

Will Healthcare Workers Withhold Effort During Communicable Disease Outbreaks? An Interactive Effect of Pay Satisfaction and Perceived Organizational Support



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ABSTRACT

This study examined the influence of perceived organisational support and pay satisfaction on the withholding of effort among healthcare workers during communicable disease outbreaks. The healthcare industry is crucial in combating diseases and improving healthcare delivery. Grounded in Herzberg's Two-Factor Theory of Employee Motivation, this research adopted a quantitative approach to assess the main and interaction effects of pay satisfaction and perceived organizational support on withholding of effort. A total of 102 doctors (21.4%), 289 nurses (60.6%), 44 laboratory technicians (9.2%), and 42 pharmacists (8.8%) were purposively sampled from hospitals in Ondo State, Nigeria. Results revealed no significant main effects of perceived organizational support $F(1,472) = 0.26, p > .01$, or pay satisfaction $F(1,472) = 0.7, p > .01$, on withholding of effort. However, a significant two-way interaction effect was found, $F(1,472) = 8.43, p < .01$, indicating that healthcare workers with high pay satisfaction and low perceived organizational support withheld more effort than healthcare workers with low pay satisfaction but high perceived organization support. The study recommends prioritizing organizational support to sustain commitment and reduce withholding of effort. Health policies should address essential needs, such as PPE, transportation, childcare, vaccines, and insurance schemes. This study contributes to scholarship by providing empirical insight from the under-researched Nigerian healthcare context and demonstrating how pay satisfaction and perceived organizational support interact to influence effort-related behaviours during health crises.

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INTRODUCTION

Healthcare workers (HCWs) play a critical role in safeguarding humanity by combating diseases and providing compassionate care, regardless of the nature of the illness. Their primary objective is to improve health outcomes tailored to the needs of the population they serve.¹ However, their responsibilities extend beyond medical treatment; they also support patients and their families in coping with the psychological impact of diseases and treatment regimens, making their work both demanding and multifaceted.

¹ Aroop Mohanty, Ankita Kabi, and Ambika P Mohanty, "Health Problems in Healthcare Workers: A Review," *Journal of Family Medicine and Primary Care* 8, no. 8 (2019): 2568, https://doi.org/10.4103/jfmpc.jfmpc_431_19.

Due to the occupational hazards inherent in healthcare work, HCWs are frequently exposed to risks such as needle stick injuries and blood-borne diseases like HIV and hepatitis, as well as communicable diseases such as tuberculosis and Lassa fever.² Despite their duty to care, recurrent exposure to endemic and emerging disease outbreaks may negatively affect healthcare workers' work behaviour, leading to a phenomenon known as withholding effort. Withholding effort, also known as effort propensity, refers to employees' tendency to exert less than the required effort for a given task.³ This behaviour manifests when individuals are physically present at work but disengaged mentally, affecting organizational effectiveness and burdening co-workers.

Bennett argued that withholding effort is more likely in service-oriented organizations such as healthcare facilities due to the challenge of quantifying individual contributions to group goals.⁴ In times of disease outbreaks, the inability to monitor individual healthcare workers' contributions can lead some of them to rely on the collective efforts of their team members, thereby reducing their commitment and effort. In addition, inadequate and lack of personnel protective equipment, financial support and transport and other factors have been indicted to influence healthcare workers willingness to report to work during crises.⁵ Also, HCWs who engage in dual practice (concurrently working with both government and privately owned health facilities) withhold effort in the government facility by being present but mentally disengaged or even absent altogether and exert more effort in private facilities where effort is strictly monitored for pay, which in some cases are owned by these HCWs.⁶

Historically, effort propensity has been linked to employee shirking, social loafing, free riding, and job neglect.⁷ In healthcare, withholding effort can be understood as a survival mechanism and reaction to inadequacies in the organization. The World Health Organization states that HCWs have the right to withdraw from work situations that they perceive as posing an imminent danger to their lives.⁸ For example, some HCWs refrained from attending to patients out of fear of contracting the COVID-19 disease, while others were absent from work during the early phase of the pandemic.⁹ Given these realities, it is essential to explore the factors that can mitigate the likelihood of HCWs withholding effort, particularly during public health crises.

The objective of this study is thus:

- i. To examine the influence of perceived organizational support on withholding of effort.
- ii. To examine the influence of pay satisfaction on the withholding of effort.
- iii. To examine the interaction effect of perceived organizational support and pay satisfaction on withholding of effort.

