

**SUSTAINABLE HUMAN RESOURCE MANAGEMENT,
EMPLOYEE WELL-BEING, ORGANIZATIONAL
COMMITMENT AND JOB SATISFACTION OF HEALTH
CARE PROFESSIONALS: A STUDY ON SELECT
HOSPITALS**

Thesis Submitted for the Award of the Degree of

DOCTOR OF PHILOSOPHY

in

COMMERCE

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DECLARATION UNDERTAKING FROM PHD SCHOLAR

I hereby declare that I, **Manpreet Kailay**, have completed PhD thesis work on the title “**Sustainable Human Resource Management, Employee Well-Being, Organizational Commitment and Job Satisfaction of Health Care Professionals: A Study on Select Hospitals**” under the supervision of **Dr. Priyanka Chhibber** Associate Professor, COD-HRM, Lovely Professional University and Co-Supervision of **Dr. Kamalpreet Kaur Papos**, Assistant Professor, Chandigarh University for the degree of Doctorate of Philosophy, Lovely Professional University, Phagwara, Punjab.

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DECLARATION CERTIFICATE

I, Manpreet Kailay D/O Mr. Des Raj Kailay and Mrs. Priksha Devi certify that research work in this PhD thesis is my own bonafide work carried out under the supervision of Dr. Priyanka Chhibber Associate Professor, COD-HRM, Lovely Professional University and co-supervision of Dr. Kamalpreet Kaur Paposi, Assistant Professor, Chandigarh University for a period of August 2019 to December, 2023 at Lovely Professional University, Punjab. The work embodied in this PhD thesis has not been submitted not for the award of any degree/diploma except where due acknowledgement has been made in the text.

I, hereby declare that I have faithfully acknowledgement, given credit to and referred to the research workers wherever their works have been cited in the text and body of thesis.

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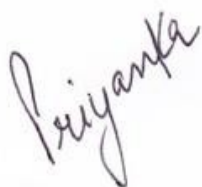
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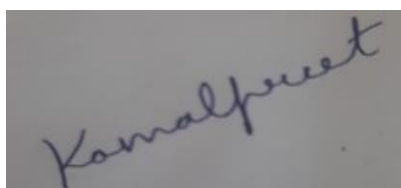
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This is to certify that work embodied in PhD thesis entitled “Sustainable Human Resource Management, Employee Well- Being, Organizational Commitment and Job Satisfaction of Health Care Professionals: A Study on Select Hospitals” submitted to Lovely Professional University, Punjab, for the award of Doctorate of Philosophy has been carried out by Miss Manpreet Kailay under my supervision at Lovely Professional University, Punjab from 2019-2023.

To the best of my knowledge and belief, this research work is original and has not submitted to so far in part or in full for the award of any degree or diploma of any University/ Institute.



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Abstract

The research work entitled ‘Sustainable Human Resource Management, Employee Well-Being, Organizational Commitment and Job Satisfaction of Health Care Professionals: A Study on select hospitals’ is a study on health care professionals (Nursing staff) of public and private hospitals of Punjab. This study has been specifically initialized to examine the most crucial issue in business world, that is, ‘Bringing Sustainability’. The study has been conceived and executed as a contribution in the literature in the area of Sustainable HRM and Employee well-being. Employees are considered as ‘Backbone’ of the organizations. The well-being, commitment and satisfaction of employees with their jobs; are the most established yardsticks to measure the sustainability at every organization. Like any other organization, healthcare sector has become a highly important and fast-growing service industry across the globe. Hospitals have become most integral part of health care. In many countries, healthcare sector is not treated as business, but a welfare service offered to population at large by government and privately owned hospitals. The maintenance of one's health and well-being is the responsibility of hospitals and other medical facilities. In the hospital sector, sustainable HRM concept was introduced for securing well-being of health care professionals through the incorporation of sustainable staffing, sustainable training and development practices, sustainable diversity management, sustainable work-life balance, and sustainable health and safety. The incorporation of sustainability is the most crucial step, most hospital administrators have a strong commitment towards sustainability. From the last two decades, researchers are linking the word ‘sustainability’ to ecological aspect, where in environmental safety has given huge consideration while operating businesses. Business organizations are going green to follow the trend of sustainability in this world. However, the context of present research is not confined to this single aspect only, the growth of word from ‘sustainability’ to ‘sustainable hrM’ is the focus of the study. We have given consideration to practices that are more relatable to the longevity and growth of individuals at their workplace.

As from the past research studies, it has been examined that hospitals across nation generate roughly 5,500 tons of waste/day that equals to about 2 million tons of waste/year. In the establishing stages of the concept ‘Sustainable Development’, more attention was given to the ‘environmental’ or ‘ecological’ aspect. However, business organizations started incorporating practices that are taking care of the environment at priority. In the later stages of this concept, various terms got connected with the term sustainable that are, corporate sustainability,

sustainability, human resource sustainability, sustainable finance and many more. This concept also become prevalent in the human resource management field, where the practices related to work-life balance, employability and well-being is concerned. Since achieving the best possible level of sustainable human resource management is essential to enhancing employee wellbeing. As a result, hospital organisations need to adopt an operational mindset while also considering social and environmental factors that will improve their longevity and the well-being of both their people and natural resources.

Within sustainability, the purpose of undertaking this issue is also materialized from the framework developed by the United Nations in 17th Sustainable Development Goals. This global movement was established for ensuring sustainability in the whole world which includes 170 countries and territories under the UNDP (United Nations Development Program) from the whole world that all jointly wish to pursue their all tasks in sustainable way. It works with local government to meet developmental challenges and develop local capacity. To contribute towards this global movement, UNDP presently focuses upon poverty reduction, HIV/AIDS, corporate governance, energy and environment, healthy lives and promoting Well-Being, Sustainable management of resources, promote peaceful and inclusive societies etc. Some of these Sustainable goals- healthy lives, promoting well-being, sustainable development of world would be an inspiration to the current research work. By adapting and implementing all these sustainable development goals in the hospital sector, the aim of bringing sustainability i.e., 5P's peace, planet, profit, people & partnership would be achieved in future. Hospitals management had to develop and strengthen Sustainable management and ensure all the human resource practices accomplished in cost effective manner. The physical & mental fitness is very essential for improved performance of staff. Healthy staff leads to healthy organization, so it is very critical for the organizational growth to enhance well-being of employees and sustainability.

