by the efforts of their organization to protect their health, especially if the attitudes of those who represent the organization vary and are freely communicated with employees.

Although all three facets of organizational commitment contribute to an employee's overall level of organizational commitment (Meyer et al., 2002), this study focuses only on AOC, given its significant relationship to POS (Eisenberger et al., 2020; Luturlean & Prasetio, 2019; Silva et al., 2022; Sartori et al., 2023) and the circumstances involved in this research study. Particularly relevant to this study, AOC and POS were

found to have a negative correlation with turnover intention, even amidst what many have referred to as the Great Resignation (Sartori et al., 2023). Further, the COVID-19 pandemic had a negative impact on the labor market, where many people lost their jobs and many others chose to leave their jobs (Silva et al., 2022). Regarding the employees of the participating poultry hatcheries, AOC may have been a significant aspect of why the employees who remained with the organization chose to do so, but the focus of the research was ultimately on whether employees of the participating poultry hatcheries perceived the implemented organizational health safety efforts specific to COVID-19 as supportive and whether the perception of support by way of these efforts influenced levels of AOC.

Continuance organizational commitment can be understood as an employee's perception of the costs and risks involved in leaving the organization and the perceived need the employee has to remain with the organization (Oamen, 2023; Silva et al., 2022). Normative organizational commitment can be understood as an employee's feelings of loyalty and obligation to the organization and the perception that remaining with the organization is the employee's duty (Oamen, 2023; Silva et al., 2022). Although it would seem that continuance and normative organizational commitment may have some significance in whether employees remain with an organization during times of stress, such as the pandemic, the inclusion of these organizational commitment aspects is beyond the scope of this research.

Ultimately, it would seem that all three aspects of organizational commitment (i.e., AOC, continuance organizational commitment, and normative organizational

commitment) may contribute to an employee's overall levels of organizational commitment; however, AOC was the focus of this study given the emotional implications of an employee's desire to remain with an organization. It could be argued that the fear associated with continuance commitment and the sense of obligation linked with normative commitment are inherently part of the emotional aspects of AOC, which reflects an employee's emotional attachment to the organization, could be included. However, since all three constructs are rooted in the various emotions an employee experiences, AOC emerged as the most relevant construct for this study.

Given that natural social exchanges take place when leaders communicate with employees in the workplace (Yue et al., 2022), it stood to reason that the way in which leadership communicates safety efforts may have also influenced the ways in which employees perceived these efforts. As part of the effects of the Coronavirus pandemic, employees of all organizational levels experienced uncertainty (Ruppel et al., 2022), and with uncertainty, job strain is customarily present (Chirumbolo et al., 2022). Kim & Jung (2019) found that employee self-efficacy and the styles of those in leadership are significant aspects of safety behaviors. With this in mind, the way in which those in leadership communicate with followers about organizational health safety efforts may influence employee perceptions of those efforts and whether they were perceived as positive, negative, or neutral, thus possibly influencing the way in which these efforts were perceived by employees.

Theories Within the Present Study

Social exchange theory, organizational support theory, and the theory of organizational commitment are three theories poised to coexist within organizations, and for this study, POS was suited to be the conduit through which employee commitment could be understood relevant to the organizational health safety efforts specific to COVID-19. Rhoades and Eisenberger (2002) argued that POS fosters a sense of obligation among employees to care about the organization's welfare and to help the organization reach its objectives, which is a central tenant of social exchange theory. Naturally following this Cropanzano and Mitchell (2005) discussed how social exchange theory underpins many aspects of organizational support theory by explaining how the development of POS is contingent upon the social exchanges that occur within the workplace, both with the organization as well as with coworkers and leaders, demonstrating how positive exchanges can enhance employee perceptions of support. Eisenberger et al. (1986) explored the determinants and consequences of POS, arguing that employees who perceive high levels of support from their organization were more likely to engage in behaviors beneficial to the organization, a premise that aligns with the principles of social exchange theory regarding reciprocal exchanges. Shore and Tetrick (1991) found that POS acted as an important exchange mechanism within organizations, echoing social exchange theory's emphasis on the significance of reciprocal exchanges in developing positive work attitudes.

As employees become accustomed to the practices and policies of an organization, they also become aware of the organization as if it is a living being, and the

efforts the organization takes on behalf of employees become the vehicles through which employees understand the support the organization provides for them as individuals (Eisenberger et al., 2020; Kurtessis et al., 2017). This, in turn, creates the employee's social exchanges with the organization via the organization's representatives. In this way, the efforts put forth by the organization's representatives generate the organization's portion of the social exchanges with each employee, thus creating the POS lens through which each employee views the organization (Blau 2017; Eisenberger et al., 2020; Kurtessis et al., 2017). These overall interactions with each employee created the basis for this study, in that the organizational health safety efforts specific to COVID-19 taken by the participating poultry hatcheries, as well as the support employees perceived that they received from the organization, may have influenced employee levels of AOC. With this in mind, the perceptions formed by employees as a result of organizational health safety efforts specific to COVID-19 may have been positive, negative, or neutral. These perceptions may have then influenced each employee's perception of the workplace, thus influencing levels of AOC.

Suppose the perceptions created as a result of the organizational health safety efforts specific to COVID-19 implemented by the participating poultry hatcheries (i.e., positive, negative, or neutral) influenced employee perceptions of the workplace; in that case, the possibility existed that employee levels of AOC could have been influenced based on individual employee perceptions of some or all of the aspects of OHSE-C19 that were implemented at the participating poultry hatcheries, intended as a form of organizational support. Ruppel et al. (2022) found that individual levels of POS can be

influenced by aspects such as job frustration and job-related anxiety/uncertainty, and these perceptions facilitate strong negative emotions. With this in mind, it stands to reason that even though organizational efforts to keep employees safe would seemingly be perceived positively, the emotional aspects of each individual employee may have facilitated results to the contrary.

Literature Review Related to Key Variables and/or Concepts

Since late 2019, organizations worldwide have faced significant challenges due to the COVID-19 pandemic, re-emphasizing the importance of employee health and safety as critical considerations in human capital management. The pandemic disrupted global economies and led to widespread job losses, amplifying the concerns and uncertainties among both employees and employers (Vu et al., 2022a). As businesses moved forward, understanding how employees perceive an organization's efforts to maintain health and safety has become increasingly relevant. Employee commitment is influenced by numerous factors, and one potential determinant is the organization's commitment to safeguarding health in the face of public health threats (Amponsah-Tawiah & Mensah, 2016). In light of this, assessing employee perceptions of organizational health safety efforts specific to COVID-19 could provide valuable insights into AOC levels. When employees view health safety efforts as a form of organizational support, this perception may positively influence their commitment to the organization (Stuart et al., 2021). As research into COVID-19 continues to evolve, understanding the impact of health safety efforts on organizational commitment is essential for enhancing human capital

management practices and safeguarding workforce health, especially regarding communicable diseases.

Safety in the Workplace

Throughout history, various groups and agencies have put forth efforts to decrease injuries, illnesses, and fatalities in a variety of settings, including the workplace. Perhaps two of the most prominent are the Centers for Disease Control and Prevention (CDC) and the Occupational Health and Safety Administration (OSHA). The Centers for Disease Control and Prevention was first opened in Atlanta, Georgia in 1946 to mitigate malaria (Centers for Disease Control and Prevention, n.d.). Subsequently, the early 1970s marked the beginning of a governmental effort to protect workers and increase safety standards among industries through the development of the Occupational Safety and Health Administration (US Department of Labor, n.d.-b.). The efforts from both organizations have continued in a variety of application since their inception and, more recently, include health and safety efforts relevant to COVID-19.

As with many aspects of life that are unpredictable, the COVID-19 pandemic presented challenges that the majority of the population was not seemingly prepared for. In times of such uncertainty, employers must implement changes quickly in an effort to protect employees, follow guidelines, and remain compliant with regulations put forth by organizations such as the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration. One significant reality within the workplace is that people tend to resist change (Kregel & Traub, 2018), and to compound that challenge, the COVID-19 pandemic was a great reminder that perception of a health

threat is complex and involves cognitive as well as emotional aspects (Falco et al., 2021). In times of uncertainty, such as the COVID-19 pandemic, people tend to look to governmental messaging for guidance and information (Mazid, 2022), such as the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration. The poultry hatcheries that participated in this study are no different and relied heavily upon guidance from the CDC and OSHA to protect workers in a number of ways.

The Centers for Disease Control and Prevention and the Occupational Safety and Health Administration were viewed as essential for health and safety, as well as COVID-19 guidance, due to their roles in providing scientifically grounded strategies and enforcing regulatory standards. The Occupational Safety and Health Administration played a pivotal role in setting and enforcing safety measures to mitigate COVID-19 transmission in the workplace. For instance, the COVID-19 Vaccination and Testing Emergency Temporary Standard provided detailed regulations for large employers to address workplace safety through vaccination and testing mandates (Rothstein, 2022). The Centers for Disease Control and Prevention offered evidence-based guidance for controlling infectious diseases, including COVID-19, and its updates to isolation guidelines and vaccine recommendations provided critical resources for managing public health threats (Bell et al., 2023). Lessons learned from the guidance issued by OSHA and the CDC during the COVID-19 pandemic have highlighted opportunities to enhance construction safety and other industry practices beyond the pandemic (Ko & Abdulmajeed, 2022). Both agencies serve as trusted sources of public health information,

and the CDC's role in public health messaging, such as mask adherence campaigns, demonstrated its influence in shaping public behavior (Laurent-Simpson, 2023). The agencies complemented one another; while OSHA focused on enforcement and compliance within the workplace, the CDC emphasized public health guidance based on research and epidemiological data.

COVID-19 policies became symbolically changed, and trust in agencies like the CDC and OSHA became proxies for broader political or institutional trust (Carlson, 2022; Dineen et al., 2022). The CDC and OSHA were once viewed as credible and authoritative public health agencies, public perception of each has evolved significantly, shaped by political, organizational, and communication dynamics. Over time, trust in the Centers for Disease Control and Prevention eroded due to inconsistent messaging and politicization (Haas & Orstad, 2025). Similarly, the Occupational Safety and Health Administration was widely criticized for delayed and insufficient response in protecting workers, and reluctance to issue enforceable standards early in the pandemic contributed to the decreased confidence in OSHA's enforcement power (Michaels & Wagner, 2020). Carlson (2023) describes OSHA's actions during the COVID-19 pandemic as a culture war over workplace safety, which eroded its traditional authority. In spite of these challenges, however, Pratap et al. (2025) recognized that both OSHA and the CDC provided essential frameworks for public safety response, albeit with uneven execution and public reception.

Organizational health safety efforts specific to COVID-19 were implemented by the poultry hatcheries that participated in this study in an effort to protect the health and

safety of its workforce. Although the organization's leadership received mixed feedback regarding the various health and safety efforts implemented, the overarching message received was that employees were feeling a myriad of emotions, all of which were difficult to navigate. Saleem et al. (2021) found that safety culture was a moderating factor in reducing employee psychological distress, and increasing feelings of safety at work can maintain commitment to the organization. It would seem then, that whether employees thought the organizational health safety efforts specific to COVID-19 that were implemented within the hatcheries were positive, negative, or neutral, employees' sense of safety may or may not have been enhanced. Lee & Rhee (2021) found that safety measures taken by federal organizations positively affected employee feelings of safety, particularly for those working on-site. Ceryes et al. (2021) found that a substantial number of United States food retail workers felt they were inadequately protected by COVID-19 safety measures. Woods et al. (2023) highlighted that political polarization affected how safety efforts were perceived, underscoring the complexity of political context in shaping safety perceptions.

The organizational health safety efforts specific to COVID-19 were implemented by the poultry hatcheries that participated in this study in response to the immediate need to protect employees who were required to remain physically present in the workplace. For industries where remote work was not a viable option, such as agriculture, these measures became critical for maintaining operations while safeguarding worker health. Other industries, also considered to be part of the critical infrastructure, such as healthcare and transportation, among others, experienced similar challenges (Bardhan et

al., 2023). The nature of work in these essential industries not only required physical presence but also necessitated tailored safety measures such as those included in the organizational health safety efforts specific to COVID-19 that were implemented in the hatcheries that participated in this study. However, the effectiveness of these measures may have depended heavily on how employees perceived them. As we move forward with the world of work, it is important to understand employee perceptions of OHSE-C19 and beyond, so we are able to further refine the ways in which we seek to protect them. The lessons learned from the implementation of OHSE-C19 within the hatcheries that participated in this study can contribute to preparing workplaces, not only for future pandemics, but also for other health safety challenges. This will likely require continuous commitment to understanding and prioritizing employee perceptions, fostering trust, and ensuring that safety efforts evolve in response to both emerging risks and workforce needs.

Organizational Health Safety Efforts Specific to COVID-19 (OHSE-C19)

The organizational health safety efforts specific to COVID-19 for this study included four ways in which the participating poultry hatcheries sought to protect employees from the Coronavirus; sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, and required mask-wearing. These specific efforts originated from the guidance provided by the Centers for Disease Control and Prevention as well as the Occupational Safety and Health Administration.

Sanitation of commonly touched surfaces (Centers for Disease Control and Prevention, 2021b) and required mask-wearing (Centers for Disease Control and Prevention, 2021a) were two organizational health safety efforts adopted by the participating poultry hatcheries from the Centers for Disease Control and Prevention. Sanitation of commonly touched surfaces is defined as the process of cleaning high-touch surfaces at various points throughout the day with disinfectant cleaner (Centers for Disease Control and Prevention, 2021b). This was a practice both of the poultry hatcheries adopted during the pandemic, where areas throughout the facilities that were touched by several people throughout each day were sanitized using disinfectant. Some commonly touched surfaces included, but were not limited to, door knobs, toilets, sinks, telephones, desktops, break room tables and counters, and time clocks. The sanitation of these surfaces would occur at various times throughout the workday, depending on the number of employees occupying the facilities on a given day. While evidence suggests that regularly cleaning surfaces was an effective health safety measure (Ingram et al., 2021), employee perceptions may have been dependent upon how visible and consistent the cleaning efforts were. Additionally, Ceryes et al. (2021) found that retail and food service workers perceived a misalignment between perceived safety and management-enforced measures, leading to dissatisfaction. Both positive and negative perceptions of the health safety effort sanitation of commonly touched surfaces were communicated to the researcher within the participating poultry hatcheries in the course of regular work.

For this study, required mask-wearing is defined as the requirement of all employees to wear a face covering while in the workplace and within six feet of any other

individual, regardless of vaccination status (Centers for Disease Control and Prevention, 2021a). This practice was adopted by the participating poultry hatcheries, following the recommendations of the Centers for Disease Control and Prevention (2021a). Appropriate masks were provided to employees free of charge by the employer. As mask requirements in public spaces continued to ease, the participating poultry hatcheries eased requirements as well. At the time of this study, the hatcheries had discontinued required mask-wearing, except in instances when an employee had been exposed to, or was recovering from, COVID-19 following the applicable quarantine time and most current guidelines from the Centers for Disease Control and Prevention. Relevant to this health safety effort, variations in perceptions of the necessity and effectivity of wearing masks to protect against the COVID-19 virus existed, influenced by several factors. Studies indicated significant support for mask mandates, particularly among healthcare professionals, where 91% believed masks reduced infections, and many reported that COVID-19 influenced their health risk prevention choices (Lui et al., 2021). Employee experiences regarding required mask wearing was found to be varied based on state policies, where workers in states without mask mandates reported higher perceived discrimination related to mask usage, indicating that the policy environment significantly shaped experiences (Kwon, 2022). Similarly, mask non-usage may have reflected personal or demographic factors such as risk tolerance and mistrust in public health directives which led to bias against those who chose not to wear masks, particularly in environments where mask usage was strongly emphasized (Welsch, 2021). Among agricultural employees, only about half reported consistently wearing masks at work,

even though awareness of mask mandates was high (Hayati, 2022). Ultimately, these findings highlighted the multifaceted nature of employee opinions on mask mandates during COVID-19, influenced by personal, contextual, and societal factors.

Mask-wearing seemingly became a symbol of social responsibility and adherence to public health guidelines, with those not wearing masks often being perceived as disregarding community safety, which led to social tensions and negative interactions (Podhale et al., 2021). Individuals who complied with mask mandates may have viewed non-compliance as a potential health threat, increasing fear and frustration in interactions which were particularly heightened in areas with higher COVID-19 transmission rates (Lipsey & Losee, 2023). Difference in adherence to health measures, including mask-wearing, highlighted misalignments in perceived risk and collective responsibility, leading to confrontations and social stigma (Kwon et al., 2021). Masks also became politicized symbols in the United States, reflecting broader ideological divides where non-mask wearers were sometimes associated with political stances, which intensified polarized interactions (Lupton et al., 2021). Lastly, Catching et al. (2021) found that mask-wearing influenced cooperation in social settings, with people more likely to interact positively with others who also wore masks and non-mask wearers faced reduced cooperation and trust and were often excluded from social groups.

For this study, paid time off for own COVID-19 quarantine time is defined as paid time off granted to an employee for their own illness requiring quarantine based on a possible or confirmed COVID-19 illness (US Department of Labor, n.d.-a.). This health safety effort was adopted by the participating poultry hatcheries to help mitigate the

spread of the COVID-19 virus in the workplace after the activation of the Families First Coronavirus Response Act (FFCRA), which became effective on April 1, 2020 (US Department of Labor, n.d.-a.). The poultry hatcheries that participated in this study continued the paid time off for own quarantine time well beyond the date the FFCRA expired (i.e., December 31, 2020), and this effort was still active at the time of this study. This time off has varied in length and remains dependent upon the evolving guidelines from the Centers for Disease Control and Prevention. Shtembari et al. (2022) found that flexible working hours and increased paid time off options were identified as top benefits that contributed to job satisfaction during the pandemic, where employees expressed the need for redesigned compensation packages to align with changing preferences in the post-pandemic workplace. The US Department of Labor (n.d.-a.) enacted the Families First Coronavirus Response Act, effective from April 1, 2020 through December 31, 2020, which required all employers to provide paid sick leave relative to COVID-19 to employees if requirements were met. To offset the cost to employers with less than 500 employees, tax credits for qualifying paid time off were given (Internal Revenue Service, 2021). Although tax credits were extended until September 30, 2021, and after that date employers were no longer required to continue the original paid time off requirements for employees due to COVID-19 (Internal Revenue Service, 2021), the participating poultry hatcheries continued the practice to encourage employees to refrain from attending work if they felt ill. The participating poultry hatcheries still had this practice in effect at the time of this study.

