

# **The Impact of the Relationship between Organizational Intelligence and Perceived Organizational Support on the Quality of Health Services**

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## **Abstract**

In the current fast-changing digital technology age, attention has been directed towards developing capabilities of employees and work efficiency. This study aims to examine the effect of the relationship between organizational intelligence and perceived organizational support among employees on the quality of health services in the health sector in Saudi Arabia. This study adopts a descriptive and analytical research design. To collect the primary data, a survey questionnaire was used as the main research instrument. The respondents were divided into four categories, including doctors, nurses, the managers of medical departments, and employees in the selected health institutions. Secondary data were gathered from various sources, including magazines and periodicals, published studies and unpublished theses, and relevant statistical reports. The results showed that there is a statistically significant relationship between organizational intelligence and perceived organizational support in the studied Saudi health institutions. The results also showed that the respondents positively perceived the quality of health services in these institutions. This means that the respondents have a positive relationship with the Saudi health institution, and they have the sense of being proud of it. Moreover, there is a positive effect of the relationship between organizational intelligence and perceived organizational support on the quality of health services in the selected health institutions in Saudi Arabia. The study recommended further improvements in the infrastructure and the level of the interior organization streamlining. Also, related international standards should be considered to enhance the quality of health services in the health sector in Saudi Arabia.

**Keywords:** Human performance; Quality Assurance; Service Reliability; Saudi Health Sector; Organizational Structure

## **1 Introduction**

Many researchers have emphasized the importance of understanding organizational support and its key role as a determinant of human performance. It has been reported that performance can be influenced by employees' characteristics, the effort spent at work, and the organizational support of its various dimensions, including management, work environment, organizational structure, regulations and instructions, and patterns of communication. This means that employees should receive support to achieve the desired goals of the organization. Perceived organizational support is one of the factors, which increases interest in employees, thereby leading to enhancing performance (Moorhead & Griffin, 2011).

Perceived organizational support takes place when employees recognize that the organization looks after them and appreciates their contributions to its success and productivity. This, in turn, improves overall organizational performance and reduces work turnover (Krishnan & Mary, 2012). Perceived organizational support indicates the organization's commitment towards employees because when their work, contributions, and ideas are welcomed and appreciated, this creates feelings of commitment and loyalty towards the organization. When employees are satisfied, they will translate such satisfaction through their behaviours that support organizational goals and develop human performance, i.e., human performance technology (Pershing et al., 2008).

As we live today in a fast-changing digital technology age in the twenty-first century, attention has been directed towards developing capabilities of employees and work efficiency by improving follow-up mechanisms, measuring results, and making changes to increase productivity and maximize returns. The concept of organizational intelligence aims to address challenges that are related to the individual and the organization. However, organizational intelligence is not a brand-new concept; rather it is a new thinking approach, analyzing, comparing, and measuring to achieve goals and address challenges. It aims at developing human and organizational performance and seizing opportunities to achieve the goals of the organization and the employees (De Cremer et al., 2006).

The interest in the exchange process, which involves the social exchange theory, has progressively increased. This theory suggests that social exchange includes unspecified obligations for the individual/employee within the organization. Therefore, when employees exert efforts in performing their tasks, they expect some return regardless of the time of collecting it or how it is paid. Employees, accordingly, tend to establish social exchange

relationships within the organization. This relationship of social exchange, which takes place between employees and their organization, is called “Perceived Organizational Support” (Eisenberger et al., 2002).

Quality is one of the most important factors for success and development in educational institutions, particularly in the field of health services. It is a major criterion for research and development in educational hospitals, especially as it relates mainly to the two dimensions of medical services, which are related to high-quality services for patients and the educational aspects in an environment that provides searchable and disruptive case studies. Both dimensions enable the achievement of efficiency and effectiveness in providing medical and research services, which, in turn, enable the provision of treatment for distressing medical problems in the community.

