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TWO PATHS TO COMMITMENT: A MODERATED MEDIATION MODEL

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Master of Arts in Industrial Organizational Psychology

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ABSTRACT

This study examines organizational commitment in the context of the COVID-19 pandemic through two similar, yet distinct, pathways. Using a foundation of existing social and organizational psychology concepts, researchers predict that continuance commitment will be influenced by the presence of pandemic policies. That relationship is predicted to be mediated by the perceived risk of catching COVID-19 at work, and the relationship between pandemic policy presence and perceived risk will be moderated by belief in the pandemic. Similarly, researchers predict that affective commitment will also be influenced by the presence of pandemic policies. That relationship is predicted to be mediated by perceived organizational support, and the relationship between perceived organizational support and pandemic policy presence will be moderated by belief in the pandemic. Participants completed an online questionnaire and were predominately white, middle-aged men in the computer science industry. Multiple regression and conditional process analyses are used to interpret the data. Results indicate that the relationship between affective commitment and pandemic policies is mediated by perceived organizational support. There is not enough evidence to support the indirect effect of pandemic policies on continuance commitment through perceived risk. There is also not enough evidence to support the impact of belief in the pandemic on either pathway. Implications and future research directions are discussed.

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CHAPTER I

INTRODUCTION

“We are living in uncertain times.” The year 2020 has challenged much of what humans considered to be normal and in an ever-evolving environment one might expect behaviors to shift as well. Have they? At first glance, it seems they have. For example, the current unemployment rate (at the time this was written) is 8.4%, nearly double what it was before the pandemic (BLS.gov, 2020). COVID-19 has strained companies in many industries, forcing furloughs and layoffs across the country. Nevertheless, many people who are currently employed have ramped up their hunt for new employment (McFarland et al., 2020), especially in customer or client-facing industries such as public safety and education (Waddell, 2020). This behavior seemingly defies logic: in an economically unstable environment driven by a global health crisis, why would someone consider changing jobs, thus risking employment stability, healthcare benefits, and a support network?

There are multiple known predictors of Turnover Intentions (TI; Schleicher et al., 2011), with Organizational Commitment (OC) being the strongest. Within OC, there are three subtypes: Affective Commitment (AOC), Continuance Commitment (COC), and Normative Commitment (NOC). There are key differences between the subtypes of

commitment and how they relate to TI as well as differences in antecedents for each subtype of commitment. However, it is currently unclear how OC and each subtype is impacted by the pandemic. One possible explanation could be organizational policies around the pandemic.

This thesis predicts that organizational policies related to the pandemic (i.e., masks and social distancing) will predict levels of OC. However, given the nature of OC and the variability found among the three subtypes, it is expected that pandemic policies will impact the subtypes differently. Policies could have an affective impact on employees that differs from the cognitive impact policies have on employees. This mediation could be explained by an affective component of attitude development, such as Perceived Organizational Support (POS), as well as a cognitive component of attitude development, such as perceived safety risk (PRI).

Drawing on the tripartite conceptualization of attitudes (Breckler, 1984), it is expected that the relationship between pandemic policies and AOC will be mediated by POS, representing the affective path for attitude development. Similarly, the relationship between pandemic policies and COC is expected to be mediated by PRI, representing the cognitive path for attitude development. Furthermore, both the affective path and the cognitive path will be moderated by individual belief in the pandemic.

While this research hopes to take a closer look at these relationships, an important first step to understanding workplace factors is to review the literature to build a theoretical foundation for the research. An in-depth look at the existing Organizational Commitment literature, including how it relates to TI, is a good starting point. A review of the relationships between pandemic policies, belief in the pandemic, PRI, and COC

will provide further support for the current research. Additionally, a review of POS as a construct and its relationship to pandemic policies, AOC, and belief in the pandemic is necessary.

1.1 Organizational Commitment

There are numerous predictors of TI and turnover behaviors, with many of them backed empirically by a wealth of research. Job dissatisfaction and low POS, for example, can both explain why someone might look for a new job and successfully leave their current organization (Aggarwal-Gupta et al., 2010). However, some predictors are stronger than others, with the strongest predictor of turnover being Organizational Commitment (OC; Schleicher et al., 2011).

Organizational Commitment (OC) is a job attitude most simply defined as an individual's psychological attachment to an organization (Allen & Meyer, 1990). Job attitudes, and attitudes in general, are the evaluations one makes about their job that express their feelings, beliefs, and attachment to the job (Judge & Kammeyer-Mueller, 2012). The tripartite conceptualization of attitudes (Breckler, 1984) provides a framework for understanding what components come together to create an attitude, using a three-pronged approach that looks at affective, cognitive, and behavioral components to attitude formation. OC is a type of attitude towards a job that demonstrates two of the three prongs of the tripartite conceptualization through affective, normative, and continuance commitment.

Affective commitment (AOC), continuance commitment (COC), and normative commitment (NOC) relate to each other in the broader sense of commitment (Meyer et al., 2002). However, while all three subtypes fall under the umbrella of OC, each

represent a different aspect of commitment as a whole. Additionally, the relationship with TI is less clear when viewed at the subtype level. Given the differences between COC and AOC as constructs, it intuitively makes sense that these two types of OC could represent two distinct paths to TI. The antecedents of each subtype could change the level of commitment that is present, thus influencing the presence of TI. This paper explores each pathway to clarify how workplace factors might differentially predict COC and AOC, as well as potential moderators and mediators of those relationships.

Affective Commitment

Affective commitment (AOC) is the emotional connection one feels to an organization (Meyer & Allen, 1991). This is the most voluntary form of commitment, representing an alignment between a person and an employer. Someone who is affectively committed feels the values of their organization align with their own and understands their role in the bigger picture of the organizational vision. AOC is highly correlated with turnover intentions, job satisfaction, perceived organizational support, and organizational citizenship behaviors (Meyer et al., 2002). Individuals with high AOC remain with the organization because they want to.

Normative Commitment

The second aspect of OC is normative commitment (NOC). Unlike AOC, this type of commitment is obligatory in nature (Meyer & Allen, 1991). Individuals high in normative commitment may feel a moral or ethical obligation to continue their employment with the organization. This is likely a result of company investment in the individual, thus generating lower TI (Schleicher et al., 2011). For example, a company may provide a generous tuition reimbursement for employees with no other employment

requirements attached. This may lead employees who use this benefit to continue working for the company as a way of reducing guilt or maintaining reciprocity.

Since NOC is largely reliant on social norms (“I should continue working here because it’s the right thing to do”), many people may not be conscious of its role in commitment. Additionally, NOC and AOC are highly correlated ($r = .63$; Meyer et al., 2002), likely as a result of the close relationship between subconscious obligation and positive feelings towards the provider (Allen & Meyer, 1990). Taking that same tuition reimbursement example, while someone may feel obligated to work for the employer longer than they otherwise would have, they may also feel more positively towards the employer as a result of the benefit being so generous. Despite this relationship, a meta-analysis showed a higher correlation between AOC and POS ($r = .63$) than was found between NOC and POS ($r = .47$; Meyer et al., 2002), indicating enough of a distinction between constructs to keep them separate.

Given the high degree of overlap between AOC and NOC as constructs and considering the higher correlation between POS and AOC, the researcher feels NOC is not essential to measure in this thesis. While normative components of the pandemic could be interesting to examine, they are not central to the hypotheses.

Continuance Commitment

The third prong of OC, continuance commitment (COC), focuses primarily on the cost-benefit analysis associated with trying to obtain employment elsewhere (Shore et al., 2006). This type of OC is the least understood of the three and is arguably the most complex. Individuals high in COC have assessed the availability of alternative employment options, the likelihood of obtaining that employment, and the economic and

social costs of leaving their current organization, determining from that assessment that the costs of seeking new employment outweigh the benefits.

Previous research has shown that employees who have high levels of AOC, NOC, and COC have lower turnover intentions, and these commitment levels also mediate the relationship between turnover intentions and other predictors, such as pay satisfaction (Panaccio et al., 2014). High COC has also been found to predict low turnover intentions on its own (Bentein et al., 2005), indicating that people high in COC are less likely to leave an employer. However, this type of commitment is also negatively correlated with work performance (Meyer et al., 2002), providing evidence that although individuals are still employed, the value of their contributions in the workplace may be reduced to a minimum. This is a direct contradiction to AOC, as those high in AOC feel a stronger connection to the workplace and are more likely to make valuable contributions. This phenomenon is the theoretical basis for examining TI via two diverging paths of commitment.

1.2 COVID-19 and Organizational Commitment

Research has shown that there are several antecedents to AOC, while antecedents to COC are less understood. In fact, most of the existing literature on OC has focused on AOC (Schleicher et al., 2011). For both subtypes, there is very little existing research on the relationship between organizational policy and OC (Ferrer et al., 2016). The COVID-19 pandemic provides a unique opportunity to examine how organizational policies might influence AOC and COC.

Across the United States, there is widespread variance between state-mandated safety policies around the pandemic (Treisman, 2020). Some states are requiring all

businesses to have a social distancing and mask policy in place. Some require those policies to be enforced. Some have requirements for certain businesses (i.e., schools, grocery stores). Some have no state-mandated safety requirements. At the local level, organizations vary on the policies themselves. Many public service organizations, such as schools, grocery stores, and restaurants, have instituted some version of protective barrier between employees and customers. Many offices have shifted to working from home and appointment-only policies. Still others have no policy in place. What does this mean for OC?