Another health safety effort adopted by the poultry hatcheries participating in this study involved COVID-19 vaccination opportunities, which included the ability for employees to voluntarily receive the COVID-19 vaccine with assistance from the employer and in partnership with local pharmacies and included paid time off for the employee to receive COVID-19 vaccination during work time as well as paid time off to recover from any side effects experienced from receiving the shots (Occupational Safety and Health Administration, 2021). The Emergency Temporary Standard from the Occupational Safety and Health Administration (OSHA) outlined required guidelines for employers to pay employees for the work time they missed while receiving the COVID-19 vaccine (Occupational Safety and Health Administration, 2021). Even though the Occupational Safety and Health Administration's Emergency Temporary Standard for private employers was not upheld by the Supreme Court and was withdrawn on January 26, 2022 (US Department of Labor, 2022), the poultry hatcheries participating in this study continued the practice of allowing employees paid time off to receive the COVID-19 vaccine and recover from any reaction that might have occurred as a result. Lee et al. (2022) found that uptake and confidence in the COVID-19 vaccine was enhanced among healthcare workers, even without employer requirements. Theophilus et al. (2022) found that providing information and encouragement for vaccination was highly influential, where employees identified employers as a critical source of vaccine information, with such communication increasing the likelihood of vaccine acceptance. Even though many employees may have supported vaccination opportunities offered to them by their employers, hesitancy due to concerns over vaccine side effects and mistrust in employer

motives was noted (Gu et al., 2022). While healthcare workers were at the forefront of COVID-19 management, some segments, particularly correctional healthcare workers, were found to exhibit notable vaccine hesitancy influenced by concerns over vaccine safety, efficacy, and mistrust in authorities (Gu et al., 2022; Pal et al., 2022). Vaccine hesitancy was found to be prominent among employees in public-facing roles, with factors such as misinformation, lower educational attainment, and distrust in public health messages as contributing to reluctance (King et al., 2021). Workers in retail and food sectors faced challenges such as limited access to reliable vaccine information and higher exposure risks, which was found to compound hesitancy, particularly in marginalized groups (Ceryes et al., 2021). Industries employing a high percentage of economically marginalized individuals, particularly Hispanic and Black communities, were found to have increased hesitancy due to systemic mistrust and access barriers (Fisher et al., 2023; Newman et al., 2023). Employees in education and government sectors reported hesitancy linked to concerns about mandates and perceived risks as well (Lazarus et al., 2022). King et al., 2021 found that employees in the agricultural industry exhibited notable COVID-19 vaccine hesitancy, with key influencing factors including concerns about side effects, skepticism toward vaccine efficacy, and limited trust in scientific institutions. These issues were found to be particularly pronounced in production-related roles, a category encompassing many agricultural workers (King et al., 2021). Hesitancy in the agricultural sector aligns with broader challenges seen across various occupations in the United States, where a significant portion of the population displayed skepticism toward scientific research and government recommendations, which

influenced vaccine acceptance (Yuan et al., 2023) and many workers received conflicting information about vaccines, leading to confusion and hesitancy (Najjar et al., 2021).

Given that POS stems from actions by the organization and its representatives that employees interpret as supportive and rewarding (Silva et al., 2022; Sartori et al., 2023), such actions encompass a broad range of factors. Some of these actions include servant leadership (Bai et al., 2023), fairness and leader-member exchange (Eisenberger et al., 2020). Also included in these actions may have been the implementation of organizational health safety efforts specific to COVID-19, such as those implemented by the poultry hatcheries that participated in this study. With this in mind, it may have been that employees perceived the implementation of these safety efforts as supportive, but it also may have been that employees perceived the implementation of these efforts as intrusive.

Although it would seem that an organization's efforts to protect employees would be perceived as supportive, this may or may not have been the case. Probst et al. (2020) found that moral disengagement was linked to job insecurity and decreases in safety compliance, and in workplaces where higher organizational support was present, even higher levels of moral disengagement and more significant decreases in safety compliance could be expected. With this in mind, it may have been that the overarching fear of the unknown surrounding the COVID-19 pandemic may have influenced whether employees perceived the organizational health safety efforts specific to COVID-19 as supportive when they were implemented at the poultry hatcheries participating in this study. It also may have been that employees perceived that one or more of the

organizational health safety efforts specific to COVID-19 were supportive and one or more were not. With this consideration, it stood to reason that different employees may have had differing perceptions about which organizational health safety efforts specific to COVID-19 were supportive and which were not. Batabyal (2023) explored the conflicting views on mask efficacy within office environments, finding that some employees viewed masks as unnecessary, while others wore them for protection, thus highlighting the diverse perceptions and personal beliefs within the workplace. Further, Nguyen et al. (2022) found that while 73.6 % of workers in the United States received at least one COVID-19 vaccine does, around 12.4 % remained hesitant, often due to concerns about side effects. Employees in the United States may have resisted health safety efforts implemented by their employers due to several interrelated factors such as perception of overreach, lack of trust, conflicting values and work habits, insufficient communication and engagement, social and hierarchical dynamics, inadequate organizational support, and perceived irrelevance to name a few (Arbin et al., 2021; Basiru et al., 2023; DeJoy et al., 1996; Essex, 2022; Feeney, 2018; Gyensare et al., 2019; Kearns & Hogg, 1988; Levett, 2012; Senbeto et al., 2022). Workers may view health and safety measures as unnecessary or as infringing on personal autonomy, particularly when these measures are perceived as externally imposed without sufficient justification or consultation (Arbin et al., 2021). Resistance can stem from distrust in management's intentions, especially if workers feel that safety efforts prioritize regulatory compliance over genuine concern for employee wellbeing (DeJoy et al., 1996; Essex, 2022). Employees may resist changes that challenge established norms and routines, particularly

in industries with strong cultural or operational traditions (Kearns & Hogg, 1988; Senbeto et al., 2022). When employees are not involved in the development or implementation of safety measures, they may perceive these efforts as irrelevant or burdensome (Feeney, 2018; Gyensare et al., 2019). Workers' resistance may be influenced by peer dynamics, with employees aligning with coworkers who oppose health initiatives, even if management or unions support the initiatives (Arbin et al., 2021). A lack of resources, training, or reinforcement from employers can exacerbate resistance, as employees may feel ill-equipped to comply with new safety protocols (Basiru et al., 2023; Levett, 2012). Finally, workers may resist efforts they perceive as disconnected from their immediate job responsibilities or workplace conditions, particularly in industries where occupational hazards differ significantly from broader public health concerns (Arbin et al., 2021; DeJoy et al, 1996).

To further convolute matters, the way organizational leaders and representatives communicated with employees about the organizational health safety efforts specific to COVID-19 implemented by the poultry hatcheries participating in this study may have shaped how those efforts were perceived. While individuals in leadership roles were expected to communicate with confidence and provide reassurance, it is important to recognize that they, too, are human and were subject to their own fears and uncertainties, especially during a crisis such as the Coronavirus pandemic. Aspects of communicating with employees that involve consistent messaging, alleviating uncertainty, and providing guidance are not always easy, although ideal (Schmidt, 2023). Although it would be ideal to provide unified messaging across an organization, it stood to reason that the widely

varying perceptions of the COVID-19 pandemic may have facilitated difficulty in providing consistent, supportive messaging throughout the organization, especially during one on one, small group, and large group settings (Battistón et al., 2022; Ghani et al., 2022; Hyland-Wood et al., 2021; Kim et al., 2023; Liu-Lastres et al., 2023; McGloin et al., 2022; Obeidat & Muhammad, 2021; Varma et al., 2021). During one-on-one interactions, communication tends to focus on personal rapport and individual concerns, with supervisors often using personal channels to maintain relationships and address specific employee needs (McGloin et al., 2022). Further, one-on-one interactions provide opportunities for personalized dialogue, fostering deeper understanding and trust between employees and managers and minimizing misunderstandings (Ghani et al., 2022; Varma et al., 2022). Small groups were found to emphasize two-way communication, fostering engagement and feedback and allowing for tailored messages and facilitated collaborative problem-solving (Kim et al., 2023). In addition, small group communication fosters team work and innovation, where proximity and visibility enhance the quality of interactions between individuals (Battistón et al., 2022) and allows for richer dialogue while maintaining a manageable level of interaction (Obeidat & Muhammad, 2021). Large group or organizational-level communication was found to prioritize clear, consistent messaging to disseminate information widely and efficiently, to foster alignment (Hyland-Wood et al., 2021; Liu-Lastres et al., 2023). This large group communication, though efficient, can be hindered by perceptual and behavioral factors, such as limited opportunities for individual participation and potential misinterpretation of information (Ghani et al., 2022).

Another aspect of communication within an organization involves the information actually communicated to employees. Lee (2022) found that when dialogic communication is used internally, it helped to increase employee safety behaviors when employees perceive a communal relationship. Dialogic communication can be understood as a method of communication where each participant hears the other participant's position without arguing it (Lee, 2022). A communal relationship can be understood as an interpersonal exchange where each participant provides benefits to the other based on past benefits provided to them, or the perception that benefits will be provided to them in the future (Lee, 2022). In this way, it is clear that dialogic communication allows everyone to hold their own beliefs without the perceived need to defend them. Further, a communal relationship seemingly mimics the ideal of social exchange. In this way, it is clear that the messages that are communicated and the ways in which these messages are delivered are important in how employees perceive the information that is being shared with them and among them. However, the credibility of communication messengers, such as public health organizations versus government bodies, was found to influence public trust and dialogic efficacy (Favero et al., 2021). With this in mind, it stood to reason that employees may or may not have trusted the messaging being delivered to them from their employer, especially when the employer specified where the information originated. Favero et al. (2021) found that the perceived credibility of the organization implementing health safety measures (i.e., local, state, or federal health organizations) heavily influences employee acceptance and employees are more receptive when they perceive measures as being implemented by trustworthy and competent organizations. Whether

employees perceived the organizational health safety efforts specific to COVID-19 implemented by the poultry hatcheries participating in this study as supportive, intrusive, or neither may have been influenced by a combination of factors, including communication quality, origin of the messaging, organizational culture, and individual values and was not as simply understood as some may have believed. Jiang et al. (2022) found that institutional trust significantly impacts employee attitudes toward guidelines, where distinct trust profiles showed that some employees prioritized their trust in organizational directives over governmental ones due to their experiences during crises like the COVID-19 pandemic and these profiles influenced their compliance with safety measures and their workplace engagement. With this in mind, it stood to reason that some employees may have trusted their organization more than governmental guidelines and that this phenomenon may have been influenced by multiple factors including institutional trust and leadership behavior, to name a few. The trustworthiness of leaders has been found to play a pivotal role in shaping employee trust within organizations and leader behavior directly impacts organizational trust (Legood et al., 2016; Wijaya, 2023). It would seem then, that employees may tend to adhere more closely to guidelines set by trusted leaders, even during complex scenarios like the COVID-19 pandemic. Understanding how employees perceive the organizational health safety efforts specific to COVID-19 implemented by the poultry hatcheries that participated in this study may aid in the way in which any future pandemics or communicable diseases are addressed in the workplace, and the way in which organizational health safety efforts are implemented may need review.

Workplace Perceptions of Safety Efforts

Employee perceptions of safety in the workplace relevant to COVID-19 are shaped by various factors, including organizational policies, management practices, communication about safety, guidance, risk perception, political views, the availability of safety resources, and many more (Clarke, 2010; Ilyas et al., 2023; Kines et al., 2010; Mihalache & Mihalache, 2022; Morrow et al., 2014; Muñoz et al., 2023; Neal & Griffin, 2006; Osei-Poku et al., 2021; Snook et al., 2023; Tucker et al., 2008). These perceptions are critical as they influence employee behaviors and attitudes towards safety, which in turn affects overall safety outcomes in the workplace (Clarke, 2010; Kines et al., 2010; Morrow et al., 2014; Neal & Griffin, 2006; Tucker et al., 2008). Research on employee perceptions of COVID-19 health safety efforts has highlighted the significant role of POS in fostering employee commitment and wellbeing. Studies have shown that when organizations implement health and safety measures, employee feelings of safety and security can positively impact their perceptions of organizational support, which in turn enhances AOC (Lee & Rhee, 2021). For example, Lee and Rhee (2021) found that COVID-19 health safety efforts directly influenced employees' subjective wellbeing, emphasizing the importance of protective measures in boosting employees' sense of security. Furthermore, wellness programs and COVID-19-related safety measures have been shown to strengthen POS, which positively affects employees' AOC and motivation (Muñoz et al., 2023). Muñoz et al. (2023) examined how wellness programs tailored to pandemic conditions increased employees' perceptions of organizational support, thereby enhancing their commitment and even encouraging innovative behavior. However,

COVID-19 introduced unique psychological stressors that affected how employees viewed safety measures and preventative behaviors both at work and in non-work settings; several studies highlight distinct differences in employee perceptions of COVID-19-specific health safety efforts compared to general workplace safety, driven by unique stressors, compliance motivations, and perceptions of support during the pandemic (Bazzoli & Probst, 2022; Billock et al., 2021; Brown et al., 2021a; Ceryes et al., 2021; Du & Liu, 2020).

Bazzoli and Probst (2022) found that perceptions of workplace COVID-19 safety climate, influenced by moral disengagement and job insecurity, differ significantly from general safety climate perceptions. In a study of United States food retail workers, Ceryes et al. (2021) found that many employees felt inadequately protected by COVID-19 health measures, contrasting with their general safety expectations, with safety climate and the enforcement of specific COVID-19 controls directly impacting their feelings of safety. Brown et al. (2021a) revealed that employee perceptions of safety and health climate during COVID-19 significantly impacted their wellbeing, suggesting a notable distinction from general workplace safety perceptions. Small businesses faced specific challenges in establishing strong health climates to support employee wellbeing during the pandemic (Brown et al., 2021a). Psychological contracts, job burnout, and insider status were found to influence employee safety behaviors specific to COVID-19, indicating a departure from general workplace safety compliance and highlighting different psychological factors driving compliance during the pandemic (Du & Liu, 2020). Finally, a CDC study examined the implementation of COVID-19 hazard controls in non-healthcare

workplaces, finding that many employees had distinct perceptions about COVID-19 measures compared to typical workplace safety controls, showing that COVID-19 safety was often viewed through a different lens reflecting the pandemic's unique challenges (Billock et al., 2021).

Although safety measures may generally be perceived as supportive by employees (Lee & Rhee, 2021), Wong et al. (2022) reported that employees expressed dissatisfaction with the comprehensiveness, timeliness, and transparency of COVID-19 workplace policies. Many employees felt that the safety measures were insufficient, which led to increased stress and a perception that their organization did not provide adequate support (Wong et al., 2022). Further, Osei-Poku et al. (2021) found that home care workers often felt unsupported due to inadequate resources and unclear guidance about staying safe on the job. Many workers felt obligated to continue working despite these risks, which diminished their perception of organizational support (Osei-Poku et al., 2021). In another study, Nuriati et al. (2021) noted that 69 % of employees did not consistently adhere to COVID-19 protocols, which researchers linked to a lack of supportive perception regarding the health measures. This suggests that employees might have viewed these efforts as inadequate or unnecessary (Nuriati et al., 2021). Snook et al. (2023) found that in the United States, risk perceptions of COVID-19 were positively associated with political views, thus influencing compliance with workplace safety measures, as individuals' political ideologies shaped how they viewed and adhered to health guidelines. Further, Ridenhour et al. (2022) highlighted that political ideology impacted trust and risk perception, which in turn affected adherence to COVID-19 safety

measures in workplaces. Additionally, they found that rurality and trust deficits influenced behaviors, often leading to lower compliance with safety protocols in some regions of the United States (Ridenhour et al., 2022). SoleimanvandiAzar et al. (2021) identified structural and sociocultural barriers, such as misconceptions about health and lack of knowledge that prevented employees in high-risk jobs from viewing COVID-19 guidelines as supportive. These barriers contributed to a general lack of adherence to safety measures, which reflects a gap in POS (SoleimanvandiAzar et al., 2021). Further, Van Doninck et al. (2023) found that workplace social support did not alleviate the strain caused by COVID-19 measures for many employees, suggesting that health safety efforts alone were insufficient to create a supportive environment during the pandemic.

Employees tend to perceive safety positively when they believe that management is genuinely committed to maintaining a safe work environment (Kines et al., 2010; Li & Griffin, 2022; Vu et al., 2022; Yuan et al., 2021). This includes visible actions by leadership to prioritize safety, such as regular safety meetings, prompt responses to safety concerns, and investment in safety training and equipment (Douphrate et al., 2025; Kines et al., 2010). Effective communication about safety policies, procedures, and risks is crucial, as employees value transparent and consistent communication from their supervisors and peers about safety issues, such as clear instructions, regular updates, and open hazard reporting channels (Cakir et al., 2023; Tucker et al., 2008). The availability of adequate safety training and resources, such as personal protective equipment, significantly influences employee perceptions of safety (Clark, 2010; Vu et al., 2022). Well-trained employees who have access to the necessary tools and resources are more

likely to feel safe and confident in their ability to perform their tasks safely (Clark, 2010; Vu et al., 2022). Support from coworkers regarding safety practices can enhance an individual's perceptions of a safe work environment; when employees observe their peers engaging in safe behaviors and supporting each other in maintaining safety standards, it reinforces the overall safety culture (Morrow et al., 2014; Saleem et al., 2021). The broader organizational safety climate, which includes policies, procedures, and the overall safety culture, plays a significant role in shaping employee safety perceptions as well (Byrnes et al., 2022; Neal & Griffin, 2006). A positive safety climate where safety is prioritized and integrated into everyday operations leads to better safety perceptions among employees (Byrnes et al., 2022; Neal & Griffin, 2006).

General and COVID-19 Safety Climate

There is a great deal of research regarding the connections between workplace safety climate and employee perceptions and behaviors; there are distinct factors that separate a workplace's general safety climate and a safety climate that has materialized around the COVID-19 pandemic, marking a significant separation. A general workplace safety climate focuses on long-term, industry-specific safety concerns such as machinery hazards, slips, or ergonomic issues (Guidetti et al., 2022). Research shows that both AOC and POS are positively influenced by a general workplace safety climate based on various factors (Cho et al., 2023; Ghezzi et al., 2020; Jiang & Probst, 2015; Racicot et al., 2019; Shen et al., 2023). Cho et al. (2023) found that a strong safety climate mitigates stress and the effects of safety violations on employees, and this directly influences AOC by improving workplace wellbeing and employee engagement. Positive safety climates

were found to interact with POS to enhance AOC, creating a work environment where employees feel valued and secure, thus highlighting the importance of trust and communication in fostering a supportive workplace culture (Ghezzi et al., 2020). Supportive organizational policies and participative leadership have been found to enhance safety climate and employee perceptions which are critical in aligning team and management perspectives, thereby reducing conflicts between safety and productivity demands (Jiang & Probst, 2015; Shen et al., 2023). Safety climate was found to be a mediator between organizational policies and employee attitudes, including job satisfaction and commitment, where strong safety climates reduced workplace injuries and fostered greater affective attachment to the organization (Racicot et al., 2019). Although a general safety climate will typically generate positive outcomes, safety climate perceptions can vary across job roles and industries (McGhan et al., 2020; Pinion et al., 2018). Research shows that project managers and supervisory roles often report higher safety climate scores, while frontline workers may face greater challenges, such as stress and reduced safety perceptions (McGhan et al., 2020; Pinion et al., 2018).

On the other hand, a COVID-19 workplace safety climate involves dynamic, immediate risks related to viral transmission, prompting specific interventions such as masking, social distancing, and vaccination (Guidetti et al., 2022). Racicot et al. (2019) found that the workplace safety climate served as a mediator between management support and employee outcomes. Employees who perceived strong safety climates during COVID-19 reported higher AOC, reflecting their alignment with organizational values (Mihalache & Mihalache, 2022). Supervisor accessibility and support were found to be

critical in reinforcing safety climates and mitigating uncertainties where leadership support was found to directly influence employee levels of AOC by providing stability and care during the pandemic (Mihalache & Mihalache, 2022). However, the perception of workplace safety during the pandemic was also influenced by broader sociopolitical factors such as political polarization that affected employees' support for and adherence to safety measures, complicating the relationship between safety climate and POS (Woods et al., 2023). In addition, Soeder et al. (2024) found that ineffective or inconsistent infection control measures created a perception of low management commitment to safety, which eroded trust and employee attitudes towards the organization. Ceryes et al., 2021 found that, in sectors like food retail, limited enforcement of safety controls during the pandemic negatively impacted worker perceptions of being protected, leading to reduced POS and AOC. A poor psychosocial safety climate, or the collective perception within an organization regarding the prioritization and management of psychological health and safety, was found to amplify stressors related to the pandemic, further reducing employees' sense of support and loyalty to their organizations (Brunetto et al., 2021). Finally, Charoensukmongkol & Phungsoonthorn (2020) found that in some workplaces, inadequate organizational responses to safety concerns during the pandemic led to heightened stress and emotional exhaustion among employees which diminished perceptions of organizational support and weakened AOC.