Hospital sector is growing at very fast pace and data from several sources revealed that- the state of Punjab offers the best medical care in Northern India. The state has shown tremendous growth in healthcare by offering world class private hospitals established here. These hospitals provide impeccable medical services with high tech treatment facilities in the cost-effective manner. However, it won't be effective to demonstrate prosperity alone through environment and infrastructure. Undoubtedly, all of these characteristics help to draw in clients (patients), but to satisfy their needs and provide them with higher-quality care, committed professionals are needed. One of the greatest workforces in the hospital industry has been identified as the

nursing staff, and the efficiency of nursing professionals has a significant impact on hospitals' reputations. Nurses have the responsibility of meeting health needs of patients continuously during their stay in the hospital. Nursing personnel generally constitutes the largest proportion of hospital staff. In accordance with WHO standard, 3 nurses per 1000 people is required. But in India, there has been 1.7 nurses per 1000 people. Because of the low nurse-to-patient ratio, there is a higher burden, long workdays, multiple shifts, and other factors that result in subpar care. The studies revealed that in many cases patients definitely feel satisfied and feel comfortable at particular hospital, but were not satisfied with the services they are provided with. Healthcare professionals are often found having discussion about their lives in front of patients, such as, family issues, difficulty in getting leaves, long working hours and many more. These factors lead to distraction of professionals which has its ultimatum as poor quality of treatment to patients.

It can be safely said that well-being of health care professionals is the most crucial aspect that cannot be neglected. Health care professionals have suffered from terrible environment throughout the outbreak of Novel Corona Virus, 2019. This outbreak made the lives of health care professionals more difficult. Moreover, the disastrous impact of corona virus globally invites suitable steps towards sustainability in each and every sector. Optimum use of natural resources is crucial to deal with these kinds of unpredictable situations. In such a dynamic and unpredictable environment, it is necessary to cater well-being of health care professionals through incorporating sustainable HRM practices. Professionals with higher psychological, life and workplace well-being will lead to enhanced commitment and satisfaction with their respective organizations.

Sustainability is fast becoming a business megatrend essential for organizations to maintain their competitive positions. Sustainability tends to balance economic, environmental and societal impact of an organization's operations. However, these concepts are good enough to explain sustainability in the organizations. But, one thing is missing 'impact of business activities on employees' of the organization. Employers can establish strong connections with their communities, workers, and employees by focusing on sustainability. (Management, Reports, & Human, 2020). In order to incorporate Sustainable HRM in hospital sector, the first step is to identify already incorporated practices. For that prior literature supports that 'Sustainable hospitals' is an approach which is more prominent in countries other than India (Nascimento, Affonso, Araujo, & Alves, 2016; Shoaib et al., 2021). With context to our country, Green HRM concept is trending in hospital industry, where green HRM is considered

as a part of ecological dimension of Sustainable HRM.

The current study used quantitative method of research, in which responses are collected through a well- designed structured questionnaire. Proportionate and convenience sampling was used to include respondents from different regions of Punjab from two types of hospitals government (PHSC) and private (NABH) hospitals of Punjab. We have included fifty-six (having >50 bed capacity) hospitals from NABH association and fifty-five from PHSC association (including district and sub divisional hospitals). The study was carried out on identifying the implementation of SHRM in the hospital sector and examining the influence of these practices on well-being, commitment and satisfaction level of healthcare professionals of Punjab. In order to attain the objectives of the study, more than five hundred questionnaires were dispatched; four hundred and fifty were returned from respondents (health care professionals). Statistical analysis was employed using different statistical techniques and tests: SPSS (co-relation, regression, Independent t-test) and Smart PLS (PLS- Algorithm, Bootstrapping). This study examined relationship between all the variables as well as the mediating impact of employee well-being. This study further investigates some key findings and also confirms influence of sustainable human resource management on well-being, commitment and job satisfaction.

The study also explored that EWB (employee well-being) is an important outcome of sustainable human resource management practices. The present study will fill the gap in the literature in terms of identifying different sustainable HRM practices leading to well-being of health care professionals in context to India, how well-being of health care professionals leads to enhanced commitment and satisfaction of HCP's. In our study,

seven sustainable practices such as SS (sustainable staffing), STD (sustainable training and development), SPE (sustainable performance evaluation), SC (sustainable compensation), SDM (sustainable diversity management), SWLB (sustainable work-life balance), SOH (sustainable occupational health and safety) that has significant impact on three types of well-being of HCP's (LWB (life well-being), WWB (workplace well-being), PWB (psychological well-being)). These sustainable practices are gathered taking into consideration social, economic, environment and psychological dimensions of sustainable HRM. This study can act as a base of knowledge upon which hospital management can design sustainability-oriented programs. In order to achieve first objective, the study also compares sustainable HRM practices of public and private hospitals of Punjab. The results revealed that both types of

hospitals follow sustainable HRM practices, but undoubtedly these practices are followed more prominently in private hospital sector. During the interaction with human resource managers, it has been observed that WLB and OHS followed similarly in both types of hospitals, but there is difference in follow up with respect to other sustainable HRM practices. Moreover, in order to study the influence of sustainable HRM practices on well-being of HCP's, data has been collected from 452 respondents. Results revealed that sustainable HRM practices have significant positive impact on well-being, 57.4% variance in well-being is influenced by SHRM. From the analysis, it was also revealed that workplace well-being and psychological well-being have more significantly affected by sustainable HRM practices than life well-being. This signifies that well-being is enhanced because HCP's feels happier and healthier at workplace and psychologically too. In order to achieve third objective, Smart PLS software (PLS-SEM, bootstrapping) is used. The results from the analysis explored that affective and normative commitment have more significantly affected by employee well-being practices than the continuous commitment. This signifies that HCP's are committed towards their respective hospitals because they feel emotional attachment, feel responsibility, want to maintain present jobs and their jobs provides them maximum output. Our study also explored the results that healthcare professionals experienced lesser continuous commitment because they feel committed to their hospitals because of a sense of attachment not because of the fact that it is difficult for them to find new jobs. Similarly, results also highlighted positive impact of employee well-being on satisfaction with their jobs. Health care professionals are satisfied with their jobs, because they are high at their life, psychological and workplace well-being. Study also revealed that higher well-being means higher satisfaction with their jobs. For the fourth objective, mediating role of employee well-being was explored. Partial mediation was observed which signifies that sustainable HRM practices significantly impacts organizational commitment and job satisfaction with or without mediating role of employee well-being. For the attainment of last objective of our study, correlation was applied to evaluate the relationship exist between both the variables (OC and JS). Results stated that there exists significant relationship between both the variables. It was also observed that HCP's feel satisfied with their respective hospitals more because of affective and continuous commitment (they feel connected, responsible with their jobs, they need this job and they feel difficulty in finding new jobs).

