Exploring Multiple Mediators in Factors Influencing Affective Organizational Commitment: A Study of Indian Medical Practitioners

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Abstract: **Purpose: The purpose of the study was to assess the impact of perceived crisis support (PCS) and perceived organization ethics (POE) on affective organizational commitment (AOC) of medical practitioners and to explore the mediators involved in these causal relationships. Three factors were considered as mediators which were general mood (GM), job satisfaction (JS) and knowledge sharing (KS).**

Design/methodology/approach: It was an empirical research and data was collected through survey technique from 659 medical practitioners working at Indian hospitals. Structural equation modeling using SPSS Amos software version 20 was used to test the hypothesized model.

Findings: All mediators' partially mediated in the causal relationships. It was found that the direct relationship of PCS with AOC was stronger in comparison to POE with AOC. KS was found to be the strongest mediator.

Research limitations: The limitations of the study were that it used self-reported cross-sectional data and excluded the demographic factors. The reliability of measures for POE, GM and JS was low.

Practical implications: Management will focus on humanizing hospitals for increasing AOC of medical practitioners. This will help to retain talent for increasing their competitive edge.

Originality/value: For the first time, the paper explores the significance of POE and PCS for building AOC among medical practitioners in developing country. An emotional component general mood is included as mediator. KS was examined as mediator that was till date considered an outcome of AOC.

Article Classification: Research paper

Keywords: **Affective Organizational Commitment, Perceived Organization Ethics, Perceived Crisis Support, General Mood, Job satisfaction, Knowledge Sharing.**

1. INTRODUCTION

The study proposes a hypothesized model to assess the relationship of Perceived Crisis Support and Perceived Organization Ethics with Affective Organizational Commitment and explore the mediation effect of General Mood, Job Satisfaction and Knowledge Sharing that affect these relationships. Examining mediation mechanisms in casual relationships enhances the practicality of the research. This paper contributes by giving management an understanding of employees' underlying psychological reflections and perceptions of work environment that determine their attitude. The paper presents an exhaustive theoretical background for comprehension of these associations. Hypothesized Structural

Equation Model is tested through observed variable path analysis. SPSS Amos version 20 is used for it. The data was collected through survey of medical practitioners employed in urban hospitals of Uttar Pradesh, India. Affective Organizational Commitment, Perceived Organization Ethics and Perceived Crisis Support are referred as AOC, POE and PCS respectively from here onwards.

2. LITERATURE REVIEW

2.1. AOC:

Affective commitment was proposed by Meyer and Allen (1991) in their tri component model of organizational commitment as an emotional attachment of employee to their organization. The employees' whose AOC was high wished to maintain organizational membership, voluntarily praised it to outsiders and performed extra work for the organization that was beyond their job description. They felt that their goals were similar to organization and could be achieved through attainment of its objectives. They had value congruity with the organization, were highly involved in it, helped colleagues, and were optimistic so experienced low stress levels. They also identified the antecedents to AOC which were ethical culture, justice, climate, reputation and perceived organizational support. Past researchers fully espoused it (Kanter, 1968; Mowday et al., 1979; Meyer & Herscovitch, 2001).

2.2. POE:

Theoretical foundation: In the past literature, ethics in organization had been studied on the basis of organizational justice and cognitive dissonance theory.

Organizational justice theory proposed by Hartman et al. (1999) stated that employee's attitudes, their behaviors, and the organizational results depends on justice etched in organizational practices. The importance given by a company to its profit or employee's interest or in adhering professional code while making decision can be assessed by observing its organization's climate.

Cognitive dissonance theory by Festinger (1942) proposed that an individual wants to live happily and seek ways to get out of unpleasant situations. When their values clash with the ethical systems of organization, they experience dissonance. Valentine Sean et al. (2011) found that in healthcare organizations corporate ethical values decreased turnover intention of employees. Other theories that focused on dissonance were Discrepancy theory (Michalos, 1991) and Balance theory (Heider, 1958).

