

Full Length Research Paper

Factors affecting commitment to human resource development of Iranian hospitals

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Human resources are significant strategic levers and sources of sustained competitive advantage. The aim of this study is to identify the main factors of commitment to human resource development of the Iranian Social Security Organization's Hospitals. To achieve this objective, the main variables were recognized and a questionnaire was designed. Iranian Social Security Organization's Hospitals (as the greatest public non-governmental health institution in Iran) were chosen as a sample among all Iranian healthcare centers (n=96). Content validity and construct validity were assured with expert judgment and the reliability of the questionnaire was determined using Cronbach's alpha and Pearson correlation (1st and 2nd time). Cronbach's alpha coefficient was 0.819, while Pearson correlation was 0.951 (p<0.001). The questionnaire was filled out by the research community. After the sample size was proven to be sufficient, exploratory and confirmatory factors were analyzed. The findings of the present research showed that after conducting the factor analysis of the component "commitment", 3 factors were extracted. The factors were "organization development", "management commitment" and "employment system". The calculated fitness indices proved the desirability and appropriateness of the factors and their structural relations. It may be concluded that these factors have substantial roles in the performance of commitment and are considered to be the main factors while performing management commitment to human resource development approach in these organizations.

Key words: Commitment to human resource development, Iranian healthcare management, social security organization.

INTRODUCTION

Human resources are significant strategic levers and sources of sustained competitive advantage. Therefore, HRM practices should be central to organizational strategy (Barney, 1995). In order to maximize organizational effectiveness, human potentials, individuals' capabilities, time and talents must be managed and developed. Hence, the practice of human resource management (HRM) and human resource development (HRD) work to ensure that employees are able to meet the organization's goals (Haslinda, 2009).

The term for HRM has been understood as the only word

to represent and explain the management and development of human resources from the point of recruitment to compensation and rewards through career management and development to the point of retirement. Hence, it is pertinent to examine the terms that evolved around the management and development of human resources in organizations (Shahnawaz, 2006; Juyal, 2006).

The new look of HRM focuses more on commitment than on mere compliance. With the high costs involved in employee selection and recruitment, companies are increasingly concerned with retaining employees (Shahnawaz, 2006; Juyal, 2006). Commitment is one of the original 4-Cs (commitment, congruence, competence and cost effectiveness) in the influential Harvard model of HRM (Beer et al., 1984) and is one of the factors of HRM

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policy for an effective organization. Many major reviews of commitment theory and research are available (Mathieu and Zajac, 1990; Meyer and Allen, 1991, Meyer and Herscovitch, 2001). Ellen (2001) indicates that human resource practices affect the relationship between perceived organizational support and organizational commitment or trust-in-management. Todd (2008) found that perceived support for development is positively related to commitment for some workers; however, individual learning and performance orientations act as moderators. For some individuals, support for development by an organization will not be associated with greater commitment and might even be negatively associated with commitment.

Meyer and Allen (1997) proposed a three component model of organizational commitment – affective, continuance and normative commitment. This model has been subjected to the greatest empirical scrutiny and has arguably received the greatest support (Meyer and Allen, 1997; Meyer et al., 2002). According to Allen and Meyer (1996), it is only the affective and normative commitment that is found to be positively related with job performance and organization citizenship behavior. Jain (2005) has studied the factors that had impact on human resource development. This research has recognized some other strategic management issues acclaimed as: organizational culture, transformational leadership, employee recognition and reward systems, performance measurement system, productivity improvement and customer orientation.

In recent years, the human resource development, to some extent, was paid attention to in the Iranian healthcare centers. For instance, the studies on the proprietary hospitals of social security organization showed that some of such hospitals were going towards commitment in the topics of human resource development with implementation of the pattern of ISO 9001, ISO 10015, etc (Mesbahi, 2009). However, the factors of commitment have not been studied yet in Iranian healthcare centers and factors associated with the commitment in Iranian hospitals are not recognized now. Therefore, the present research is performed with an objective of identifying the factors having effects on commitment to human resource development in Iranian hospitals and the research question is “what are the main factors that affect commitment to human resource development in Iranian hospitals?”

MATERIALS AND METHODS

In order to collect data, the researcher first developed a questionnaire based on variables having an impact on commitment to human resource development in hospitals. To assess the validity of the questionnaire, expert judgment method was applied. So, the developed questionnaire, along with explanations regarding terms and concepts were presented to five university professors, five managers in the ministry of health, and four persons in the human resource management unit in hospitals. As such, they were asked

to express their views about its construct, content, formal appearance and writing model. The necessary amendments were then made and its content and construct validity were assured and finally confirmed by other experts.

Iranian Social Security Organization's Hospitals (as the greatest public non-governmental health institution in Iran) were chosen as a sample among all Iranian healthcare centers (n=96). Then, to determine the reliability of the questionnaire, it was sent to all hospitals of social security organization. The questionnaire was filled out by the research community two times with an interval of 20 days. The members of the research community belonged to the human resource management unit of the social security organization's hospitals. After the mentioned questionnaires were filled out, the reliability of the questionnaire was determined using Cronbach's alpha and Pearson correlation (1st and 2nd time). Cronbach's alpha coefficient for the component, “commitment management to human resource development”, was 0.819 while Pearson correlation was 0.951 (p<0.001). As such, it showed that the questionnaire was reliable.