In hospital sector, there is need to incorporate SHRM appropriately. In accordance with the results obtained from current study, organizations should focus on the appropriate application

of practices that guarantee well-being of employees. Practices such as:- job security and stability, good working environment, training to ensure adaptation to new working environment, diversity management, work-life balances and occupational health and safety measures integrates sustainability into HR procedures that demonstrates an organization's commitment to social and environmental responsibility. The HR contributions of the study are important suggesting establishment and implementation of sustainable HRM in the organizations to gain well-being, commitment and satisfaction of employees.

Keywords: Employee Well-Being; Healthcare Professionals; Hospital Sector; Job Satisfaction; Organizational Commitment; Sustainable Human Resource Management

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ABBREVIATIONS

AMO	Ability Motivation Opportunity
ANM	Auxiliary Nursing Midwifery
AC	Affective Commitment
AVE	Average Variance Extracted
CC	Continuous Commitment
CFA	Confirmatory Factor Analysis
CMV	Common Method Variance
CVR	Content Validity Ratio
CR	Composite Reliability
CSR	Corporate Social Responsibility
Ct. V	Content Validity
Cv. V	Convergent Validity
Cs. V	Construct Validity
DH	District Hospitals
DV	Dependent Variable
DV	Discriminant Validity
EWB	Employee Well Being
f²	Effect size
GNM	General Nursing and Midwifery
HCP	Healthcare Professionals
HOC	Higher Order Construct
HPWS	High Performance Work Systems
HRM	Human Resource Management
HTMT	Heterotrait- Monotrait Ratio
IV	Independent Variable
JS	Job Satisfaction
KMO	Kaiser-Meyer-Olkin
LV	Latent Variable
LOC	Lower Order Construct
LWB	Life Well-Being
MV	Mediating Variable
MM	Measurement Model
NABH	National Accreditation Board for Hospitals and Healthcare providers

NC	Normative Commitment
NWW	New Ways of Working
OC	Organizational Commitment
PHSC	Punjab Health System Corporation
PLS	Partial Least Square
PWB	Psychological Well-Being
RBV	Resource Based View
R²	Coefficient of determination
SEM	Structural Equation Modelling
SHRM	Sustainable Human Resource Management
St. HRM	Strategic Human Resource Management
SDH	Sub-Divisional Hospital
SPSS	Statistical Package for Social Science
SC	Sustainable Compensation
SDM	Sustainable Diversity Management
SPE	Sustainable Performance Evaluation
SOH	Sustainable Occupational Health & Safety
SS	Sustainable Staffing
STD	Sustainable Training & Development
SWLB	Sustainable Work-Life Balance
TBL	Triple Bottom Line
UNDP	United Nation Development Program
VAF	Variance Accounted For
VIF	Variance Inflation Factor
WCED	World Commission on Economic Development
WHO	World Health Organization
WWB	Workplace Well-Being
Q²	Predictive relevance

CHAPTER 1

INTRODUCTION

In today's business world, sustainability is no longer just about the environment; it's also about how companies manage their employees. Sustainable Human Resource Management (SHRM) is a new approach that aligns HR practices with sustainability goals to achieve long-term success and improve employee well-being. This chapter explores SHRM, looking at its basic ideas, key parts, and how it helps promote employee well-being. By understanding the links between sustainability and HR practices, this thesis aims to show how organizations can create more resilient, supportive, and thriving workplaces.

Over the past decade, people around the globe have embraced the idea of sustainable human resource management, and this concept is also gaining attention from academicians and practitioners. Globally, the issues arising from the unsustainable activities of the population call for sustainable management of resources. Sustainable human resource management is a significant concern in our effort to make optimum utilization of naturally available resources. Earlier, the United Nations World Commission on Economic Development (WCED) gave the definition, which is accepted widely around the globe. Sustainable Development means the "use of available natural resources in such a way that it meets the needs of the present generation, along with this it does not compromise future generation's ability to meet their needs" (Macke & Genari, 2019). Sustainability is derived from the Latin word 'Sustenerere'- to sustain, maintain, support, strengthen, i.e. the ability to keep to develop (Kramar, 2014). People's realization of the effects of their commercial and non-commercial activities on the environment gave rise to the concept of "sustainability." Despite the significant disruptions such as global warming and climate change, people mainly remained unaware of the consequences of their exploitative effects. All these disruptive consequences triggered active action regarding the environment. In the present scenario, sustainable human resource management is an essential tool for organizations to survive; it not only contemplates the organization's financial performance but also throws light on its environmental and social responsibilities. Sustainability practices are regarded as a 'Nice to have' concept in the management of organizations. The correlation between the terms 'sustainability' and 'human resource management' was developed later on,

and it includes the three goals based on the Triple Bottom Line approach (Economic, Social, and Environmental goals). Sustainable Human Resource Management comprises all the practices and policies that lead to the welfare of the economy, society, and environment in the long run (Mazur, 2019). The objectives of the current research study are to examine how sustainable human resource management was practised in the hospital sector and how these practices will positively influence WB, OC and JS of health care professionals.

1.1 Problem Background

This chapter provides an overview of the research study performed to evaluate the relationship between sustainable human resource management and employee-centred variables: well-being, organizational Commitment, and job satisfaction. The purpose of this study is to understand how Sustainable human resource management is practised and will lead to the well-being of healthcare professionals. Sustainable management practices are needed to ensure hospitals' sustainable performance (Pellegrini et al., 2017). With the increasing know-how about Sustainability globally, every organization tends to make its activities sustainable (Fabia, 2017). Even in hospitals, sustainable practices have been adopted primarily in countries other than India. Through this research work, we wish to explore the extent of sustainable human resource management followed in the hospitals of Punjab. This research will be helpful in many ways to the hospitals of Punjab. It aims to bring sustainability practices to the population and create a benchmark for uplifting these practices to another level of growth and progression.