The modern concept of quality has gone beyond the mere production of goods and services according to the established standards of continuation of change, development, and research. These goods and services should meet future requirements, most of which are characterized by a change in form and content. Also, the concept of achieving customer satisfaction regarding goods and/or service has differed; a difference in perspective, which is related to both the services’ quality and their value, to achieve the perceived value. Such disparity in perceiving the concept imposed on researchers in the field of quality the need to realize the cognitive diversity of the science of the quality of medical services and the coordination integration at several levels as the process depends on the teamwork approach. It depends mainly on strengthening the capabilities of the individual independently, then moving on to work in groups. In this regard, human capital is a key focus for measuring the extent of organizational intelligence (Hegji et al., 2007).

Based on the previous background information, this study aims to examine the effect of the relationship between organizational intelligence and perceived organizational support among employees on the quality of health services in the health sector in Saudi Arabia.

## **2 Literature Review**

### **2.1 Organizational Intelligence**

The definition of organizational intelligence focuses on various aspects. It covers the problem of gathering, processing, interpreting, and communicating the technical and political information needed in the decision-making process and understanding organizations as learning systems and creative systems. It also involves the ability of an organization to deal

with complexity, i.e., its ability to capture, share, and extract meaning from marketplace signals based on three directions: connection for attracting knowledge, interaction for sharing knowledge, and structuring (Lefter et al., 2008).

The organizational structures are not always flexible and open to learning. Thus, intelligent people are crucial in an organization, but it does not guarantee that an organization is an intelligent organization. The intelligence of the bureaucratic organizations' members is systematically blocked when stimulating the creativity of their employees. Furthermore, they do not dispose of the structures, which should guide their learning of systemic integration of individual and organizational elements, which enable learning (Brătianu, 2006). These are systemic thinking, personal mastery, mental models, shared vision, and team learning. People can influence the structures they are part of only if they do not think narrow, but they seize complexity, seeing fractals, not fragments. Therefore, from the passive executants of organizational routines, they grow into those who create their action framework, building, particularly the structural capital of the organization. Organizational intelligence is, thus, an integral result, which is obtained in a given organizational environment due to contextual management (Bontis et al., 2002). Organizational intelligence, which is a non-linear system, fractal, like individual intelligence, has not been approached yet. The main approaches to individual intelligence, i.e., the behaviourist approach, the cognitivist approach, and the adaptive approach are imported in the studies dedicated to organizational intelligence. The behaviourist approach involves setting some behaviours that suit organizational interests, which the organization should achieve based on a given set of inputs (Zack, 1999). The organization can learn the behavioural algorithms that yield the desired results and, like a hybrid system, human and cybernetic, it can select the corresponding algorithm each time it comes across a situation, which is similar to the one from an earlier experience (Brătianu & Murakawa, 2004).

## **2.2 Perceived Organizational Support**

It refers to the employees' belief and appreciation towards the organization, which looks after their well-being, and acknowledges their ideas and contributions. This, in turn, creates employee commitment and loyalty to the organization. Therefore, employees will be proud of and satisfied with the organization, which will be manifested through practices of loyalty and support towards achieving the organizational goals (Eisenberger et al., 2002). Organizational support involves the extent to which the organization treats employees fairly, help them in

solving their problems, and address their complaints. This is acknowledged by employees as perceived support from the organization (El-Maghraby, 2003).

According to the organizational support theory, there is a mutual relationship between the organization and employees, which includes aspects such as respect and appreciation, money, services, and information. Based on this relationship, perceived organizational support reflects the employee's commitment towards the organization by helping it achieve its desired goals. Organizational support can also be reflected in the continuous improvement in the performance of the management through solving problems and supporting administrative decisions (Al-Zoghbi & Al-Kreidis, 2012).