The rapidly changing guidelines and requirements surrounding the COVID-19 pandemic, when coupled with the need for employers to quickly and reliably relay

government-sourced information to employees, impacted employee trust in organizational support resulting in psychological withdrawal. (Gu et al., 2022). In addition, early information about the COVID-19 virus was based on limited data and the scientific understanding of the virus' transmission and effects rapidly evolved from the outset of the pandemic, with guidance provided to the public changing quickly and often (Adhikari, 2021; Staunton et al., 2021). Public health recommendations such as masking, social distancing, and vaccination information were updated based on emerging evidence about efficacy and changing infection dynamics while misinformation and incomplete data made implementation of consistent messaging a steep challenge for everyone to overcome (Maroney, 2022; Staunton et al., 2021). In some cases, what was initially dismissed as misinformation reflected early-stage data or lacked context rather than being deliberately false; evolving scientific understanding meant that health communication had to adapt in real time, often leading to public confusion and mistrust (Escandón et al., 2021; Sule et al., 2023; Zhao et al., 2023). Adding to this challenge, unclear information over the origins of COVID-19, whether zoonotic or due to a lab-leak, fueled significant public distrust and the evolving narrative led many to question institutional transparency and credibility (Fleischmann, 2023; Zhu et al., 2023; Knight, 2021).

Transparent and frequent communication regarding safety measures and organizational policies has been found to positively influence employee perceptions, with communication as a mediator between coworker interactions and organizational commitment (Allen, 2009; Yue & Walden, 2022). Employees faced heightened uncertainty during the COVID-19 pandemic, increasing their reliance on organizational

support for performance and wellbeing, where perceptions of fairness and care from organizations were found to be critical to maintaining employee morale and productivity (Shabbir et al., 2021). POS was found to strengthen employee commitment and engagement even during uncertainty, and supportive actions such as job security and attention to employee wellbeing enhanced employees' attachment to their organizations (Song & Yang, 2020). Managerial behaviors and perceived justice has been found to play a critical role in shaping POS, with ineffective or inconsistent managerial responses to evolving guidelines capable of undermining trust and negatively impacting workplace dynamics (Muñoz et al., 2023; Travaglione et al., 2017).

Emotional Attachment, Perceived Support, and Safety

When employees have strong AOC, they are more likely to adopt and promote safety practices because they care about the wellbeing of their colleagues and the success of the organization (Farmanesh et al., 2025; Meyer et al., 2002). Employees with high AOC are motivated to engage in behaviors that support a safe work environment, thus reinforcing a positive safety climate (Hoffman & Morgeson, 1999; Wang et al., 2022a). When employees perceive strong organizational support, they are more likely to believe that the organization is committed to their safety, which enhances the overall safety climate (Eisenberger et al., 1986; Liu et al., 2021). High POS encourages employees to reciprocate with positive behaviors, including adherence to safety protocols and active participation in safety programs, thus fostering a stronger safety climate (Bunner et al., 2021; Neal & Griffin, 2006).

The integration of AOC and POS produces an improved safety climate, reciprocal relationships, and enhances overall organizational performance (Bunner et al., 2021; Eisenberger et al., 1986; Farmanesh et al., 2025; Hofmann & Morgeson, 1999; Liu et al., 2021; Meyer et al., 2002; Wang et al., 2022a). Strong AOC and POS contribute to a positive safety climate, as employees who feel emotionally connected to their organization and believe that their organization supports them are more likely to engage in safe work behaviors and promote a culture of safety (Eisenberger et al., 1986; Farmanesh et al., 2025; Liu et al., 2021; Meyer et al., 2002). A reciprocal relationship exists whereby a positive safety climate strengthens employees' AOC and their perceptions of organizational support. This dynamic is reinforced by evidence showing that supporting initiatives, such as health and safety protocols, significantly enhance both safety compliance and AOC (Ramos-Estrada et al., 2021). Additionally, POS for health and safety has been associated with better employee engagement and wellbeing outcomes (Brown et al., 2021a). Brown et al., (2021a) found that in small business settings, robust safety climates during COVID-19 were strongly related to employee morale and commitment, demonstrating how safety-oriented organizational cultures can strengthen AOC.

When employees perceive that their organization prioritizes safety, it reinforces their emotional attachment and belief that the organization cares about their wellbeing (Hofmann & Morgeson, 1999; Muñoz et al., 2023; Wang et al., 2022a). By fostering a positive safety climate through high AOC and POS, organizations can achieve better safety outcomes, higher employee satisfaction, and improved overall performance

(Astuty & Udin, 2020; Hofmann & Morgeson, 1999; Neal & Griffin, 2006). While general workplace safety climate is an important contributing factor in employee levels of POS and AOC, the safety climate aspect connected to COVID-19 seems to have separate perceptions and implications for employees (Mihalache & Mihalache, 2022; Muñoz et al., 2023). Studies suggest that, whereas general workplace safety climates emphasize broader occupational safety protocols, COVID-19-specific safety climates focus on unique preventative measures such as masking, social distancing, and vaccination; with this, employees perceive organizational enforcement of COVID-19 controls as distinct from general safety measures (Ceryes et al., 2021; Guidetti et al., 2022; Guzman et al., 2022). In industries like manufacturing and oil and gas, COVID-19-specific measures highlighted the importance of personal contributions to safety and a heightened awareness of health risks, reshaping perceptions of safety compared to general workplace safety climates (Guidetti et al., 2022; Guzman et al., 2022). In sectors such as healthcare and agriculture, COVID-19-specific safety climates often revealed gaps in preparedness and enforcement, which differed from general safety expectations (Fargnoli & Lombardi, 2021; Moda et al., 2021). Both general and COVID-19-specific safety climates rely heavily on communication, and during the pandemic, effective communication about health risks and prevention measures became even more critical to employee wellbeing and compliance (Brown et al., 2021a). Employees often felt inadequately protected by COVID-19-specific measures, contrasting with more robust perceptions of general workplace safety climates, and that inadequacy has been found to be linked to organizational enforcement levels and POS (Ceryes et al., 2021).

AOC and Safety Perceptions

Many aspects involved in the social exchanges that take place between employees and their organizations throughout each work day can influence AOC levels, with safety perceptions seemingly one of the most significant. Effective leader-member exchanges and POS enhance safety behaviors and, consequently, AOC, with these dynamics underscoring the role of leadership in shaping safety perceptions and employee commitment (Credo et al., 2010; Mao & Tian, 2022). Effective safety communication from workplace leaders strengthens work engagement and organizational-based self-esteem, which was found to mediate the relationship between safety communication and commitment (Zhou et al., 2023). However, anxiety related to COVID-19 was found to moderate these effects (Zhou et al., 2023) suggesting that the COVID-19 aspect of safety climate implies that a deeper understanding of the contributing factors is critical. Employees value transparency and consistency when employers relay government-sourced COVID-19 information, and clear alignment between governmental guidelines and organizational actions was found to be essential for fostering trust and reducing workplace stress (Kim et al., 2023).

Organizational safety culture and safety consciousness was found to positively influence trust among employees, which is a critical mediator for AOC as well as job satisfaction (Ayad et al., 2024; Griffin & Neal, 2000). However, low job control correlates with negative perceptions of management's commitment to safety, which impacts AOC and highlights the importance of empowering employees through job design and safety initiatives (Modise, 2023; Pinion et al., 2017). Fear of COVID-19 was

found to impact job security and deplete career optimism, thus reducing AOC (Ahmad & Bilal, 2023). A positive safety climate and low organizational politics enhances employee engagement and commitment, as psychological safety fosters trust, enabling employees to feel secure and aligned with organizational goals (Chinelato et al., 2020). Similarly, positive COVID-19 safety climates were found to reduce moral disengagement and promote preventative behaviors and a stronger organizational bond (Bazzoli & Probst, 2022). However, poor perceptions of safety attitudes were linked to longer tenure and increased turnover intentions, as employees with a low perception of safety are less likely to exhibit strong AOC (Dorigan et al., 2020) and job insecurity can weaken of the employee-employer relationship, underlining the importance of employee perceptions of safety (Bazzoli & Probst, 2022).

Ultimately, clear and instructive internal communication during the pandemic was found to build trust and enhance employees' sense of belonging, directly impacting their AOC (Kim et al., 2023). Effective crisis communication using clear and consistent information was found to positively influence employee trust and AOC, with dialogic competency by the employer enhancing employee feelings of support for organizational decisions (Kim et al, 2023). Additionally, leaders' use of motivational language during the COVID-19 crisis was found to enhance engagement by addressing psychological needs and crisis coping strategies as a necessary approach to framing government-delivered COVID-19 information in a positive way (Montiel et al., 2021; Sobral et al., 2020).

Summary and Conclusions

COVID-19 has challenged many of the practices within organizations, and AOC may be one of the casualties of the pandemic. This chapter revealed that a better understanding of how employees perceive efforts to protect their health is needed. The theoretical framework for this study comprises social exchange theory, organizational support theory, and the theory of organizational commitment. These theories collectively provide a comprehensive understanding of employee perceptions and interactions within organizations. Social exchange theory underpins workplace behaviors, suggesting that unmet obligations and lack of reciprocity can negatively impact trust, POS, and AOC (Ahmad et al., 2023; Cropanzano & Mitchel, 2005). Within this study, this theory helped interpret how employee perceptions of organizational health safety efforts specific to COVID-19 were associated with their attitudes and behaviors.

Organizational support theory posits that POS arises from the actions of organizational representatives and influences employee attitudes as behaviors (Eisenberger et al., 2020). High POS is associated with positive employee outcomes, such as increased commitment and reduced turnover (Albalawi et al., 2019; Kurtessis et al., 2017). The theory of organizational commitment categorizes commitment into three types to include AOC (emotional attachment), normative organizational commitment (sense of obligation), and continuance organizational commitment (perceived cost of leaving) (Meyer & Allen, 1991). AOC is significantly related to POS and is critical for understanding employee retention and engagement (Meyer & Allen, 1991; Meyer et al.,

2002; Moin, 2018; Sartori et al., 2023) relevant to this study and within the context of organizational health safety efforts specific to COVID-19.

Understanding the interplay between these theories provides a holistic view of how employees perceive and react to organizational health safety efforts. Social exchange theory explains the reciprocal nature of employee-employer relationships, while organizational support theory highlights the importance of perceived support in fostering positive employee outcomes (Cropanzano & Mitchel, 2005; Eisenberger et al., 2020). AOC further elucidates how emotional attachment to the organization enhances employee engagement and adherence to safety practices (Farmanesh et al., 2025; Meyer et al., 2002; Moin, 2018). Together, these theories offer a robust framework for examining employee perceptions of organizational health safety efforts specific to COVID-19 due to the pandemic and their impact on AOC and performance (Rhoades & Eisenberger, 2002; Sartori et al., 2023) within the poultry hatcheries that participated in this study.

AOC is a consequence of POS, and employees who feel that their organization is safety-conscious are more likely to perceive that they are supported (Gyekye & Salminen, 2007; Liu et al., 2021). Given this information, it stood to reason that employees may have perceived that the organization was supporting them when some or all of the aspects included in OHSE-C19 were implemented within the poultry hatcheries that participated in this study and that employee levels of AOC may have been influenced positively. On the other hand, it may also have been that some or all of the aspects of OHSE-C19 were perceived differently due to a variety of reasons. This chapter provided a comprehensive summary of social exchange theory, organizational support theory, and

the theory of organizational commitment, further outlining the complexity of employee perceptions that are formed and how these may be understood.

With the theoretical foundations and relevant literature established in this chapter, the next chapter details how these concepts were operationalized within the context of this study. Chapter 3 outlines the methodological approach used to examine whether relationships among key variables exist, offering a structured account of how the research was designed, implemented, and validated within the research setting.

Chapter 3: Research Method

This quantitative study aimed to explore relationships between organizational health safety efforts specific to COVID-19, POS, and AOC levels of employees within the agriculture industry, specifically poultry hatcheries. This chapter provides the rationale and relevance of the research setting in the first major section. The second major section provides the research design and rationale, along with the alignment of tolls and theories for this study. The third major section describes the role of the researcher. The fourth major section envelops the methodology of the study and includes information about the population, sampling and sampling procedures, sampling frame, and sample size. The fifth major section of this chapter encompasses information about the study's recruitment, participation, and data collection. The sixth major section provides information about instrumentation and operationalization of constructs. The seventh major section of this chapter contains the data analysis plan. The eighth major section discusses issues of trustworthiness, to include external and internal validity, dependability, and confirmability. The last major section discusses ethical procedures, followed by a summary of the chapter.

Research Setting

Poultry hatcheries offer a unique and relevant context to explore the interplay between health safety measures, organizational support, and AOC during a crisis such as COVID-19. The operational challenges, coupled with the essential nature of the workplace, can provide critical insights into employee perceptions and organizational dynamics. This study focused on exploring whether correlations exist between

organizational health safety efforts specific to COVID-19, POS, and AOC. Poultry hatchery settings highlight the importance of health safety measures and provide a critical context for assessing how employees perceive and respond to organizational health safety efforts; these are high-risk environments due to close worker proximity, high throughput production, and potential zoonotic risks (Merchant-Forde & Boyle, 2020). Poultry hatcheries are part of the essential food supply chain, which faced significant pressures during the COVID-19 pandemic, as workers often continued operations under challenging conditions, making their perceptions of organizational support particularly relevant to understanding their commitment (Gaitens et al., 2021).

During the pandemic, poultry hatcheries implemented various safety protocols and employee opinions about these health safety measures can reflect the effectiveness of organizational health strategies in fostering trust and commitment (Dineen, 2020). Organizational support is critical in high-stress environments (Mao & Tian, 2022) like poultry hatcheries and studies suggest that POS, especially during crises, strongly correlates with AOC where employees may feel obligated to reciprocate supportive actions, which is critical for retention and morale (Bahadır, et al., 2024). The nexus of human effort and operational requirements in poultry hatcheries makes them ideal for studying the impact of organizational practices on employee attitudes and behaviors and the pandemic amplified these dynamics, providing a rich context for analysis (Brozek & Falkenberg, 2021).

Poultry hatcheries have unique attributes that can significantly impact the outcomes and the interpretation of research studies. These attributes include

environmental, operational, and organizational factors that affect the employees and the context of the research. Poultry hatcheries operate in controlled environments where temperature, humidity, and air quality are tightly regulated to ensure optimal hatchability and these stringent controls may introduce stressors to workers, possibly affecting their perceptions of workplace health and safety (George & George, 2023). Poultry hatcheries often implement rigorous biosecurity measures to prevent disease outbreaks, particularly in the wake of zoonotic risks like avian influenza, and these measures shape employees' perceptions of AOC to safety (Marchant-Forde & Boyle, 2020). While automation is improving in the hatchery industry, hatchery operations still require repetitive, often manual, tasks such as egg selection and chick selection, and this labor-intensive environment can influence employee satisfaction and commitment (George & George, 2023).

Poultry hatcheries often operate under hierarchical structures, similar to manufacturing environments, where management decisions directly affect frontline workers' perceptions of support and fairness (Rosenzweig et al., 2025). Larger hatcheries focus on high throughput and efficiency, which may limit individualized attention to worker wellbeing, affecting perceptions of organizational support (Lima et al., 2019). Handling byproducts, such as eggshells and unviable embryos, involves waste management practices that can influence employee views on workplace hygiene and safety (George & George, 2023). The biosecurity measures and controlled environments make poultry hatcheries an ideal setting for studying perceptions of organizational health safety efforts, especially during a pandemic like COVID-19. Understanding how

repetitive, high-stress tasks and operational demands influence AOC can inform policies to improve worker satisfaction. Factors such as zoonotic outbreaks, biosecurity requirements, and hierarchical structures uniquely impact this environment, differentiating it from other industrial settings (Krist, 2011).

Smaller operations may offer a more cohesive organizational culture, with closer interactions among employees and leadership potentially leading to more consistent perceptions across the workforce, where larger operations may experience variability in worker experiences (Inuwa & Rahim, 2020; Lima et al., 2019). In larger operations roles can be highly specialized, influencing how health safety efforts are perceived and implemented, whereas smaller hatcheries may have overlapping responsibilities, affecting employee workload and perspectives (Lima et al., 2019; Nowack et al., 2023). Leadership styles in larger hatcheries may be hierarchical, affecting how health and safety policies are communicated and enforced, but smaller operations may feature more direct, personalized leadership, enhancing perceptions of organizational support (Haas, 2020; Lima, 2019). Middle managers act as a bridge between frontline workers and top leadership, particularly in large-scale operations, and their engagement in enforcing safety protocols and supporting workers can significantly impact employee perceptions of organizational support (Gaitens et al., 2021). Larger hatcheries are more likely to have formal human resources departments, which play a critical role in implementing training programs and addressing employee concerns, whereas in smaller hatcheries these tasks might be handled informally, potentially impacting consistency and employee satisfaction (Lima et al., 2019). The poultry hatcheries that participated in this study are considered

mid-sized, with multiple locations. Although the hatcheries that participated have many of the attributes found in smaller operations, they have several attributes typically found in larger operations as well. The poultry hatcheries that participated in this study were a prime setting from which to collect data for this research.

Research Design and Rationale

This study sought to explore the relationship between organizational health safety efforts specific to COVID-19, POS, and AOC. Specifically, it examined whether the combination of independent variables was associated with employee's emotional attachment and commitment to their organization. The first quantitative research question (RQ 1) for this study is: To what extent, if at all, is the linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) related to AOC? To address this research question, the study tested two competing hypotheses. The null hypothesis ($H_0 1$) asserts that there is no significant relationship between the combination of these factors and AOC. In contrast, the alternative hypothesis ($H_a 1$) posits that the linear combination of these workplace factors is significantly related to AOC.

This study further investigated how individual variables contribute to employees' AOC. The second research question (RQ 2) for this study is: To what extent, if at all, are the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) individually related to AOC? This research question examined the

extent to which each of the independent variables individually related to AOC when controlling for the influence of the other variables. To address this research question, five sets of hypotheses were tested. First, the study considered the sanitation of commonly touched surfaces. The null hypothesis ($H_0$2) suggests that no relationship exists between sanitation of commonly touched surfaces and AOC, while the alternative hypothesis (H_a2) posits that sanitation of commonly touched surfaces is individually related to AOC after accounting for other predictors. Next, the study explored paid time off for own COVID-19 quarantine time. The null hypothesis ($H_0$3) denies any individual relationship between paid time off for own COVID-19 quarantine time and AOC, whereas the alternative hypothesis (H_a3) asserts that paid time off for own COVID-19 quarantine time is individually related to AOC. Similarly, for vaccination opportunities, the null hypothesis ($H_0$4) contends that there is no significant relationship between vaccination opportunities and AOC, while the alternative hypothesis (H_a4) proposes that an individual relationship exists. The fourth variable, required mask-wearing, was examined through the null hypothesis ($H_0$5), which refutes any connection between required mask-wearing and AOC, and the alternative hypothesis (H_a5), which predicts that an individual relationship exists. Finally, the study evaluated POS. The null hypothesis ($H_0$6) asserts no relationship between POS and AOC, while the alternative hypothesis (H_a6) suggests that POS is individually related to AOC.