1.1.1 Sustainable human resource management and Employee Well-being

Sustainable human resource management practices represent a paradigm shift from human resource management to strategic human resource management to corporate social responsibility. Organizations should ensure the well-being of employees through these practices (Poulose et al., N. 2017). Employees are considered the 'backbone' of the organization; their happiness and healthiness matter a lot to the organization. They will develop loyalty towards their organizations if they are externally and internally happy at their workplace. From a sustainable management perspective, organizations should cater to the present needs of employees and secure the future of all their employees. In the late 90s, employee well-being was coined as the absence of diseases (Griffin, 1999). Later, in 1998, the World Health Organization described it as 'the state of complete Physical, Mental and Social Wellness'. Sustainable human resource management will positively affect employee well-being,

improving an organization's environmental, social, and economic welfare.

1.1.2 Employee Well-Being, Organizational Commitment and Job Satisfaction

Employee well-being will lead to Organizational Commitment and job satisfaction. In 1991, Meyer and Allen conceptualized organizational Commitment- one person's willingness to stay in the organization and loyalty towards their work and organization. Employees want to stay in that organization and become loyal to their work and organization when they feel committed to it. Moreover, when employees become committed to the organization, they open-handedly adopt its various strategies and policies, whether for implementing Sustainability or any other activity of the organization.

Sustainable HRM is essential for every organization to ensure equal access and affordability to the available resources. Sustainability is something that every future-oriented organization should consider while developing strategies for improvement and growth (Manzoor et al., 2019). Numerous sustainable human resource management practices exist, such as achieving one's professional objectives, growing one's skill set, and getting promoted and paid fairly (Ibrahim & Rahman, 2017). Sustainability is not only a reason for organizational growth but also leads to the satisfaction of its employees, ethical conduct, and social responsibilities to some extent. In this twenty-first century, a global movement was also established to ensure Sustainability in the whole world, which includes 170 countries and territories under the UNDP (United Nations Development Program) from the world. To contribute towards this global movement, UNDP presently focuses on poverty reduction, HIV/AIDS, corporate governance, energy and environment, healthy lives, promoting well-being, sustainable management of resources, peaceful and inclusive societies, etc. For taking the graph up regarding sustainable management practices, this research has taken some of the sustainable goals- healthy lives, promoting well-being, and Sustainable Development of the Nation as a milestone of this current research study.

By adapting and implementing all these sustainable development goals in the hospital sector, Hospital management had to develop and strengthen Sustainable management and ensure all human resource practices were accomplished cost-effectively. Physical and mental fitness are essential for improved staff performance. Healthy staff leads to a healthy organization, so growth must enhance employees' well-being and sustainability.

1.1.3 Importance of Sustainable human resource management in Hospitals

Today's highly competitive world is characterized by uncertainty, flexibility, complexity, innovativeness, diversified cultures, and heterogeneity in human resources. Organizations strive to carry Sustainability in all their management practices to achieve individually, socially, economically, and environmentally acceptable outcomes. Sustainable Human Resource Management is urgently needed in the hospital sector of Punjab for the attainment of the well-being of health care professionals, Commitment towards the organization, and Job Satisfaction of health care professionals and to take one step forward for the Sustainable Development of the country as a whole. Every organization value natural resource these days. However, human resources, considered the organization's Heart, must be valued and managed sustainably, so the human resource management department needs to value them. The well-being, requirements, and expectations of the employees working in their organization must be fulfilled. Organizations must pursue Sustainability in all their practices to benefit employees and the organization itself in the long run. Implementing sustainable human resource management, i.e., ensuring sustainability in all HR practices necessary for job design, recruitment, selection, training and development, and performance appraisal. Along with this, policies like ensuring healthy lives for people of all ages, equality and fairness, sustainable management of water, light, and paper, making healthcare professionals flexible & dynamic, etc., needed to be implemented.

Here, it was also concluded that some researchers laid down the meaning of Sustainability, and some threw light on its evolution. At the same time, some highlighted the features of Sustainability. Other models that lead to the adaptability of sustainability in all organizations, such as further research, also provide ways to implement sustainability. Still, there is one lack of studies that assessed Sustainable HRM practices in practical life: how the appraisal of Sustainable HRM is accomplished, how to evaluate it, how to measure it, and how to assess the post-implementation sustainable HRM practices effects on the organization—proposed the scale for measuring sustainable human resource management. Cross-country sustainability practices of Sweden, Germany, Spain & United Kingdom are measured on the instrument developed by them. The major international CSR benchmarks for HRM have been examined. Researchers from European academic institutions involved in HRM and CSR produced the Delphi research. The policies and practices were subjected to a validation and review procedure by a panel of specialists to create a measurement scale for measuring Sustainable HRM, which is mentioned in the conclusion. The application of this research instrument or

measurement scale in India is still needed. Moreover, this scale is not used to measure the sustainable management practices in the hospital sector, there is a gap in the literature, so to fill this gap, the researcher has adapted this research instrument to measure sustainable human resource management practices with context to the hospital sector.

1.2 Problem Statement and Research Gap

Sustainability is a paramount concept and the most demanding area in management. More research studies are needed to link the sustainable HRM concept with the well-being of employees. The relationship between these two concepts still needs consideration in developing countries like India. Most of the studies have measured the impact of sustainable human resource management on organizational Commitment and job satisfaction; minimal studies are available on employee well-being. Everyone today values human resources because of the competitive environment, and people are currently the most valuable resource. Public or private organizations strive to adopt sustainability practices to maintain the well-being of their employees. Hospitals are such organizations where customers (patients) are treated with ethical/moral values as a priority. Taking care of patients with these values often leads to neglecting the well-being of employees (health care professionals). The well-being of healthcare professionals is too sufficient to maintain the goodwill of the hospitals and retain the professionals in the hospitals.

Besides the concept of sustainability, which originated three decades ago, organizations still hesitate to adopt sustainable human resource management practices in their workplaces because of their ill effects, such as enhancing work pressure. There are so many institutions, industries, enterprises, and hospitals that have yet to show interest or less interest in the area of bringing sustainability. However, adopting sustainable management practices in every organization needs an hour today to adopt and become sustainable in all aspects and take one step ahead in sustainable management and sustainable development. This research examined the implementation of Sustainable human resource management practices followed by the management of hospitals for the well-being of all the healthcare professionals in the hospitals of Punjab state, specifically nurses. Therefore, the following are the past research studies undertaken by previous researchers in the hospital sector of Punjab, highlighting the need for sustainable human resource management practices for the well-being of healthcare professionals and the need for comparative studies between government and private hospitals.