Hypotheses

- i. Perceived organisational support will significantly influence withholding of effort.
- ii. Pay satisfaction will significantly influence the withholding of effort.
- iii. Healthcare workers who report low pay satisfaction and low perceived organisational support will withhold significantly more effort than healthcare workers who report high pay satisfaction and high perceived organisational support.

² Rahma Yusuf Haji Mohamud et al., "Needlestick and Sharps Injuries Among Healthcare Workers at a Tertiary Care Hospital: A Retrospective Single-Center Study," *Risk Management and Healthcare Policy* Volume 16 (November 2023): 2281–89, <https://doi.org/10.2147/RMHP.S434315>.

³ Mel Schnake, "An Integrative Model of Effort Propensity," *Human Resource Management Review* 17, no. 3 (2007): 274–89.

⁴ Nathan Bennett, "Withholding Effort at Work: Understanding and Preventing Shirking, Job Neglect, Social Loafing, and Free Riding," in *Managing Organizational Deviance* (SAGE Publications, Inc., 2005), 113–30.

⁵ Rana H. Almaghrabi et al., "Healthcare Workers Experience in Dealing with Coronavirus (COVID-19) Pandemic," *Saudi Medical Journal* 41, no. 6 (June 2020): 657–60, <https://doi.org/10.15537/smj.2020.6.25101>.

⁶ Bartholomew S. Eze, Mari Jones, and Imani Silver Kyaruzi, "Estimating the Monetary Value of Hours Lost to the Nigerian Public Healthcare System When Full-Time Government Employee Doctors Engage in Dual Practice," *Health* 15, no. 02 (2023): 215–38, <https://doi.org/10.4236/health.2023.152016>.

⁷ Bennett, "Withholding Effort at Work: Understanding and Preventing Shirking, Job Neglect, Social Loafing, and Free Riding."

⁸ World Health Organization, "Occupational Health: Health Workers," November 7, 2022, <https://www.who.int/news-room/fact-sheets/detail/occupational-health--health->

⁹ Adeponle O. Adeoye et al., "Perspectives of Healthcare Stakeholders in Nigeria on the Impact of COVID-19 on Health Services," *Journal of Public Health in Africa* 16, no. 1 (January 29, 2025), <https://doi.org/10.4102/jphia.v16i1.674>.

LITERATURE REVIEW

THEORETICAL FRAMEWORK

The Two-factor theory asserts that contextual factors such as relationships at work with colleagues and supervisors, salary, company policies, and working conditions are related to hygiene factors that prevent dissatisfaction.¹⁰ In the context of this study, organizations must ensure employees are satisfied with the pay and the support they perceive, which can negatively influence employee performance levels.¹¹ Pay satisfaction, according to Miceli and Lane, is “the amount of overall positive or negative affect (or feelings) that individuals have towards their pay,”¹² likewise, Eisenberger et al. viewed “perceived organizational support as the degree to which employees believe their organization values their contributions, cares about their well-being, and meets their socio-emotional needs.”¹³ Both factors are significant elements in achieving organizational goals, job satisfaction and commitment and reducing burnout and turnover.¹⁴

Organizations demonstrate care for their employees in numerous ways. Support for HCWs during disease outbreaks can be in the form of “availability of vaccines and personal protective equipment, flexible work schedule, childcare arrangements, and information sharing via local health department training, because these have been reported to facilitate willingness to respond to an infectious disease emergency.”¹⁵ Herzberg’s theory suggests that pay satisfaction and perceived organisational support must be adequately addressed to sustain employee commitment and performance. This theory is relevant in understanding withholding of effort as employees are expected to offer over and above the required level of effort when their hygiene needs are met and withhold effort when dissatisfied. Making both pay and organisational support available is believed to be critical in maintaining effort during communicable disease outbreaks. By applying Herzberg’s theory, this study investigates how the interaction of pay satisfaction and perceived organisational support influences HCWs' withholding of effort during communicable disease outbreaks.