2.3. PCS:

According to Nystrom and Starbuck (1984) alteration in existing situation of organization that threatens its basic survival and obstructs the achievement of its objectives can be termed as organizational crisis. Thus PCS is the employee's perception regarding availability of organizational help for them to deal with such difficulties. PCS has two dimensions. First is colleague crisis support that incorporates the reciprocation of it by the receiver. The second is the favorable perception of organizational change. Colleague Crisis support and Perception of organization change will be referred as CCS and POC respectively from now onwards.

Theoretical foundation:

PCS can be understood by Organizational support theory propounded by Eisenberger et al (1990, 1997) which stated that employees envisaged organization as a person and looked for a psychological relationship with it. They believed that intention of organization was manifested in the manner management formulated the policies and guidelines and by the culture which dictated the conduct of its members. The employee's perception about the quality and favorability of this relationship influenced the formation of their attitudes towards the organization. Linking it to Social exchange theory, employee's who experienced high degree of organization support felt obligated; hence performed positive activities in addition to their jobs with the perception of getting recognized and rewarded by the organization. (Rousseau 1989, 1990).

CCS is based on social capital theory. Social capital is a resource vested in social relationships that develops out of trust and reciprocity experienced by members in an informal group (Adler & Kwon, 2002). With the advent of global operations, organizations have gone flat structured and work through self managed team entailing assistance of co-workers crucial, particularly during crisis. Thus, colleague relations are being perceived as a fountain of learning and a knowledge asset (Brown and Duguid 2002; Hislop 2005).

Fiske and Taylor (1984) introduced 'schema' i.e. a cognition map which depicted information on a given situation. It implied that when any employee anticipated change, then according to his knowledge about the feature and linkages of elements of change drew mental maps of its early symptoms and aftermaths. This was termed as POC. It governed their interpretation and consequential emotional reaction that determined their future actions. Reichen, Wanous and Austin (1997) stated that employee's having negative POC resisted change that resulted in decline of their commitment.

2.4. General Mood:

Optimism and psychological state of happiness predispose general mood. Optimism implies having positive approach towards life, seeing opportunities when problems arise and having solution centric approach. This subjective feeling produces gratefulness in individuals and they show reduced organizational cynicism (Watkins, Woodward, Stone & Kolts, 2003).

2.5. Job satisfaction:

Golbasi et al (2008) stated that job satisfaction is a feeling that develops when employee favorably assesses his work achievement, experiences and has congenial work life. According to Locke (1969) when employee evaluates that their job facilitates the achievement of the goals that has valence for them they move into a positive psychological state called job satisfaction. Thus, job satisfaction is a work attitude of an employee that emerges from their satisfaction with work, human resource policies and good interpersonal relations at workplace.

2.6. Knowledge Sharing:

Knowledge sharing is a voluntary behavior by any member of an organization (Siemsen et al., 2008). It involves discussing key experiences, sharing skills and giving information that would enhance colleagues' performance (Lin, 2007). There is natural inclination in employees to conceal their knowledge as they consider it their asset and unique selling point (Davenport and Prusak, 1998). The employee engages in it if they feel good about their coworker and organization (Constant et al., 1994). General Mood, Job satisfaction and Knowledge Sharing will be referred as GM, JS and KS respectively from here onwards.

2.7. Health care Industry and Medical Practitioners in India:

Indian health care industry has growth rate of 15% per year (Acharyulu, G.V.R.K. 2011). It is well known for medical tourism. IANS (2017) had reported that more opportunities are lying ahead for Indian health care industry. Nowadays Indian hospitals are practicing team medicine and employing modern technology for quality treatment of patients. This is patient centric and requires lot of consultation, skill sharing and collaboration with support teams. The paper addresses the significance of knowledge sharing and support requirement to doctors in the fast changing environment.