The Tripartite Conceptualization of Attitudes

The impact pandemic policies have on behaviors such as TI can be linked to attitudes such as OC, and this thesis explores that further. However, it is important to first understand what an attitude is. The tripartite conceptualization of attitudes (Breckler, 1984) provides a framework for understanding what components come together to create an attitude, examining the affective, cognitive, and behavioral components to attitude formation. For example, a person may view someone as highly likeable (affective), think that person is easy to talk to (cognitive), and find ways to sit near them in meetings (behavioral). The overall attitude towards this individual would thus be positive. Research has shown that this conceptualization of attitudes may not always include all three components, but the empirical evidence is strong enough to support the framework as a way to understand what makes up attitudes at the basic level (Schleicher et al., 2011).

Affective Pathway. Given that AOC is the emotional aspect of OC, it can be linked intuitively back to the affective prong of the tripartite conceptualization of

attitudes. Both concepts deal directly with the emotional side of attitude development, understanding that how people feel in relationship to a specific situation, person, or environment can influence the attitude they have towards that object. Pandemic policies, then, could directly influence how valued or supported an employee feels by their employer.

Perceived Organizational Support. POS is defined as an employee's belief that an organization values their contributions to the cause and cares about their well-being (Eisenberger et al., 1986). At its core, POS has an affective component, emphasizing feelings of competence and value (Allen & Meyer, 1990). It is no surprise, then, that POS and AOC are highly correlated with each other. In fact, POS is found to be a strong predictor of AOC (Schleicher et al., 2011). Employees who feel valued and supported by their employer will reciprocate that feeling, thus fostering a higher level of AOC.

This thesis explores pandemic policies in the workplace as a potential antecedent to POS to understand the complete affective pathway from employee experience to TI. While the relationship between POS and AOC is well understood, there is very little existing literature that examines the connection between POS and workplace factors, such as organizational policy. It makes sense logically that the presence of pandemic policies, specifically, would lead to an overall employee perception of support, thus leading to higher AOC.

Cognitive Pathway. Given the cost-benefit analysis involved with those high or low in COC (Becker, 1960), COC most clearly relates to the cognitive path of the tripartite conceptualization of attitudes. This subtype is strongly related to what individuals perceive to be true about potential alternative opportunities or sacrifices

(McGee & Ford, 1987), which directly aligns with the cognitive path. When considering the relationship between COC and the pandemic policies, it is conceivable that an employee working for an organization that has loosely defined policies may differentially weigh the risk of working there versus working somewhere else.

Perceived Risk. Existing literature loosely demonstrates that a perceived risk of getting injured or ill at work (PRI) can influence how committed someone is to the organization (Ferrer et al., 2016), but it is unclear how this perception might change the likelihood that someone would view a new opportunity as a “safer bet” than their current role. While there is some evidence of a relationship between workplace safety risks and TI (Harrell, 1999), a closer examination of the literature reveals a gap in the current understanding of perceptions, such as perceived safety risks, and how these perceptions might influence commitment (more specifically, COC). Thus, PRI could be a key mediator of the relationship between pandemic policies and COC, providing further evidence of the cognitive pathway for attitude development.

It is expected that pandemic policies in the workplace will have a relationship with the PRI, providing additional evidence for the relationship between organizational policies and the perception of a safe work environment. Until now, research has taken a pragmatic approach to understanding workplace safety, with a focus on understanding how safe work environments and implementation of safety measures might lead to better safety outcomes (Christian et al., 2009). Thus, the presence of safety risks is an important consideration for TI.

1.3 Belief in the Pandemic

Bearing in mind the relationship between PRI and COC, it is reasonable to understand the weight physical and psychological safety risks carry when considering the benefits of moving to a new company. Additionally, the relationship between POS and AOC is well understood and a common antecedent to POS and PRI is believed to be the presence of pandemic policies. However, a key moderator of the relationship between pandemic policy presence and PRI, as well as pandemic policy presence and POS, could be belief in the pandemic. This relationship is further justified with the social information processing theory (Salancik & Pfeffer, 1978).

SIP Theory

Belief, in a broad sense, is the connection between an attitude object and some outcome, goal, or value (Fishbein & Ajzen, 1975). As highly social creatures, it should not be a surprise that social cues play an important role in belief development, which can in turn help strengthen or influence attitudes (Madrigal, 2001). Social information processing theory (SIP) provides a good theoretical foundation for how a social environment can influence attitude development over time (Salancik & Pfeffer, 1978). This theory posits that social cues inform mental processes that lead to the development of an attitude. The cognitive processes include attention to or comprehension of what is happening in the social context, the encoding or simplification of the social information, and the retention and future retrieval of the information. Over time, these mental processes form an attitude. A social situation might prompt the same cognitive processes, leading to a stronger or weaker attitude towards something.

The emphasis on social cues and the recollection of these cues, as described by SIP and the tripartite conceptualization of attitudes, has been largely supported and applied to multiple contexts in the empirical literature (Schleicher et al., 2011). Both at and away from work, humans are bombarded with facts and opinions on nearly every subject, allowing us to draw conclusions from social cues on a much larger scale (Clement, 2020; Watson, 2020). In the last few months, the consequences of this larger social context have become more evident. For example, believing a global pandemic is not a hoax seems to be relatively straightforward at first glance. However, the United States has recently shown an increase in polarity on many topics, including whether or not one believes COVID-19 is real (Jurkowitz & Mitchell, 2020; Mitchell et al., 2020).

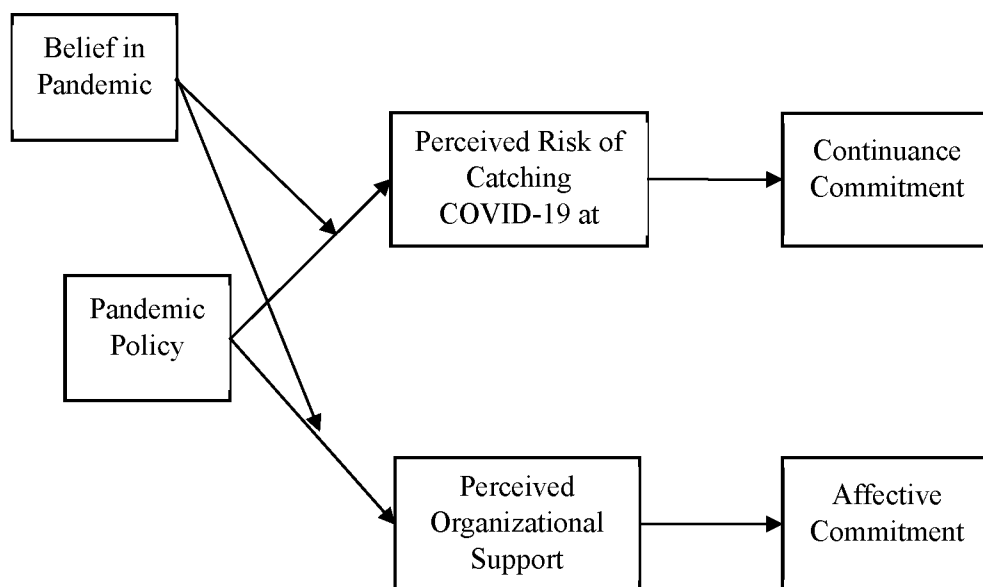
Researchers recently examined social psychological research in an attempt to explain why something like this might be controversial and found that humans are generally bad at decision-making when ambiguous information is presented (Van Bavel et al., 2020; Chater, 2020). Taking this into context with the SIP theory, it could be argued that ambiguous social cues create more confusion when interpreting the information, thus influencing attitude formation over time and creating diverging beliefs of seemingly straightforward concepts. For example, Person A may interpret the reporting of the pandemic as highly inconsistent, leading to disbelief in the existence of a pandemic. This disbelief could then influence their attitudes towards protective measures, such as masks, and alter their perception of risks and feelings of support from an employer. Person B might also interpret the reporting as inconsistent but may see that as an indication of the scientific process at work, leading to a belief that the pandemic is real and an evolving situation. Their belief could differentially impact their attitudes towards

protective measures, their perception of risks and their feelings of support from an employer. Thus, an individual's belief in the existence of the pandemic can moderate the relationship between pandemic policies and PRI, as well as pandemic policies and POS.

1.4 Hypotheses

This research hopes to build upon the existing literature on OC by looking at two diverging paths from organizational policy to commitment (see Figure 1). The first path explores the cognitive side of attitude development by looking at the relationship between pandemic policy and COC, as mediated by PRI. Additionally, it examines the moderating effects belief in the pandemic has on the relationship between pandemic policy and PRI. The second path explores the affective side of attitude development by looking at how the relationship between pandemic policy and AOC is mediated by POS, as well as how the relationship between pandemic policy and POS is moderated by belief in the pandemic.

Figure 1.
Moderated mediation model showing two paths from pandemic policy to commitment.