Perceived organizational support, Pay Satisfaction, and Withholding of Effort

Perceived support at work and satisfaction with pay have been identified as key determinants of employees' organisational commitment and performance, withdrawal, and turnover behaviour and, by extension, offering less effort at work.¹⁶ Khalid found that employee task performance increased as pay satisfaction increased when managerial support was high; this means that as pay satisfaction increases, employee task performance increases due to a high perception of managerial support.¹⁷ A similar result was reported among employees in the hospitality industry; among employees who perceived low pay and benefits satisfaction, job variety reduced employee turnover intention and improved perceived organization support.¹⁸

¹⁰ Frederick Herzberg, Bernard Mausner, and Barbara Snyderman, *The Motivation to Work, The Motivation to Work, 2nd Ed.* (Oxford, England: John Wiley, 1959).

¹¹ Hyo Sun Jung and Hye Hyun Yoon, “Understanding Pay Satisfaction: The Impacts of Pay Satisfaction on Employees’ Job Engagement and Withdrawal in Deluxe Hotel,” *International Journal of Hospitality Management* 48 (July 2015): 22–26, <https://doi.org/10.1016/j.ijhm.2015.04.004>.

¹² Marcia P Miceli and Matthew Colin Lane, *Antecedents of Pay Satisfaction: A Review and Extension* (College of Business, Ohio State University, 1990), 246.

¹³ Robert Eisenberger et al., “Perceived Organizational Support.,” *Journal of Applied Psychology* 71, no. 3 (1986): 501.

¹⁴ Megan Paul, “Perceived Organizational Support,” 2020.

¹⁵ Lainie Rutkow et al., “Perceived Facilitators and Barriers to Local Health Department Workers’ Participation in Infectious Disease Emergency Responses,” *Journal of Public Health Management and Practice* 23, no. 6 (2017): 644–50.

¹⁶ Stephanie Steinmetz, Daniel H de Vries, and Kea G Tijdens, “Should I Stay or Should I Go? The Impact of Working Time and Wages on Retention in the Health Workforce,” *Human Resources for Health* 12, no. 1 (December 23, 2014): 23,

<https://doi.org/10.1186/1478-4491-12-23>; Komal Khalid, “The Impact of Managerial Support on the Association Between Pay Satisfaction, Continuance and Affective Commitment, and Employee Task Performance,” *Sage Open* 10, no. 1 (January 31, 2020), <https://doi.org/10.1177/2158244020914591>.

¹⁷ Khalid, “The Impact of Managerial Support on the Association Between Pay Satisfaction, Continuance and Affective Commitment, and Employee Task Performance.”

¹⁸ Phillip M. Jolly et al., “Pay and Benefit Satisfaction, Perceived Organizational Support, and Turnover Intentions: The Moderating Role of Job Variety,” *International Journal of Hospitality Management* 95 (May 2021): 102921, <https://doi.org/10.1016/j.ijhm.2021.102921>.

Among 383 nurses in Bangladesh, Siddiqi et al. found a significant negative association between perceived supervisor, organizational support, and nurses' intentions to leave their jobs; this means that a high perception of supervisor and organization support resulted in lower intention to leave the organization.¹⁹ In contrast, Assiri et al. claimed that despite Saudi Arabian nurses' dissatisfaction with the perceived level of organizational support and benefits, the quality of care provided by the nurses was high.²⁰ Stergachis et al. and Barnett et al. reported that the availability of vaccines encourages healthcare workers' willingness to report to work.²¹ Adeoye et al. affirmed that the lack of PPE was a significant concern among HCWs during the early phase of the COVID-19 pandemic in Nigeria, contributing to absenteeism and reluctance to treat patients.²² Likewise, in a qualitative study of 16 HCWs in Kwara State, Nigeria, Ilesanmi et al. found that inadequate PPE and management support were significant factors leading to COVID-19 infections among HCWs.²³

Many debates surround the concept and belief that high pay leads to high satisfaction. The results of most studies on the influence of pay satisfaction among nurses and other related health workers vary due to factors such as the study population, setting, and circumstances surrounding data collection or events taking place, such as working during communicable disease outbreaks. Nurses were reported to be reasonably satisfied with their jobs, but least satisfied with their salaries in a study among HCWs in Calabar.²⁴ Similarly, some nurses in selected units in the University of Port-Harcourt Teaching Hospital, Niger Delta, reported that they were dissatisfied with their job, which was caused by low salary and bad working conditions.²⁵ Financial support was reported to reduce the adverse effects of the COVID-19 pandemic on HCWs' motivation among 637 frontline HCWs in Kazakhstan.²⁶ It is thus believed that dissatisfaction with pay and lack of support from the organisation may adversely affect work behaviour, such as withholding effort.