Medical Practitioners in India: Among health care professionals, the most crucial ones are medical practitioners. In India allopathy is practiced along with other systems of medicine abbreviated AYUSH that includes ayurveda, unani, siddha and homoeopathy. Candidates who complete their graduation in medical sciences are registered with their concerned medical councils and are called medical practitioners. The statistics for India from World health Organization, Global Health Observatory (2014) revealed that the ratio between patients (per thousand) to doctors is 7.25. This implied that there is excessive shortage of doctors and if they are less committed, the health conditions of people are at stake.

Times News Network (July 1, 2016) interviewed renowned Indian doctors who suggested the profession requires their constant availability, putting in longer hours and continuous learning for becoming experts. They lamented that ethics among hospitals and doctors have sharply declined. They lamented that doctors prescribe redundant tests to delay treatment and did needless surgeries to meet their job targets. This paper included ethical aspects that affect the temperament and determines commitment of doctors.

3.   OBJECTIVES AND HYPOTHESIS OF THE PRESENT STUDY

3.1 Objectives and Hypothesis:

The objective of the study was to assess the relationships of PCS and POE to AOC, and explore the mediating factors that affect it. Further, the objective was to identify the factors that have strongest causal and mediating effect in these relationships.

3.2 Impact of POE on AOC and GM:

Rego, Armenio et al (2010, 11) stated that virtues of an organization, like being ethical, honest etc., predicted AOC, with as well as without the mediation of employees' general mood. The study advocated that the industry should focus on "positive-people-management". Hunt et al. (1989) and Ferrell et al. (2002) concluded that organization that incorporated fairness as a work value, who cared for employee well being and carried good image elicited higher employee AOC. Employees' perception towards transparency and equity in distribution of rewards and resources, the manner they were determined and the way they get communicated about it, decided their emotions, mood and affective work attitudes (Dailey and Kirk, 1992). Weiss and Cropanzano (1996) proposed affective events theory which stated that the attitudes are formed by different emotions that are felt by employees which are determined by their work environment. Therefore after rigorous review of studies, we suggest following hypotheses:

Hypothesis 1a Perceived Organization Ethics significantly predicts and has a positive relationship with Affective Organizational Commitment

Hypothesis 1b General mood mediates the positive relationship between Perceived Organization Ethics and Affective Organizational Commitment

3.3 Impact of PCS on AOC, GM, JS and KS:

Past studies have found that presence of organizational support de-stresses employees' (Rhoades and Eisenberger, 2002; Aube´ et al., 2007; Rhoades et al., 2001) and pushes up their AOC. The belief of an employee that organizational changes will be salient and not triggered by concealed agenda of the management (Schwab, 1980) establish positive psychological capital in them and they become optimistic for organization support in times ahead. Studies have indicated that CCS affects the GM as it sets in the feeling of camaraderie in the organization (George and Bettenhausen 1990).

Past researches corroborated that employees who perceived organization support positively evaluated their job that soared their JS. (Eisenberger et al., 1997; Rhoades and Eisenberger, 2002; Shanock and Eisenberger, 2006). Today business is characterized by impending environment crisis and consequent changes. These situations have the potential to revise the employees' perception towards organizational core characteristics and support that in turn affects their JS and AOC (Dutton et al., 1991). Open communication with employees and imparting relevant trainings to them pacifies panic and engenders JS in them. High degree of CCS satisfies their social needs and provides them emotional support in the wake of unpredictable environment (George and Bettenhausen 1990). They become satisfied with job, show cooperation and stay for longer time in the organization (Hodson 2001).