Hypothesis 1

H1 predicts there will be a relationship between pandemic policy and PRI, which will be moderated by belief in the pandemic. This prediction is supported theoretically by the tripartite conceptualization of attitudes as well as SIP theory. When participants believe in the pandemic, the relationship between the pandemic policy and PRI will be significant and negative; when a pandemic policy is present, the perceived risk of catching COVID-19 at work will be significantly reduced. Additionally, when participants believe in the pandemic, the relationship between the pandemic policy and PRI will change as a result of the moderating effect of belief on the perceived risk (see Figure 2). It is believed that when pandemic policies are present and participants believe the pandemic is real, the levels of perceived risk will be lower than when pandemic policies are not present and belief in the pandemic is real. Thus, the researcher predicts:

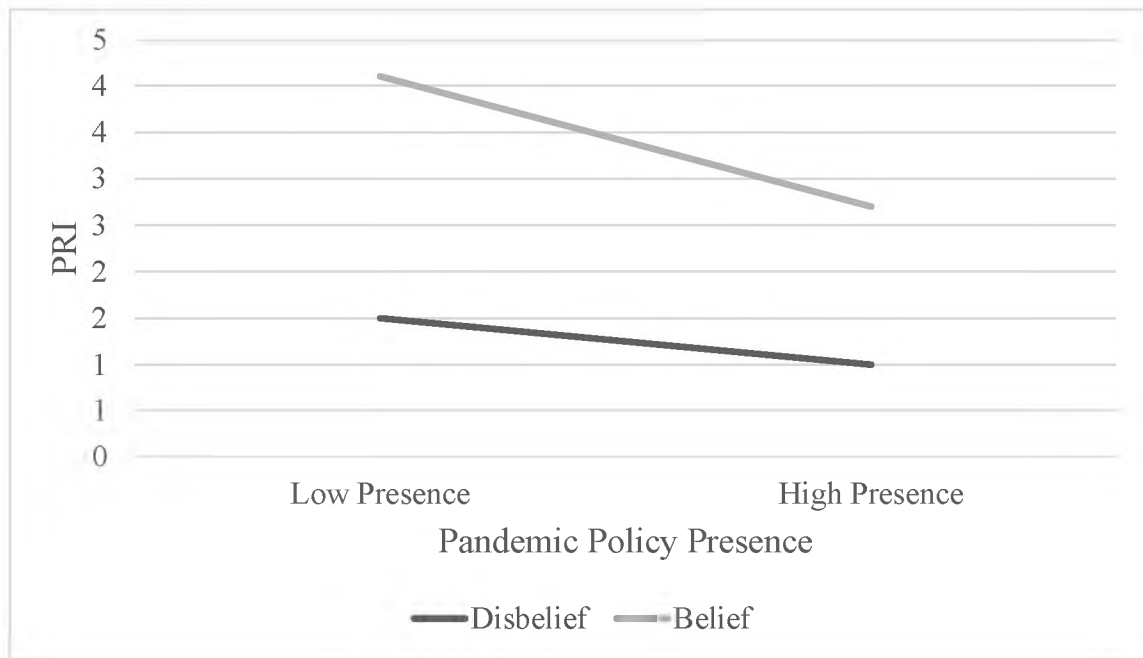
Hypothesis 1: The relationship between pandemic policy and PRI will be negative, and this relationship will be moderated by belief in the pandemic, such that the perceived risk of catching COVID-19 at work will be at its highest when people believe in the pandemic and a pandemic policy is not present.

Hypothesis 2

H2 predicts that the interaction between pandemic policy presence and belief in the pandemic on COC will be mediated by PRI. Pandemic policy presence will have a negative relationship with the perceived risk of catching COVID-19 at work, and that relationship will be moderated by belief in the pandemic. The perceived risk will, in turn, have a negative relationship with COC. Thus, the researcher predicts:

Hypothesis 2: The relationship between pandemic policy presence and COC will be mediated by PRI.

Figure 2.
The effect of the presence of a pandemic policy on the PRI, as moderated by belief in the pandemic.



Hypothesis 3

H3 predicts there will be a relationship between pandemic policy and POS, which will be moderated by belief in the pandemic. This is also supported theoretically by the literature on POS, as well as the tripartite conceptualization of attitudes and SIP theory. When participants believe in the pandemic, the relationship between the pandemic policy and POS will be positive (see Figure 3). In contrast, when participants do not believe in the pandemic, the relationship between the pandemic policy and POS will be negative. Thus, the researcher predicts:

Hypothesis 3: There will be a relationship between pandemic policy presence and POS, and this relationship will be moderated by belief in the pandemic, such that the direction of the relationship will depend on belief in the pandemic.

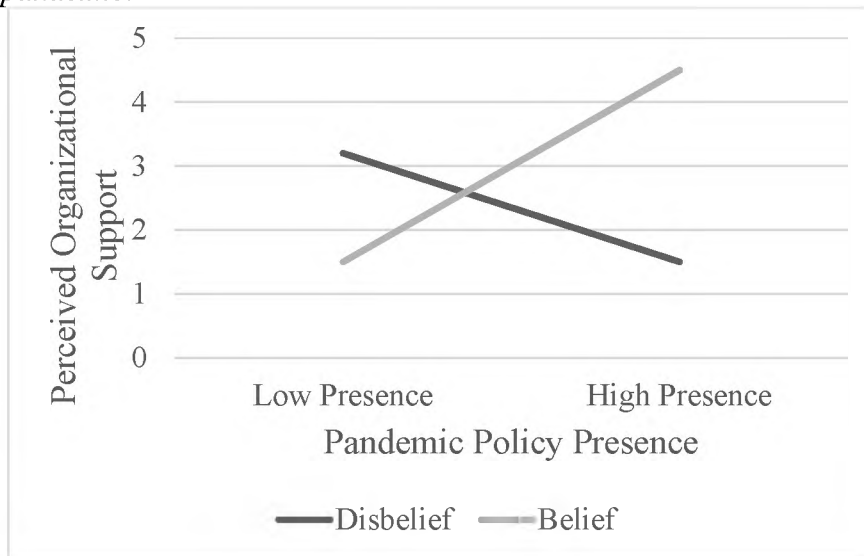
Hypothesis 4

H4 predicts that the interaction between pandemic policy presence and belief in the pandemic on AOC will be mediated by POS. Pandemic policy presence will have a relationship with POS, and that relationship will be moderated by belief in the pandemic. POS will, in turn, have a positive relationship with AOC. Thus, the researcher predicts:

Hypothesis 4: The interaction between pandemic policy presence and belief in the pandemic on AOC will be mediated by POS.

Figure 3.

The influence of pandemic policy presence on POS, as moderated by belief in the pandemic.



CHAPTER II

METHOD

2.1 Procedure and Participants

This study was conducted online by administering a survey using Qualtrics. Each questionnaire was delivered with a consent form telling participants about the study and how data will be stored. The study was made available for eligible participants (Turkers) to access on Amazon Mechanical Turk (MTurk) from February 5th, 2021 through February 7th, 2021. Throughout the survey, Turkers were reminded both before completing the questionnaire, as well as just before submitting responses, that they could leave the survey without penalty at any time.

Turkers were paid in accordance with minimum wage requirements. The average Turker takes about 10.5 seconds to answer a question (CloudResearch.com, 2020) and there are 50 questions on the survey (including demographic items). The federal minimum wage is currently \$7.25 per hour (DOL.gov, 2020), and given that the average Turker will take approximately nine minutes to complete the survey, each survey respondent received \$1.05 in compensation for their time.

ReCaptcha questions were built into the background of the survey to bolster the validity of responses by identifying participants who responded in a similar way that a

bot would respond or who were responding multiple times from the same IP address. Of the 121 participants who completed the survey, 21 (17.4%) participants were excluded from analysis for failing these ReCaptcha validation questions. In addition to these questions, eight items (20.5%) throughout the survey were reverse coded to reduce the likelihood of insufficient effort in responding (Cheung et al., 2016). Response times were also reviewed to ensure any response times that were more than two standard deviations from the mean response time were excluded. There were no additional participants excluded for this reason. Of the remaining 100 participants, six additional participants were discovered to be outliers during data analyses (described further in the analysis section) and one participant was excluded for indicating they are under the age of 18. This resulted in a final total of 93 participants.

Participants for this study are working adults aged 20-70 years old with a mean age of 35. They indicated they were employed at least part-time (20 hours or more) in the United States. The demographic breakdown of the participants indicates 66.3% are men and 33.7% are women, and 65.2% of participants are married, 27.2% have never been married, and 4.4% are either divorced or separated. Racial demographics for participants indicate 66.3% are White, 13% are Black or African American, 15.2% are Asian, and 1.1% are American Indian or Alaskan Native. In terms of political affiliation, 53.3% of participants are Democrats, 27.2% are Republicans, 12% are Independent or Green Party members, and 4.3% claim no political party affiliation.

In terms of employment, participants belong to a variety of industries, including service, healthcare, computer science, and education. Most participants have worked with their current employer for at least two years, with only 5.4% of participants indicating

less than one year of tenure. There is more variability in the length of time reported for a current role, with a majority of participants holding their current position for between six months to five years (78.7%), as well as one person indicating less than six months in their current role and six people indicating more than 10 years in their current roles. Additionally, 95.6% of participants hold a managerial role or lower in their organizations. Table 1 has a full industry-related demographic breakdown.

Table 1.
Frequency Distribution of Participants Across Industries.

Industry	Frequency	Length of Time Employed	Frequency	Length of Time in Role	Frequency	Org Level	Frequency
Skilled Trade	15	< 1 YR	5	< 1 YR	11	Entry Level	26
Education	6	2-3 YRS	24	2-3 YRS	36	Team Leader	20
Computer Science	26	4-5 YRS	32	4-5 YRS	21	Supervisor	22
Finance / Insurance	10	6-7 YRS	5	6-7 YRS	7	Manager	17
Service	12	8-9 YRS	6	8-9 YRS	6	Director	1
Healthcare	9	10+ YRS	14	10+ YRS	5	Executive	0*
Other	9						

Note. * indicates this category is empty once outliers are excluded.