Nigeria, a lower middle-income country with a population of 219 million, has a high burden of communicable and non-communicable diseases, and its healthcare system lacks personnel and equipment and is overburdened.²⁷ HCWs in Nigeria have been complaining for ages about their low salary and wages, work environment, obsolete equipment, and lack of funding. Due to these inadequacies in the health sector, they have embarked on strike action at various times. Despite these inadequacies, some HCWs still give their best to the system, as was also discovered among nurses in Saudi Arabia and this is evident in the outcome of the fight against COVID-19 in Nigeria.²⁸ However, some HCWs did not, maybe for reasons this study tried to uncover. Addressing the factors contributing to healthcare workers' withholding of effort requires a multifaceted approach. By mitigating the withholding of effort, healthcare institutions can promote outstanding commitment among HCWs, enhancing healthcare delivery and patient outcomes.

¹⁹ Kazi Omar Siddiqi et al., "The Effect of Perceived Organizational and Supervisor Support on Nurses' Turnover Intention in Bangladesh: Does Work-Family Conflict Play a Role?," *Social Sciences & Humanities Open* 10 (2024): 100992, <https://doi.org/10.1016/j.ssaho.2024.100992>.

²⁰ Salha M Assiri, Shehata F Shehata, and Maha M Assiri, "Relationship of Job Satisfaction with Perceived Organizational Support and Quality of Care among Saudi Nurses," *Health* 12, no. 07 (2020): 828.

²¹ Andy Stergachis et al., "Health Care Workers' Ability and Willingness to Report to Work During Public Health Emergencies," *Disaster Medicine and Public Health Preparedness* 5, no. 4 (December 8, 2011): 300–308, <https://doi.org/10.1001/dmp.2011.77>; Alan R Shoho and Bruce G Barnett, "The Realities of New Principals: Challenges, Joys, and Sorrows," *Journal of School Leadership* 20, no. 5 (2010): 561–96.

²² Adeoye et al., "Perspectives of Healthcare Stakeholders in Nigeria on the Impact of COVID-19 on Health Services."

²³ O. S. Ilesanmi et al., "Infection Prevention and Control during COVID-19 Pandemic: Realities from Health Care Workers in a North Central State in Nigeria," *Epidemiology and Infection* 149 (January 7, 2021): e15, <https://doi.org/10.1017/S0950268821000017>.

²⁴ Samson-Akpan Patience Edoho et al., "Job Satisfaction among Nurses in Public Hospitals in Calabar, Cross River State Nigeria," *American Journal of Nursing Science* 4, no. 4 (2015): 231–37.

²⁵ Eme Olukemi Asuquo, "Job Satisfaction Among Nurses in the University of Port-Harcourt Teaching Hospital, Port-Harcourt, Nigeria," *Central African Journal of Public Health* 3, no. 1 (2017): 1, <https://doi.org/10.11648/j.cajph.20170301.11>.

²⁶ Aidos Bolatov et al., "Health Care Providers Have Faced the Pandemic Altruistically, but Financial Support Is Important for Their Well-Being and Motivation to Work," *Public Health* 240 (March 2025): 119–24, <https://doi.org/10.1016/j.puhe.2025.01.023>.

²⁷ World Health Organization, "Country Disease Outlook. Nigeria," August 2023, <https://www.afro.who.int/sites/default/files/2023-08/Nigeria.pdf>; N Nwosu-Igbo, "In the Frontline of Nigeria's Struggle with Covid-19," 2020.

²⁸ Salha M. Assiri, Shehata F. Shehata, and Maha M. Assiri, "Relationship of Job Satisfaction with Perceived Organizational Support and Quality of Care among Saudi Nurses," *Health* 12, no. 07 (2020): 828–39, <https://doi.org/10.4236/health.2020.127060>.

Based on the literature search, the researchers thus expect that high pay satisfaction and high perceived support from the organization should translate into a lower tendency to withhold effort among healthcare workers

METHODOLOGY

Study Design and Sampling

This cross-sectional survey study was conducted among 477 purposively selected healthcare workers (doctors, nurses, pharmacists, and laboratory technicians) in Ondo State, Nigeria. The inclusion criteria were that a participant must be an HCW with one year of experience, have direct contact with patients based on treatment and have the willingness to participate in the study.