### **2.3 The Concept of Quality of Health Services**

The concept of the quality of health services is one of the concepts of multiple dimensions. These concepts share the goal of preserving life for all humans, addressing weaknesses in health services, especially in low-income countries, and applying qualitative additions regarding the quality of health services to improve the outcomes of service provision. According to the World Health Organization, measuring the health services quality can be conducted by measuring the extent of creativity and innovation of these services, the development of quality programs and their standards, linking quality and cost, and their reflection on the effectiveness of service. It has been observed that there is no general agreement among researchers on an approved and unified definition of stakeholders in the health services sector; each of them considers this concept from a perspective commensurate with his needs. Consequently, the quality of health services from a medical perspective is related to the extent of compatibility with medical policies and scientific rules in the implementation of the service and patient safety. The quality of health services is related to ensuring the quality of service, confidence, and accuracy in applying the latest medical technologies with minimal risks. From an administrative perspective, it involves how to invest the available and latent resources and the ability to attract and mobilize resources to cover the basic requirements. It also involves the priority to provide quality and globally standardized service in the institutions represented and from the point of view of service recipients such as patients (Hegji et al., 2007). As for the World Health Organization's definition of accreditation of health care organizations, it describes quality as the degree of compliance with the standards and services provided to satisfy health needs or desires of those seeking health service or community protection to determine an approved level of

practices and a prior assessment of the expected results of a service, procedure, diagnosis or treatment of a certain medical problem (World Health Organization, 2010).

## **2.4 Dimensions (Indicators) of Health Services Quality**

### **2.4.1 Service Reliability**

The reliability of services refers to the ability to perform from the service provider and commitment to providing services according to what has been previously determined with approval, confidence, and consistency. The service reliability in health services means the ability to perform on time in terms of appointments, time of examination, medical procedures, and the degree of patient follow-up, and the implementation of medical standards with reliability and consistency. Among the evaluation criteria to assess the service reliability dimension is the ability to solve the patients' problems. It also involves the confidence in medical procedures, the reliability of documentation in medical records in the hospital administration, and the accuracy of scheduling medical procedures (Zarei et al., 2012).

### **2.4.2 Response Time**

Response time means the capabilities possessed by the health service provider in responding promptly to patients' requests and inquiries permanently and regularly. The response time means real assistance in providing service to patients, regardless of their gender, religion, or age, in a fair manner within the approved standard time for the type of service in different circumstances and times and the initiative to provide high-quality and timely service (Parasuraman et al., 1991).

### **2.4.3 Quality Assurance of Service**

It involves the knowledge balance of the medical and administrative team, their information, and the extent of its reliability, which reflects their level of education, experience, skill in providing services, their ability to respond to the patients' inquiries with reliability, as well as their ability to demonstrate their creativity (Krasnik, 1996).

### **2.4.4 Tangibility of Service**

The tangibility of service reflects the interest in the infrastructure, including the appropriate design of the buildings, an effective infrastructure for networks and information, the extent of the flow of the internal organization, devices and equipment necessary for the service, the extent of commitment to safety rules, appropriate arrangements for waiting rooms, and adequate extension services for the beneficiaries of the service (Cronin Jr & Taylor, 1992).

## **2.5 Previous Related Studies**

This section reviews related studies and previous research. A study was conducted in Egypt aimed at identifying the determinants of organizational support among workers and their impact on individuals' motivation for achievement, as well as exploring the correlation between individuals' perception of organizational support and organizational commitment. This study was conducted on a sample of (400) workers from industrial companies affiliated with the public business sector in Dakahliah Governorate, Egypt. The results of the study found that the factors of organizational justice and the behaviour of leaders to support subordinates and participate in decision-making, support, and self-affirmation among workers contributed morally to the employees' awareness of organizational support. The results of the study also indicated that these mentioned factors contributed significantly to achieving organizational commitment. Finally, the results showed that these factors have also contributed significantly to increasing the motivation of achievement among workers (El-Maghraby, 2003).

Chen et al. (2009) investigated whether perceived organizational support can further enhance performance or not. This study was conducted on a sample of (199) employees in one of the American electronics companies over an extended period of three years. A positive relationship of statistical significance was found between perceived organizational support and enhancing employees' performance.

Wang (2010) conducted a study to identify the relationship of organizational support with the behaviour of organizational citizenship considering an appropriate service climate. This study was conducted on a sample consisting of (2053) supervisors and workers in a group of commercial markets in Taiwan. The study concluded that there is a significant, positive relationship between the awareness of organizational support and the behaviour of organizational citizenship when an appropriate service environment is available for workers.