The focus of this quantitative correlational nonexperimental study was to examine the correlational relationships between the independent variables: sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination

opportunities, and required mask-wearing and POS, and the dependent variable, AOC, if any existed. For this study, multiple regression analysis was appropriate to assess the relationships between the independent variables and the dependent variable. The quantitative correlational nonexperimental research design was effectively aligned with the research questions for this study, as it allowed for the evaluation of both collective and individual relationships between the independent variables and the dependent variable. It avoided experimental manipulation, consistent with the nonexperimental approach, and focused on statistical correlations to answer each research question. With this research design, time and resource constraints did exist. Two such constraints involved the collection of new data and recruitment of participants. This methodology is consistent with the goals of Industrial and Organizational Psychology, as it emphasizes evidence-based, ethical, and practically applicable research to enhance workplace outcomes.

Two surveys and one opinion poll were used to collect participant responses regarding POS, AOC, and personal opinions about the necessity of the aspects included in the organizational health safety efforts specific to COVID-19 implemented by the poultry hatcheries that participated in this study. The surveys included the Survey of Perceived Organizational Support (Eisenberger et al., 1986a), where employees responded to survey items designed to measure their perceptions (i.e., opinions) of whether their organization supports them. The second survey was the Affective Commitment Scale (Meyer & Allen, 1984), which assesses employee's perceptions (i.e., opinions) of their own level of emotional commitment to their organization through

targeted survey items. Responses to both of these surveys, combined with the opinion poll written specifically for this study, is a potentially insightful approach to understanding employee levels of POS, their individual levels of AOC to the organization, and which organizational health safety efforts specific to COVID-19 they personally believed were necessary during the pandemic.

As noted by Nayak and Narayan (2019), the use of surveys to collect data can be efficient and effective. Not only are surveys cost-effective (Eitzinger, 2021), but they also offer flexibility in data collection and provide the potential for high response rates (Grow et al., 2020). Further, scholars use opinion polls to study a wide range of social phenomena, including voting behavior, public health attitudes, and cultural trends, and this data can be analyzed to test hypotheses and build theoretical models (Groves, 2009; Touseef et al., 2023). In order to craft a well-designed survey the questions must be clear, unbiased, and valid measures of the constructs being studied. This study used the Survey of Perceived Organizational Support (Eisenberger et al., 1986a) and the Affective Commitment Scale (Meyer & Allen, 1984), both of which have already been developed and tested by their authors to ensure validity and reliability. The opinion poll this study used was specifically written for this application and asked for participants' personal opinions about the necessity of each of the four aspects included in OHSE-C19 that were implemented by the poultry hatcheries that participated in this study. Data collection took place through the use of SurveyMonkey, and data was entered into SPSS for analysis. The results were disseminated carefully to ensure clear and unbiased results. The quantitative correlational nonexperimental research design using two surveys and one

opinion poll is highly relevant for advancing knowledge about health safety, particularly in the context of COVID-19 within the field of Industrial and Organizational Psychology. Such studies are instrumental in understanding multifaceted relationships between individual knowledge, attitudes, behaviors, and compliance with health protocols in the workplace and broader organizational settings (Gebremedhin et al., 2021; Kothari, 2021). In this way, it is imperative to understand that individual preference is an important factor in how employees perceive health safety efforts implemented by employers.

Alignment of Tools and Theories

Social exchange theory, organizational support theory, and the theory of organizational commitment are intricately linked, especially when examined through the lenses of the Survey of Perceived Organizational Support and the Affective Commitment Scale. These frameworks collectively help in understanding how organizational dynamics influence employee attitudes and behaviors. Social exchange theory posits that workplace relationships are based on reciprocal exchanges of resources, whether tangible or intangible (Eisenberger et al., 1986). Although not directly linked to the collection of data in this study, social exchange theory is a foundational concept the other theories in this study stand upon. Organizational support theory builds on social exchange theory by emphasizing the importance of POS, the extent to which employees believe their organization values their contributions and cares about their wellbeing (Kurtessis et al., 2017; Li et al., 2022; Rhoades & Eisenberger, 2002). This perception is crucial in fostering a supportive work environment and enhancing employee commitment. The theory of organizational commitment focuses on the psychological attachment an

employee has to their organization (Meyer et al., 2002). AOC, a key component of the theory of organizational commitment, refers to the emotional attachment to and identification with an organization that an employee has (Meyer et al., 2002).

The Survey of Perceived Organizational Support measures employees' perceptions of organizational support, where high POS levels are associated with various positive workplace outcomes (e.g., job satisfaction and organizational commitment) (Eisenberger et al., 1986). Research by Wayne et al. (1997) highlighted the critical role of POS in organizational relationships, demonstrating that supportive interactions at work significantly enhance commitment and satisfaction. Further, Ridwan et al. (2020) found that higher POS, alongside AOC and citizenship behavior, significantly improved both job satisfaction and performance, supporting the idea that when workers feel valued, they are more committed and satisfied. POS is a significant predictor of AOC, in that employees who feel supported by their organization are more likely to develop strong emotional bonds, leading to higher levels of AOC (Caesens et al., 2014).

The Affective Commitment Scale specifically measures the emotional aspects of organizational commitment (Meyer & Allen, 1984). Studies using the Affective Commitment Scale have found that factors such as supportive leadership practices significantly enhance AOC levels among employees (Sungu et al., 2019). Moreover, the mediating role of POS in the relationship between job satisfaction and AOC has been well documented. For instance, POS plays a partial mediating role between organizational justice and AOC, emphasizing the importance of a fair and supportive internal culture (Panaccio & Vandenberghe, 2009; Song & Yang, 2020). POS has been

linked to safety participation through the social exchange process, where employees reciprocate organizational support with proactive safety behaviors (Hofmann & Morgeson, 1999; Laurent et al., 2021; Liu et al., 2021). Research shows that creating a supportive and safe work environment not only enhances commitment but also promotes overall wellbeing and productivity (Dhingra et al., 2017; Okros & Vîrgă, 2023). POS influences employees' engagement in safety behaviors, and a supportive work environment encourages employees to participate actively in safety protocols, thereby enhancing workplace safety (Berta et al., 2018). POS mediates the relationship between various organizational factors and employee outcomes, highlighting its central role in organizational dynamics (Kebede & Wang, 2022; Sihag, 2021).

Role of the Researcher

The role of the researcher as an observer, participant, or observer-participant is foundational in qualitative research and varies depending on the research objectives and methods used. Although traditionally associated with qualitative research, the role of the research can also appear in quantitative research in specific contexts (Jibril, 2018). The three different roles are not fixed and can shift based on the research setting. Ethical considerations, role fluidity, and reflexivity are critical, as researchers must navigate potential biases and the possible influence of their presence on the participants and environment (Ciesielska et al., 2018; DeWalt & DeWalt, 2011; Rock, 1979). Understanding and effectively employing the roles of the researcher enhances the richness and validity of data. In the observer role, researchers focus on understanding a phenomenon from an external perspective, ensuring minimal interference with the natural

environment while gathering data by observing participants without direct involvement (Ciesielska et al., 2018). In the participant role, researchers immerse themselves in the environment and engage directly with participants, fostering a deeper understanding of their lived experiences (DeWalt & DeWalt, 2011). Finally, in the observer-participant role, the researcher observes as well as participates, balancing engagement with detachment (Rock, 1979).

For this study, the role of the researcher was that of observer since all data was generated using responses the participants provided independently using SurveyMonkey. When conducting surveys, the researcher generally collects data without directly interacting with participants beyond distributing and explaining the survey instruments, which makes the process primarily observational (Ciesielska et al., 2018). In quantitative research, researchers often assume an observer role, especially during structured observational studies or when collecting data in a controlled setting (Jibril, 2018). Quantitative research emphasizes objectivity, reliability, and replicability and the researcher's interaction with participants is carefully controlled to minimize bias (Cohen et al., 2018). For this reason, structured approaches are used to systematize the collection and analysis of data, reducing the researcher's influence (Cohen et al., 2018). The observer role involves maintaining a degree of detachment, which is more achievable with indirect data collection methods like surveys (Ciesielska et al., 2018). For this study, the researcher is in a leadership role within the organization that participated as the director of human resources, and collecting survey data minimally interfered given the surveys were anonymous and participants likely felt free to respond honestly. However,

the leadership role the researcher holds within the organization that participated in this study may have introduced ethical and methodological considerations that required careful handling, including ensuring anonymity and maintaining objectivity (Ashworth, 1995). By acknowledging and mitigating possible influences, the validity and reliability of the research was upheld.

Power dynamics are a significant consideration when a researcher is in a leadership role within an organization and collects data. These dynamics can influence participant responses, data integrity, and the overall research process. Participants may feel compelled to participate or respond in ways they believe align with the leader-researcher's expectations, and power imbalances such as those arising from rank or leadership status can skew responses, particularly in hierarchical settings (Gaughan & Bozeman, 2016). It was made clear to all participants that the goal of the research was to understand individual opinions, and that the organization did not have any interest in the outcome of the research. Even with assurances of anonymity, participants may have worried that their responses could be tracked back to them, especially when the researcher holds a leadership role (Wallerstein et al., 2019). For this study, data were collected using SurveyMonkey, an online survey platform. Participants selected responses digitally using a standardized format, which helped ensure uniformity across submissions and eliminated any potential for participant identification. To promote honest and unbiased responses, the informed consent section at the beginning of the survey clearly explained all anonymity and confidentiality measures prior to

participation. Using anonymous survey tools and communicating clear privacy protocols can reduce participants' concerns about retribution or favoritism (McGinity et al., 2022).

Leadership perspectives may inadvertently shape survey questions to align with organizational priorities, potentially introducing bias (Li, 2022). The opinion poll written specifically for this study asked only if participants personally believed the organizational health safety efforts specific to COVID-19 were necessary in the workplace, without any leading implications. Clearly articulating the purpose of the research, how data will be used, and the measures taken to protect participants can build trust and encourage authentic responses (Conger, 1998). The informed consent section clearly outlined the purpose of the research, detailed how data would be collected and used, and explained the measures in place to protect participant anonymity. It also emphasized the distinction between the researcher's objectives and the role of the organization itself. Ultimately, researchers must continuously reflect on their dual roles to recognize and mitigate the impact of power on the research process (Andrews, 2024). While power imbalances are inherent when a leader conducts research within their own organization, employing strategies to mitigate these effects can enhance data integrity and participant trust. Balancing leadership responsibilities with ethical research practices is critical for producing valid and credible results.

Within the informed consent section participants were assured of the confidentiality of their responses and completed the surveys individually, thus reducing any perceived risks of retaliation or favoritism (Jorgensen, 2020). As part of the informed consent all participants were required to read before participation, the researcher clearly

distinguished between the role of the researcher and her leadership role within the organization. This involved openly communicating the research objectives and emphasizing the separation of research activities from the leadership functions within the organization (Wallerstein et al., 2019). The researcher was also transparent about the positionality and potential bias, as researchers must remain reflexive, acknowledging and addressing how the dual roles may affect the research process (Ashworth, 1995).

Methodology

Population

The target population included current and former employees within the agriculture industry, specifically those working in the poultry hatcheries that participated in this study, that hatch and distribute various types of poultry and other fowl. Collectively, a total of 181 individuals were eligible to participate in the study, spanning a range of job roles and responsibilities.

Sampling and Sampling Procedures

The sampling strategy for this study was nonprobability volunteer sampling where participants were recruited using paper flyers posted in common areas and email communication. Although convenience sampling is said to be the most common form of nonprobability sampling and the assurance of all people in the population participating in the study is not guaranteed (Shaughnessy et al., 2009), volunteer convenience sampling was likely to be the most effective form for this study given the particular research questions and information the study was seeking to collect; specifically, employee

perceptions of the organizational health safety efforts specific to COVID-19 that were implemented within the poultry hatcheries participating in this study.

To draw the sample from the target population, each participant completed two validated surveys, one researcher-developed opinion poll, and demographic information. Participation occurred electronically via SurveyMonkey, allowing individuals to complete the survey at their convenience. The sequence began with an informed consent section, where participants reviewed the study's purpose and ethical considerations. Only those who provided consent were permitted to proceed. Upon consenting, participants advanced through the demographic questionnaire, followed by the researcher-developed opinion poll, the Survey of Perceived Organizational Support (Eisenberger et al., 1986a), and finally, the Affective Commitment Scale (Meyer & Allen, 1984). Those who declined consent were automatically exited from the survey and thanked for their time. All responses were collected anonymously through SurveyMonkey. No identifying information was gathered, and the only metadata recorded was the date and time of each survey completion, which could not be linked back to individual participants in any way.

Sampling Frame

To be eligible to participate in the study, individuals were required to meet the inclusion criteria. Inclusion criteria for this study required that participants had W-2 work status in an active, on-site, full- or part-time position in any level of the organization within at least one of the participating poultry hatcheries during the specified time frame. Further, all participants were required to be fluent in reading, understanding, and speaking English, and be at least 18 years of age at the time of survey completion. For

clarification purposes, all inclusion criteria are explained here in more detail. Eligibility to participate was established based on employment records for each employee from the poultry hatcheries that participated in the study, compiled prior to any employees volunteering for participation.

Regular W-2 Work Status

All participants in this study were required to have been employed by at least one of the participating poultry hatcheries in a W-2 status position during the specified time frame. For this study, the categorization of a W-2 status position within at least one of the participating poultry hatcheries was based on whether the individual received a W-2 tax form directly from the employer for work performed during the specified time frame. As explained by the Internal Revenue Service (n.d.), if a worker is paid for services, taxes are collected from remuneration, and the worker receives a W-2 tax form from the employer, they are considered to be a W-2 employee. Therefore, any contracted of sub-contracted workers who provided services to the participating poultry hatcheries would not have been eligible to participate in the study.

Full- or Part-Time Positions and Levels of the Organization

All participants in this study were required to have been employed by at least one of the poultry hatcheries that participated in this study in a full- or part-time position during the specified time frame. For this study, full- and part-time positions include all hourly and salaried positions, including temporary, seasonal, and internship job roles. Further individuals employed in full- or part-time positions at any level of the organization were eligible to participate, including executives, directors, managers,

supervisors, and all other levels of employment, provided they received a W-2 tax form for work performed during the specified time frame.

Specified Time Frame

For this study, the specified time frame was July 1, 2020, through March 8, 2023. Individuals who were not employed by the participating organizations during the specified time frame were not eligible to participate, as they would not have had an opportunity to experience all four of the health safety efforts specific to COVID-19 included in this study as an employee within the organization. To obtain meaningful data about employee perceptions during the specified time frame, this study focused on specific organizational changes or events that occurred during the specified time frame to provide context, since participants would be more likely to remember their own opinions and perceptions tied to significant events (Biddison et al., 2015; Rice, 2020), such as the pandemic and the health safety efforts implemented in the workplace. This study unambiguously referred to each organizational health safety effort specific to COVID-19, which was helpful as a contextual marker to assist in recalling personal opinions about the health safety policies implemented within the participating poultry hatcheries (Fiolet et al., 2022). Further, a diverse set of employees were eligible to participate in the study from across various departments and job roles, which helped to capture a holistic view of opinions from the specified time frame (Gustafson et al., 2003).

Active and On-Site Roles

All participants in this study were required to have been in active, on-site job roles during the specified time frame. An active, on-site job role consists of an

employee's work being performed during regular hours of operation within at least one of the poultry hatchery facilities at some point during the course of the employee's employment. This was a requirement due to the need for the employee to have experienced one or all of the organizational health safety efforts specific to COVID-19 that were implemented within the poultry hatcheries that participated in this study.

Sample Size

For this study, the target population was 181 individuals who were currently and previously employed by the participating poultry hatcheries. The sample size was determined mathematically, confirming an adequate sample size through G*Power software (Faul et al., 2009). Using a moderating effect size (.15), the G*Power software calculation produced the requirement of 92 participants for a power level of .80 and an alpha level of $p < .05$ (see Appendix E). The choice of a moderate effect size of .15 is consistent with Cohen's guidelines for what constitutes a small, medium, and large effect size in the behavioral sciences (Cohen, 1988). A moderate effect size strikes a balance between detecting meaningful differences or associations and the practical constraints of sample size. It is commonly used in social science research, including organizational studies, to identify effects that are neither too subtle nor excessively large, thus providing practical and interpretable results.

Setting the alpha level at .05 is a standard practice in hypothesis testing, which corresponds to a 5% risk of committing a Type I error (i.e., rejecting the null hypothesis when it is actually true) (Cohen, 1988). This conventional threshold balanced the need to minimize false positives with the practical aspects of statistical testing in the social

sciences, where the cost of false positives is considered manageable (Fisher, 1925). A power level of .80 means that the study has an 80 % chance of detecting an effect of the specified size if it truly exists (Cohen, 1988). This level of power is widely accepted as the standard in psychological and social science research (Cohen, 1988). It reflects a balance between the risk of Type II errors (i.e., failing to detect a true effect) and the practical constraints of sample size and resources (Cohen, 1992).

Procedures for Recruitment, Participation, and Data Collection

There were two methods of recruitment for this study. First, paper flyers were posted within common areas of each participating poultry hatchery. These flyers included information about what the study was about, why the study was being conducted, how employees could participate in the study, what would be asked of them, and the researcher's contact information. Secondly, the information from the paper flyer was duplicated and sent via email to potential participants in digital form. It was noted on the paper flyer, as well as the digital version, that individuals could contact the researcher if they had questions before they volunteered to participate in the study. Demographic information collected included whether participants were able to speak, read, and understand English fluently, had W-2 employment status during the specified time frame, were at least 18 years of age at the time of participation, had full- or part-time work status in at least one of the participating poultry hatcheries during the specified time frame, was an active, on-site employee during the specified time frame, their worksite location, and job level within the organization (e.g., general employee, lead, supervisor, manager, or executive).

Informed consent was provided to participants using the template available from Walden University's Office of Research and Doctoral Services through the Research Ethics Review Process by the Institutional Review Board (IRB) in the Tools and Guides section (see Appendix A) at the beginning of the survey. Participants were required to read the consent information and indicate their consent before being allowed to proceed. Those who did not provide consent were unable to access or complete the survey which included a demographics questionnaire and the researcher-developed opinion poll (see Appendix B), the Survey of Perceived Organizational Support (Eisenberger et al., 1986a) (see Appendix C), and the Affective Commitment Scale (Meyer & Allen, 1984) (see Appendix D). The researcher was available to answer any questions participants had throughout the data collection process.

Individuals were invited to participate in the study by paper flyers posted at each location, along with email communication. Participants completed surveys at their convenience. After reading the informed consent section, individuals indicated whether they understood and wished to proceed by choosing "Yes" or "No." If they decided not to participate in the study and chose "No," the survey automatically ended. Participants who decided to continue by choosing "Yes" were allowed to complete all of the sections following informed consent. To ensure the privacy of participants the survey was made anonymous using the built-in settings available within SurveyMonkey. No identifying information, such as names, email addresses or internet protocol (IP) addresses were collected. No debriefing procedures were needed, nor did any follow-ups or interviews take place following participation in the study. All data were entered into SPSS for

analysis. Recruitment, data collection, nor analysis commenced until after the researcher gained approval from the IRB. Walden University's approval number for this study is 03-11-25-074882.