Measures

Perceived Organizational Support

The 8-item Survey Perceived Organizational Support Scale (SPOS) conceptualized by Eisenberger et al., was used to measure employee-organizational relationships.²⁹ It is a 5-point rating scale ranging from 1- strongly disagree to 5 - strongly agree. Cronbach's alpha reliability of the scale is 0.93, with item-total correlations ranging from 0.70 to 0.84. Higher scores indicate a higher perception of organizational support.

Pay Satisfaction

The 18-item Pay Satisfaction Questionnaire (PSQ) of Heneman and Schwab was used to assess employee satisfaction with their pay.³⁰ 2 items from Blau were included in the hopes of improving the measure's dependability.³¹ On a five-point scale, 1 = "very unhappy" to 5 = "completely satisfied," respondents expressed how satisfied they are with the 20 factors that describe their pay satisfaction. The coefficient alpha for the combined measure was 0.94.

Effort Propensity

The 11-item Healthcare Workers Propensity Scale (HEPS) self-report scale assessed the tendency to withhold effort. The scale is a five-point Likert scale. A high score on the scale reflects a higher tendency of healthcare workers to withhold effort, while a low score reflects a lower tendency of healthcare workers to withhold effort. The coefficient alpha for the measure was 0.71.

Data Collection

Data for this study was collected at selected healthcare facilities after obtaining permission from management. A brief introduction to the research was provided to the healthcare workers, explaining the study's purpose and relevance. Participation was voluntary, and HCWs were asked if they would participate in the study. Before data collection, participants were assured of confidentiality and anonymity, emphasizing that their responses would be used strictly for research purposes. The participants could keep questionnaires and respond conveniently without disrupting their work schedules.

Data Analysis

The data collected for this study was analyzed using the Statistical Package for Social Sciences (SPSS) version 21.0. Descriptive statistics, including frequency and mean, were used to summarize the demographic characteristics of the participants. To test hypotheses 1, 2, and 3, a 2x2 Analysis of Variance (ANOVA) was conducted.

PRESENTATION OF RESULTS

²⁹ Eisenberger et al., "Perceived Organizational Support."

³⁰ Herbert G Heneman III and Donald P Schwab, "Pay Satisfaction: Its Multidimensional Nature and Measurement," *International Journal of Psychology* 20, no. 1 (1985): 129–41.

³¹ Gary Blau, "Testing the Effect of Level and Importance of Pay Referents on Pay Level Satisfaction," *Human Relations* 47, no. 10 (1994): 1251–68.

Table 1: Demographic profile of the participants (N=477)

Indicator		Frequency	Percent
Job Category	Nurses	289	60.6
	Doctors	102	21.4
	Laboratory Technician	42	8.8
	Pharmacists	44	9.2
Employment Status	Full Time	449	94.1
	Part-Time	28	5.9
Years of Experience (<i>in years</i>)	1-20	444	93.1
	21-40	33	6.9

A 2x2 ANOVA was used to examine the influence of perceived organisational support (POS) and pay satisfaction (PS) on withholding of effort. High and low perceived organizational support and pay satisfaction groups were created using the average score on the two variables.

Table 2: Summary of ANOVA Showing the Influence of Perceived Organizational Support and Pay Satisfaction on Effort Propensity

Source	SS	DF	MS	F	p
Perceived Organization Support (POS)	20.36	01	20.36	.70	>.01
Pay Satisfaction (PS)	7.69	01	7.69	.27	> .01
POS x PS	244.06	01	244.06	8.43	< .01
Error	136871.08	472	28.96		
Total	355272.00				

R Square = .021 (Adjusted R Squared = .015)

Table 2 above shows that the main effects of perceived organisational support and pay satisfaction on withholding effort were insignificant; this means that our hypotheses 1 and 2 were not confirmed; there was no significant influence of perceived organisational support on healthcare worker's withholding of effort $F(1, 472) = 0.70, p > .01$. Furthermore, it was revealed that pay satisfaction did not significantly influence healthcare worker's withholding of effort $F(1, 472) = 0.27, p > .01$. However, the two-way interaction effect was significant, this means that there was a significant interaction between HCWs pay satisfaction and perceived organizational support $F(1, 472) = 8.43, p < .01$, thus confirming our hypothesis but not in the expected direction.