Yu (2011) examined the effect of professional values and perceived organizational support on job success among 151 Chinese employees. The results of the study revealed that there are three criteria for professional values, including self-realization, cleanliness, and social status. Also, professional values and perceived organizational support have an impact on organizational success. Chinomona (2012) examined the relationship between organizational support, citizenship behaviour, and job performance. This study was conducted on a sample (consisting of 320 employees) in small and medium-sized companies in the field of manufacturing and services in Zimbabwe, South Africa. The results of the study indicated

that there is a positive relationship between the effect of organizational support on citizenship behaviour and job performance. Another study examined the effect of organizational support on learning in the workplace through personal learning networks and how individuals develop and grow under these networks. This study was conducted on a sample of employees in medium-sized universities. The results demonstrated that there is a positive relationship between formal support for educational bodies such as technological universities and personal educational methods (Glandy, 2011).

Manyasi et al. (2011) focused on identifying the effect of organizational support on the performance of (328) lecturers in public universities in Kenya. A significant, positive relationship was found between perceived organizational support and the performance of university lecturers. It was also found that perceived organizational support contributed to developing the lecturers' performance. In Jeddah Governorate, Al-Zoghbi and Al-Kreidis (2012) investigated the effect of perceived organizational and social support on the work pressure among (1074) employees in government departments in KSA. The results revealed that perceived organizational and social support have an impact on the work pressure as they explained 1.61% of the work pressure dimension.

In Indonesia, Kambu et al. (2012) examined the leader's effect, the ethnic impact, and perceived organizational support on employee performance in the secretary office with (300) employees, who are of the same Papua race. Based on the results, the leader does not affect organizational citizenship behaviour and it does not affect employee performance either. However, ethnic culture and perceived organizational support affected employee performance through the behaviour of organizational citizenship.

In the Iranian context, Safari et al. (2012) investigated the causes of work turnover and the impact of both perceived organizational support and organizational justice on the scarcity of job opportunities among (150) administrative employees from the University of Isfahan. The results showed a negative impact of organizational justice and organizational support on job opportunities; perceived organizational support does not affect the work turnover rates.

In a multicultural setting, Diao and Park (2012) examined the relationship between organizational support and employees, who adapted themselves to different occupational cultures in international multicultural companies. The study sample consisted of (400) Korean employees, who work in the American military bases in South Korea, where the Korean employees work with American employees. A relationship was found between



employees' cultural intelligence and perceived organizational support, which affects the development and success of the profession in multinational organizations.

A study was conducted to examine the influence of perceived organizational support (POS), psychological empowerment (PE), and leader-member exchange (LMX) as antecedents on the commitment level of employees working in the hotel industry and their subsequent impact on service quality (SQ). Data were collected from (436) employees and 1,320 customers from 34 hotels with the help of a structured self-administered questionnaire. The analysis of data was conducted by applying a confirmatory factor analysis with a structural equation model. The findings indicated that organizational commitment acts as a full mediator between POS and SQ, leader-member exchange, and SQ. On the other hand, it acts as a partial mediator between PE and SQ (Jaiswal & Dhar, 2016).

Another study investigated the effect of occupational stress and organizational commitment of diagnostic imaging radiographers on rendering quality service. One of the main aims of this study is to determine the extent to which perceived organizational support influenced the commitment of radiographers to the organization, reducing turnover intent, and quality of the services rendered. A descriptive correlation study design based on a questionnaire survey, which included (119) radiographers from (11) organizations, revealed that the level of organizational commitment was found to be moderate towards a tendency of poor. A positive relationship was found between various antecedents of perceived organizational support and organizational commitment (mainly affective and normative), indicating that perceived organizational support positively influenced the radiographers' organizational commitment. There is a clear indication of turnover intent, which, in turn, negatively affect rendering quality services. Therefore, to reduce turnover intent and improve the quality of services, the management should play an important role in creating a positive working environment for the radiographers to perform their tasks (Makanjee et al., 2006).