2.2 Measures

Commitment Scales

The Continuance Commitment Scale (CCS) and Affective Commitment Scale (ACS) adapted by Meyer and Allen (1991) is used. There are four total items on each scale. A sample item for the CCS is “Right now, staying with the organization is a matter of necessity as much as desire.” A sample item for the ACS is “The organization has a great deal of personal meaning for me.” Reliability for these existing scales was calculated by Meyer and Allen (1991) with a coefficient alpha as follows: ACS, $\alpha = .87$; CCS, $\alpha = .75$.

Pandemic Policy Presence

This construct is examined in the context of COVID-19 policies. This 6-item scale is added to the questionnaire, and a sample item is “My workplace enforces the use of masks for employees” (see Appendix A). These items were created specifically for this thesis, and they are believed to be a valid measure of the construct because they directly ask about mask and social distancing policy presence in the workplace, including whether or not the policy is enforced for employees, clients, or both.

Belief in the Pandemic

This is measured using a 3-item scale, and a sample item is “I believe the pandemic is a hoax.” (reverse-coded; see Appendix B). These items were also created specifically for this thesis and are believed to be a valid measure of the construct because they gauge levels of belief in different aspects of the pandemic. While the scale does rely on self-report and may be subject to response bias, the researcher feels this is not a concern considering the polarizing effect the pandemic has had on beliefs surrounding it.

Perceived Risk

This is measured using an existing scale, as well as two additional items: “I feel at risk for catching COVID-19 from my workplace,” and “My risk for catching COVID-19 is higher when I am at work.” The existing scale used, the Tripartite Model of Risk Perception scale (TMRP; Ferrer et al., 2016; see Appendix C), measured perceived risk from a deliberative, affective, and experiential perspective. There are seven items, and while the original scale items were written to measure the risk of getting cancer or heart disease, they were easily adapted for this study to measure the risk of catching COVID-19. Sample scale items for this study are “How likely is it that you will get COVID-19 at

some point in the future?” (deliberative), “How worried are you about contracting COVID-19 in the future?” (affective), and “I feel very vulnerable to COVID-19” (experiential). While the TMRP scale has proven to be reliable in previous studies ($\alpha = .93$; Ferrer et al., 2016), the items asked participants to report their risk from a bigger picture perspective. The additional two items allow the researcher to directly connect the perceived risk of catching COVID-19 to the workplace environment.

Perceived Organizational Support

This is measured using an 8-item scale adapted by Eisenberger and colleagues (2002), which is a shortened version of the original 36-item scale found to be reliable and more efficient ($\alpha = .95$; Worley et al., 2009). A sample item is “The organizational strongly considers my goals and values” (see Appendix D).

Demographic Questions

Information was collected on age, gender, race, ethnicity, industry, marital status, political affiliation, length of time at current employer, length of time in current role, and level in the organization. These are necessary to control for potential confounding effects that are not included in the hypotheses.

CHAPTER III

RESULTS

3.1 Data Screening

Prior to conducting any analyses, survey items that required reverse coding were recoded. Next, an omnibus Mahalanobis D analysis was performed to ensure any outliers were appropriately accounted for and excluded. There are 27 total variables included in the analysis as follows: the COC Scale, the AOC Scale, the POS Scale, the Pandemic Policy Presence Scale, the Belief in the Pandemic Scale, the Perceived Risk Scale, the COVID-19 questions, and the demographics. Results indicate that four participants are outliers based on a critical value cutoff of $\chi^2 > 40.11$, $p = .05$, $df = 27$. These participants are excluded from all further analyses.

Since all demographic variables, with the exception of age, are categorical variables, dummy variables were created for the analyses. Prior to doing so, a frequency analysis was conducted to identify categories that can be combined due to a small sample size or eliminated due to zero responses. Gender was recoded into one dummy variable for women, with men as the comparison group. Race was recoded into three dummy variables: one for Black or African American, one for Asian, and one for all other ethnicities (including American Indian and Alaskan Native). White is used as the

comparison group. Industry was condensed and recoded into seven dummy variables: Skilled Trade, Education, Finance and Insurance, Service, Healthcare, and all other industries. Computer Science is used as the comparison group. Marital Status was recoded into two dummy variables: Divorced or Separated and Never Married. Married is the comparison group. Political Party Affiliation was recoded into two dummy variables: Republican and Green Party, with Democrats as the comparison group. Length of time in a current role was recoded into five dummy variables: In role for less than one year, in role for four or five years, in role for six or seven years, in role for eight or nine years, and in role for 10 or more years. Being in a role for two to three years is the comparison group. Similarly, the length of time with a current employer was recoded into five dummy variables that mimic the current role group, with being with an employer for four to five years as the comparison group. Finally, level in the organization was recoded into four dummy variables: Team Lead, Supervisor, Manager, and Executive. Entry level is used as the comparison group.

3.2 Preliminary Analyses

Prior to testing the hypotheses, a reliability analysis was conducted for the COC Scale, AOC Scale, POS Scale, Pandemic Policy Scale, Belief in the Pandemic Scale, and Perceived Risk Scale. Each scale has adequate reliability with a Cronbach's $\alpha > .70$. For each scale, removal of reverse-coded items results in an increase to the alpha value of less than .05. This is a statistical artifact and considering the importance of the reverse-coded items to the meaningfulness of the scales, these items were not removed.

The Pandemic Policy Scale and the Belief in Pandemic Scale were further reviewed to evaluate the internal consistency of the scales as well as the factor structure

of each scale using an exploratory factor analysis with unit weighting. These scales were chosen because they are newly developed for the purposes of this study. The following criteria were included in the examination of factorability for the scales: (1) bivariate correlations, (2) the Kaiser-Meyer-Olkin measure of sampling adequacy at the overall and individual level, and (3) Bartlett's test of sphericity.

For the Pandemic Policy Scale, all six items correlate significantly with at least one other item at the .05 level (see Table 2). The overall Kaiser-Meyer-Olkin measure of sampling adequacy is 0.78, which is considered meritorious. In addition, the measure of sampling adequacy values for the individual items were all between 0.65 and 0.83, exceeding the minimum recommended value of 0.50. Bartlett's test of sphericity was statistically significant, $\chi^2(15) = 135.01, p < .001$.

Table 2.
Correlation Matrix For Pandemic Policy Items (N = 91).

Item	RQ171	Q17_2	Q17_3	Q17_4	Q17_5
RQ171. My organization does not have a mask policy in place.	-				
Q17_2. My organization has a social distancing policy in place.	.209*	-			
Q17_3. My workplace enforces the use of masks for employees.	.147	.252*	-		
Q17_4. My workplace enforces the use of masks for clients and/or customers.	.227*	.302*	.483*	-	
Q17_5. My workplace enforces social distancing for employees.	.322*	.491*	.376*	.524*	-
Q17_6. My workplace enforces social distancing for clients and/or customers.	.071	.431*	.320*	.459*	.575*

Note. *items are significant at the .05 level.

A Principal Axis Factoring analysis was performed using an Oblimin rotation with Kaiser Normalization. A single factor solution was retained as indicated by a single Eigenvalue greater than 1.00, representing 46.88% of the variance explained when

extracted. All items contributed to a simple factor structure and had a primary factor loading above the recommended value, 0.30.

For the Belief in the Pandemic Scale, all four items correlated significantly with at least one other item at the 0.05 level (see Table 3). The overall Kaiser-Meyer-Olkin measure of sampling adequacy was 0.772, which is considered meritorious (Kaiser, 1975). In addition, the measure of sampling adequacy values for the individual items were all larger than the recommended value of 0.50. Bartlett’s test of sphericity was statistically significant, $\chi^2(6) = 99.33, p < .001$.

Table 3.
Correlation Matrix For Belief In The Pandemic Items (N = 92).

Item	RQ191	Q19_2	Q19_3
RQ191. I think the pandemic is a hoax.	-		
19_2. I believe wearing a mask is necessary to prevent spreading COVID-19.	.38*	-	
19_3. I believe social distancing is necessary to prevent spreading COVID-19.	.39*	.60*	-
19_4. The risk of catching or spreading COVID-19 should be taken seriously.	.36*	.55*	.52*

Note. *items are significant at the 0.05 level.

A Principal Axis Factoring analysis was performed using an Oblimin rotation with Kaiser Normalization. A single factor solution was retained as indicated by a single Eigenvalue greater than 1.00, representing 60.381% of the variance explained when extracted. All items had a primary factor loading above the recommended 0.30.

Additionally, the Pandemic Policy Scale items and the Belief in the Pandemic Scale items were examined together to evaluate the construct validity and determine whether the two scales are distinct. The overall Kaiser-Meyer-Olkin measure of sampling adequacy is 0.791, which is considered a meritorious result. In addition, the measure of

sampling adequacy values for the individual items range between 0.63 and 0.91, with the lowest two values being for the reverse coded items (RQ171, $MSA = .63$, RQ191, $MSA = .63$). While the lowest two values are considered a mediocre result, this sample is still considered adequate for a factor analysis. Additionally, Bartlett's test of sphericity is statistically significant, $\chi^2(45) = 325.88, p < .001$, providing further evidence of sampling adequacy.

A Principal Axis Factoring analysis was performed using an Oblimin rotation with Kaiser Normalization. A three-factor solution was retained as indicated by three Eigenvalues greater than 1.00, representing 55.15% of the total variance explained when extracted. The correlations between the extracted factors are as follows: Factor 1 and Factor 3 have a -0.15 correlation, Factor 1 and Factor 2 have a -0.45 correlation, and Factor 2 and Factor 3 have a 0.39 correlation.