Instrumentation and Operationalization of Constructs

There were five independent variables in this study, four of which were the variables that were included in the organizational health safety efforts specific to COVID-19 and consisted of vaccination of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, and required mask-wearing. These four independent variables were measured using yes or no responses on the opinion poll specifically written for this study. These dichotomous variables were analyzed using point-biserial correlation coefficient, which is a statistical measure used to evaluate the linear relationship between a binary variable and a continuous variable, where it assumes the binary variable represents a meaningful division such as yes or no, with no overlap in categories (Tate, 1954). The fifth independent variable was POS, and was measured using the Survey of Perceived Organizational Support (Eisenberger et al., 1986a). The dependent variable in this study was AOC, and was measured using the Affective Commitment Scale (Meyer & Allen, 1984).

Demographics Information and Opinion Poll

Demographic information is commonly gathered during research for a variety of reasons. Most notably for this study, the collection of demographic information allowed for the identification of patterns or differences across groups and ensured compliance with ethical standards (Groves et al., 2009). The opinion poll that was specifically written

for this study was used to collect simple, yes or no responses from participants regarding personal opinions of whether each of the four aspects included in the organizational health safety efforts specific to COVID-19 implemented in the participating poultry hatcheries were necessary. The opinion poll was developed based on the four aspects included in OHSE-C19 that were created by the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, 2021a; Centers for Disease Control and Prevention, 2021b) and the Occupational Safety and Health Administration (Occupational Safety and Health Administration, 2021). The "Yes" or "No" questions were intended to solicit personal participant opinion responses regarding whether each of the four aspects included in OHSE-C19 that were implemented in their workplace were necessary. The four items that made up the entirety of the opinion poll were straightforward and unambiguous with no complex or nuanced phrasing, aiming to directly measure participants' personal opinions from binary yes or no responses with minimal risk of misinterpretation by participants, making a pilot study unnecessary. An example of one of the items from the researcher-developed opinion poll is, "In your opinion, was it necessary for your workplace to sanitize commonly touched surfaces throughout each workday during the COVID-19 pandemic?" The participant would then choose "Yes" or "No" to respond.

Survey of Perceived Organizational Support

The Survey of Perceived Organizational Support, developed by Robert Eisenberger and colleagues (1986a), is directly linked to organizational support theory. The survey measures employees' perceptions of organizational support, where high POS

levels are associated with various positive workplace outcomes such as organizational commitment (Eisenberger et al., 1986). POS is a significant predictor of AOC, in that employees who feel supported by their organization are more likely to develop strong emotional bonds, leading to higher levels of AOC (Caesens et al., 2014). In this way, the Survey of Perceived Organizational Support was relevant to the research questions in this study as it helped to assess the combined impact of organizational health safety efforts specific to COVID-19 and POS on AOC. It also assisted in determining the individual contribution of POS to AOC alongside the organizational health safety efforts specific to COVID-19. Accurately measuring POS was essential for testing both the collective and individual impacts of the independent variables on AOC, making the Survey of Perceived Organizational Support a key component of this study.

The survey consists of 36 statements rated on a 7-point Likert scale (i.e., 1 = Strongly Disagree to 7 = Strongly Agree), capturing the levels of participant POS. The survey was scored by summing or averaging all responses, with some items revers-scored, where 7 = 1, 6 = 2, and 5 = 3 (Rhoades & Eisenberger, 2002). Responses indicated participant level of agreement with various statements about their organization, for example, “If given the opportunity, the organization would take advantage of me” (item revers-scored) and “The organization strongly considers my goals and values” (regularly scored) (Eisenberger et al., 1986a). Researchers may use the Survey of Perceived Organizational Support without permission for non-commercial research and educational purposes (Eisenberger et al., 1986a).

The survey was highly suitable for investigating whether relationships exist between organizational health safety efforts specific to COVID-19, POS, and AOC. Rooted in organizational support theory, which posits that employees form beliefs about how much their organization values their contributions and cares about their wellbeing (Eisenberger et al., 1986), this theory was relevant to understanding how organizational health safety efforts specific to COVID-19 were perceived by employees. Extensive research has validated the survey as an effective tool for measuring POS, showing that higher levels of POS are associated with positive employee outcomes, such as increased job satisfaction, organizational commitment, and reduced turnover intentions (Rhoades & Eisenberger, 2002).

Previous research has found that the Survey of Perceived Organizational support demonstrated high internal consistency with a reported Cronbach's alpha of 0.93, and this high alpha value indicates that the items on the survey are highly correlated and consistently measure the construct of POS (Eisenberger et al., 1986). Construct validity was established through factor analysis, confirming that the items on the survey accurately measure the intended construct (Eisenberger et al., 1986). The Survey of Perceived Organizational Support has shown strong correlations with related constructs such as organizational commitment and job satisfaction, supporting its convergent validity (Eisenberger et al., 1986). Criterion-related validity was demonstrated by significant correlations between survey scores and various employee outcomes, including job performance, turnover intentions, and organizational citizenship behaviors, indicating

that the survey effectively predicts relevant organizational outcomes (Eisenberger et al., 1986).

The survey specifically measures employees' perceptions of the extent to which their organization supports them (Eisenberger et al., 2020). Relevant to the COVID-19 pandemic, organizational health safety efforts specific to COVID-19 are critical actions that may have significantly influenced these perceptions. The survey captured whether employees viewed these efforts as indicative of their organization's support. POS has been shown to foster AOC, which is the emotional attachment employees feel toward their organization (Eisenberger et al., 2020). By using the survey, this study could assess whether actions such as the implementation of organizational health safety efforts specific to COVID-19 impacted employees' emotional commitment to their organization.

The COVID-19 pandemic highlighted the importance of organizational actions to protect employee health. The Survey of Perceived Organizational Support was apt for assessing whether the organizational health safety efforts specific to COVID-19 that were implemented by the participating poultry hatcheries were perceived as supportive, thereby influencing employees' overall perceptions of their organization (Kurtessis et al., 2017). The survey has demonstrated high reliability and validity across numerous studies and organizational setting (Eisenberger et al., 1986; Rhoades & Eisenberger, 2002), ensuring accurate and consistent measurement of POS.

Affective Commitment Scale

The Affective Commitment Scale is a subscale of the larger Organizational Commitment Scale developed by Meyer and Allen (1984), which is designed to measure

overall organizational commitment and is conceptualized as a multidimensional construct. The Organizational Commitment Scale includes three distinct subscales which are the Continuance Commitment Scale, the Normative Commitment Scale, and the Affective Commitment Scale (Meyer & Allen, 1991). Only the Affective Commitment Scale was used in this study, as it measures the emotional attachment, identification with, and involvement in the organization, supporting that employees with high AOC stay with an organization because they choose to (Meyer et al., 1993). The Affective Commitment Scale was particularly suitable for investigating the relationships between organizational health safety efforts specific to COVID-19, POS, and AOC. The Affective Commitment Scale is rooted in the theory of organizational commitment, which emphasizes employee emotional attachment to, identification with, and involvement in their organization (Meyer & Allen, 1991). This emotional connection is directly influenced by how employees perceive organizational support and the measures taken to ensure wellbeing, such as organizational health safety efforts specific to COVID-19.

Research has shown that AOC is significantly related to POS and organizational practices that prioritize employee wellbeing (Rhoades & Eisenberger, 2002). This relationship is crucial when examining the impact of specific health safety efforts implemented in response to the COVID-19 pandemic. In this way, the Affective Commitment Scale is relevant to the research questions in this study as it can quantitatively assess the AOC levels of employees and determine how these levels vary in relation to the organizational health safety efforts specific to COVID-19 and POS. This

assisted in testing whether the linear combinations of these variables were significantly related to AOC.

The Affective Commitment Scale consists of eight items rated on a 7-point Likert scale (i.e., 1= Strongly Disagree to 7 = Strongly Agree), capturing the levels of participant AOC. The survey is scored by summing or averaging all responses, with all items positively worded without the need for reverse scoring (Allen & Meyer, 1990; Meyer & Allen, 1991). Responses indicate participant levels of agreement with various statements about their organization, for example, “This organization has a great deal of personal meaning for me” (Meyer & Allen, 1984). Researchers may use the Affective Commitment Scale without written permission for non-commercial and educational purposes (Meyer & Allen, 1984).

The Affective Commitment Scale (Meyer et al., 1993) has demonstrated high internal consistency, with Allen & Meyer (1990) reporting Cronbach’s alpha values typically ranging from 0.74 to 0.87. From approximately 500 questionnaires that were distributed, 52 % (i.e., 256 questionnaires) were returned from full-time, non-union employees from three different organizations to include two manufacturing firms and one university (Allen & Meyer, 1990). The validity of the scale has been established through various methods and was supported by factor analysis that confirmed the scale items load onto their intended factors, effectively measuring the construct of AOC; Karim & Noor (2006) showed that the scale demonstrated both convergent and discriminant validity in a cross-cultural context. Criterion-related validity was also demonstrated, as the scale’s scores significantly correlated with relevant organizational outcomes, such as job

satisfaction and employee retention, indicating that it accurately predicts these outcomes (Efthymiopoulos & Goula, 2024).

The Affective Commitment Scale specifically measures the emotional attachment and sense of belonging employees feel toward their organization (Meyer et al., 2002). Understanding this emotional connection was vital in assessing how organizational health safety efforts and POS influenced employee commitment during a health crisis. AOC has been linked to various positive employee outcomes, including job satisfaction, reduced turnover intentions, and increased willingness to go above and beyond in job roles (Meyer et al., 2002). By using the Affective Commitment Scale, this study was able to explore how organizational health safety efforts specific to COVID-19 and POS contribute to these as well as other outcomes.

The COVID-19 pandemic has placed emphasis on workplace health and safety and employee perceptions of these efforts can greatly affect their emotional connection to the organization. The Affective Commitment Scale captures this nuanced relationship by focusing on the emotional (affective) bond between employees and the organization. The scale is well-validated and reliable, extensively used in organizational research (Meyer & Allen, 1991; Meyer et al., 2002), ensuring accurate and consistent measurement of AOC in the context of this study.

Operationalization of Constructs

The five independent variables for this study included sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS. The dependent variable was AOC.

Organizational Health Safety Efforts Specific to COVID-19 (OHSE-C19)

As described in Chapter 1, the organizational health safety efforts specific to COVID-19 consist of a group of independent variables that include sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, and required mask-wearing and were created based on the guidance provided by the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, 2021a; Centers for Disease Control and Prevention, 2021b) and the Occupational Safety and Health Administration (Occupational Safety and Health Administration, 2021). OHSE-C19 was measured using the researcher-developed opinion poll written specifically for this study.

Perceived Organizational Support (POS)

The independent variable, POS, is defined as the comprehensive perception employees have regarding the extent to which they believe their organization genuinely cares for their wellbeing and values the contributions they make to the organization, coupled with the belief the organization will consistently provide resources when needed through a supportive and caring environment (Kurtessis et al., 2017; Li et al., 2022; Rhoades & Eisenberger et al., 2002). The Survey of Perceived Organizational Support (Eisenberger et al., 1986a) was used to measure POS, and was used in its entirety to maintain reliability and validity.

Affective Organizational Commitment (AOC)

The dependent variable, AOC, is defined as the psychological and emotional attachment an employee feels toward their organization, where they identify with the

organization and are involved with it, creating a desire to remain with it (Meyer et al., 2002; Moin, 2018). The Affective Commitment Scale (Meyer & Allen, 1984) was used to measure participant levels of AOC and was used in its entirety to maintain reliability and validity.

Data Analysis Plan

This data analysis plan outlines the procedures and methods for analyzing the data collected in this quantitative correlational nonexperimental study. Initial survey and opinion poll data were gathered using SurveyMonkey. Responses were entered directly into SPSS for data processing. A variable was created to count the number of missing answers for each respondent. Respondents with less than 5% missing answers were retained. Missing answers were estimated/imputed using the grand mean for continuous variables and the grand mode for categorical variables. Scale scores were created based on recommendations from the scale authors for the Survey of Perceived Organizational Support (Eisenberger et al., 1986a) and the Affective Commitment Scale (Meyer & Allen, 1984). The alpha level for this study was set at .05. The following research questions and hypotheses were used in this study.

RQ1: To what extent, if at all, is the linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) related to AOC?

$H_0$1: The linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) is not related to AOC.

H_a1: The linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) is related to AOC.

RQ2: To what extent, if at all, are the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) individually related to AOC?

$H_0$2: Sanitation of commonly touched surfaces is not individually related to AOC after controlling for the other four predictors.

H_a2: Sanitation of commonly touched surfaces is individually related to AOC after controlling for the other four predictors.

$H_0$3: Paid time off for own COVID-19 quarantine time is not individually related to AOC after controlling for the other four predictors.

H_a3: Paid time off for own COVID-19 quarantine time is individually related to AOC after controlling for the other four predictors.

$H_0$4: Vaccination opportunities are not individually related to AOC after controlling for the other four predictors.

H_a4: Vaccination opportunities are individually related to AOC after controlling for the other four predictors.

$H_0$5: Required mask-wearing is not individually related to AOC after controlling for the other four predictors.

H_a5: Required mask-wearing is individually related to AOC after controlling for the other four predictors.

$H_0$6: POS is not individually related to AOC after controlling for the other four predictors.

H_a6: POS is individually related to AOC after controlling for the other four predictors.

According to Cohen et al. (2003), Field (2018), Frankfort-Nachmias and Leon-Guerrero (2018), and Laerd Statistics (2015), there are eight key assumptions that must be met for multiple regression. Assumption 1 requires that the study must have only one continuous dependent variable (Cohen et al., 2003; Laerd Statistics, 2015). For this study, the dependent variable was AOC, measured using a 7-point Liker scale, which is considered to be continuous. Assumption 2 requires that the study must have two or more continuous or nominal independent variables (Cohen et al., 2003; Laerd Statistics, 2015). For this study, the independent variables included POS (continuous) measured on a 7-point Likert scale and the four variables that make up organizational health safety efforts specific to COVID-19 that include sanitation of commonly touched surfaces (nominal), paid time off for own COVID-19 quarantine time (nominal), vaccination opportunities (nominal), and required mask-wearing (nominal). Assumptions 1 and 2 were examined based on acceptable reliability coefficients which are greater than .70 (Frankfort-Nachmias & Leon-Guerrero, 2018). Assumption 3 requires the independence of

observations (Cohen et al., 2003; Laerd Statistics, 2015). This was examined through the study design, which assumes that each participant only completed the survey once. Additionally, the Durbin-Watson statistic was examined to confirm the absence of autocorrelation in the residuals. Assumption 4 requires the existence of a linear relationship between the dependent variable and each independent variable individually, as well as among the independent variables collectively (Cohen et al., 2003; Laerd Statistics, 2015). This was assessed using both the full regression model and partial regression plots. Assumption 5 requires that the residuals exhibit homoscedasticity, meaning they have constant variance across all levels of the predicted values (Cohen et al., 2003; Laerd Statistics, 2015). This assumption was evaluated by inspecting a scatterplot of studentized residuals plotted against the unstandardized predicted values from the regression model. Assumption 6 requires the absence of multicollinearity among the independent variables (Cohen et al., 2003; Laerd Statistics, 2015). This was assessed by examining the variance-inflation factor (VIF) values within the regression model. Acceptable VIF scores were considered to be below 5.00, in line with conservative guidelines discussed by Field (2018) and Laerd Statistics (2015). Assumption 7 requires the absence of significant outliers or influential data points (Cohen et al., 2003; Laerd Statistics, 2015). This was assessed through case wise diagnostics, including studentized deleted residuals exceeding ±3 standard deviations, Cook's distance values greater than 1.0, and leverage values above 0.20. Participants with values exceeding these thresholds on any of these indicators were excluded from the dataset. Lastly, assumption 8 requires that residuals be approximately normally distributed (Cohen et al., 2003; Laerd Statistics,

2015). This was evaluated by inspecting the histogram of standardized residuals and the normal probability (P-P) plot of the regression model. Collectively, these eight assumptions underpin the validity of multiple regression analysis. In cases where one or more assumptions were violated, Spearman's rank-order correlations were employed as a nonparametric alternative to test the hypotheses (Field, 2018; Laerd Statistics, 2015).

Issues of Trustworthiness

External Validity

External validity refers to the extent to which the findings of a study can be generalized to other settings, populations, and times, and threats to validity can compromise the generalizability of research results (Campbell & Stanley, 2015). This study used volunteer sampling, a type of convenience nonprobability sampling where participants chose to take part in the study of their own accord without being randomly selected by the researcher (Etikan et al., 2016). This method is often used when it is impractical or impossible to randomly sample a population due to constraints such as time, resources, or accessibility (Etikan et al., 2016). The primary threat posed by volunteer sampling is to external validity, which concerns the generalizability of the study's findings to the broader population (Bornstein et al., 2013).

Because participants volunteered to participate rather than being randomly selected, the sample may not have represented the general population accurately, which could have resulted in biased findings that do not reflect the characteristics or behaviors of the general population (Bornstein, et al., 2013). This study focused on exploring and analyzing data within the selected poultry hatcheries to understand specific correlations

present in that environment. The objective was not to generalize the findings to all organizations or employee groups, but to provide a detailed examination of the variables within the representative context. While the insights gained may offer valuable perspectives for similar settings, they should be interpreted with caution when considering the broader applications. Future research is recommended to replicate these findings in varied contexts to enhance generalizability.

Internal Validity

Internal validity refers to the degree to which a study accurately establishes a causal relationship between variables, free from the influence of confounding factors (Pedhazur & Schmelkin, 1991). This study was a quantitative correlational nonexperimental study that sought to identify relationships between variables without manipulating any variables or assigning participants to different conditions. According to Gravetter and Forzano (2019), without the manipulation of variables and the control mechanisms of a true experiment, there was no basis for drawing causal conclusions from the study. The findings can indicate relationships between variables, but they cannot definitively determine that one variable causes change in another.

Dependability

In research, dependability as conceptualized in qualitative studies is not directly applicable to quantitative research because quantitative studies prioritize reliability, or the consistency and replicability of measurements and results (Creswell & Creswell, 2018). However, certain principles from dependability can inform practices in quantitative research, emphasizing transparent, systematic processes to ensure consistent and accurate

findings, contributing to robust study designs and credible results (Creswell & Creswell, 2018). Dependability in qualitative research refers to the stability and consistency of the research process over time aligning with the concept of reliability in quantitative research, but it emphasizes the transparency and systematic nature of the qualitative process (Lincoln & Guba, 1985). Some strategies to establish dependability in quantitative research and in this study included standardized procedures and documenting and reporting procedures (Creswell & Creswell, 2018).

Dependability ensures that quantitative research produces consistent and reproducible results, which are fundamental for building scientific knowledge (Fraenkel et al., 2018) by enhancing credibility, facilitative replication, and supporting evidence-based decision-making (Creswell & Creswell, 2018; Fraenkel et al., 2018). Two ways in which this study established dependability was by using standardized procedures and documenting and reporting procedures. The use of clearly defined and standardized protocols for data collection, measurement, and analysis was crucial in ensuring consistency and minimizing variability in the research (Creswell & Creswell, 2018; Field, 2018). Transparency in documenting and reporting study procedures is equally important for ensuring dependability, and clearly detailed reporting allows other researchers to replicate the study, verify results, and apply findings across different contexts (Creswell & Creswell, 2018; Fraenkel et al., 2018; Nowell et al., 2017).