1.2.1 Studies done on the hospitals of Punjab

Studies undertaken in Punjab consider the central medical hub of health care facilities in Punjab state: Gurdaspur, Amritsar, Jalandhar, Ludhiana, and Hoshiarpur. These studies are used to determine the job satisfaction of public and private hospitals. This study concluded that the employees of public hospitals are more satisfied with their pay and fringe benefits than the employees of private hospitals. Regarding promotional chances, supervisory treatment, and professional relations, employees of private hospitals are more satisfied (Rana, 2014). Additionally, a study was conducted for healthcare employees in Punjab, which analyzed that there is a negative relationship between occupational stress & Job satisfaction. The sample is selected from government hospitals in different regions (R. Singh, 2020).

Concerning this, the organizational culture will also influence the satisfaction level of hospital employees. Four hospitals in the Chandigarh region were selected as a sample. It is concluded from the research that the hospital's culture made clear understanding about the interrelationship of their jobs with the others (Powell, 2019). Different researchers have studied that there is a definite link between nurses' attitudes & patient satisfaction; patients usually complain to doctors about the less time devoted by the nurses to providing quality care treatment rather than personal problems. So, if health professionals are dissatisfied, they often become less devoted to their work. The factors like job satisfaction are linked with customer satisfaction, productivity, and organizational citizenship behaviour, which ultimately enhance the job performance of nurses (Thind & Kumar, n.d.).

Eventually, patient satisfaction is also addressed to examine the quality of care provided by the hospitals. One study involved this issue at the tertiary care hospital in the Malwa region of Punjab, in which most of the patients addressed the shortage of clinical staff (nurses and doctors), irregularity of doctors sitting in cabins, and cleanliness issues (Goshist, Monga, Devgan, Singh, & Gupta, 2017).

Doctors are considered the Human Capital of the hospitals & all the humans who are working for their organizations are regarded as the most valuable assets. Some humans find themselves satisfied by getting good pay and promotion. In contrast, others see this satisfaction from good social relations—a study conducted in the civil hospitals of main cities like Lahore, Rawalpindi, Multan, and Faisalabad. Dissatisfaction of Doctors was also studied, which necessitates that doctors must find their work meaningful if they find any issue related to their pay or it must be tackled with a proper performance management system & proper service structure (Yaseen, et al., 2013).

One researcher also examined the job satisfaction of the Government Medical College of Punjab by comparing the satisfaction level in various groups like doctors, nurses, male and female, regular and contractual personnel. Nurses are found to be least satisfied because of improper recruitment policy, fewer career growth opportunities, fewer training options, and a non-defined job description (Bansal & Malhotra, 2016).

Night shifts impact the work-life balance of Doctors and paramedical staff. The sample is taken from the cities of Punjab that have the maximum number of hospitals: Jalandhar, Amritsar, Ludhiana, and Chandigarh. The analysis of this study depicts that day shifts have a more hectic schedule than night shifts. Here, Work-life balance and doctors' personal and professional lives are taken into account. Day shifts negatively impact one's personal and professional life more than night shifts (I. Singh & Rana, 2017).

In conclusion, it was observed that there were few numbers of studies exists related to sustainable human resource management, which will examine the perception of health care professionals in the hospitals like how they are treated there, how far management deals pretty with them, how far they are aware of environmental protection practices especially in Punjab and how far human resource policies adopted by the hospitals are sustainable. Most of the time, nurses do not receive the respect they deserve, and healthcare professionals deal with the complications of becoming sustainable. This research contributed significantly to the study of the relationship between all variables that is -Sustainable Human Resource Management, Employee well-being, Organizational Commitment, & Job Satisfaction of healthcare professionals. The research population we have taken are the 'Nurses' because they are the only professionals dealing directly with patients, and the quality of care they deliver is a very crucial perspective. In the HRM field, the Sustainable HRM concept is a new concept, and empirical studies to identify best practices for sustainable organizations based on HRM are demanded (Jabbour, Ricardo, Freitas, Jose, & Ce, 2011). The present research has filled the gap in the literature by formulating the following two research questions: -

To examine the perspectives of healthcare professionals in terms of sustainable HR, we have developed research questions-

Q1. What kind of Sustainable HRM practices are incorporated in the hospitals for the well-being, Commitment, & Job Satisfaction of healthcare professionals?

Q2. How far does Sustainable HRM practically lead to well-being, Commitment & satisfaction

of health care professionals?

1.3 Research objectives

This research study involves the following objectives-

- To study the Sustainable Human Resource Management practices adopted by both private and government hospitals of Punjab.
- To study the effect of Sustainable Human Resource Management practices on the well-being of Healthcare professionals.
- To examine the effects of Employee Well- Being upon the Organizational Commitment and Job satisfaction on the health care professionals.
- To examine the role of Employee Well- Being between the relationship among Sustainable human resources management practices, Organizational Commitment and Job Satisfaction factors of health care professionals in the hospitals of Punjab.
- To evaluate the relationship between Organizational Commitment and Job Satisfaction of health care professionals in the hospitals of Punjab.