All items had a primary factor loading above the recommended 0.30. However, the items grouping on Factor 3 are the reverse coded questions from the Pandemic Policy Scale and the Belief in the Pandemic Scale. It is believed that this is a statistical artifact, as this is a common occurrence with reverse coded items. Therefore, they will be retained with their respective scales as originally intended. Table 4 provides the factor loading pattern matrix for the final solution.

Table 4.

Factor Loadings and Communalities Based on Principal Axis Factoring for the Pandemic Policy and Belief in the Pandemic Items (N = 91).

Item	Factor 1	Factor 2	Factor 3	Communality
RQ171. My organization does not have a mask policy in place.	.149	.086	.893	.794
Q17_2. My organization has a social distancing policy in place.	.531	-.199	.015	.412
Q17_3. My workplace enforces the use of masks for employees.	.641	-.018	-.017	.417
Q17_4. My workplace enforces the use of masks for clients and/or customers.	.754	.092	.108	.554
Q17_5. My workplace enforces social distancing for employees.	.779	-.097	.075	.712
Q17_6. My workplace enforces social distancing for clients and/or customers.	.805	.013	-.121	.619
RQ191. I believe the pandemic is a hoax.	-.167	-.232	.758	.744
19_2. I believe wearing a mask is necessary to prevent spreading COVID-19.	.029	-.780	.005	.631
19_3. I believe social distancing is necessary to prevent spreading COVID-19.	.039	-.677	.092	.550
19_4. The risk of catching or spreading COVID-19 should be taken seriously.	.026	-.721	-.025	.518

The Perceived Risk Scale was also examined to determine whether the new COVID-19 specific items correlate with the original scale items enough to be used for analysis. The overall Kaiser-Meyer-Olkin measure of sampling adequacy is .79, which is considered a meritorious result. In addition, the measure of sampling adequacy values for the individual items range between .46 and .89, with the lowest two values being for the reverse coded items (RQ215, $MSA = .58$, RQ217, $MSA = .46$). Additionally, Bartlett's test of sphericity is statistically significant, $\chi^2(36) = 316.77, p < .001$. While the lowest

two values could be concern, this sample is still considered adequate for a factor analysis given the significant Bartlett's test and the meritorious result of the KMO-MSA.

A Principal Axis Factoring analysis was performed using an Oblimin rotation with Kaiser Normalization. A two-factor solution was retained as indicated by two Eigenvalues greater than 1.00, representing 52.11% of the total variance explained when extracted. Factor 1 and Factor 2 have a positive correlation of 0.024. Factor 2 consists entirely of the reverse coded items for this scale: "I am not concerned about catching COVID-19 in the future" and "I am confident that I will not catch COVID-19." These questions are consistent with the original scale, so they will be retained for the analysis as the factor loading is likely a statistical artifact. The two new questions, "I feel at risk for catching COVID-19 from my workplace" and "My risk for catching COVID-19 is higher when I am at work" have strong factor loadings of .80 and .70, respectively. Additionally, the communalities for these items indicate strong correlations with the other items ($r = .67$ and $r = .51$, respectively). The Principal Axis Factoring analysis was performed a second time, this time forcing all items onto a single factor. Factor loadings for the reverse coded items were .083 and .072, respectively. Additionally, the items are not highly correlated with the rest of the scale items. This is likely a statistical artifact and considering the role these items play in making the scale relevant to the workplace, this scale will remain intact for the rest of the analyses.

Scale means were created using the valid items for the Pandemic Policy Scale and the Belief in the Pandemic Scale. Additionally, scale means were created for the COC Scale, AOC Scale, POS Scale, and Perceived Risk Scale. Next, correlations between the dependent variables (AOC, COC, Perceived Risk, and POS) and the COVID-19

questions were reviewed to understand the relationships. Perceived Risk and each of the COVID-19 questions have a significant negative zero-order correlation (see Appendix E), so these variables will be held constant in the H1 and H2 analyses. No additional correlated variables were found for H2, and there were no significant correlations between Perceived Risk and the other demographic variables. For POS, there is a significant correlation with political affiliation so this will be held constant in the H3 and H4 analyses. For AOC, gender was significantly correlated ($r = .29$) and will be held constant in the H4 analysis. The complete correlation matrix for the COVID-19 questions and dependent variables is located in Appendix E, as well as descriptive statistics for the dependent variables.

3.3 Hypothesis 1

A hierarchical multiple regression analysis was conducted to determine if the perceived risk of catching COVID-19 at work (dependent variable) depends on the interaction between pandemic policy presence and belief in the pandemic. Block 1 includes three of the four COVID-19 related questions. These questions ask if the participant has been exposed to COVID-19, if they have personally contracted COVID-19, and if they have had at least the first vaccine dose. These questions covary with the Perceived Risk scale, so they are being held constant. Block 2 adds the main effects for the Pandemic Policy Scale and the Belief in the Pandemic Scale to the model. Block 3 adds the interaction term for the Pandemic Policy Scale and the Belief in the Pandemic scale.

The data were screened for missing data and violation of assumptions prior to analysis. The assumption of normality was indicated by the overall shape of the

histogram. A review of the studentized residuals, leverage, and Cook's D revealed no additional outliers for H1. Additionally, the scatterplot revealed an even distribution of points, providing evidence of homoscedasticity. Tolerance and VIF were examined to determine any multicollinearity concerns with Model 1 and results indicate there are no concerns for multicollinearity.

The results of the hierarchical multiple regression analysis suggest that a significant proportion of the total variance in perceived risk is predicted by Model 1, $F(3, 88) = 4.477, p = .006$, explaining 13.2% of the total variance. The probability of finding a sample value of multiple R^2 of .132 or higher if there is really no effect to find is about 1%. A review of the regression coefficients for Model 1 indicates there are no unique predictors for Perceived Risk. While the multicollinearity diagnostic statistics are within the recommended ranges, a review of the correlations between the variables shows many are significantly correlated with each other. Taken together, this information seems to indicate a suppressor effect on the model.

Models 2 and 3 do not predict enough new variance above and beyond Model 1. Model 2 added the main effects of Pandemic Policy Presence and Belief in the Pandemic. Model 3 added the interaction between Pandemic Policy Presence and Belief in the Pandemic. Results indicate there is not enough evidence to conclude there is an interaction between Pandemic Policy Presence and Belief in the Pandemic, and there is not enough evidence to reflect a main effect for either variable individually. Therefore, Hypothesis 1 is not supported. Table 5 shows the results of the regression.

Table 5.*Multiple Regression Predicting Perceived Risk of Catching COVID-19 at Work, N=92*

Predictor	Zero-order <i>r</i>	B	SE	<i>p</i>
Intercept	--	4.386	.330	< .001
Q10	-.334	-.360	.193	.066
Q11	-.275	-.188	.177	.293
Q13	-.272	-.122	.215	.572

$R^2 = .132$
 $F(3, 88) = 4.477, p = .006$

3.4 Hypothesis 2

A conditional process analysis was conducted using the PROCESS Macro (Hayes, 2013) to determine whether continuance commitment (dependent variable) can be predicted by pandemic policy presence. This relationship is believed to be mediated by the perceived risk of catching COVID-19 at work, and the relationship between perceived risk and pandemic policy presence is expected to be moderated by belief in the pandemic. It was determined that all four COVID-19 questions are significantly correlated with the COC Scale, so these variables are held constant as covariates.

Part of the conditional process analysis examined the simple linear regression of COC on Pandemic Policy Presence, Perceived Risk, Belief in the Pandemic, the interaction of belief and pandemic policy, and the four COVID-19 questions. This model is significant, $F(7, 76) = 2.319, p = .034$. The conditional indirect effect of Pandemic Policy Presence on COC through a moderated relationship with Perceived Risk was examined. Confidence intervals at the 16th, 50th, and 86th percentiles of belief indicate that there is not enough evidence for a significant indirect effect of Pandemic Policy Presence on Continuance Commitment. Additionally, the index of moderated mediation ($Index = -.024, 95\% C.I. = -.143 \text{ to } .056$) indicates there is not enough evidence to support the

notion that an indirect effect between Pandemic Policy Presence on Continuance Commitment varies linearly as a function of belief. As an aside, there was a significant interaction between pandemic policy presence and perceived risk, $F(1, 74) = 7.825, p = .007$. This relationship will be examined further in an exploratory analysis.

Since the interaction between Pandemic Policy Presence and Belief in the Pandemic was not supported in H1, an additional analysis for H2 was conducted to determine if there is a significant indirect effect of Pandemic Policy Presence on Continuance Commitment without Belief in the Pandemic included as a moderator. Again, the simple regression of Pandemic Policy Presence, perceived risk, and the four COVID-19 questions on COC is significant, $F(6, 77) = 2.329, p = .041$. However, there are no uniquely significant predictors in the model and confidence intervals for the indirect effect of Pandemic Policy Presence on Continuance Commitment indicate the indirect effect is not significant (see Table 6). Table 7 shows the model coefficients for the process model, excluding the moderator. Overall, Hypothesis 2 is not supported.

Table 6.
Indirect Effect of Pandemic Policy Presence on Continuance Commitment

Indirect Effect		
Effect	Bootstrap SE	95% Bootstrap CI
.002	.040	-.078 to .093

Note. $\alpha = .05$.