By sharing the knowledge and skills, the expertise of all employees get enhanced (Sitko-Lutek et al., 2010). When management provides and shares information with its members, for instance when top level management facilitates continuous and updated learning, they too feel obligated to reciprocate the same. This support is paramount during organization change (Kovoor-Misra, 1996; Kovoor-Misra and Nathan, 2000; Pearson and Mitroff, 1993). The development of colleague relations results in sharing of coveted information and knowledge resources that engenders affective element and emotional bond among them. (Adler & Kwon, 2002; Nahapiet & Ghoshal, 1999). Thus following hypotheses is proposed:

Hypothesis 2a Perceived Crisis Support significantly predicts and has a positive relationship with Affective Organizational Commitment

Hypothesis 2b General mood mediates the positive relationship between Perceived Crisis Support and Affective Organizational Commitment

Hypothesis 2c Job satisfaction mediates the positive relationship between Perceived Crisis Support and Affective Organizational Commitment

Hypothesis 2d Knowledge sharing mediates the positive relationship between Perceived Crisis Support and Affective Organizational Commitment
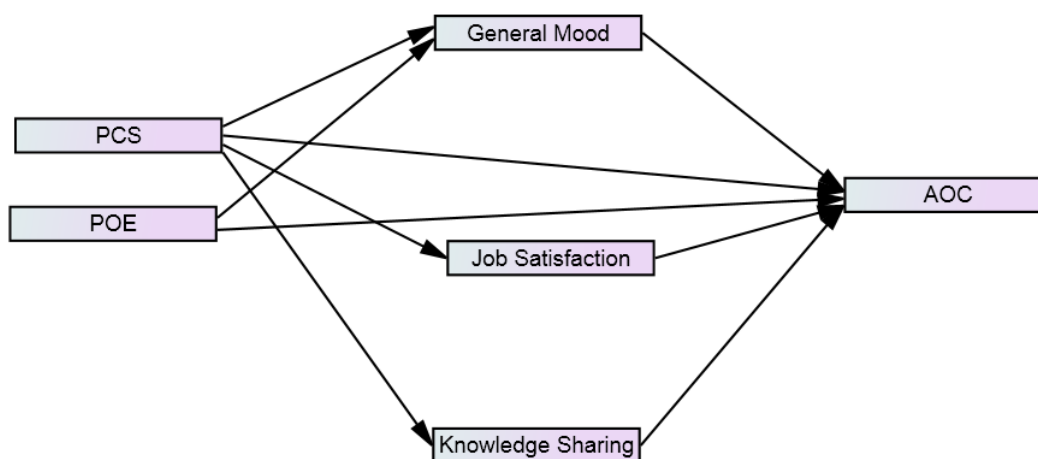
Figure I: Hypothesized research Model

4. STUDY

4.1. Research Method:

4.1.1 Sample characteristics and collection of data:

It is an empirical study. Medical practitioners working in the Indian hospitals operating at major cities in state of Uttar Pradesh were the participants of the study. The sample area comprised of five major cities namely Kanpur, Allahabad, Varanasi, Agra and Lucknow. The sample included allopathic, unani, ayurvedic and homeopathic doctors. Stratified sampling proportionate to population size of existing doctors was employed for obtaining the data. The formation of the strata was on the basis of various types of hospitals existing in India as commitment varies with organizational differences. The study included 227 government and private hospitals. Control variables in the study were type of physicians surveyed.

Table I: Responses of medical practitioners working at various types of hospitals

Classification of Hospitals	Responses from Private Hospitals	Responses from Government Hospitals
Allopathic Teaching Hospitals	21	81
Allopathic General Hospitals	61	91
Allopathic Multispecialty Hospitals	81	-
Allopathic Specialized Hospitals	40	30
Ayurvedic Hospitals	65	70
Homoeopathic Hospitals	41	35
Unani Hospitals	22	21
Total	**331**	**328**

Source: Author

Ayurveda means "the science of life". The aim of this system is to prevent illness¸ heal the sick and preserve life. The Ayurveda has its origins from the India and extended its wings in various parts of the world. Ayurveda has now been evolved into under graduate & post graduate courses. Unani- Medicine is a form of traditional medicine practiced in middle-east & south-Asian countries. (Source: 2014 Central Council of Indian Medicine) Homoeopathy simply means treating diseases with remedies, prescribed in minute doses, which are capable of producing symptoms similar to the disease when taken by healthy people. It is considered as the second most popular system of medicine in the country. (Source: 2017 Ministry of AYUSH, India)