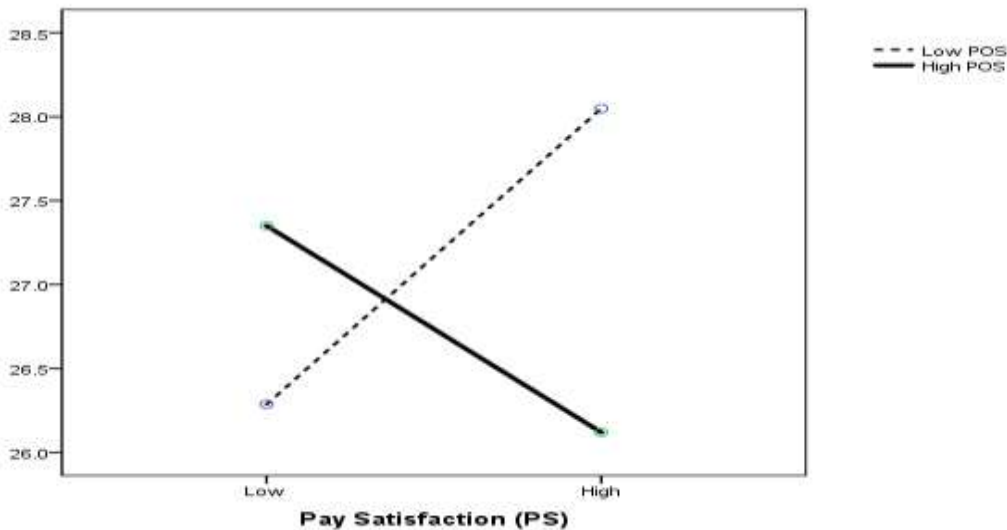


Fig. 1. Two-way interaction of POS X PS in relation to Withholding of Effort

Figure 1 shows that high pay satisfied HCWs withheld more effort when perceived organizational support was low (M = 28.05). Conversely, high pay-satisfied HCWs withheld less effort when perceived organizational support was high (M=26.22), as shown in Table 3.

Table 3: Summary of means showing group differences in withholding of effort

GROUPS	MEAN	N
Low POS / Low PS	26.29	119
Low POS / High PS	28.05	103
High POS / Low PS	27.35	77
High POS / High PS	26.22	178

Table 3 reveals that the tendency to withhold effort increased as HCWs experienced more pay satisfaction. However, the increase in the tendency to withhold effort was much more significant among HCWs who perceived low organizational support than HCWs who perceived high organizational support. Table 3 further confirms the non-significant influence of the main effects, as there is no difference between Low POS/Low PS and High POS/High PS.

DISCUSSION

The findings of this study explain the importance of perceived organization support (POS) in the relationship between pay satisfaction and withholding of effort. The core findings of this study are that high pay satisfaction was associated with increased withholding of effort, mainly when perceived organizational support was low. Healthcare workers (HCWs) who reported high pay satisfaction but perceived low organizational support were significantly more likely to withhold effort than those who reported low pay satisfaction but perceived high organizational support. This finding highlights the importance of perceived organizational support for HCWs, especially during communicable disease outbreaks. When HCWs perceive that their organization does not prioritize their well-being, they may disengage from their duties, regardless of their pay satisfaction; this supports Eisenberger et al.'s claim that POS influences employees' attitudes and work behaviours.

Contrary to expectations, this study found that high pay satisfaction combined with low perceived organization support resulted in more withholding of effort than low pay satisfaction with high perceived organization support. The findings contrast with those of Khalid et al., who reported that low pay satisfaction and low managerial support lead to greater withholding of effort, while high pay

satisfaction and high support encourage employee performance.³² This finding also aligns with Herzberg's Two Factor Theory, which suggests that pay and organizational support are hygiene factors that prevent dissatisfaction rather than directly motivating employees.³³ Even with good salaries, healthcare workers may feel overworked, vulnerable, and at risk of infection, especially if they lack quality protective equipment or perceive inadequate support. Additionally, comparisons with HCWs in developed countries, who were celebrated and better supported during the COVID-19 pandemic, may further demoralize HCWs in Nigeria, leading them to withhold effort.