3.5 Hypothesis 3

A hierarchical multiple regression analysis was conducted to determine if perceived organizational support (dependent variable) depends on the interaction between Pandemic Policy Presence and belief in the pandemic. Block 1 includes Political Party Affiliation. Since this is a categorical variable, dummy variables were used for the analysis, with Democrats being held as the comparison group while Republicans and

Green Party were entered into the analysis. Political Party Affiliation covaries with the Perceived Organizational Support scale, so it is being held constant. Block 2 adds the main effects for the Pandemic Policy Scale and the Belief in the Pandemic Scale to the model. Block 3 adds the interaction term for the Pandemic Policy Scale and the Belief in the Pandemic scale.

Table 7.
Model Coefficients For Hypothesis 2 without Moderation (DV = Continuance Commitment)

Antecedent	Y (COC)		
	Coeff.	SE	P
Intercept	3.955	.866	< .001
X (Policy)	-.034	.135	.803
M (Risk)	.223	.139	.113
Q10	-.194	.251	.450
Q11	-.332	.258	.202
Q12	.098	.245	.690
Q13	-.167	.274	.545

$R^2 = .154$
 $F(6, 77) = 2.329, p = .041$

Note. $\alpha = .05$. “Q10” refers to people who have been diagnosed with COVID-19. “Q11” refers to exposure. “Q12” refers to severity of symptoms. “Q13” refers to vaccination status. For Q10-Q13, answers are coded with 1 = yes and 2 = no.

The data were screened for missing data and violation of assumptions prior to analysis. The assumption of normality is indicated by the overall shape of the histogram, although there was evidence of some positive kurtosis. A review of the studentized residuals, leverage, and Cook’s D revealed no additional outliers for H3. Additionally, the scatterplot revealed an even distribution of points, providing evidence of

homoscedasticity with the exception of one clear outlier. This participant was removed from further analyses, which also resulted in a correction in the kurtosis. Tolerance and VIF were examined to determine any multicollinearity concerns with Model 2 and results indicate there are no concerns for multicollinearity.

The results of the hierarchical multiple regression analysis suggest that a significant proportion of the total variation in Perceived Organizational Support is predicted by Model 1 and Model 2. Model 1 includes the demographic covariates (political affiliation) and is significant, $F(2, 92) = 4.357, p = .016$. Model 2 adds the main effects of Pandemic Policy Presence and Belief in the Pandemic and is significant, $F(2, 90) = 13.738, p < .001$. Additionally, Model 2 has an $R^2 = .379$ and a significant F change, $p < .001$ ($\alpha = .05$). Model 2 fits the data better than an intercept-only model and predicts 29% more variance than Model 1. The probability of finding a sample value of multiple R^2 of .379 or higher if there is really no effect to find is less than .01%. While Model 3 also has a significant F test, $F(1, 89) = 11.196, p < .001$, the R^2 change is .007. This does not result in a significant F change from Model 2 to Model 3, $p = .316$, indicating it does not predict significantly more variance than Model 2. Therefore, Model 2 is the best fitting model with all things considered.

A review of the regression coefficients for Model 2 indicates Political Party Affiliation and Pandemic Policy Presence are both significant predictors of Perceived Organizational Support. Perceived Organizational Support is .472 units lower for Green Party Members compared to Perceived Organizational Support for Democrats when Pandemic Policy Presence is held constant, $B = -.472, t = -2.847, p = .005$. Additionally, as Pandemic Policy Presence increases, Perceived Organizational Support increases when

all other variables are held constant, $B = .515$, $t = 6.426$, $p < .001$. Being a Republican does not differ from Democrats in levels of Perceived Organizational Support when other variables are held constant. Furthermore, Belief in the Pandemic does not predict Perceived Organizational Support. There is not enough evidence to support the interaction between Belief in the Pandemic and Pandemic Policy Presence. Therefore, Hypothesis 3 is only partially supported; while there is a relationship between Pandemic Policy Presence and Perceived Organizational Support, this relationship is not dependent upon Belief in the Pandemic. Table 8 shows the results from the regression.

Table 8.
Multiple Regression for Model 2 Predicting Perceived Organizational Support, N=95

Predictor	Zero-order r	β	SE	p
Intercept	--	2.069	.340	< .001
Green	-.288	-.495	.174	.005
Republican	.124	.136	.126	.284
Belief	.010	-.148	.079	.063
Pandemic	.498	.515	.080	< .001
Policy				

$$R^2 = .379$$

$$F(2, 90) = 13.738, p < .001$$

3.6 Hypothesis 4

Similar to H2, a conditional process analysis is conducted for H4 using the PROCESS Macro (Hayes, 2013) to determine whether Affective Commitment (dependent variable) can be predicted by Pandemic Policy Presence. This relationship is believed to be mediated by Perceived Organizational Support, and the relationship between Perceived Organizational Support and Pandemic Policy Presence is expected to be moderated by Belief in the Pandemic. Additionally, it was determined that gender and

political party affiliation are significantly correlated with the AOC Scale so these variables are held constant as covariates.

Part of the conditional process analysis examined the simple linear regression of Pandemic Policy Presence, Perceived organizational support, Belief in the Pandemic, the interaction of belief and pandemic policy, gender, and political affiliation on AOC. This model is significant, $F(7, 88) = 18.202, p < .001$. There are two uniquely significant predictors in this model, Perceived Organizational Support ($p < .001$) and Gender ($p < .001$). Affective Commitment increases by .456 units when participants are women compared to when participants are men. Additionally, as Perceived Organizational Support increases, Affective Commitment increases when all other variables are held constant, $B = .780, t = 8.039, p < .001$. Pandemic Policy Presence is not a significant predictor of AOC on its own. There also is not enough evidence to indicate that Belief in the Pandemic has any influence on this effect, as Belief is not a significant predictor of AOC.

The conditional indirect effect of Pandemic Policy Presence on AOC through a moderated relationship with Perceived Organizational Support was examined to identify if there is a moderated mediation effect on AOC. As indicated by the confidence intervals at the 16th, 50th, and 86th percentiles of Perceived Organizational Support, there is a significant positive indirect effect of Pandemic Policy Presence on Affective Commitment. With that in mind, the index of moderated mediation ($Index = .056, 95\% C.I. = -.081 \text{ to } .198$) indicates there is not enough evidence to support the notion that the indirect effect between Pandemic Policy Presence on Affective Commitment varies linearly as a function of Belief in the Pandemic. In other words, there is a mediation

effect but there is no evidence of moderation. Overall, Hypothesis 4 is partially supported, as the indirect effect of Pandemic Policy Presence on Affective Commitment as mediated by perceived organizational support is significant.

Since the interaction between Pandemic Policy Presence and Belief in the Pandemic was not supported in H3, an additional analysis for H4 is conducted to determine if there is a significant indirect effect of Pandemic Policy Presence on Affective Commitment without Belief in the Pandemic included as a moderator. Again, the simple regression of pandemic policy presence, perceived organizational support, gender, and political affiliation on AOC is significant, $F(5, 90) = 26.009, p < .001$. POS, as well as gender, are uniquely significant predictors in this model, $B = .776, t = 8.304, p < .001$ and $B = .455, t = 3.962, p < .001$, respectively. Table 9 shows the model coefficients for the analysis without the moderating variable. Table 10 shows the indirect effect of Pandemic Policy Presence on Affective Commitment. The confidence interval indicates a significant indirect effect with POS as the mediating variable.

Table 9.
Model Coefficients For The Process Model For Hypothesis 4, Without Moderation

Antecedent	Y (AOC)		
	Coeff.	SE	P
Intercept	.099	.340	.772
X (Policy)	.099	.083	.238
M (POS)	.776	.093	< .001
Gender	.455	.115	< .001
Republican	-.130	.128	.312
Green	-.025	.182	.893

$$R^2 = .591$$

$$F(5, 90) = 26.009, p < .001$$

Note. $\alpha = .05$. “Gender” was recoded as a dichotomous dummy variable with one level for “women” and with “men” used as the comparison group. Women were coded with a 1, men were coded with a 0. “Republican” and “Green” reflect two levels of the Political Party Affiliation variable. “Democrats” was used as the comparison group for this variable.

Table 10.
Indirect Effect of Pandemic Policy Presence on Affective Commitment

Indirect Effect		
Effect	Bootstrap SE	95% Bootstrap CI
.328	.077	.173 to .471

Note. $\alpha = .05$.