A focus group discussion was held with a panel of 10 medical practitioners for examining relevance of questions and checking content validity in questionnaire in Indian context. Subsequently a pilot survey was conducted in Lucknow city incorporating 119 respondents. Thereafter few questions were removed and rephrased and after due purification, 1500 modified questionnaire were administered to the medical practitioners. Hospitals authorities were contacted by phone

calls and visits and requested for aiding the research on assurance of full anonymity. They facilitated the survey process and allowed participants to fill the questionnaire. Follow up was done with calls, emails and final collection was executed by personal visit to the hospitals. It took 8 months to finish the whole process. 869 questionnaires were returned and after their examination only 659 were considered usable for the study on the basis of completeness of responses.

4.1.2 Measures:

All items were assessed on a five point likert scale ranging from 1 as strongly disagree to 5 as strongly agree.

POE was measured by four item scale. The statements used were "*My hospital makes their profits by taking advantage of employees*"; "*My hospital profit at the expense of their patients*"; "*I have changed my job many times before joining this hospital*" and "*I am actively looking for job in different hospitals within next year.*" The first two statements were inspired by corporate ethics scale (Hunt et al., 1989) that was modified according to the study. The remaining statements captured the propensity of job hopping and turnover intentions of doctors which was adapted from turnover intention scale (Mobley et al., 1978).

PCS was measured with two item scale. The statements used were "*When I have a problem at work, there are many people at hospital who will be ready to help me and I will do the same for them*"; and "*Hospital will update me with information and extra skills, if required to do the job, when there are organizational changes in hospital (In policy, method, ownership).*" The first statement was taken from Relational Social Capital Scale developed by Grootaer et al. (2004) after suitably adjusting it for the study. The second statement was related to organization help in crisis situation that was drawn from perceived organizational support scale (Eisenberger et al., 1986). Thus both statements fully encompasses PCS climate at workplace.

AOC was measured by four item scale. The statements used were "*I would be very happy to spend the rest of my career with this hospital*; "*This hospital has a great deal of personal meaning for me*"; "*I enjoy discussing my hospital with people outside it*" and "*I really feel as if this hospital's problems are my own.*" The statements were extracted from organizational commitment scale (Meyer and Allen, 1990; 1997).

GM was measured with two item scale. The statements used were "*I am generally happy and look at the brighter side of life among all work problems*" and "*I feel that my hospital has no integrity and honesty.*" The first statement was picked from the life orientation test (LOT) (Scheier & Carver, 1992) to measure optimism. The second statement was drawn from organization cynicism scale (Dean et al., 1998) that was used in reverse coded manner. It indicated the extent of neuroticism in personality of an employee that determined his mental state.

KS was measured by three item scale. The statements used were "*The hospital enables people to get needed information from anywhere, at any time, quickly and easily*"; "*Knowledge / experiences are shared by everyone here with a feeling of oneness for hospital*" and "*There is a culture to share expertise among colleagues and at IT platforms in the hospital.*" All the items were inspired from past researches (Bock et al, 2005; *Tan and Zhao, 2003*) and modified according to study.

JS was measured by four item scale. The statements used were "*I get freedom to make decisions in my work, I enjoy every part of it*"; "*I get along well with my co-workers on daily basis*"; "*I have satisfying relationship with my immediate superior; He trusts me and treats me with respect*" and "*I am completely satisfied with hospital practices.*" The scale was summarized form of Physician Work life Survey (Konrad et al, 1999).

Table II: Descriptive Statistics and Correlations

Variables	No. of items	Mean	*SD*	*α*	1	2	3	4	5
1. AOC	4	3.48	.74	.82					
2.Perceived Organizational Ethics	4	3.62	.62	.52	.162[**]				
3.Perceived Crisis Support	2	3.37	.85	.73	.393[**]	.142[**]			
4.General Mood	2	3.71	.79	.54	.395[**]	.334[**]	.447[**]		
5.Job Satisfaction	4	3.49	.62	.61	.420[**]	.013	.517[**]	.456[**]	
6.Knowledge sharing	3	3.23	.92	.86	.411[**]	.063	.657[**]	.480[**]	.616[**]
**Correlation is significant at the 0.01 level (2-tailed).									