Researchers have emphasized the importance of perceived organizational support and the role it plays as a determinant of organizational performance. Human performance can be influenced by the personal characteristics of the employees, the effort exerted at work, and organizational support. Consequently, when employees perceive organizational support, this will result in productivity improvement. Perceived organizational support among employees is directly linked to commitment towards the organization, particularly when they appreciate the activities, workshops, and incentives that are directed towards their welfare aspects in the workplace. In this study, the following research questions are addressed:

1. Is there a statistically significant relationship between organizational intelligence and perceived organizational support?
2. What is the effect of the relationship between organizational intelligence and perceived organizational support on the quality of health services in the selected health institutions?

### **3 Methodology**

This study adopts a descriptive and analytical research design in its methodology. A survey questionnaire was used as the main research instrument, in which the Likert scale (5-points) was used to scale the questionnaire's responses. The respondents were divided into four categories, including doctors, nurses, the managers of medical departments, and employees in the selected health institutions. Secondary data were gathered from various sources, including magazines and periodicals, published studies and unpublished theses, and relevant statistical reports. The data were analyzed statistically using (SPSS/ PC +). Additional statistical approaches were also utilized for data analysis. These include the validity and reliability of the questionnaire were tested using Cronbach's alpha Reliability Coefficient. Moreover, the Kruskal-Wallis test was utilized to identify the significance of differences among the respondents at 0.05 significance. ANOVA was implemented to test the differences among the respondents. Simple Regression analysis was used to examine the impact of each variable on the dependent variable. Stepwise regression analysis was used to examine the relationship and identify the IV (organizational intelligence), which can explain most of the variance in the MV (perceived organizational support), and the DV (quality of health services).

### **4 Analysis and Discussion of Results**

The respondents of the questionnaire are divided into four categories, including doctors, nurses, the managers of medical departments, and employees. Table 1 illustrates the characteristics and the response rate of the respondents.

Table 1. The response rate of the questionnaire

Respondents	Distributed Questionnaires	Returned Questionnaires		Incomplete Questionnaires		Complete Questionnaires	
		No.	%	No.	%	No.	%
Doctors	210	198	460.6	23	46	175	46
Nurses	152	147	34.6	22	44	125	32.9
Managers of Medical Departments	47	45	10.6	-	-	45	11.8
Employees	38	35	8.2	-	-	35	9.3
<b>Total</b>	447	425	100	45	100	380	100

Based on Table 1, the total response rate is 95%, which is a good rate to yield reliable results SPSS was used for statistical data analysis, including the reliability of variables and testing of hypotheses. Cronbach's alpha was utilized to measure the internal consistency for generalizing the results. Table 2 illustrates the alpha coefficients' values of the variables.

Table 2. Reliability of the study variables

Variables of the Study	(Alpha)	Reliability
Organizational Intelligence	0.8142	0.8805
Perceived Organizational Support	0.7526	0.8552
Quality of Health Services	0.6285	0.7962

Based on the illustrated results of Cronbach's alpha (i.e., ranging between 0.6285 and 0.8142), these are acceptable values and, therefore, the results can be generalized. The respondents were asked a specific question of three dimensions: organizational loyalty, identification, and engagement.

To examine the relationship between organizational intelligence and perceived organizational support, the Pearson correlation coefficient was used to test this hypothesis. The results are illustrated in Table 3.

Table 3. Results of standard deviation and Pearson correlation coefficient analysis

<b>Variables</b>	<b>Average</b>	<b>Standard deviation</b>	<b>Correlation Coefficient</b>
Organizational Intelligence	3.286	0.693	**0.491
Perceived Organization Support	3.402	0.639	

\*\* Function at 0.01 level of significance

Based on Table 3, there is a statistically significant relationship between organizational intelligence and perceived organizational support as the correlation coefficient is positive at the level of significance 0.01. To verify the results, simple regression analysis was used as illustrated in Table 4.