Next, Kaiser-Meyer-Olkin was used to determine the sufficiency of the sample size, and Bartlett test of sphericity was applied to calculate the meaningfulness of the correlation matrix. Then, the exploratory factor analysis was performed with maximum probability approach to identify the rate of loading of variables recognized in the component, and Varimax orthogonal approach was used to interpret the variables. Subsequently, the confirmatory factor analysis was used, with application of Lisrel 8.7, to verify the fitness of factors achieved during the explanatory factor analysis. The fitness indexes are as follows: Chi square index, goodness of fit index (GFI), comparative fit index (CFI), normed fit index (NFI), non-normed fit index (NNFI), incremental fit index (IFI), related fit index (RFI), adjusted goodness of fit index (AGFI), root mean square error of approximation (RMSEA) and root mean square residual (RMR). However, if CFI, GFI, NFI, NNFI, IFI, RFI and AGFI are higher than 0.90, and RMSEA and RMR are less than 0.50, it proves a desirable and appropriate fitness (Alexopoulos and Kalaitzidis, 2004).

RESULTS

Table 1 shows some of the demographic characteristics of the research community. As it is indicated in the table, majority of the members of the research community are very familiar with human resource development topics and more than half of them have participated in training courses of human resource development for more than 30 h (Table 1).

In the first step, the correlation of each identified variable and the internal consistency of all variables were calculated in the component “commitment to human resource development”. The correlation of the variable “the causes of doing work” was negative and the correlation of the variable “Analysis of training needs by managers” with all other variables was small. Therefore, these two variables were omitted.

In the next step and before the explanatory factor analysis, the Kaiser-Meyer-Olkin approach was used to determine the sufficiency of the sample size for the component, while Bartlett test of sphericity was used to establish whether the correlation matrix has meaningful difference with zero or not. The sufficiency of sampling and meaningfulness of the correlation matrix for the

Table 1. Frequency distribution of the research community in accordance with demographic characteristics.

Demographic factor		Frequency percentage
Sex	Female	58
	Male	42
Educational degree	Associates' degree	5
	Bachelor's degree	595
	Higher	36
Acquaintance with human resource development topics	Very high	14
	High	47
	Medium	36
	Low	3
	Very low	3

($p < 0.001$), respectively. It showed that the exploratory factor analysis was permissible. Then, the explanatory factor analysis was performed with maximum probability approach and the variables were interpreted with Varimax rotation approach. The results showed that three factors came out from the "commitment to human resource development" component with special values bigger than 1. The first, second and third factors explained 40.153, 11.912 and 10.800% of the total variances of variables, respectively. Therefore, these three factors explained 62.865% of the total variances of variables for the component "commitment". As regards this component, the following variables formed the 1st factor:

1. Promoting a system approach
2. Appreciation of employee participation
3. Adequate funding
4. Allocate adequate human resources
5. Professional Human Resource Development Unit
6. Supportive work environment
7. Promote collaborative work culture
8. Allocate sufficient time

The 2nd factor was formed by the following variables:

1. Active partnership of managers
2. Comprehensive career development with training program
3. Deserved democracy
4. Role of the manager as a pattern in the organization

The 3rd factor was formed by the following variables:

1. Supportive work environment
2. Role of the manager as a pattern in the organization
3. Provide a comprehensive policy development staff by managers

In Table 2, the confirmatory factor analysis was made with the use of the software "Lisrel 8.7". The path diagram of process orientation was designed (Figure1) and then the fitness of the factors achieved was determined (Table 3).

Subsequent to the earlier stated stage, the first, second and third factors of the component, "commitment", were the approved factors named: "organization development", "management commitment" and "employment system", respectively.

DISCUSSION

Findings of this research showed that three factors have been identified regarding commitment. The first factor was called "organization development", the second one was "management commitment" and the third one was "employment system". The confirmatory factor analysis, too, indicated that the structural model of these factors was a proper one. The findings of this research proved that the components identified and the structural relations presented as regards the component, "commitment to human resource development for the hospitals of social security organization", were suitable. Swanson (2008) states that the primary components of HRD include organization development (OD is the process of systematically implementing organizational change for the purpose of improving performance) and training and development (T&D is the process of systematically developing expertise in individuals for the purpose of improving performance). The finding of Swanson (2008) is same with the present research model in leadership and organizational development variables.

Cromwell and Kolb (2004) conducted a study for participants in a large scale development program consisting of 56 h of instruction over a 12 week period. Their examination of the work environmental factors on transfer showed that lack of management support and

Table 2. Recycled matrix of factors.