Source: Author

4.2 Results:

4.2.1 Scale reliability:

The reliability statistics cronbach's alpha for AOC as seen in Table II was .82, PCS was .73 and for KS was .86.

Past researches strongly preferred raw mean inter - item correlation instead of Cronbach's alpha to check scale reliability as latter was seen extremely sensitive to quantity of items in any measure. In mean inter item correlation, the internal consistency i.e. reliability happened to be optimum when it was in range of 0.2 to 0.4 (Briggs and Cheek, 1986; Clark and Watson, 1995).

In this study the Cronbach alpha for POE was .52, with inter - item correlation of .217, Cronbach alpha for General mood was .54 with inter - item correlation of .374, and Cronbach alpha for Job Satisfaction was .61 with inter - item correlation of .281. Therefore reliability was considered acceptable.

4.2.2 Analysis:

As data was collected by questionnaire technique i.e. self reported measures during the same period, Harman's one factor method was employed to check common method variance (Podsakoff, P. M., & Organ, 1986). Principal components analysis was used which revealed that 32.25% variance out of the total 70% was explained by a single factor. Therefore first factor was not responsible for explaining majority of the variance. This assured quality of the data.

The study's hypothesized 6-factor model (i.e., POE, PCS, GM, JS, KS, and AOC) that was compared with the other alternative models (Table III): (a) In the five factor model, POE and PCS were combined leaving the rest model intact. (b) In the four factor model, all mediators were combined together and rest was same (c) In the three factor model, two combinations were made. First, POE and PCS were merged and second three mediators were combined as one. (d) In two factor model all independent variables and mediators were combined together. (e) In one factor model where all variables were merged.

As seen in Table III, the hypothesized research model had Chi-square = 3.385, d.f. =2, probability level=.184.The model produces good fit with the data (CMIN/DF = 1.693, GFI = 0.998, NFI = 0.997, TLI = 0.992, CFI = 0.999, RMSEA = .032 with p close .604). The p close is not significant that indicates good model fit. The link of POE-JS-AOC and POE-KS-AOC was not explored as POE did not predict the mediators. The statistics of link from POE to JS was β= -.061, $p>.05$ and POE to KS was $\beta = -.030, p>.05$.

Table III: Comparison of goodness of fit indices

Alternative model structures	χ^2/df	CFI	RMSEA	P- value close	SRMR	GFI	NFI	TLI
6 factor model: research model	1.69	.99	.032	.604	.008	.99	.99	.99
5 factor model	8.55	.90	.11	.000	.049	.94	.89	.82
4 factor model	12.14	.87	.13	.000	.059	.88	.87	.80
3 factor model	8.48	.86	.11	.000	.079	.88	.84	.80
2 factor model	6.5	.89	.09	.000	.067	.89	.88	.85
1 factor model	5.7	.91	.085	.000	.065	.912	.89	.87

The criteria for best model fit require it to possess following values:

χ^2/df [CMIN/DF] below 2 (Kline 1998; Ullman 2000)

Root mean square error of approximation [RMSEA] below .08 (Hu and Bentler, 1999).

For being superior to other models, it should have

Comparative fit index [CFI] greater than .93(Byrne, 1998)

Standardized root mean square residual [RMR] less than .05(Steiger, 1990)

Goodness of fit index [GFI] higher than .90 (Byrne, 1994)

Normed fit index [NFI] greater than .90

Tucker lewis index [TLI] over .95(e.g., Hu & Bentler, 1999).