1.4 Research Model: Sustainable HRM significantly influencing EWB, OC, JS

Conceptual model to be tested

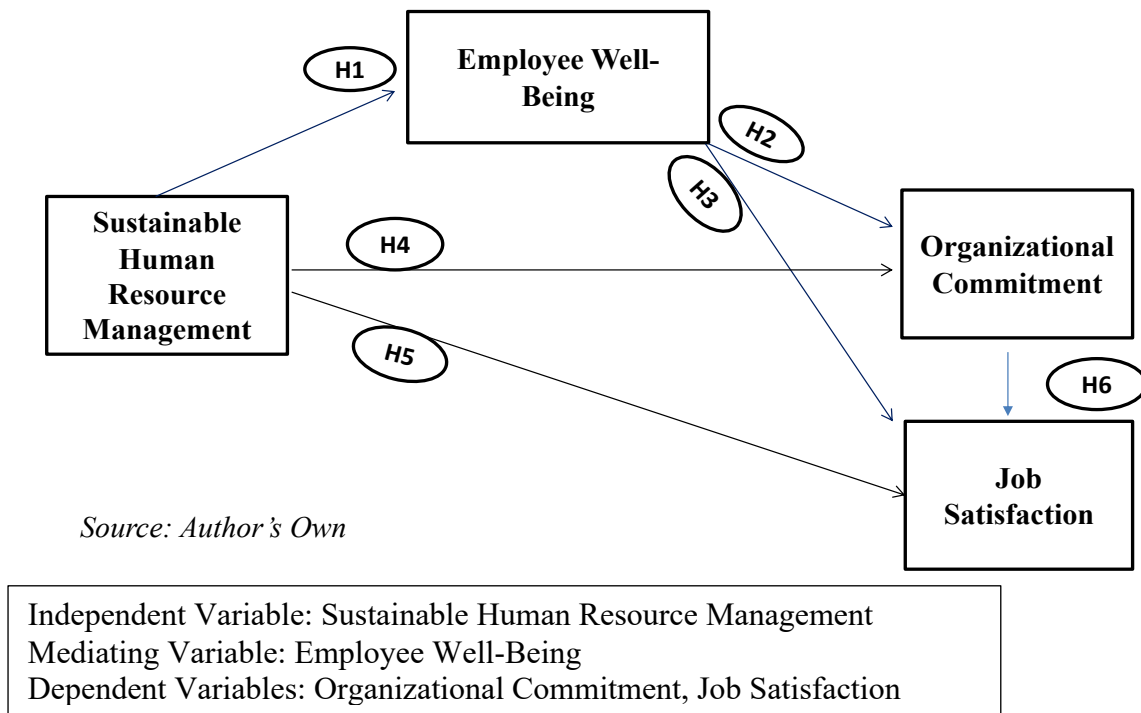


Figure 1.1: Model of the study

1.4. Contributions of this research study

In the hospital sector, nurses are the professionals who come into contact with patients and have large interactions with patients on a daily basis. Hospitals are expected to preserve the well-being of health care professionals (nurses), and they were chosen as respondents for the study. There is very limited literature and frameworks available on the implementation of sustainable practices in human resource management; no literature, to date, has examined the impact of sustainable HRM on employee concepts such as well-being, Commitment and satisfaction level. Existing Sustainable HRM research primarily focused on the level of implementation of these practices in the hospital sector and examining their effects on the Commitment and satisfaction level of healthcare professionals. Moreover, a mediating effect of the well-being construct is also evaluated. In this context, the study becomes significant and will extend the literature. Additionally, present research outcomes will act as a stepping stone in the Sustainability of the hospital sector, particularly in Punjab. The present study provides the hospital initiative to enhance healthcare professionals' well-being by identifying sustainable

HRM practices. The study will ultimately benefit the Health Care Professionals, especially 'Nurses', Human Resource Managers, and the hospital's goodwill. By taking the results of this study as a yardstick, the study will be helpful to hospital management in the successful implementation of sustainable HRM practices in the private and government hospitals of Punjab. This research work will assist hospital management in identifying how hospitals currently execute sustainable HRM practices, and what are the inadequacies in the HR system, hence generating a path that leads to future improvements. This study will enable the prolonged use of Sustainable HRM practices to ensure the well-being of medical staff and all the professionals at the hospital. These practices will cater for the welfare of society, the economy, and ecology, along with the well-being of employees at the workplace. This will encourage other organizations to adopt and implement these practices according to the needs of the employees, societies and environment. The present research would also provide valuable insights to government, practitioners, and policymakers on the influence of these practices on the well-being of human beings.

1.5 Delimitations

The study has effectively shown that sustainable HRM practices can considerably impact employee well-being, organizational commitment, and job satisfaction among healthcare professionals in Punjab, India. Nevertheless, several limitations must be noted. Firstly, the present research study covers the government and private hospitals of Punjab. The hospitals of two associations, NABH for private hospitals and PHSC for public hospitals, are included. This means the results will be generalized to health care professionals of hospitals that fall under these two associations only. As a result, the study's initial findings are restricted to the healthcare industry in Punjab.

Furthermore, the results may have emphasized private healthcare settings due to the overwhelming proportion of respondents who worked at private hospitals. The current study is only restricted to the healthcare sector; therefore, it is advised that to overwhelm the current study's boundaries, it should be applied to other institutions and organizations as well. Another limitation is that data was collected during the COVID-19 and post-COVID-19 periods, which might have affected the normal zone of responses given by the respondents (HCPs).

1.6 Structure of thesis

There are ten chapters in the thesis: -

Chapter 1 This chapter briefly introduces the background of the research, including the problem statement and significance of the study. It elaborates on the meanings of all the variables under study: sustainable human resource management, employee well-being, organizational commitment, and job satisfaction. Moreover, the reason behind choosing this sector is also explained. Finally, how the current study will contribute to existing research knowledge will also be discussed.

Chapter 2 This chapter reviews the literature on these topics under study. It also discusses earlier research on the hospital sector industry and problems faced by healthcare professionals.

Chapter 3 This Chapter describes the strategies and process of the research. It focuses on the methodology used to achieve all the objectives and hypotheses of the study. This chapter provides the research design of our study, sampling technique, sampling framework, and source of data.

Chapter 4 This particular chapter presents data analysis of Objective 1. This study presents data in a tabular format; analysis and interpretation of these tables were also discussed.

Chapter 5 This particular chapter presents data analysis of Objective 2. This study presents data in a tabular format; analysis and interpretation of these tables were also discussed.

Chapter 6 This particular chapter presents data analysis of Objective 3. This study presents data in a tabular format; analysis and interpretation of these tables were also discussed.

Chapter 7 This particular chapter presents data analysis of Objective 4. This study presents data in a tabular format; analysis and interpretation of these tables were also discussed.

Chapter 8 This particular chapter presents data analysis of Objective 5. This study presents data in a tabular format; analysis and interpretation of these tables were also discussed.

Chapter 9 This chapter gives the findings and conclusion of the research study. It summarizes the findings obtained from the analysis and their interpretation and discloses the broad conclusion of the research work.

In this chapter, it was concluded that sustainability into human resource management is

essential to meet the changing needs of organizations and their employees. Sustainable Human Resource Management (SHRM) helps make organizations stronger and more competitive, while also improving employee well-being. This chapter has explained the basic ideas and benefits of SHRM, showing how it can change traditional HR practices. As businesses see the importance of sustainability, using SHRM will be key to improving employee welfare and achieving overall success. Studies done on hospitals of Punjab also explored to find out the research gap of the study. Future research and practical applications of SHRM will be important in promoting sustainability in human resource management.