3.7 Exploratory Analyses

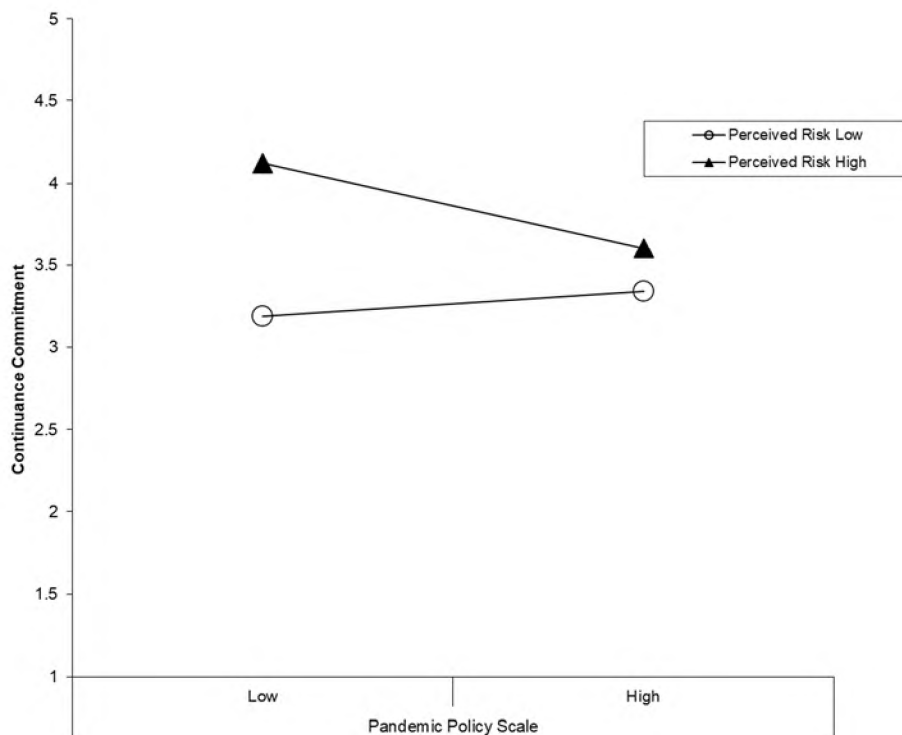
While an interaction between Pandemic Policy Presence and Perceived Risk was not initially part of the hypotheses tests, the significance of this finding from Hypothesis 2 warranted further exploration. To follow up, a simple OLS regression analysis was conducted to see if the relationship between Pandemic Policy Presence and Continuance Commitment is moderated, rather than mediated, by Perceived Risk. Model 1 includes the main effects of Pandemic Policy Presence and Perceived Risk. Model 2 adds the interaction of Pandemic Policy Presence and Perceived Risk. Model 1 predicts a significant amount of variance in Continuance Commitment, $F(2, 92) = 5.886, p = .004$ and explains 11.3% of the total variance. However, Model 2 predicts 17% of the variance in Continuance Commitment, $F(1, 91) = 6.198, p = .001$, which is significantly more variance than Model 1. Model 2 is the best fitting model.

A review of the regression coefficients for Model 2 indicates a significant interaction between Pandemic Policy Presence and Perceived Risk, $B = -.317, t = -2.490, p = .015$. The effect of Pandemic Policy Presence on Continuance Commitment depends on Perceived Risk. When Perceived Risk is high, the level of COC is significantly decreased by the presence of a pandemic policy, $p < .05$. When Perceived Risk is low, the level of COC appears to have no effect based on a visual inspection of the figure. Figure 4 shows what this relationship looks like by plotting each regression line. To create the

figure, the b weights for the independent variables as well as the interaction term were multiplied by the mean of each variable \pm the standard deviation of each variable, reflecting four representative values for perceived risk and pandemic policy. The implications will be discussed further in the next section.

In addition to the analysis of the newfound moderated relationship between Pandemic Policy Presence and Continuance Commitment, a regression analysis was conducted to test the relationship between Pandemic Policy Presence and Continuance Commitment, as moderated by Belief in the Pandemic but without covariates added to the model. The hope was to identify whether a suppressor effect was accounting for the lack of significance in the model. However, this analysis excluding the covariates also produced insignificant results.

Figure 4.
Interaction of pandemic policy scale and perceived risk on COC.



CHAPTER IV

DISCUSSION

This study hoped to find evidence of two distinct pathways to commitment from the presence on pandemic policies. The first pathway predicted a relationship between Pandemic Policy Presence and Continuance Commitment believed to be mediated by Perceived Risk and moderated by belief in the pandemic. The second pathway predicted a relationship between pandemic policy presence and affective commitment, believed to be mediated by perceived organizational support and moderated by belief in the pandemic. There is no evidence to support the first pathway in the way that it was predicted. However, there is evidence to partially support the second pathway. In this section, findings are summarized and implications are discussed, starting with Hypotheses 1 and 2.

4.1 Hypotheses 1 & 2 Findings and Implications

Hypothesis 1 stated that the relationship between pandemic policy and perceived risk is negative and moderated by belief in the pandemic. It was expected that (1) there is a negative relationship between pandemic policy and perceived risk and (2) the strength of that relationship changes as a function of belief in the pandemic. Results from the hierarchical multiple regression analysis did not support the addition of Belief in the

Pandemic or Pandemic Policy Presence to the model, as neither variable predicted enough variance above and beyond Model 1 to justify including them. Furthermore, while Model 1 was significant, there were no significant predictors found.

A second look at the correlation table seems to suggest a potential issue of multicollinearity with the COVID-19 questions. While the questions each have a significant negative correlation with Perceived Risk, they also have significant, strong, positive correlations with each other. While multicollinearity statistics did not indicate problematic multicollinearity in the model, it is possible that a suppressor effect on the variables is limiting significance of the individual predictors. Future researchers should consider revising the COVID-19 questions to reduce multicollinearity and the possibility of a suppressor effect.

Additionally, it is important to note that COVID-19 questions are negatively correlated with the other variables throughout the study and positively correlated with each other. These items were coded with 1 indicating a yes and 2 indicating a no. The correlation table in Appendix E reveals a strong correlation between people who received at least the first dose of the vaccine at the time of this study (January 2021) and people who personally had COVID recently ($r = .572$). There is also a significant negative correlation between people who indicated they had received at least the first dose of the vaccine and perceived risk of catching COVID at work ($r = -.270$). Taken together, these results seem to indicate that early adopters of the vaccine have a personal experience with COVID and perceive a higher risk of catching COVID at work. Another possible interpretation might be that participants were considering exposure instead of risk, and the perceived likelihood of being exposed to COVID led them to get the vaccine. Future

researchers might explore this further to understand how the role of personal experience can influence health-related behaviors, such as preventative treatment plans.

It was surprising to see insignificant correlations between pandemic policy presence and perceived risk or belief in the pandemic and perceived risk. While the scale items were found to be reliable, they could be improved to help participants better understand what is being asked. For example, the Pandemic Policy Presence scale asks about mask policies and social distancing policies for customers as well as employees. Perhaps separating customer questions and employee questions into different scales might help strengthen the relationship between this scale and perceived risk.

While I hoped for honest responses, the Belief in the Pandemic scale may have elicited a response bias that led participants to answer in a way that was preferred by the researchers. If participants thought I wanted them to have belief in the pandemic, they may have answered that way for the belief scale and not answered other items in a way that people who truly believe in the pandemic answered, resulting in unnecessary noise in the data. Future researchers might consider asking about Belief in the Pandemic in a less direct way.

Hypothesis 2 predicts that the relationship between pandemic policy presence and COC is mediated by perceived risk, and the interaction of pandemic policy presence and belief will moderate that relationship. Given that Hypothesis 1 found a null result for the interaction between pandemic policy presence and belief, it was not expected that Hypothesis 2 would be supported.

While that result is disappointing, the significance of the exploratory analysis of the interaction between Pandemic Policy Presence and Perceived Risk on Continuance

Commitment is surprising. Instead of Pandemic Policies influencing Perceived Risk, it seems that the importance of pandemic policy presence depends on the perception of a safe workplace when one considers options for other employment. People are less continuance committed to their organization when perceived risk is high and pandemic policies are present. In contrast, continuance commitment is at its highest when perceived risk is high and pandemic policies are not present. It is possible there is more happening here than what was captured in this study. For example, when a workplace is unsafe and makes no attempt to improve that level of safety, people may internalize this, viewing themselves as unworthy of employment elsewhere. Future researchers might explore this relationship further in the broader context of workplace safety policies and the perceived risk of getting injured on the job to understand how employee self-worth contributes to this model.

When considering the tenure of the participants, it is possible that another explanation for this interaction may be related to turnover that has already occurred. Most participants indicated they have worked for their current organization for between two and five years. It is possible that people who had low continuance commitment when the pandemic started already sought out other employment. The sample collected now may be people who saw no other options for employment and, nearly a year later, have higher continuance commitment despite the increased risk for getting COVID at work. Future studies might consider asking more about this to get at the motivations for the responses.

4.2 Hypotheses 3 & 4 Findings and Implications

Hypothesis 3 predicts that (1) there is a relationship between pandemic policy and POS that is moderated by belief in the pandemic and (2) that this relationship will change

directions as a result of the moderation. Similar to Hypotheses 1 and 2, results indicate the interaction between pandemic policy presence and belief in the pandemic is not significant. However, the evidence was strong enough to support the claim that pandemic policy presence has a significant, positive relationship with POS. The presence of a pandemic policy leads to people feeling more supported by their organization. It was surprising to see that belief in the pandemic did not play a larger role here, as intuitively it would make sense that policies that conflict with personal beliefs might make someone feel less supported by their organization. However, it could be that these individuals understand the intentions behind the policies and interpret those intentions as supportive. Perhaps belief plays a larger role in other variables, such as culture fit. This could be something for future researchers to consider.

Additionally, it was interesting to see that political party affiliation and more specifically, being a Green Party member, was predictive of the level of perceived organizational support such that Green Party members have a lower level of perceived organizational support when compared to Democrats. Perhaps this is an artifact of being a third party in a two-party political system and is not necessarily related to an organization but more to a general sense of less representation or support in the United States. While this study was not primarily focused on political ideology, future researchers might explore this further to understand how this shows up in the workplace in relationship to perceived organizational support.

Hypothesis 4 predicts that the relationship between pandemic policy presence and AOC will be mediated by POS, and an interaction between pandemic policy presence and belief in the pandemic will moderate that mediated relationship. Again, given the results

of Hypotheses 1, 2, and 3, this hypothesis was not expected to be fully supported. However, it was encouraging to see that the mediated relationship between pandemic policy presence and Affective commitment was significant. It makes sense intuitively that POS would be a requirement for pandemic policy presence to influence AOC in a meaningful way, especially in light of the relationship between perceived organizational support and affective commitment found by prior research. Future researchers should consider expanding this to the broader topic of workplace policies, either related or unrelated to safety, to understand more about the relationship between policies, support, and commitment.