Commitment		1st factor	2nd factor	3rd factor	t-value	R ²
1.	Promoting a system approach	0.557			6.62 *	0.20
2.	Deserved democracy		0.575		5.26*	0.45
3.	Appreciation of employee participation	0.750			5.68*	0.53
4.	Adequate funding	0.503			5.82*	0.50
5.	Professional Human Resource Development Unit	0.655			5.42*	0.58
6.	Allocate sufficient time	0.470			6.40*	0.32
7.	Promote collaborative work culture	0.678			5.57*	0.56
8.	Supportive work environment			0.400	4.70*	0.41
9.	Role of the manager as a pattern in the organization		0.447	0.470	6.51*	0.64
10.	Provide a comprehensive policy development staff by managers			993	4.66*	0.69
11.	Active partnership of managers		0.689		6.79	0.89
12.	Comprehensive career development with training program		0.956		5.45	0.86

* >1.96.

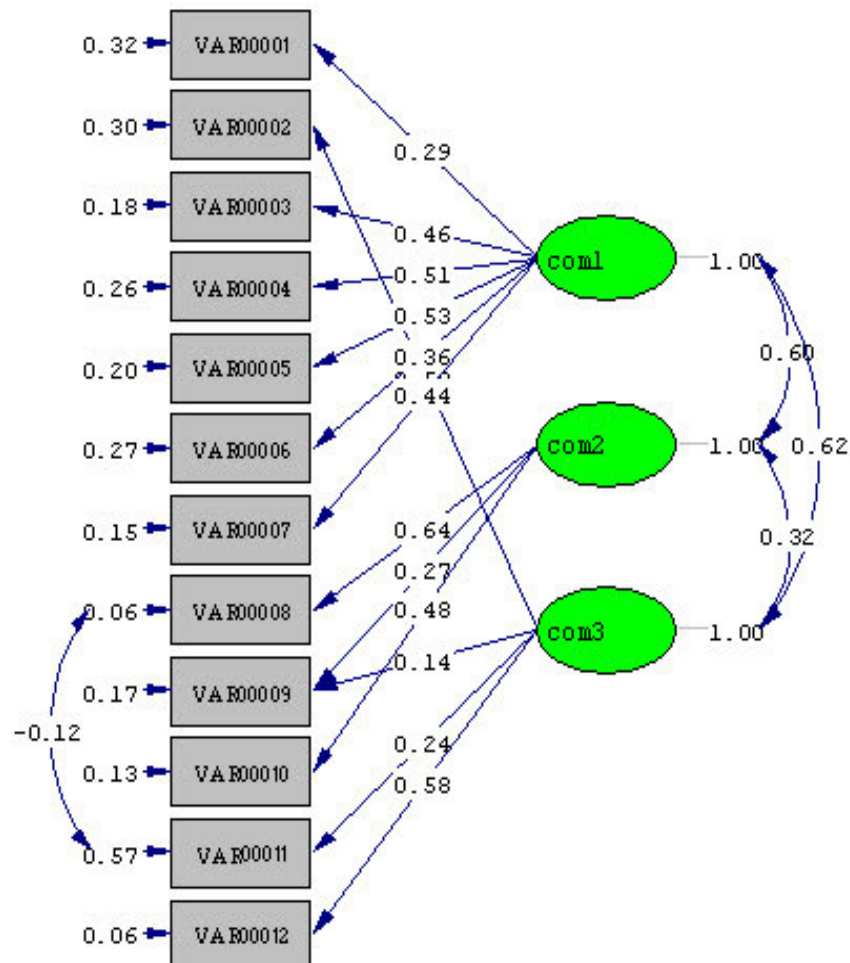


Figure 1. Path diagram of the commitment component.

Table 3. Fitness indexes calculated for the component “commitment”.

Component/ index	Root mean square error of approximation (RMSEA)	Goodness of fit index (GFI)	Comparative fit index (CFI)	Normed fit index (NFI)	Non- normed fit index (NNFI)	Incremental fit index (IFI)	Related fit index (RFI)	Adjusted goodness of fit index (AGFI)	Root mean square residual index (RMR)	χ^2	P value
Commitment	0.0016	0.94	0.92	0.87	0.90	0.92	0.83	0.76	0.033	22.11	p>0.05

lack of time applied to learning, presented significant barriers to learning transfer. Similarly, Hawley and Barnard (2005), in a study of training professionals, using mixed methods analysis (surveys and interviews), found that learning transfer was negatively influenced when supervisory support was missing. In Cromwell and Kolb (2004) and Hawley and Barnard (2005) research, management support and supervisory support factors are, in fact, the commitment factor in this research.

In the suggestive model of Pahlevan (2008), for human resources development in the health and treatment sector of Iran, the major effect is seen in the human, financial and physical resources, which are in fact the variables of commitment to human resources development. The results achieved from Pahlevan (2008) research are consistent with the results of the present research. Mesbahi (2009) also states that the healthcare human resources development system in Iran is a system, which in its processes must have sufficient date and support, must be in a proper condition and environment, and must be observed and evaluated to reach its expected results. However, the support factor seems to be similar to the factor “commitment”.

On the basis of the results achieved from the present research, the study may conclude that these factors have substantial roles in the performance of commitment to human resource development and are considered to be the main

components for the performance of commitment to human resource development in these organizations.

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