Confirmability

In qualitative research, confirmability refers to the degree to which the findings are shaped by the participants' experiences with data, rather than the researcher's biases

or assumptions (Lincoln & Guba, 1985). It is the qualitative counterpart to objectivity in quantitative research, and strategies to ensure confirmability in qualitative studies include maintaining an audit trail, practicing reflexivity, and triangulating data sources (Lincoln & Guba, 1985). Although the concept of confirmability originates in qualitative research, ensuring objectivity and minimizing researcher bias are equally critical in quantitative studies (Creswell & Creswell, 2018). Strategies that promote confirmability in qualitative research can also inform good practices in quantitative research, where these practices ensure that findings accurately reflect data, reducing biases in study design, implementation, and interpretation (Creswell & Creswell, 2018; Lincoln & Guba, 1985). Use of standardized instruments and reflexivity are two important aspects of confirmability that were used in this study.

Standardized instruments are tools that have been tested and validated for consistency, reliability, and accuracy across different populations and contexts (Field, 2018). Their use in quantitative studies ensures that the data collected are both reliable and comparable, minimizing measurement errors and enhancing the study's overall vigor (Field, 2018). Standardized instruments reduce variability caused by subjective judgment or untested measurement tools, ensuring that data collected from different participants are measured in the same way (Field, 2018). Instruments validated in previous studies provide confidence that the measurements reflect the constructs being studied and are free from systematic errors (Creswell & Creswell, 2018). Standardized tools also facilitate replication studies, allowing other researchers to confirm findings and strengthen the evidence base (Fraenkel et al., 2018). Reflexivity involves researchers

critically reflecting on their biases, assumptions, and influence on the research process (Darawsheh, 2014). While commonly associated with qualitative research, reflexivity is also crucial in quantitative studies to ensure objectivity and transparency, and helps researchers identify and address potential biases in study design, data collection, and analysis (Darawsheh, 2014). Reflexivity also ensures that researchers remain transparent and accountable in their methodological choices, fostering ethical research practices (Creswell & Creswell, 2018). Lastly, reflexive practices demonstrate that researchers have critically evaluated their influence on the study, improving the study's credibility and trustworthiness (Nowell et al., 2017).

Ethical Procedures

It is essential to ensure ethical integrity, to protect participants, and to maintain credibility in research studies because ethical practices uphold the rights, safety, and wellbeing of participants while ensuring that the findings are trustworthy and unbiased (American Psychological Association, 2017; National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Adherence to ethical standards, such as those outlined by the American Psychological Association (2017) and the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979) fosters public trust in the research process, ensures compliance with institutional and legal requirements, and mitigates risks of harm or exploitation. Additionally, ethical integrity enhances the scientific value of the study, enabling reproducibility, equitable treatment of participants, and the responsible advancement of knowledge (American Psychological Association, 2017; National

Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

Recruitment and data collection began after obtaining IRB approval from Walden University in accordance with Standard 8.01: Institutional Approval, which requires researchers to obtain IRB approval before beginning a research study (American Psychological Association, 2017). Walden University's approval number for this study is 03-11-25-074882. Written permission to recruit participants and collect data was obtained from the organization's chief executive officer and the organization's president further demonstrating adherence to Standard 9.01, as it demonstrates respect for the institutional requirements and authority. All participants voluntarily provided responses and were able to withdraw from the study at any time without consequence, reflecting the Respect for Persons principle in *The Belmont Report*, ensuring participants' autonomy and dignity (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). There were no expectations of psychological, physiological, or economic harm to any participants of the study, aligning with Standard 3.04: Avoiding Harm (American Psychological Association, 2017) and the principle of Beneficence in *The Belmont Report* (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The Description of Data Sources and Partner Sites form (Form A) from Walden University was completed following committee confirmation that all proposal feedback had been addressed. Upon completion of Form A, documentation for this specific study was completed as appropriate. There were no ethical concerns relevant to recruitment materials, processes,

or data collection. In alignment with Standard 4.01: Maintaining Confidentiality (American Psychological Association, 2017), data collected were completely anonymous, as no participants were identifiable based on any responses given, nor were any personal data collected. Data was secured at all times using password protection and was only accessible by the researcher. All data was digital and saved on a password protected hard drive.

Given that no identifiable information accompanied participant responses, ethical concerns relevant to collecting data in the researcher's own workplace were minimal. In conducting research within the researcher's own workplace, commitment to upholding the highest standards to ensure there were no ethical concerns was of the highest priority. All participants were provided with a detailed informed consent form prior to participation that clearly explained the purpose of the study, the procedures involved, potential risks and benefits, and the voluntary nature of participation. This aligns with Standard 9.02: Informed Consent to Research, which requires researchers to provide participants with a detailed consent form outlining the study's purpose, procedures, risks, benefits, and the voluntary nature of participation (American Psychological Association, 2017). Participation was entirely voluntary, and participants could withdraw from the study at any time without any negative consequences. Emphasizing voluntary participation and the right to withdraw at any time without consequence ensures adherence to Standard 3.10: Informed Consent (American Psychological Association, 2017). Confidentiality was strictly maintained throughout the research process, and

participation in this study had no relationship to job performance or evaluations ensuring ethical integrity and fairness in the workplace context.

Summary

This quantitative study aimed to explore relationships between organizational health safety efforts specific to COVID-19, POS, and AOC among employees in the agriculture industry, specifically poultry hatcheries. This chapter outlined the research design, methodology, data collection, data analysis plan, and ethical considerations. This study employed a quantitative correlational nonexperimental design to examine whether relationships between OHSE-C19, POS, and AOC exist. Multiple regression analysis was used to identify potential correlations. Data was collected using two established surveys which include the Survey of Perceived Organizational Support (Eisenberger et al., 1986a) and the Affective Commitment Scale (Meyer & Allen, 1984), along with a demographics questionnaire and a researcher-developed opinion poll written specifically for this study. The design aimed to explore how these factors interact in the context of COVID-19 safety measures.

The target population included approximately 181 individuals including previous and current employees of two poultry hatcheries located in the Midwest and on the East Coast. A nonprobability volunteer sampling method was used, where participants were recruited via paper flyer and email communications. Participation in the study took place online at the convenience of each participant. Participants were required to be full- or part-time W-2 employees, fluent in English, at least 18 years of age, and employed by at least one of the participating poultry hatcheries during the specified time frame (i.e., July

1, 2020 – March 8, 2023). Recruitment involved distributing paper flyers in common areas at each location, along with email communications. Participants provided informed consent before being allowed to complete demographic information, the opinion poll, and the surveys. Data was collected using SurveyMonkey and were entered into SPSS for analysis. Confidentiality was maintained, and participation was voluntary and unrelated to job performance.

Data were analyzed using SPSS, with multiple regression to test hypotheses. Assumptions for regression analysis were checked, and alternative methods were used if assumptions were not met. The alpha level was set a $p = .05$. External validity was limited by volunteer sampling, which may not represent the broader population. As a nonexperimental study, it could not establish causation, but only correlations in relation to internal validity. Construct validity was addressed through the use of validated instruments and careful operationalization of constructs.

The study followed ethical guidelines, including obtaining informed consent, ensuring voluntary participation, maintaining confidentiality, and securing data. IRB approval was obtained, and data collection commenced after approval. There were no anticipated ethical concerns related to recruitment or data collection. By adhering to these detailed methodologies and ethical standards, this study aimed to provide reliable insights into the relationships between OHSE-C19, POS, and AOC within the specified context of the participating poultry hatcheries.

Having detailed research methods, including the design, methodology, data collection, and analysis plan in this chapter, Chapter 4 will present the results of the

study, to include descriptive statistics, the findings from the multiple regression analysis, and an interpretation of these results in the context of the research questions and hypotheses of this study. The focus is on understanding the relationships between organizational health safety efforts specific to COVID-19, POS, and AOC among employees of the participating poultry hatcheries.

Chapter 4: Results

This quantitative correlational nonexperimental study aimed to explore whether relationships exist between organizational health and safety efforts specific to COVID-19, POS, and AOC among employees within the agriculture industry, specifically poultry hatcheries. The independent variables included POS, along with employee perceptions of the aspects within OHSE-C19 which include sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, and required mask-wearing. The dependent variable for this study was AOC. A total of 90 survey responses were used. The following research questions and hypotheses were tested. This chapter is organized into three main sections. The data collection section describes the procedures used to gather quantitative data, confirming that data were collected as outlined in the methodology. The results section presents the statistical findings aligned with the research questions, including descriptive statistics and outcomes of analyses. Finally, the summary section offers a concise overview of the key results and prepares the reader for the interpretation and implications discussed in Chapter 5.

RQ1: To what extent, if at all, is the linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) related to AOC?

$H_0$1: The linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) is not related to AOC.

H_a1: The linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) is related to AOC.

RQ2: To what extent, if at all, are the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) individually related to AOC?

H_02: Sanitation of commonly touched surfaces is not individually related to AOC after controlling for the other four predictors.

H_a2: Sanitation of commonly touched surfaces is individually related to AOC after controlling for the other four predictors.

H_03: Paid time off for own COVID-19 quarantine time is not individually related to AOC after controlling for the other four predictors.

H_a3: Paid time off for own COVID-19 quarantine time is individually related to AOC after controlling for the other four predictors.

H_04: Vaccination opportunities are not individually related to AOC after controlling for the other four predictors.

H_a4: Vaccination opportunities are individually related to AOC after controlling for the other four predictors.

H_05: Required mask-wearing is not individually related to AOC after controlling for the other four predictors.

H_a5: Required mask-wearing is individually related to AOC after controlling for the other four predictors.

H_06: POS is not individually related to AOC after controlling for the other four predictors.

H_a6: POS is individually related to AOC after controlling for the other four predictors.

This chapter began with a description of the data collection process. Next, descriptive statistics are reported and assumption testing is presented. Afterwards, the hypotheses were tested. The chapter concludes with a summary of the data analysis results.

Data Collection

Data collection occurred between March 17, 2025, and April 30, 2025, using a continuous response window with no restriction on the date or time of participation. A total of 181 individuals were invited to participate through email communication and paper flyers posted in common areas at each participating poultry hatchery location. Of those invited, 118 individuals responded yielding a response rate of 65.2%. A total of 90 participants fully completed the study and met the eligibility criteria, comprising the final analytic sample. Participation was monitored throughout the data collection period to ensure a sufficient number of eligible completions were received, without exceeding the target sample size, before the survey was formally closed on April 30, 2025. There were no discrepancies between the data collection procedures and the methodology described in Chapter 3, as all data was gathered as planned.

A priori power analysis using G*Power indicated that a minimum of 92 participants was required to achieve a power level of .80 at an alpha level of $p < .05$, assuming a moderate effect size ($f^2 = 0.15$). However, despite ongoing recruitment efforts, only 90 completed and eligible responses were obtained during the data collection period. While this shortfall was minimal, it is acknowledged as a minor deviation from the planned sample size. Given the proximity to the target and the overall quality of the collected data, the impact on statistical power is negligible and reported for transparency.

The final analytic sample consisted of 90 participants ($N = 90$) drawn from the two poultry hatchery locations. The majority of participants (71.1%) were from Location 1, while the remaining 28.9% were from Location 2. Participants held various job levels within the organization, with general employees comprising the largest group (57.8%). Managers represented 22.2% of the sample, while leads, supervisors, and executives (director level or above) accounted for 6.7%, 5.6%, and 7.8% of participants, respectively. Participants expressed a range of opinions regarding the necessity of organizational health safety efforts specific to COVID-19.

A convenience sampling method was employed, wherein participants were recruited from the employee population of the participating poultry hatcheries based on their availability and willingness to participate. Despite the non-random approach, the sample was largely representative of the broader employee population. Of the approximately 181 eligible individuals across both hatchery locations, 90 completed the study, yielding a participation rate of nearly 50%. This proportion reflects a substantial segment of the total population and includes participants from a range of organizational

levels and both facility sites. The distribution of participants across job roles (i.e., general employees, leads, supervisors, managers, and executives) closely mirrors the known structure of the workforce within the organization's participating locations, thereby increasing the credibility of the findings within this context.

However, as with all nonprobability sampling approaches, the potential for self-selection bias exists, as individuals who choose to participate may systematically differ in important ways (e.g., motivation, interest in health safety efforts, or organizational attitudes) from those who did not. This limits the generalizability of the results to poultry hatchery employees beyond the participating sites. While the findings offer valuable insights into perceptions of the organizational health safety efforts specific to COVID-19, POS, and AOC within these mid-sized hatchery environments, caution should be taken when extending these conclusions to other populations or organizational contexts. Future studies employing probability sampling or including a broader range of poultry operations may enhance external validity and generalizability.

Results

The following section presents the results of the statistical analyses conducted to examine the study's research questions. Descriptive statistics are first provided to summarize participant responses, including frequencies for COVID-19-related organizational measures and central tendency for key scale-based variables. Next, the assumptions underlying multiple regression analysis are evaluated to ensure the validity of findings. Finally inferential results are presented, including both the overall model and the individual predictors, with interpretations provided in relation to each hypothesis.

Descriptive Statistics

The final analytic sample consisted of 90 participants (N = 90) drawn from two poultry hatchery locations. The majority of participants (n = 64, 71.1%) were from Location 1, while the remaining (n = 26, 28.9%) were from Location 2. Participants held various organizational roles, with general employees comprising the largest group (n = 52, 57.8%). Managers represented 22.2% (n = 20) of the sample, while leads (n = 7, 7.8%) made up the remainder. Table 1 presents the frequency distributions for selected demographic and study-specific variables.

Table 1

Frequency Distributions for Selected Demographic and Study-Specific Variables

Variable	Category	*n*	%
Location			
	Location 1	64	71.1
	Location 2	26	28.9
Job Level			
	General Employee	52	57.8
	Lead	6	6.7
	Supervisor	5	5.6
	Manager	20	22.2
	Executive (Director level or above)	7	7.8
Sanitation of commonly-touched surfaces			
	No	19	21.1
	Yes	71	78.9
Paid time off for own COVID-19 quarantine time			
	No	17	18.9
	Yes	73	81.1
Vaccination Opportunities			
	No	42	46.7
	Yes	48	53.3
Required mask-wearing			
	No	42	46.7
	Yes	48	53.3

Note. N = 90.

Participants' perceptions of organizational health safety efforts specific to COVID-19 varied across the four predictor variables. A substantial majority believed it was necessary for their employer to implement sanitation of commonly touched surfaces (78.9%) and to provide paid time off for own COVID-19 quarantine time (81.1%). In contrast, opinions were more evenly divided regarding whether the organization should offer COVID-19 vaccination opportunities and require mask-wearing, with 53.3% of participants supporting each measure and 46.7% opposing them (see Table 1).

In addition to these categorical measures, participants reported relatively high scores on two continuous variables, including POS (*M* -5.40, *SD* = 0.90) and AOC (*M* = 5.45, *SD* = 1.02), both measured on 7-point Likert scales. These scales demonstrated strong internal consistency, with Cronbach's alpha values of α = .96 for support and α = .87, respectively. Skewness and kurtosis values for both scales were within the acceptable ±1.0 range (Field, 2018), indicating that distributions that approximated normality (see Table 2). These results suggest that participants generally perceived their organizations positively and expressed strong emotional attachment to their workplaces. Table 2 provides descriptive statistics and internal consistency reliability coefficients for the two primary continuous measures, POS (i.e., support) and AOC (i.e., commitment).

Table 2

Descriptive Statistics and Reliability Coefficients for Study Variables

Scale	Items	*M*	*Mdn*	*SD*	Skewness	Kurtosis	Min	Max	α
Support	35	5.40	4.54	0.90	-0.76	0.27	2.69	6.91	.96
Commitment	8	5.45	5.63	1.02	-0.36	-0.70	2.88	7.00	.87

Note. *N* = 90.

Table 3 presents the Pearson intercorrelations among the six primary variables examined in this study. Of the 15 possible pairwise correlations, seven were statistically significant and positive. Notably, AOC was positively associated with agreement on the necessity of sanitation of commonly touched surfaces ($r = .28$, $p < .01$) and with scores on the POS scale ($r = .77$, $p < .001$). Agreement with the necessity of sanitation of commonly touched surfaces was also positively correlated with support for paid time off for own COVID-19 quarantine time ($r = .24$, $p < .05$), the provision of COVID-19 vaccination opportunities ($r = .34$, $p < .001$), and required mask-wearing ($r = .50$, $p < .001$). Furthermore, support for offering COVID-19 vaccination opportunities was significantly associated with agreement on required mask-wearing ($r = .33$, $p < .05$) (see Table 3).

Table 3

Intercorrelation Matrix for Key Variables

Variable	*M*	*SD*	α [a]	1	2	3	4	5	6
1. Commitment	5.45	1.02	.87	1.00					
2. Necessary to sanitize common surfaces [b]	0.79	0.41	n/a	.28**	1.00				
3. Paid time off for COVID-19 Quarantine Time [b]	0.81	0.39	n/a	-.01	.24*	1.00			
4. Offer COVID-19 Vaccination Opportunities [b]	0.53	0.50	n/a	-.03	.34****	.06	1.00		
5. Require Wearing Masks [b]	0.53	0.50	n/a	.18	.50****	.12	.33****	1.00	
6. Support Scale	5.40	0.90	.96	.77****	.18	-.03	.09	.24*	1.00

Note. $N = 90$.
[a] Cronbach alpha reliability coefficients for scales made from multiple items.
[b] Coding: 0 = *No* 1 = *Yes*.
* $p < .05$. ** $p < .01$. *** $p < .005$. **** $p < .001$.

Assumptions

According to Cohen et al. (2003) and Laerd Statistics (2015), eight assumptions must be met to validly perform multiple regression analysis. These include the nature of the dependent and independent variables, as well as statistical properties of the dataset. The results of diagnostic checks for each assumption are described in the following sections. Collectively, the results of these diagnostic checks confirm that all eight assumptions for multiple regression were adequately met, supporting the validity and robustness of the analytic findings.

Assumption 1: Continuous Dependent Variable

Multiple regression requires that the dependent variable be measured on a continuous scale (Cohen et al., 2003; Laerd Statistics, 2015). This assumption was satisfied, as the dependent variable, AOC, was assessed using a standardized instrument with established reliability and validity and treated as continuous.

Assumption 2: Two or More Independent Variables

The model must include at least two independent variables, which may be continuous or dichotomous (i.e., dummy-coded categorical variables) (Cohen et al., 2003; Laerd Statistics, 2015). This assumption was met, as the study included five independent variables comprising both continuous scales and nominal indicators.

Assumption 3: Independence of Observations

Observations must be independent of one another, meaning that the response of one participant does not influence another participant's response (Cohen et al., 2003; Laerd Statistics, 2015). This was achieved by the study design, which collected one

response per participant. Additionally, the Durbin-Watson statistic for the regression model was 2.20, indicating no autocorrelation and supporting the independence of residuals.