Source: Author

Structured equation modeling: Structured equation modeling was conducted using maximum likelihood estimates i.e. observed variable path analysis. Covariances were ignored to give sharp focus on factors under study.
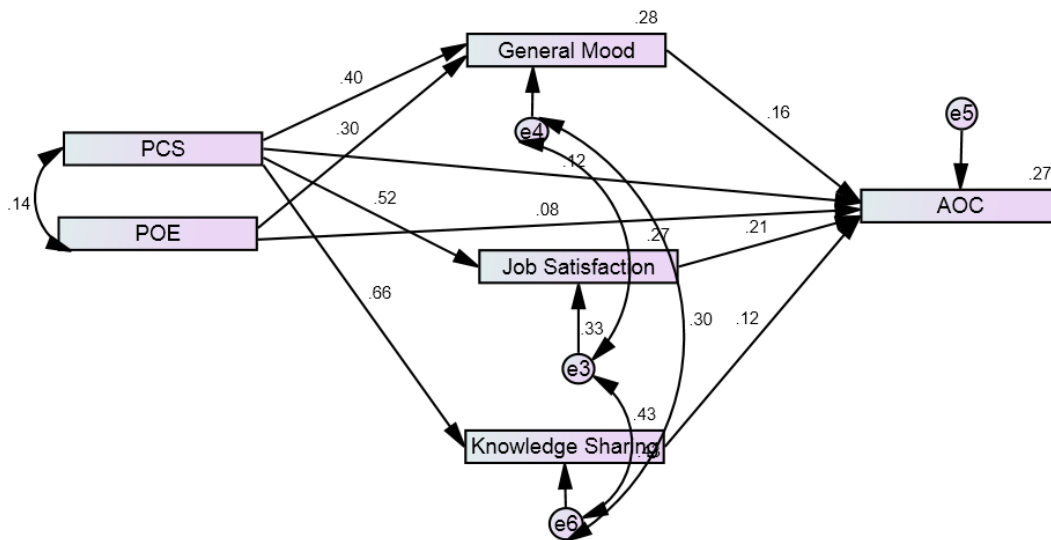

Figure II: Observed variable path model with standardized estimates and R-squares

As there were three mediators in the model, indirect effects were coming through all of them together. Therefore it was separately analyzed using phantom model approach (Macho and Ledermann, 2011).

Table IV: Direct and mediation [indirect] effects of POE and PCS

Independent Variables (IV)	C path	A1 path	A2 path	A3 path	A4 path	C′ path	Total indirect Effects	Total effect
PCS	.38 (0.001)	.40	.52	.66	-	.122 (0.007)	.251*(.001)	.37* (.001)
POE	.11 (0.002)	-	-	-	.30	.081 (0.025)	.048*(.001)	.13* (.001)
B1 path GM to AOC	.16 (0.001)							
B2 path JS to AOC	.21 (0.001)							
B3 path KS to AOC	.12 (.016)							

Cell values: Standardized beta (p value); Significance level: 0.05;

C path: direct effect of IV's on AOC without mediator;

C′ path: direct effect of IV's on AOC with mediator;

A1, A2 and A3 are direct effect of PCS on GM, JS and KS respectively. A4 is direct effect of POE on GM;

Total indirect Effects: Effect on both IV's on AOC through all mediators;

B1, B2 and B3 are direct effect of GM, JS and KS on AOC respectively.

Source: Author

In the first step mediators were removed to check the direct effect of POE on AOC and PCS on AOC. Model was run and standardized regression weights estimates were examined along with their p-value. All were found significant as seen from the Table IV.

For checking mediation, one relationship at a time was considered. For instance in exploring mediation of GM in PCS-AOC relationship, regression line emerging from PCS to other mediators like JS and KS were removed. Regression line from other independent variable POE and JS coming on GM was retained. Model was rerun and standardized regression weights estimates were examined. Standardized regression weights beta (*β*) was checked along with their p-value. They were found significant as can been seen in the table IV.