CHAPTER 2

REVIEW OF LITERATURE

"Why are the polar bears, or even milk jugs, more important than people, not only in terms of research attention but also as a focus of company initiatives?" (Pfeffer, 2010)"

2.1 Overview

In recent years, Sustainable Human Resource Management (SHRM) and its impact on employee well-being have become important topics. This chapter looks at the existing research on SHRM, focusing on key theories, models, and studies that have helped us understand this field. By reviewing a wide range of sources, this literature review aims to find common themes, identify gaps, and suggest areas for further research. This chapter gives an overview of how sustainable HR practices can benefit both organizations and employees, setting the stage for the analysis and discussion in this thesis. The first section, the literature review, is a detailed review of four variables: sustainable human Resource Management, Employee Well-Being, Organizational Commitment and Job Satisfaction. It includes how this concept evolved over some time, what are the different definitions and meanings given by influential researchers, other models from various perspectives, Sustainable HRM and its implementation in different sectors, sustainable human resource management in foreign contexts, the need for sustainable HRM in the hospital sector in India, challenges in the way of its implementation are also discussed in this chapter. Next, the origination and development of the concept of employee Well-Being over some time is mentioned. Thirdly, organizational commitment and job satisfaction were discussed- the evolution of these concepts and how these concepts influence each other. Lastly, earlier research on the Punjab- Hospital sector was reviewed to examine the research gap and why sustainable human resource management must be analyzed in the hospital sector. Moreover, the discussion also revolves around the association between variables under study: Sustainable HRM and employee-centered variables: - EWB, OC, JS and the role of employee well-being as a mediator between all the study aspects.

2.2 Conceptual Definitions

2.2.1 Sustainable Human Resource Management

Evolution of the term “Sustainable Human Resource Management”

The evolution of Sustainable HRM was coined back in the 1990s in order to make the economy aware of natural resources and their scarcity; it also influences minimizing the wastage of natural resources. The concept of 'Sustainability' was addressed 20 years ago (approx.) in the United States through WCED (World Commission on Environment & Development) on March 20, 1987 (Kramar, 2014). This Brundtland report gives the most widely accepted definition for 'Sustainable Development', which describes sustainable development as *"the use of natural resources in such a way that it meets the needs of the present generation and does not compromise the ability of future generation to meet their own needs"*. The Brundtland (1987) idea of Sustainability eventually explored a range of concepts related to the obligations of the business concerned. These concepts include such as CSR activities, Sustainability, Organizational Sustainability, triple bottom line, sustainable HRM, common good HRM, green HRM and many more, discussing the significant obligations of business organizations related to sustainable development. There is no universal definition of Sustainable HRM, so many universal models of the construct do not exist. A body of knowledge on Sustainable human resource management is developing continuously. Ehnert, I. (2009) defines Sustainability and sustainable development, what justifications companies given by applying sustainable HRM, how companies links with human resource management, and how organizations treat their human resources. Sustainability has been used as a synonym for 'long term', 'durable', 'systematic' and 'sound'. *"Sustainable HRM represents the attempt to apply a people-oriented perspective to the development of HRM policies and practices to enhance organizational performance both in terms of efficacy and efficiency"* (Manuti et al., 2020). A new approach has been introduced to human resource management in the emerging field. Where strategy has been in the mainstream for the last decade, nowadays, more and more scholars are connecting Sustainability to HRM (Kramar, 2013), (Ehnert et al., 2014), (Diaz-carrion, López-fernández & Romero- Fernandez, 2020b, 2020a). There is no universal definition of Sustainability.

Researchers also desire to assess the current status of knowledge of Sustainable HRM base as there is heterogeneity in describing the meaning of Sustainable HRM. Sustainable HRM can be defined as *"management approach aiming at HRM practices preventing exhaustion of employees, raising awareness of them on the greater circle and supporting them to provide*

their contribution not only for their enterprise but also for the world to create positive value on society, ecology and economy through their value chain approach". Based on the Triple Bottom Line approach, organizations focus on the on Peop3PPlanet and Profit. Whereas, with the upgradation of this concept, Sustainable HRM gained the attention of scholars, wherein the sustainable development concept has moved beyond only maximizing profits and considering environmental concerns. The sustainable HRM concept was framed for the welfare of people and human beings. In a nutshell, it is extracted meaning of Sustainable Human Resource Management from all the researcher's perspectives 'Sustainable HRM refers to the management of Humanity (important assets) of organization in a way that management nourishes their job holders, staff members presently and also pamper the job holders in all their future work, along with handling all the management practices with long term orientation, social welfare, economic welfare, environmental welfare'. Adopting a sustainability approach in management is imperative for the organization.

There are many conceptualizations of Sustainable HRM, but scholars primarily define it as an extension of Strategic HRM. There is a need to understand the relationship between Sustainability and sustainable HRM to enhance the knowledge base of Sustainability in HRM. Various terms are used interchangeably by authors- Sustainable leadership, Sustainable HRM, and Sustainable Organization, as these all aim to link the organization with Sustainability. Strategic HRM was developed in the late 1970s to manage people, whereas Sustainable HRM is regarded as a novel and different method of managing people (Kramar, 2014). Elkington 1997 was the first author to put Sustainability on the research agenda by creating a link between Sustainability and HRM as a specific strategy. The model developed by Elkington represents three forms of Sustainability comprehensively (triple bottom line 3Ps- people, planet, profit). Profit represents the traditional view of organizational results- corporate profits and financial gains. People imply that organizations try to be socially responsible, take care of employees and society, and treat them successfully. Planet refers to the ecological impact of organizations (Vanderstraeten, A. 2015). Planet Pillar is the most developed, and Sustainability is considered primarily regarding ecological issues. Organizational Sustainability depends upon the ability of employees; the parameters discussed here are- sustainability training, internal communication, Sustainability of HRM process, talent attraction and retention, healthy workplace, and skill development (Kainzbauer & Rungruang, 2019).

Furthermore, researchers in the field also discussed a few characteristics of Sustainable HRM practices that would practically implement Sustainability: care for employees & environment,

profitability, long-term orientation, fairness and equality, external partnership, employee co-operation, employee participation, employee development and social dialogue, flexibility (Stankevičiute & Savanevičiene, 2018b). Employees with sustainable-oriented mindsets are the key stakeholders and sources of knowledge in forming an organization's human and social capital (Davidescu et al., 2020). Building organizations by considering characteristics of sustainable HRM and employing individuals with sustainability-oriented mindsets, organizations can maintain an environment with genuine intentions to work for a particular organization. Sustainable HR management assists an organization in reducing the negative impact on employees and also aims to contribute towards enhancing the well-being of employees by lowering work-related stress and burnout and maintaining a balance between work and life (Stankevičiūtė & Savanevičienė, 2018).