A possible explanation for our result is dual practice; many HCWs in Nigeria work concurrently in public and private healthcare settings.³⁴ Given the additional source of income, these HCWs may not be overly concerned about pay satisfaction but are likely to prioritize the level of support they receive from government facilities. Although the dual practice is legally permissible under Nigeria's medical code, it often leads to conflicts of interest, work overload, absenteeism, lateness, and reduced commitment to government-owned hospitals.³⁵ Hence, HCWs who engage in dual practice may strategically withhold effort in government healthcare facilities, even during communicable outbreak.

Further supporting our findings, Jolly et al. reported that perceived low pay and benefit satisfaction in the hospitality industry enriched perceived organizational support, thereby reducing employee turnover intention.³⁶ Similarly, in this study, HCWs who reported low pay satisfaction, but high perceived organizational support withheld less effort than their colleagues with high pay satisfaction but low POS, thereby reinforcing the compensatory nature of POS; when employees feel valued and supported, they are less likely to withhold effort, even when pay satisfaction is low. However, the findings of Khalid et al., which suggested that task performance increased as pay satisfaction improved in the presence of strong managerial support, contrast with this study's findings, where high pay satisfaction without adequate support led to greater withholding of effort.³⁷

Discussion Summary

The findings of this study show the role of perceived organizational support in shaping healthcare workers' efforts, particularly during communicable disease outbreaks. While pay satisfaction is often considered a key factor in employee motivation, our findings suggest that high pay satisfaction alone does not necessarily prevent withholding effort. Instead, when healthcare workers perceive low organizational support, they are more likely to withhold effort, even if they are satisfied with their pay.

RECOMMENDATIONS

Communicable disease outbreaks will continue to pose challenges, and financial constraints in healthcare funding may persist, especially in low- and middle-income countries. To mitigate HCW's withholding of effort, healthcare management must prioritize providing adequate organizational support, including access to PPE, a safe and functional work environment, and other welfare benefits.

This study highlights that pay satisfaction is valuable. However, healthcare workers' perception of organizational support is even more critical for sustaining commitment and reducing withholding of effort during communicable disease outbreaks. Therefore, policymakers and administrators in the health industry should implement strategies focused on addressing HCWs' needs beyond financial compensation. These strategies may include:

³² Mubashra Khalid, Sadia Bashir, and Hina Amin, "Relationship between Self-Directed Learning (SDL) and Academic Achievement of University Students: A Case of Online Distance Learning and Traditional Universities.," *Bulletin of Education and Research* 42, no. 2 (2020): 131–48.

³³ Herzberg, Mausner, and Snyderman, *The Motivation to Work*.

³⁴ Eze, Jones, and Kyaruzi, "Estimating the Monetary Value of Hours Lost to the Nigerian Public Healthcare System When Full-Time Government Employee Doctors Engage in Dual Practice."

³⁵ Eze, Jones, and Kyaruzi, "Estimating the Monetary Value of Hours Lost to the Nigerian Public Healthcare System When Full-Time Government Employee Doctors Engage in Dual Practice."

³⁶ Jolly et al., "Pay and Benefit Satisfaction, Perceived Organizational Support, and Turnover Intentions: The Moderating Role of Job Variety."

³⁷ Khalid, Bashir, and Amin, "Relationship between Self-Directed Learning (SDL) and Academic Achievement of University Students: A Case of Online Distance Learning and Traditional Universities."

- i. Ensuring the availability of protective equipment to minimize HCWs' exposure to infectious diseases.
- ii. Providing transportation and childcare facilities to ease logistical challenges
- iii. Facilitating timely access to vaccines and disease relation information to enhance preparedness.
- iv. Improving healthcare insurance schemes to alleviate financial stress among HCWs.

Healthcare facilities can foster outstanding commitment and resilience among HCWs by addressing these needs, ultimately improving healthcare delivery and patient outcomes during disease outbreaks.

CONCLUSION

This study has examined how perceived organizational support and pay satisfaction influence withholding of effort among healthcare workers during communicable disease outbreaks. Although neither variable had a significant main effect, their interaction was found to be significant. Specifically, healthcare workers who reported high pay satisfaction, but low perceived support, were more likely to withhold effort. This finding underscores the critical role of organizational support in sustaining motivation and effort, particularly during high-pressure situations such as communicable disease outbreaks. In line with Herzberg's two-factor theory, the study has reinforced the relevance of hygiene factors. The result further highlights the need for a more integrated approach to workforce management in the healthcare sector, one that goes beyond remuneration to ensure that workers feel genuinely supported by their organization.

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