The direct effect of POE to AOC was significant with β=0.11, p<.05. When direct effect was measured again through mediation of GM, it reduced to β=.081, p<.05. The direct effect of PCS to AOC with standardized β=0.38, p<.05. When direct effect was measured again having mediators GM, JS and KS in the relationship, it declined to β=.13, .13 and .13, p<.05, respectively *and* β=0.12 in totality. All got reduced in comparison to direct effect without mediator, but still remained significant. According to Baron and Kenny approach it showed partial mediation.

Table V: Estimates of individual indirect (mediated) effects and its relative strength

IV	Standardized indirect effect through GM			Standardized indirect effect through JS			Standardized indirect effect through KS			Contrast		
	Estimate (p value)	BCCI		Estimate (p value)	BCCI		Estimate (p value)	BCCI		Estimate		
		L	U		L	U		L	U	1	2	3
POE	.022* (.001)	.025	.081									
PCS	.050* (.010)	.005	.045	.034* (.001)	.015	.067	.053* (.022)	.008	.10	.016	.003	.019

Bootstrap approximation through BCCI i.e. is Bias corrected confidence interval at 95%

Significant at .05

Lower: L; Upper: U; Independent variables: IV

In contrast: 1= GM to JS; 2= GM to KS; 3=JS to KS

Source: Author

Bootstrapping was conducted to corroborate the mediation based on 2000 samples at 95% bias corrected confidence interval. From Table V, it was seen that all *β's* for standardized indirect effects were significant; so partial mediation was confirmed. It was found that the standardized indirect effect of POE and PCS on AOC was significantly different from zero at the 0.001 level (p=.001 two-tailed) in all mediator relationships. As bootstrapping does not take into account distributional constraints or kurtosis limitations, it is superior way for mediation analysis (Hayes, Andrew F., 2009; 2013).

As seen from table IV, we found that the direct relationship of PCS with AOC is stronger in comparison to POE with AOC. The values in table V reveals that KS is significantly the strongest mediator (mediation effect=0.053, p<.05) than GM (0.050, p<.05) and JS (0.034, p<.05) in developing AOC through PCS. The mediators exert different effects on AOC thus differences exist.

5. DISCUSSION AND CONCLUSIONS

The objective of the paper was to explore the relationship between PCS and POE to outcome AOC and to study the three mediations involved in the mechanism. All hypotheses were accepted. PCS significantly predicted AOC from all three routes. Thus AOC is caused by GM, JS and KS which is a consequence of PCS and POE. This is a new finding as till now KS was considered only an outcome of AOC, but in this study it is seen to partially mediate the mechanism.

Further, it is to be noted that outcomes of these three mediators may also get affected by POE and POE. It was a surprise that POE didn't significantly predicted JS (John O. Okpara, Pamela Wynn, 2008) and KS (Tseng & Fan 2011) as it does in western nations. It is understandable as per capita income of India is lower and people require money hence compromise with their ethics but it influences their GM.

The study provides an insight on mediation mechanism and improves the understanding of POE and PCS link to AOC. Till now researches have considered organizational constructs, but this study explored the ethical concerns of and crisis support for employees in building their AOC. It also included a personality associated concept GM as mediator in the study. GM as known to be related to the emotional side of humans indicated that workplace spirituality is salient for building stronger AOC in medical practitioners as they have demanding jobs. Excerpts from interviews of doctors acknowledged it as they expressed that this career gave them utmost joy, but also involved giving unpleasant news to patient's family that hollowed them out. It frustrated them when they were unable to diagnose an ailment as challenges came every day (Times News Network July 1, 2016).

The practical implication of the study is that it will help the hospitals to look into existing anomalies, as medical practitioners are valuable instruments for keeping people of any nation healthy. It will compel hospitals to reassess their climate to incorporate ethics, workplace spirituality and improvise its human resource policies to support the doctors at human level. They will focus on humanizing hospitals for increasing affective commitment among medical practitioners that will retain its talent that cannot be replicated by competitors.

The limitations of the study were that it used self-reported cross-sectional data and excluded the demographic factors. Future studies can be longitudinal in nature, can account for variations in commitment due to differences in physicians type and demography.

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