Table 4. Results of simple regression analysis

<b>Variable</b>	<b>Coefficient of regression</b>	<b>Beta</b>	<b>R<sup>2</sup></b>	<b>Adj.R<sup>2</sup></b>	<b>T</b>	<b>Level of significance</b>	<b>F</b>	<b>Level of significance</b>
Perceived Organizational Support	<b>0.453</b>	<b>0.491</b>	<b>0.241</b>	<b>0.233</b>	<b>6.908</b>	<b>**0.000</b>	<b>30.176</b>	<b>**0.000</b>

\*\* Function at 0.01 level of significance

Based on Table 4, there is a significant effect of the relationship between organizational intelligence and perceived organizational support as the value of F (30.176) is at the level of significance 0.01, and Beta is positive. These results are consistent with the results of the correlation coefficient in Table 5.

Table 5. Results of multiple linear regression analysis

No.	Variable	Correlation coefficient (R)	Determination coefficient ( $R^2$ )	F-Test	standardized regression coefficients (Beta)	T-Test
1	Organizational Intelligence	0.526	0.16	14.205	0.35	6.35
2	Perceived Organizational Support	0.633	0.24	17.785	0.16	8.06
3	Relationship between organizational intelligence and perceived organizational support	0.723	0.29	15.617	0.07	4.44

Based on the results in Table 5, it can be concluded that perceived organizational support is affected by organizational intelligence due to the high correlation coefficient of 0.723 and the value of the determination coefficient ( $R^2$ ), where the IV (organizational Intelligence) explains 29% of the variance in the DV (perceived organizational support).

Table 6 The respondents' perceptions about the quality of health services in the selected health institutions

Element or Factor	Doctors			Nurses			Mangers			Employees		
	Arithmetic mean	Standard deviation	Rank	Arithmetic mean	Standard deviation	Rank	Arithmetic mean	Standard deviation	Rank	Arithmetic mean	Standard deviation	Rank
Service Reliability	4.81	0.39	2	4.66	0.38	4	4.63	0.34	3	4.89	0.34	4
Response Time	4.52	0.35	3	4.75	0.41	2	4.41	0.4	2	4.77	0.38	2
Quality Assurance	4.31	0.31	4	4.71	0.40	3	4.29	0.31	4	4.17	0.39	1
Tangibility	4.77	0.44	1	4.83	0.48	1	4.79	0.41	1	4.52	0.35	3

Based on Table 6, the respondents showed positive perceptions and attitudes towards the quality of health services. The standard deviation of the variables is less than one, which means that there is consistency in the answers about the level of the quality of health services in the selected health institutions. Moreover, the "Kruskal Wallis" test was used to test the

significance of differences between the averages of the respondents' perceptions towards the level of the quality of health services as illustrated in Table 4.

Table 7 Results of the Kruskal-Wallis test

<b>Variables &amp; Variable Symbol</b>	<b>Estimates</b>				(Ka2) Kruskal Wallis	Significance level	Type of Difference
	<b>Doctors</b>	<b>Nurses</b>	<b>Mangers</b>	<b>Employees</b>			
Service Reliability	4.52	4.75	4.41	4.62	8.711	0.261	Insignificant
Response Time	4.81	4.66	4.63	4.31	6.151	0.038	Insignificant
Quality Assurance	4.66	4.54	4.82	4.79	9.660	0.178	significant <sup>(*)</sup>
Tangibility	4.31	4.71	4.29	4.49	8.519	0.041	Insignificant

(\*) significant at 10% level of significance

Based on Table 7, there were no statistically significant differences between the averages of the respondents' perceptions towards the quality of health services at the level of significance 0.05, 0.01. The respondents agreed that there is a high level of interest in the quality of health services among those in charge of the selected health institutions. Moreover, ANOVA, F. Ratio, and T. Test were used to verify the results, which showed that there is a high level of appreciation for the quality of health services among the study respondents.

To identify the level of significance on the effect of organizational intelligence on the quality of health services, the level of relationship between the quality of health services and organizational intelligence is examined as shown in Table 8.