Assumption 4: Linearity

There should be a linear relationship between the dependent variable and each continuous independent variable (Cohen et al., 2003; Laerd Statistics, 2015). Linearity was evaluated through a scatterplot of studentized residuals versus unstandardized predicted values (see Figure 1) and a partial regression plot between POS and AOC (see Figure 2). As shown in Figure 1, the model exhibited a sufficiently linear pattern. Similarly, Figure 2 revealed no evidence of curvilinearity in the relationship between POS and AOC. Both plots showed approximately linear patterns, supporting this assumption.

Assumption 5: Homoscedasticity

This assumption states that the residuals should exhibit constant variance across all levels of the predicted values (Cohen et al., 2003; Laerd Statistics, 2015). Homoscedasticity was assessed through visual inspection of the scatterplot of studentized residuals versus predicted values (see Figure 1). The distribution of residuals appeared random and evenly dispersed around the horizontal axis, indicating that the assumption of homoscedasticity was met.

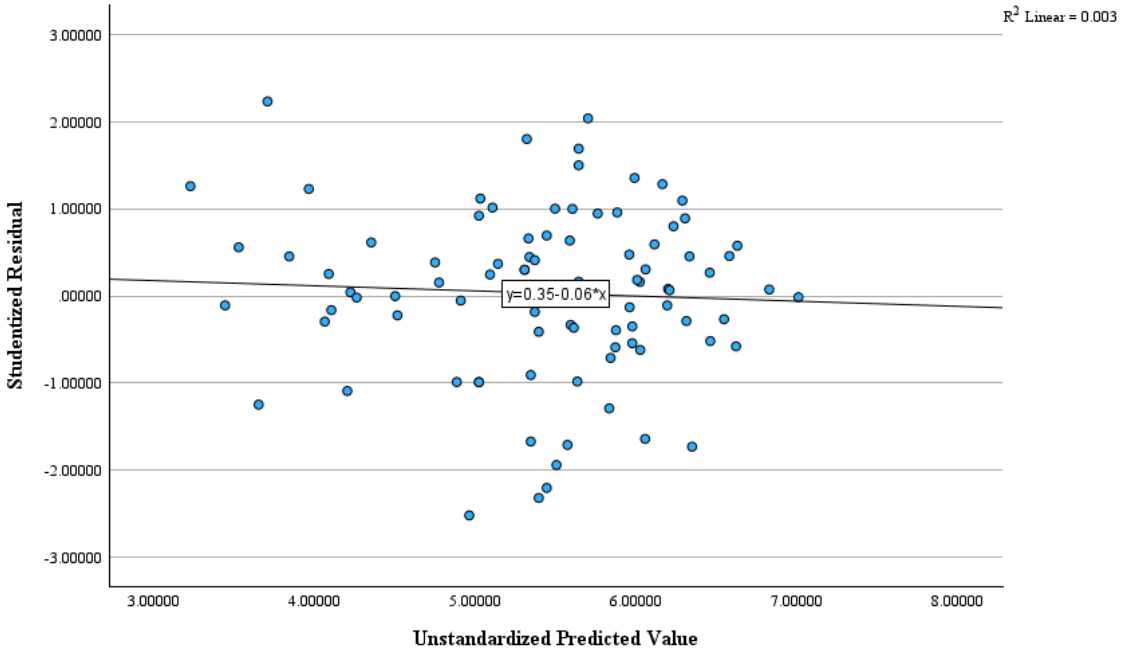
Assumption 6: Absence of Multicollinearity

Independent variables should not be highly correlated with one another, as this can distort the estimates of regression coefficients (Cohen et al., 2003; Laerd Statistics,

2015). Multicollinearity was assessed by examining the variance of inflation factor (VIF) values for each predictor in the regression model (see Table 3). All VIF values were well below the commonly accepted threshold of 5.00 (Field, 2018; Laerd Statistics, 2015), with none exceeding 2.00, indicating that multicollinearity was not a concern.

Figure 1

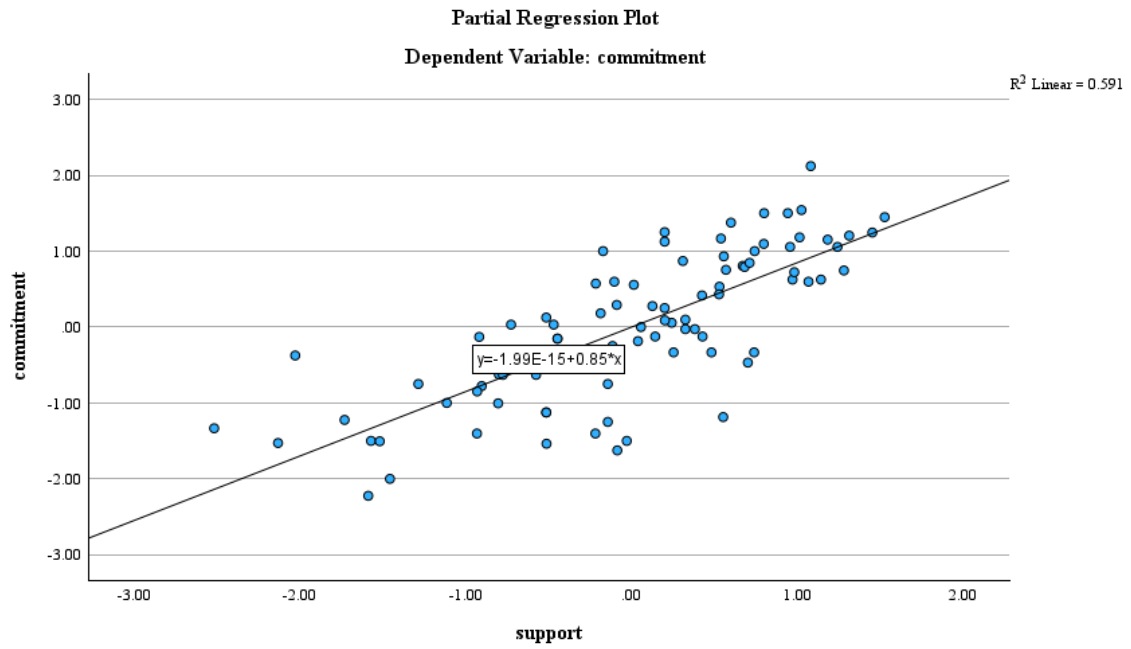
Scatterplot for Linearity of the Model and Homoscedasticity



Note. $N = 90$.

Figure 2

Scatterplot of Partial Regression Plot for Support and Commitment



Note. $N = 90$.

Assumption 7: Absence of Significant Outliers and Influential Cases

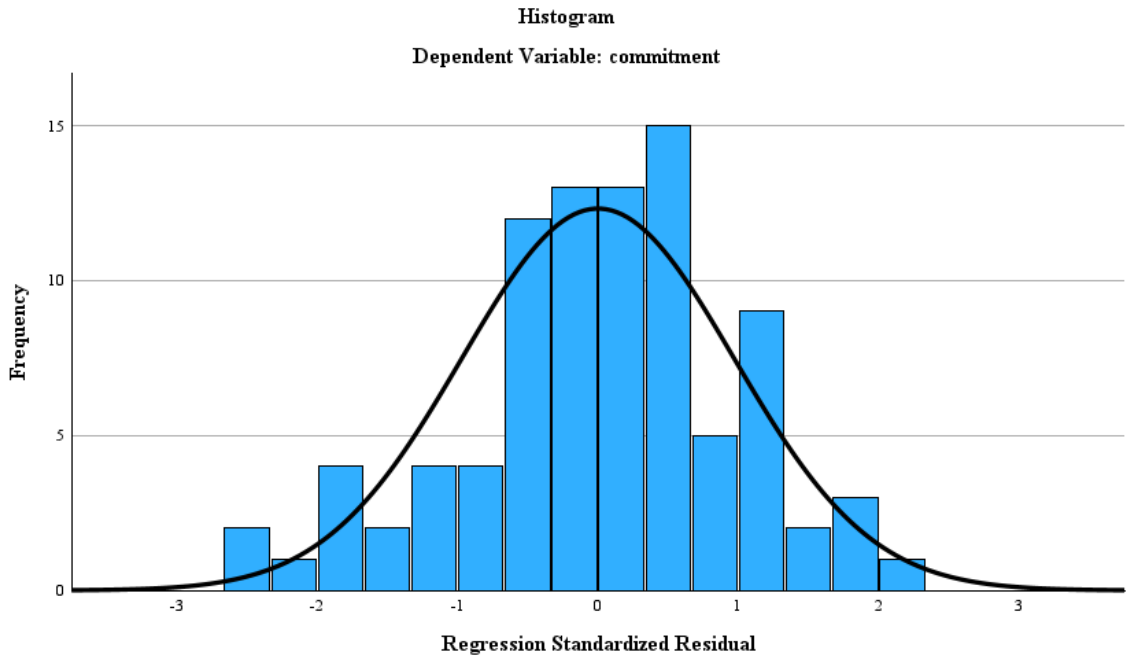
The regression model should not be unduly influenced by extreme outliers, leverage points, or highly influential data cases (Cohen et al., 2003; Laerd Statistics, 2015). This assumption was tested using studentized deleted residuals (±3.00), Cook's distance values (>1.00), and leverage statistics (>0.20). Four cases were identified as violating these criteria and were removed from the final analysis. Following their removal, diagnostic indicators confirmed that no further violations were present.

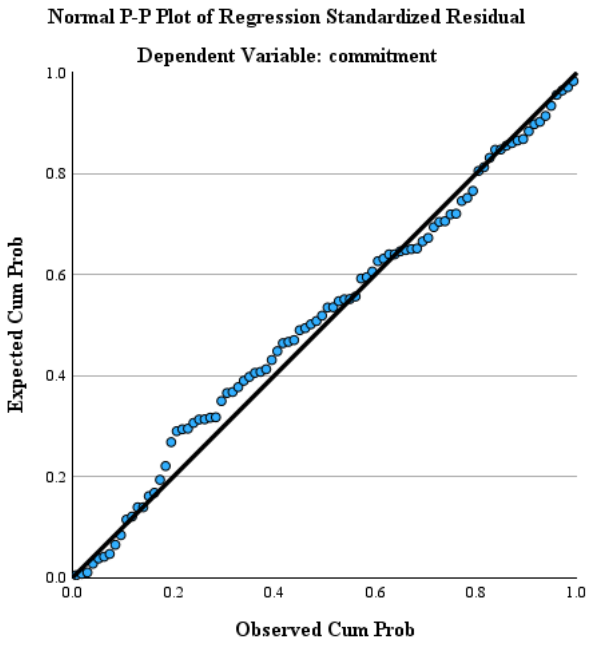
Assumption 8: Normality of Residuals

The residuals of the model should be approximately normally distributed (Cohen et al., 2003; Laerd Statistics, 2015). This was evaluated by examining the residual histogram and the normal probability (P-P) plot of standardized residuals (see Figure 3). Both plots indicated approximate normality, supporting this assumption.

Figure 3

Residual Plots From the Regression Model





Note. $N = 90$.

Hypothesis Testing

Research Question 1 asked: To what extent, if at all, is the linear combination of the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) related to AOC? To evaluate the overarching relationship between the set of OHSE-C19 variables, POS, and AOC, a standard multiple regression analysis was conducted. The associated null hypothesis ($H_0 1$) stated that the linear combination of the five independent variables is not related to AOC. The overall regression model was statistically significant, $F(5, 54) = 29.21$, $p = .001$, with an R^2 of .635, indicating that approximately 63.5% of the variance in AOC was explained by the predictors (see Table 3). This provides sufficient evident to reject $H_0 1$.

Table 4

Regression Model to Address Hypotheses Pertaining to Organizational Commitment

							95% *CI*	
Source	*B*	*SE*	β	*p*	*r*	VIF	Lower	Upper
Intercept	0.69	0.44		.120			-.018	1.57
Sanitation of Commonly-Touched Surfaces [a]	.059	0.20	.24	.004	.28	1.46	0.20	0.99
Paid time off for own COVID-19 quarantine time	-0.06	0.18	-.02	.724	-.01	1.07	-0.41	0.29
COVID-19 Vaccination [a] Opportunities	-0.31	0.15	-.15	.038	-.03	1.17	-0.60	-0.02
Required Mask-Wearing [a]	-0.15	0.16	-.07	.363.	.18	1.43	-0.47	0.17
Support Scale	0.85	0.08	.75	.001	.77	1.07	0.70	1.00

Note. Full Model: F (5, 84) = 29.21, p = .001, R^2 = .635. Durbin-Watson = 2.20.

[a] Coding: 0 = *No*, 1 = *Yes.*

Research Question 2 asked: To what extent, if at all, are the five independent variables (i.e., sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, required mask-wearing, and POS) individually related to AOC? Five corresponding null hypotheses were tested using the standardized beta coefficients from the multiple regression model (see Table 3). Examination of the individual predictors revealed three significant relationships. Among the five independent variables, POS ($H_0$6) emerged as the strongest and most statistically significant predictor of AOC, exhibiting a large positive effect (β = .75, p = .001). In addition, sanitation of commonly touched surfaces ($H_0$2) was also a significant positive predictor (β = .24, p = .004), indicating that participants who valued these organizational health safety efforts reported higher levels of commitment. Conversely, vaccination opportunities ($H_0$4) had a significant negative association with AOC (β = –.15, p = .038).

Each of these findings supports rejection of the corresponding null hypotheses. In contrast, paid time off for own COVID-19 quarantine time ($H_0$3) ($\beta = -.02$, $p = .724$) and required mask-wearing ($H_0$5) ($\beta = -.07$, $p = .363$) were not significantly related to AOC, supporting retention of their null hypotheses.

Summary

In summary, this quantitative correlational nonexperimental study examined whether relationships exist between organizational health safety efforts specific to COVID-19, POS, and AOC among employees within the agriculture industry, specifically poultry hatcheries. The independent variables included POS and employee perceptions of four specific health safety measures including sanitation of commonly touched surfaces, paid time off for own COVID-19 quarantine time, vaccination opportunities, and required mask-wearing. The dependent variable for this study was AOC. A total of 90 eligible responses were analyzed. The overall regression model (Hypothesis 1) was statistically significant, supporting a meaningful relationship between the combined set of predictors and AOC. Among the individual predictors, three null hypotheses were rejected; sanitation of commonly touched surfaces ($H_0$2), vaccination opportunities ($H_0$4), and POS ($H_0$6). In contrast, paid time off for own COVID-19 quarantine time ($H_0$3) and required mask-wearing ($H_0$5) did not demonstrate statistically significant relationships with AOC, supporting retention of those null hypotheses. Chapter 5 will further interpret these findings in relation to the existing literature, offer conclusions and implications, and present a series of recommendations for research, practice, and policy.

Chapter 5: Discussion, Conclusions, and Recommendations

Rooted in the ongoing need for employers to understand possible implications of organizational health safety efforts, the purpose of this quantitative correlational nonexperimental study was to investigate whether employee perceptions of organizational health safety efforts specific to COVID-19 and POS were associated with AOC. This study examined whether relationships exist between organizational health safety efforts specific to COVID-19, POS, and AOC among employees in the agricultural industry, specifically poultry hatcheries. By examining employee perceptions of the independent variables included in OHSE-C19, the study's aim was to assess whether these variables influence employee levels of AOC to the organization. This research addressed a gap in the body of knowledge about the effectiveness of COVID-19-specific interventions in the workplace and their broader implications for employee retention, wellbeing, and organizational resilience in the face of communicable disease threats.

The results of this study indicated that the overall multiple regression model was statistically significant, explaining approximately 63.5% of the variance in AOC. Among the five independent variables, POS emerged as the strongest and most significant predictor, demonstrating a large positive relationship with commitment. Additionally the belief that sanitizing commonly touched surfaces was necessary was positively associated with higher AOC levels. In contrast, belief in the necessity of offering COVID-19 vaccination opportunities was significantly related to lower levels of AOC. The other two health safety efforts, paid time off for own COVID-19 quarantine time and required mask-wearing, were not significantly related to AOC. Taken together, these findings

suggest that employee perceptions of organizational support and specific, visible health safety efforts influence AOC differently, with some measures reinforcing commitment and others potentially reducing it, depending on how they are perceived within the workplace context.

Interpretation of the Findings

The findings from this study both confirm and extend the existing literature regarding the influence of organizational health safety efforts specific to COVID-19 and POS on AOC. Most notably, POS emerged as the strongest predictor of AOC, aligning with the theoretical foundation of organizational support theory (Eisenberger et al., 2020) and the empirical findings of Kurtessis et al. (2017) and Sartori et al., (2023), who demonstrated that employees who perceive high levels of support from their organization report greater emotional attachment and commitment.

The significant positive relationship between the perception of sanitation of commonly touched surfaces and AOC extends the findings of Lee and Rhee (2021), as well as Muñoz et al. (2023), who found that tangible, visible safety efforts positively influence perceptions of support and commitment, particularly when employees interpret those efforts as a reflection of organizational care. These results also support the framework of social exchange theory, suggesting that when employees perceive meaningful support from the organization, they reciprocate with loyalty and engagement (Cropanzano & Mitchell, 2005; Kurtessis et al., 2017).

Conversely, the finding that vaccination opportunities were negatively associated with AOC contradicts expectations based on prior research suggesting that access to

vaccines fosters organizational trust and engagement (Theophilus et al., 2022; Zhao et al., 2022). This discrepancy may reflect contextual or ideological factors such as vaccine hesitancy or mistrust in motives, particularly prevalent in the agricultural sector (Gu et al., 2022; King et al., 2021), highlighting the complex interplay of health policy, perception, and workplace culture (Nguyen et al., 2022; Yuan et al., 2023).

The non-significant relationships between AOC and both paid time off for own COVID-19 quarantine time and required mask-wearing partially diverge from previous findings. While earlier studies found that these policies often improve safety climate perceptions and reduce burnout (Bazzoli & Probst, 2022; Shtembari et al., 2022), the present findings suggest that not all health safety measures are equally perceived as supportive, particularly when their implementation may be seen as burdensome or politically charged (Lipsey & Losee, 2023; Woods et al., 2023).

Finally, the study affirms that POS is a more consistent driver of AOC than the implementation of specific safety measures, especially in environments like poultry hatcheries, where employees may differ in how they interpret the relevance and intrusiveness of COVID-19 controls (Batabyal, 2023; Ceryes et al, 2021). These results extend knowledge by emphasizing the mediating psychological lens through which health policies are interpreted, a dimension previously called for in the literature (Guzzo et al., 2021; Huang et al., 2021).

The findings of this study align closely with the theoretical foundations of social exchange theory, organizational support theory, and the three-component model of organizational commitment, particularly AOC. From the lens of social exchange theory

(Cropanzano & Mitchell, 2005), employees are more likely to reciprocate perceived organizational investments such as health safety efforts, with positive attitudes and behaviors, including emotional attachment to the organization. The reciprocal relationship was most evident in the strong positive association between POS and AOC, supporting the notion that when employees perceive genuine concern and value from their employer, they respond with loyalty and attachment. This supports previous research indicating POS as a key antecedent to commitment (Eisenberger et al., 2020).