Overall, Belief in the Pandemic does not seem to provide any additive or multiplicative value when included in the analyses. It is possible that there is an effect from belief in the pandemic that is suppressed by other variables that have a stronger effect on the dependent variables. However, a more likely explanation is that personal beliefs about something like a global pandemic may not be strong enough to influence any of the other variables. Perhaps people who outwardly state they doubt the reality of the pandemic do not feel strongly enough about that belief to let it sway other perceptions about work. Future researchers might consider adding questions to the scale that help identify strength of the belief in addition to whether or not the belief is there. This could be an important step to understanding how intersecting identities or beliefs at work might influence different outcomes such as commitment.

Additionally, I did not ask participants to specify if they work from home or work on site. It was assumed that the pandemic policy questions could only be answered if people worked on site. However, this may not be the case and could explain the

unexpected results of belief in the pandemic and pandemic policies. It is possible that pandemic policies still influenced the perceived organizational support for participants who were working from home when they responded. An awareness of what the pandemic policies were, both for people working at and away from the brick-and-mortar location, might explain why significant results were found for the affective pathway and not the cognitive pathway. Working from home may diminish the perceived risk of getting COVID-19 at work, but the effects of pandemic policies on perceived organizational support may still be present regardless of where someone is working. With this in mind, there are still many questions that might be answered by obtaining additional information about the work-from-home status of respondents. Researchers could gain further insights from collecting this information in the future.

4.3 Additional Limitations

While some limitations to this study have been mentioned already, it is important to note other issues that may have impacted the results. Survey studies, while convenient, are not the best way to capture true behaviors as they would exist in the real world. Participants may answer questions in a way they think the researcher wants them to be answered, resulting in data that were not representative of the real phenomena. As mentioned previously, Turkers also come with their own set of validity concerns in how they respond. Reverse coded questions were added to the survey with the hopes of reducing the risk of people answering inaccurately and ReCaptcha coding was added to exclude participants who took the survey multiple times or answered randomly. However, there is no true way to prove the responses are accurate. The validity of the

results should be considered in this light, as the results may not be accurately capturing how people feel about the topic.

Similarly, the generalizability of the study may be limited. The sample itself was predominately white, middle-aged men. This presents a problem when trying to understand how these constructs apply to the typical person belonging to other demographic groups. For example, while women in this study report higher levels of POS than men, it is unclear whether that truly applies to women who did not participate in this study. Additionally, this study did not effectively capture large portions of service industry workers. Most of the sample identified as working in office-type jobs, so it is difficult to say how these results apply to people in the high-risk, customer-facing roles. People who work in customer-facing roles may be more impacted by pandemic policies as a result of the interactions with customers who treat the pandemic with varying degrees of seriousness. Additionally, employee beliefs in the pandemic, or lack thereof, might play a larger role in commitment when changes made as a result of the pandemic, such as new policies, are especially salient. With this in mind, let us look at the opportunities available for future research.

4.4 Future Research

In addition to the thoughts around future research already mentioned, there are several other opportunities that warrant further exploration. The biggest opportunity is in the results of the exploratory analysis, as they raised more questions about the relationship between continuance commitment and safety perceptions. Going into this study, it was understood that higher safety risks are related to turnover. Based on these results, it seems that this relationship is more complex than what we originally knew.

Researchers should consider how self-worth might moderate the interaction between Pandemic Policy Presence and Perceived Risk on COC. It is possible that people who feel their employer is not taking the appropriate efforts to create a safe work environment might internalize this, resulting in higher COC when considering how likely it is that they will find a better employment opportunity. While turnover remains unchanged in this situation, employers could see an increase in counterproductive work behaviors. Future researchers might consider exploring how the rate of counterproductive work behaviors changes in unsafe work environments, as well as how that might relate to COC.

There is more to be understood about the role of belief when it comes to commitment. While this study did not find evidence of an effect from belief, it is possible that the strength of beliefs is what drives the effect. Perhaps a strong belief in something can alter perceptions of the workplace in the ways that were hypothesized in this study, and perhaps the belief in the pandemic was too weak to elicit an effect. If this is the case, research on other beliefs in the workplace, such as religion or even political ideation, could be another direction for understanding organizational commitment.

Finally, while the connection to turnover intentions was discussed throughout this study, turnover intentions were not explicitly measured. At least in terms of the Affective Pathway, this could be an important next step to understanding exactly how workplace policies and POS contribute to turnover. While there is still more work to be done on the Cognitive Pathway, it is possible that the exploratory analysis in this study could be extended, adding turnover intentions to examine whether continuance commitment levels truly translate to employees seeking out other employment.

4.5 Practical Implications

This study builds on the existing literature for organizational commitment, perceived organizational support, and risk perceptions. While the pandemic is an unusual and hopefully temporary situation, it is important to use the results of this study to better inform researchers on how perceptions of risk could interact with workplace policies and influence outcomes, such as turnover. Organizations should consider their current policies around the pandemic and evaluate whether they are being viewed as preventative through the eyes of their employees. While they may not see turnover increasing at the moment, the results of this study indicate that people may feel stuck temporarily.

Additionally, organizations should consider how supported their employees feel by the pandemic policies in place. It is clear that belief in the pandemic is not a factor when employees consider how supported they are, so enforcement of the pandemic policies in the face of complaints from employees who do not believe in the pandemic may be the best approach. While employees may be temporarily annoyed, the overall perception is that an organization is trying to keep them safer. This will increase levels of affective commitment and feelings of belongingness to the organization, allowing employees to truly perceive that “we are all in this together.”

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APPENDICES

Appendix A. Pandemic Policy Presence scale.

Measured using a 5-point Likert scale (1=strongly disagree, 5=strongly agree)

1. *My organization has a mask policy in place*
2. *My organization has a social distancing policy in place*
3. *My workplace enforces the use of masks for employees*
4. *My workplace enforces the use of masks for clients and/or customers*
5. *My workplace enforces social distancing guidelines for employees*
6. *My workplace enforces social distancing guidelines for clients and/or customers*

Appendix B. Belief in the Pandemic Scale.

Measured using a 5-point Likert scale (1=strongly disagree, 5=strongly agree)

1. *I believe the pandemic is a hoax. (reverse coded)*
2. *I believe wearing a mask and/or social distancing is necessary to prevent spreading COVID-19.*
3. *The seriousness of the COVID-19 pandemic has been unnecessarily exaggerated. (reverse coded)*

Appendix C. Perceived Risk scale (Ferrer et al., 2016).

Measured using a 5-point Likert scale; items adapted for COVID-19 (1=strongly disagree, 5= strongly agree)

1. *It is likely that I will get COVID-19 at some point in the future.*
2. *When I think carefully about my job, it does seem possible that I could get COVID-19 from work.*
3. *My chance of catching COVID-19 in the future, compared to the average person of my gender and age, is high.*
4. *I am worried about catching COVID-19 in the future.*
5. *I am not concerned about catching COVID-19 in the future. (reverse-coded)*
6. *I feel vulnerable to COVID-19.*
7. *I am confident that I will not catch COVID-19. (reverse-coded)*
8. *I feel at risk for catching COVID-19 from my workplace.*
9. *My risk for catching COVID-19 is higher when I am at work.*

Appendix D. POS Scale (Eisenberger et al., 1986).

Shortened scale, as adapted in Eisenberger et al., 2002

Measured using a 5-point Likert scale (1= strongly disagree, 5 = strongly agree)

1. *The organization strongly considers my goals and values.*
2. *Help is available from the organization when I have a problem.*
3. *The organization really cares about my well-being.*
4. *The organization would forgive an honest mistake on my part.*
5. *The organization is willing to help me when I need a favor.*
6. *If given the opportunity, the organization would take advantage of me.
(reverse-coded)*
7. *The organization shows very little concern for me. (reverse-coded)*
8. *The organization cares about my opinions.*

Appendix E.

Correlations and Descriptive Statistics Between Dependent Variables and Potential Covariates.

	Correlations								Descriptives		
	Perceived Risk	POS	COC	AOC	Belief	Q10	Q11	Q12	M	SD	α
Perceived Risk	---								3.26	.735	.813
POS	-.199	---							3.42	.689	.807
COC	-.299*	-.148	---						3.56	.858	.788
AOC	-.203*	.682*	-.176	---					3.25	.809	.701
Belief	.050	.010	.048	.096	---				3.97	.799	.758
Q10	-.285*	-.090	-.260*	.017	.318*	---			1.69	.463	---
Q11	-.282*	-.095	-.260*	.043	.116	.453*	---		1.63	.485	---
Q12	-.171	-.039	-.158	.078	.183	.449*	.604*	---	1.59	.495	---
Q13	-.270*	-.011	-.262*	.059	.241*	.572*	.508*	.480*	1.77	.426	---

Note. *items indicate a significant correlation, $\alpha = .05$. Variables are defined as follows: “Perceived Risk” is Perceived Risk for Catching COVID-19 at Work, “POS” is Perceived Organizational Support, “COC” is Continuance Commitment, “AOC” is Affective Commitment, “Belief” is Belief in the Pandemic, “Q10” is a COVID diagnosis for self, “Q11” is a COVID diagnosis for someone else, “Q12” is COVID symptom severity, “Q13” is vaccination status. For Q10-Q13, responses were coded with 1 indicating a yes and 2 indicating a no.