Table 8 Pearson correlation coefficient between organizational intelligence and the quality of health services

<b>Organizational Intelligence Factors/Elements</b>	<b>Quality of Health Services</b>	<b>Level of Significance</b>
Prospecting	0.46	0.00
Systems Thinking	0.56	0.00
Vision	0.67	0.00
Motivation	0.49	0.00
Partnership	0.84	0.00
Organizational Intelligence Level	0.69	0.00

It can be observed based on Table 8 that there is a positive, significant relationship between organization intelligence factors and the quality of health services with a coefficient

value of about 0.69. Table 9 illustrates the results of the correlation coefficient (R), Determination Factor ( $R^2$ ), and Regression Variance analysis (ANOVA). The results have shown that there is a significant correlation relationship between organization intelligence factors and the quality of health services.

Table 9 Regression variance analysis (ANOVA) and regression factor test based on (T) test

	Regression		Beta	T	Level of Significance for (T)	R	R <sup>2</sup>	F calculated value	T value	Level of Significance for (R)
	Factors									
	B	Standard Error								
constant	0.341	0.312	-	0.81	.823	-	-	-	-	-
Organizational Intelligence Level	0.932	0.103	0.643	8.782	0.00	0.531	0.26	91.35	22.31	0.00

The level of relationship between the quality of health services and perceived organizational support is examined to identify the significance level regarding the effect of perceived organizational support on the quality of health services provided by the selected health institutions. The results are illustrated in Table 10.

Table 10 Pearson correlation coefficient between perceived organizational support and the quality of health services

perceived organizational support Factors/elements	Quality of Health Services	Level of Significance
Management	0.51	0.00
Work Environment	0.48	0.00
Organizational Structure	0.62	0.00
Rules & Regulations	0.63	0.00
Communications	0.79	0.00
perceived organizational support Level	0.67	0.00

It can be observed based on Table 10 that there is a positive, significant relationship between perceived organizational support factors and the quality of health services with a coefficient value of about 0.67. Table 11 illustrates the results of the correlation coefficient (R), Determination Factor ( $R^2$ ), and Regression Variance analysis (ANOVA). The results have shown that there is a significant correlation relationship between the factors of perceived organizational support and the quality of health services.

Table 11 Regression variance analysis (ANOVA) and regression factor test based on (T) test

	Regression		Beta	T	Level of Significance for (T)	R	R <sup>2</sup>	F calculated value	T value	Level of Significance for (R)
	Factors									
	B	Standard								
		Error								
constant	0.312	0.236	-	0.72	0.635	-	-	-	-	-
perceived organizational support Level	0.865	0.101	0.634	8.125	0.00	0.521	0.24	89.41	21.31	0.00

The results showed that there is a positive relationship between the three variables of the study in the selected health institutions in Saudi Arabia. The effect of the independent variable (Organizational Intelligence), the mediator (Perceived Organizational Support), and the dependent variable (Quality of Health Services) is statistically significant.

## 5 Conclusion

This study investigated the relationship between organizational intelligence and perceived organizational support among employees in the health services sector in Saudi Arabia. Also, this study examined the effect of organizational intelligence and perceived organizational support on the quality of health services in the selected health institutions in KSA. A survey questionnaire was used as the main research instrument. The study concluded that there is a statistically significant relationship between organizational intelligence and perceived organizational support in Saudi health institutions under study. Also, the respondents positively perceived the quality of health services in these institutions. This means that the respondents have a positive relationship with the Saudi health institutions, and they have the sense of being proud of it. Moreover, there is a positive effect of the relationship between organizational intelligence and perceived organizational support on the quality of health services in the selected health institutions. This study recommended that managers in health institutions should show more consideration for the provided health services, particularly regarding service reliability and tangibility. This requires further improvements in the infrastructure and the level of the interior organization streamlining. This also requires the establishment of a special division to monitor the service time to improve the response time. It is essentially recommended that the related international standards are considered by



incorporating them into the improvement plans to enhance the quality of health services in the health sector in Saudi Arabia.

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