Organizational support theory adds nuance by emphasizing that employees personify their organizations through the actions of the leaders within the organizations. The fact that sanitation of commonly touched surfaces was positively related to AOC suggests that visible, routine safety measures may be perceived as caring, non-intrusive actions, thus reinforcing the perception of a supportive employer. This is consistent with organizational support theory's argument that when organizations fulfill socioemotional needs and express care, employees develop a sense of obligation and belonging (Eisenberger et al., 1986). In contrast, the negative relationship between vaccination opportunities and AOC may reflect situations where well-intended health interventions were not perceived as genuinely supportive. In the context of organizational support theory, this may indicate the failure of the organization's representatives to effectively communicate intent, or the mismatch between organizational action and employee expectations, especially in environments where personal beliefs about vaccinations vary significantly (Gu et al., 2022; King et al., 2021). This finding underscores the importance

of perceived intent and cultural fit in determining whether actions are seen as supportive or controlling.

The non-significant findings for paid time off for own COVID-19 quarantine time and required mask-wearing suggest that not all health safety efforts, even if objectively beneficial, are interpreted by employees as meaningful acts of support. This is theoretically consistent with organizational support theory and social exchange theory, which emphasize that the subjective interpretation of support, not the act itself, drives organizational commitment (Kurtessis et al., 2017; Sousa-Lima et al., 2013). These findings may also point to neutral perceptions, where the efforts were viewed as standard compliance rather than discretionary support. Finally, relevant to the theory of organizational commitment, the study reinforces the primacy of AOC as a function of positive emotional experiences in the workplace. The significant predictors, including POS and sanitation of commonly touched surfaces, may have triggered emotional responses aligned with care and safety contributing to stronger attachment. The findings do not extend to normative or continuance commitment, which were not assessed in the study and would involve duty or cost-benefit calculations.

Taken together, the findings support the theoretical proposition that reciprocal exchanges (social exchange theory), authentic perceptions of care (organizational support theory), and emotional attachment (theory of organizational commitment) are integral to fostering organizational commitment. Importantly, these conclusions are limited to the measured constructs and reflect correlational, not causal, relationships. They underscore

meaningful associations and perceptions specific to the agricultural workplace context, particularly within poultry hatcheries, during the COVID-19 pandemic.

Limitations of the Study

Several limitations emerged during the execution of this study that may affect the generalizability and trustworthiness of the findings. First, the research was conducted within the researcher's own workplace, which may have introduced unintentional bias in participant recruitment, data collection, or interpretation. Although measures were taken to ensure objectivity and confidentiality, participants may have responded in a socially desirable manner due to perceived power dynamics, familiarity with the researcher, or concerns about anonymity thereby affecting response validity. Second, the use of a nonprobability volunteer sample method introduces the potential for self-selection bias. Individuals who chose to participate may differ systematically from those who declined in ways that affect key study variables, such as attitudes toward COVID-19 safety efforts or organizational commitment. As a result, the external validity of the findings is limited, and caution should be used in generalizing results beyond the participating poultry hatchery sites. While the final sample of 90 responses closely resembled the demographic and job-level distribution of the employee population, the study fell slightly short of the minimum sample size recommended by a priori G*Power analysis ($N = 92$). This modest underpowering may limit the robustness of inferential statistics, although the proximity to the target sample and high-quality responses suggest minimal practical impact.

Additionally, the study relied entirely on self-reported data, which raises the possibility of recall bias, common method variance, and social desirability bias,

especially given the sensitive nature of health-related workplace policies. Although the study used well-established, psychometrically sound instruments for POS and AOC (with Cronbach's alphas of .96 and .87, respectively), the use of nominal items to assess COVID-19 safety perceptions may have limited construct sensitivity, reducing the granularity of employee responses and potentially obscuring subtler attitudinal differences. Lastly, contextual factors such as organizational culture, prior trust in leadership, or external political influences were not controlled for, and these unmeasured variables may have affected how participants interpreted and responded to survey items.

Recommendations

Based on the strengths and limitations of this study, several avenues for future research are recommended to expand and clarify understanding of the relationships between organizational health safety efforts specific to COVID-19, POS, and AOC. Given the use of nonprobability volunteer sampling and the study's setting within the researcher's own workplace, future studies should employ probability sampling methods across multiple agricultural settings to include other poultry hatcheries, livestock production, crop production, and food processing facilities to improve external validity and generalizability. Larger, more diverse samples can help verify whether the patterns observed in this study hold across varying organizational cultures and demographic profiles.

This study assessed perceptions of COVID-19 safety efforts using nominal (yes/no) items which may have oversimplified nuanced employee attitudes. Future research should adopt Likert-type or continuous scales to better capture perceptions of the

degree of necessity or intrusiveness of each organizational health safety effort specific to COVID-19. Enhanced measurement sensitivity could help uncover more complex relationships between these perceptions and AOC. Because this study was cross-sectional, it could not assess causal or temporal relationships. Future research should consider longitudinal designs to examine whether employee perceptions and AOC evolve as health policies are introduced, revised, or phased out. This is especially relevant in light of post-pandemic adjustments in workplace norms and health protocols.

While the current study benefited from strong quantitative instruments, it did not capture employee narratives or meaning-making processes regarding organizational health safety efforts specific to COVID-19. Future research could incorporate interviews or focus groups to explore why employees perceive certain safety efforts as they do. A mixed-methods approach could also strengthen interpretation of quantitative findings by embedding contextual and experiential insights. Building on the theoretical framework that includes social exchange theory, organizational support theory, and the theory of organizational commitment, future studies should investigate moderating or mediating variables. For example, trust in leadership, political ideology, psychological safety, or communication style may moderate the relationship between perceptions of organizational health safety efforts specific to COVID-19 and POS. Similarly, POS may mediate the relationship between perceptions of organizational health safety efforts specific to COVID-19 and AOC.

Literature reviewed in Chapter 2 emphasized the emerging distinction between general workplace safety climate and COVID-19-specific safety climate (Ceryes et al.,

2021; Guidetti et al., 2022). Future studies should directly compare these constructs to determine whether pandemic-era health efforts are perceived through a fundamentally different lens and how that may affect commitment or compliance behavior. Given the literature on dialogic communication and leader-member exchange (Kim et al., 2023; Lee, 2022), future research should assess how communication strategies influence the perceptions of organizational health safety efforts specific to COVID-19 as supportive or overreaching. Understanding the role of internal messaging quality and leader credibility could inform best practices in implementing health policies that support both safety and employee morale.

Implications

This study offers several contributions to positive social change at the organizational, individual, and societal levels, with implications grounded in social exchange theory, organizational support theory, and the theory of organizational commitment. Specifically, the findings demonstrate that certain organizational health safety efforts specific to COVID-19 were positively associated with AOC among employees in the agriculture industry, specifically poultry hatcheries. At the organizational level, these results suggest that the implementation of visible and employee-centered health safety practices can enhance commitment and trust, particularly in work environments where remote work is not feasible. These efforts are not only instrumental in retaining essential workers, but also in fostering a sense of loyalty and emotional connection to the organization. Employees who perceive their organizations as genuinely prioritizing health and wellbeing may be more likely to

reciprocate with higher engagement, compliance, and emotional investment, reflecting the reciprocal tenets of social exchange theory (Cropanzano & Mitchell, 2005).

At the individual level, the results highlight the importance of perceived care and protection. When employees view safety protocols not merely as mandates, but as expression of organizational support, their psychological safety and job satisfaction may improve. These outcomes are critical for maintaining morale, especially during a health crisis. At the societal level, this study underscores the broader significance of workplace health interventions in slowing the spread of communicable diseases. Given the substantial portion of time individuals spend in occupational settings, organizations may represent a key front in pandemic and disease mitigation strategies (Azizi et al., 2021). If employees perceive workplace health measures as ineffective, intrusive, or unnecessary, adherence may weaken, diminishing public health efforts. Conversely, aligning safety initiatives with employee perceptions of value and support enhances not only organizational commitment but also the effectiveness of disease prevention in society (Falco et al., 2021).

This study contributes methodologically by modeling a multi-variable approach to organizational health safety efforts specific to COVID-19, POS, and AOC, supporting the utility of well-established instruments such as the Survey of Perceived Organizational Support (Eisenberger et al., 1986a) and the Affective Commitment Scale (Meyer & Allen, 1984). The findings also reinforce the theoretical synergy between POS and AOC, offering empirical validation for the role of POS in health-related organizational efforts.

Recommendations for practice include actively soliciting employee feedback on health safety practices to ensure they are perceived as valuable, not simply compliant. Secondly, continue visible safety actions such as frequent sanitation of commonly touched surfaces when needed to maintain an atmosphere of support and concern. Third, develop targeted training for organizational leadership to enhance their role as organizational representatives who personify support and communicate safety messages credibly. Fourth, monitor employee perceptions routinely, as alignment between perceived and intended support is critical to successful health safety implementation. Lastly, design future disease protection efforts by integrating findings on what employees view as genuinely supportive, particularly in high-contrast, essential industries like agriculture. By advancing understanding of how organizational health safety efforts influence POS and AOC, this study provides a foundation for future communicable disease response strategies that are not only protective, but also supportive and empowering for employees. These insights have the potential to contribute to organizational resilience, public health, and employee wellbeing, thereby fostering meaningful positive social change.

Conclusion

This study investigated the relationship between organizational health safety efforts specific to COVID-19, POS, and AOC within the context of poultry hatchery employees. The findings revealed that certain health safety efforts, namely the sanitation of commonly touched surfaces, along with POS were significantly associated with higher levels of AOC. In contrast, other efforts such as paid time off for own COVID-19

quarantine time and required mask-wearing showed no significant association, while vaccination opportunities were negatively associated with commitment, suggesting complex and nuanced employee perceptions. Grounded in social exchange theory, organizational support theory, and the theory or organizational commitment, this study highlights how perceived acts of support by the organization can foster employee loyalty and emotional attachment, particularly in high-risk, essential work settings. These insights contribute to a growing body of research that underscores the importance of aligning health safety measures with employee values and perceptions to enhance organizational effectiveness and public health preparedness.

This study affirms that in times of uncertainty and public health crises, employees look to their organizations not only for policies and protocols, but for reassurance, care, and evidence of shared values. When health and safety efforts are perceived as genuine expressions of support rather than compliance mandates, they may become powerful vehicles for building AOC. This commitment is not just a measure of loyalty, it is a signal of trust, alignment, and emotional investment in the workplace. Organizations that understand and act on employee perceptions are better equipped to maintain operational resilience, promote psychological safety, and contribute meaningfully to the collective good. In an era where health and work are inextricably linked, this research underscores that understanding and addressing employee health is not merely a policy obligation, it is a strategic imperative for cultivating a resilient, engaged, and committed workforce.

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Appendix A: Informed Consent Form

You are invited to take part in a research study about how employees perceived the organizational health safety efforts that were implemented between July 1, 2020, and March 8, 2023. This form is part of a process called "informed consent" to allow you to understand the study before deciding whether to take part.

This study seeks 92 volunteers who are:

- Regular W-2 employees
- Full- or part-time employees
- Employed between July 1, 2020 and March 8, 2023
- Active employees who worked on-site at one of the participating poultry hatcheries
- At least 18 years old at the time of survey completion
- Fluent in reading, writing, and understanding English

This study is being conducted by a researcher named Suzzee Meusel, who is a doctoral student at Walden University. You might already know the researcher as the Director of Human Resources, but this study is completely separate from that role within the company.

Study Purpose:
The purpose of this study is to understand if there is a connection between any or all of the four safety efforts implemented by the company, the support employees perceive from the company, and how emotionally committed employees are to the company.

Procedures:
This study will involve you completing the following steps:

- Provide informed consent (2-5 minutes)
- Complete the Demographics Form and Opinion Poll (2-3 minutes)
- Complete the Survey of Perceived Organizational Support (10 minutes)
- Complete the Affective Commitment Scale survey (2-3 minutes)

Here are some sample questions:

- Demographics Form
  - Are you able to speak, read, and understand English fluently? *(Yes or No)*
- Opinion Poll
  - In your opinion, was it necessary for your workplace to offer COVID-19 vaccination opportunities to employees? *(Yes or No)*
- Survey of Perceived Organizational Support
  - The organization really cares about my well-being. *(Strongly disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)*

- Affective Commitment Scale
    - This organization has a great deal of personal meaning for me. *(Strongly disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, Strongly Agree)*

Voluntary Nature of the Study:
Research should only be done with those who freely volunteer. So, everyone involved will respect your decision to join or not.
If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:
Being in this study could involve some risk of the minor discomforts that can be encountered in daily life such as sharing sensitive information. With the protections in place, this study would pose minimal risk to your wellbeing. If distress arises, support and referral can be obtained via dialing 988 for a national crisis hotline.

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by helping employers understand how employees perceive efforts implemented as a result of the COVID-19 pandemic and other contagious diseases. Results of this study will be automatically published online in Scholarworks (a publication of Walden University doctoral research) which can be viewed free of charge.

Payment:
Participants will not receive any payment for taking part in the study.

Privacy:
The researcher is required to protect your privacy. Your identity will be kept anonymous, within the limits of the law. The researcher will not ask for your name at any time or link your responses to your contact info. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, the dataset would contain no identifiers so this would not involve another round of obtaining informed consent. Data will be kept secure using password protection. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:
You can ask questions of the researcher by phone at 641-330-4180 (call or text) or by email at suzzee.meusel@waldenu.edu. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for this study is 03-11-25-074882. It expires on March 11, 2026.

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact information above.

Obtaining Your Consent

If you feel you understand the study and wish to volunteer, please indicate your consent by clicking "Yes" below.

1. I understand and wish to voluntarily participate in the study.
    - Yes
    - No

Appendix B: Demographics Information and Opinion Poll Form

Demographic information

1. **Are you able to speak, read, and understand English fluently?**
   - Yes
   - No
2. **Are you considered to be a "W-2 Employee"?**
   You are considered to be a "W-2 Employee" if you are paid by your employer AND you receive a W-2 tax form for all wages paid to you for work.
   - Yes
   - No
3. **As of today, are you at least 18 years old?**
   - Yes
   - No
4. **Are you a full-time or part-time employee?**
   You are considered to be a full-time employee if you work at least 30 hours per week throughout the year.
   You are considered to be a part-time employee if you work less than 30 hours per week throughout the year.
   - Part-Time
   - Full-Time
5. **Were you employed at one of the hatchery facilities at any time between July 1, 2020, and March 8, 2023?**
   - Yes
   - No
6. **If you were employed at either location, were you an "on-site" employee?**
   You are considered an "on-site employee" if you are at the hatchery facility during the course of some or all of your work.
   - Yes
   - No
7. **Please choose your primary worksite location.**
   - Iowa
   - Pennsylvania
8. **Please choose your current job level within the organization.**
   - General Employee
   - Lead
   - Supervisor
   - Manager
   - Executive *(Director level or above)*

Opinion poll

1. **In your opinion, was it necessary for your workplace to sanitize commonly touched surfaces throughout each workday during the COVID-19 pandemic?**
    - Yes
    - No
2. **In your opinion, was it necessary for your workplace to provide paid time off for COVID-19 quarantine time during the pandemic?**
    - Yes
    - No
3. **In your opinion, was it necessary for your workplace to offer COVID-19 vaccination opportunities to all employees during the pandemic?**
    - Yes
    - No
4. **In your opinion, was it necessary for your workplace to require all employees to wear masks at all times while at work during the COVID-19 pandemic?**
    - Yes
    - No

Appendix C: Survey of Perceived Organizational Support

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

Using the scale above as a guide, please circle one response for each item below.

1. **The organization values my contribution to its well-being.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
2. **If the organization could hire someone to replace me at a lower salary it would do so.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
3. **The organization fails to appreciate any extra effort from me.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
4. **The organization strongly considers my goals and values.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
5. **The organization would understand a long absence due to my illness.**
   - 1 – Strongly disagree

- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

6. **The organization would ignore any complaint from me.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
7. **The organization disregards my best interests when it makes decisions that affect me.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
8. **Help is available from the organization when I have a problem.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
9. **The organization really cares about my well-being.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
10. **The organization is willing to extend itself in order to help me perform my job to the best of my ability.**
    - 1 – Strongly disagree
    - 2 – Disagree
    - 3 – Somewhat disagree

- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

11. The organization would fail to understand my absence due to a personal problem.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

12. If the organization found a more efficient way to get my job done they would replace me.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

13. The organization would forgive an honest mistake on my part.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

14. It would take only a small decrease in my performance for the organization to want to replace me.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

15. The organization feels there is little to be gained by employing me for the rest of my career.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree

- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

16. The organization provides me little opportunity to move up the ranks.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

17. Even if I did the best job possible, the organization would fail to notice.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

18. The organization would grant a reasonable request for a change in my working conditions.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

19. If I were laid off, the organization would prefer to hire someone new rather than take me back.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

20. The organization is willing to help me when I need a special favor.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree

- 6 – Agree
- 7 – Strongly agree

21. The organization cares about my general satisfaction at work.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

22. If given the opportunity, the organization would take advantage of me.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

23. The organization shows very little concern for me.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

24. If I decided to quit, the organization would try to persuade me to stay.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

25. The organization cares about my opinions.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

26. The organization feels that hiring me was a definite mistake.

- 1 – Strongly disagree

- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

27. The organization takes pride in my accomplishments at work.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

28. The organization cares more about making a profit than about me.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

29. The organization would understand if I were unable to finish a task on time.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

30. If the organization earned a greater profit, it would consider increasing my salary.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

31. The organization feels that anyone could perform my job as well as I do.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree

- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

32. The organization is unconcerned about paying me what I deserve.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

33. The organization wishes to give me the best possible job for which I am qualified.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

34. If my job were eliminated, the organization would prefer to lay me off rather than transfer me to a new job.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

35. The organization tries to make my job as interesting as possible.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

36. My supervisors are proud that I am a part of this organization.

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree

- 7 – Strongly agree

Appendix D: Affective Commitment Scale

Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

Using the scale above as a guide, please circle one response for each item below.

1. **I do not feel a strong sense of belonging to my organization.**
    - 1 – Strongly disagree
    - 2 – Disagree
    - 3 – Somewhat disagree
    - 4 – Neither agree nor disagree
    - 5 – Somewhat agree
    - 6 – Agree
    - 7 – Strongly agree
2. **I do not feel "emotionally attached" to this organization.**
    - 1 – Strongly disagree
    - 2 – Disagree
    - 3 – Somewhat disagree
    - 4 – Neither agree nor disagree
    - 5 – Somewhat agree
    - 6 – Agree
    - 7 – Strongly agree
3. **This organization has a great deal of personal meaning for me.**
    - 1 – Strongly disagree
    - 2 – Disagree
    - 3 – Somewhat disagree
    - 4 – Neither agree nor disagree
    - 5 – Somewhat agree
    - 6 – Agree
    - 7 – Strongly agree
4. **I do not feel like "part of the family" at this organization.**
    - 1 – Strongly disagree
    - 2 – Disagree
    - 3 – Somewhat disagree
    - 4 – Neither agree nor disagree
    - 5 – Somewhat agree
    - 6 – Agree
    - 7 – Strongly agree
5. **I would be very happy to spend the rest of my career with this organization.**
    - 1 – Strongly disagree
    - 2 – Disagree

- 3 – Somewhat disagree
- 4 – Neither agree nor disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

6. **I enjoy discussing my organization with people outside it.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
7. **I really feel as if this organization's problems are my own.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree
8. **I think I could easily become as attached to another organization as I am to this one.**
   - 1 – Strongly disagree
   - 2 – Disagree
   - 3 – Somewhat disagree
   - 4 – Neither agree nor disagree
   - 5 – Somewhat agree
   - 6 – Agree
   - 7 – Strongly agree

Appendix E: G*Power Analysis