Sustainable HR practices must involve practices for the stakeholders, i.e., how stakeholder's concern is prioritized in setting Sustainable HR practices; it reveals four dimensions of Sustainable HR practices- equality and fairness, transparent HR procedures, business success, and employee well-being for the sake of stakeholders (Järlström et al., 2018). The dimensions of justice and equality involve fair treatment, rules and responsibilities must be identical for everyone, transparent HR practices involve "information should not be withheld without good reason, it needs to be made available to everyone", profitability means "there is a need in HR function to see the future and be a part of the strategic process", and business thinking must be there in HR functions and at last employee well-being includes taking care of employees. Numerous articles in the past literature explore the relationship between sustainable HRM and organizational Sustainability. However, concept of managing people through various sustainable HR practices is still missing (Dvorakova, 2021). Sustainable HRM' aims to bring respect for 'human resources back in HRM (Cleveland et al., 2015). It is, however, essential to explore to what extent organizations engage in Sustainability. As this approach concentrates more on social and environmental performance in addition to economic performance, Sustainable HR practices need to be implemented in practice in a more strategic and forward-looking way using human and centred perspectives in the organization. Common good HRM was also discussed here; this HRM goes beyond the TBL approach; it involves the organization's long-term interest along with sustaining collective livelihood (Westerman et al., 2020). Finally, it is determined that Sustainable HRM is the most significant challenge ever tackled in human resources since it requires us to extend our theories and models from economic incentive to the TBL approach, where social and environmental concerns are

included. By investing in employee competence & well-being, organizations can increase their chances of becoming innovative and responsive to the organization's needs. In a nutshell, it is provided that the firm's competitiveness lies in its ability to meet the expectations of stakeholders and well- the well-being of employees together (Wikhamn, 2019). There are studies linking SHRM practices, EWB organizational trust, engagement and JS at the individual and organizational levels (Info et al., 2021). The study also highlighted the benefits of implementing sustainable human resources management, such as economic effectiveness, social responsibility and environmental protection.

However, it is also concluded that each person has individual expectations, and therefore, managers themselves find it difficult to fulfil the requirements of all employees at one point in time, so it is advisable for managers to motivate employees through group incentive programs. Strategic HR practices also lead to competitive advantage which ultimately results in employees' commitment. It is suggested that firms adopt sustainable human resource management practices, which will enhance the organization's productivity and competitive advantage as it is significant for the organization's future and to get a prominent place in the market. In recent years, stakeholders have also been raising questions about the negative impacts caused on the environment by their respective organizations (Manuel, Lizeth, Leal, & Olivastuj, 2023). Stakeholders are the individuals who are equally responsible for the growth and development of the sustainable HRM policies of the companies. Stakeholders have rights about the company, which presents a chance to create sustainable practises for well-being and a potential means of addressing business demands. Sustainable HRM must be accompanied by Strategic HRM for the progression of a sustainable work system & employee health in Knowledge Intensive Organizations (KIOs). Here, it refers to phenomenal knowledge essential to deal with uncertainty & complexity. Sustainable mindsets provide an HR structure in which Sustainable HRM practices are established for workers' Health (Becke, 2014).

Additionally, a new concept, High Involvement Management, has been established by one of the researchers to study the relationship between High Involvement Management & Sustainable HRM. HIM will result in improved employee commitment towards its organization, enhance profitability and reduce turnover, and overcome the resistance to change the attitude of employees, which in turn is favourable to the organization's Sustainability. It was found that the employees working for long hours and having to spend more time at their workplace tended to have more conflicts between the responsibilities of work, resulting in stress and work- life imbalance.

Models developed for Sustainable HRM

Sustainable Human Resource Management provides a way to manage people at work systematically (Opatha,2019). The literature review allows different models of Sustainable HRM: Sustainable Human Resource Management (SHRM) is considered an extension of Strategic Human Resource Management. Different authors establish different models to explain the exact meaning & dimensions of Sustainable HRM. This section of the literature review highlights several approaches for research and possible practices of HRM based on models. Models aim to communicate ideas, build an understanding of the processes, and make predictions based on results. Likewise, models can be used to develop a deeper insight into organizations' policy formulation and evaluating operations. Different models seek to provide the link between HRM & Sustainability.

First, the model given by (Zaugg, Blum, & Thom, 2001)- is based on three central dimensions of sustainable HRM. In the given model, the management of people is based on three pillars: - maintaining work-life balance, providing personal autonomy in professional development and maintaining long-term career growth and employability of workers. In this model, the influence on why autonomy is essential to workers is exerted because workers require freedom to perform their work independently. Next, the influence of this model is on workers' employability, which aims at workers' capabilities to get and keep a fulfilling job. Another significant aspect of this model is Work-life balance, which aims to balance work demands and other aspects of life. Everyone must maintain this balance to avoid negative consequences such as stressful environment and turnover rate.

Second- Three blocks model which encompasses ROC (Respect, Openness, Continuity) model in which 'Respect' states for respect of internal stakeholders, 'Openness' explain here open to environment awareness, 'Continuity' states long term approach and individual employability (De Prins, Van Beirendonck, De Vos, & Segers, 2014). The study focuses on three questions, which were: What do employers expect? What do employees expect? What do society and external stakeholders expect? ROC model was introduced & discussed concerning Corporate Social Responsibility 3P's model, i.e. People, Planet, Profit.

The third model is given by (Mazur, 2017) presented the Holistic Model of Sustainable HRM. It is much broader than the first model. It distinguishes four approaches to Sustainable HRM, that is: Sociological (this is an approach to making HRM a more social practice, such as creating policies related to Health, engagement, and family-friendly policies), Psychological (focus on

employees precisely that the relevance of employees' contribution in the organization, such as practices like work-life balance, autonomy, employability), StrategicHRM (long term focused approach; such as- sustainable management of HR resources), Green HRM (practices such as: stimulating environmentally conscious behaviours, green behaviour as competence, providing Sustainability oriented awareness programs, and green employer branding). Some green practices (green recruitment, green performance assessment and rewards) positively impact Sustainability (J. et al., 2019). This model provides deeper insight into the sustainable way of managing people. It is that part of management that deals with humanity, planet-related matters, societal matters and economic matters. Sustainable HRM promotes 'green', i.e., environment-friendly development.

The 3P's are also extended now into the 5P's that is: People, Planet, Prosperity, Peace, and Partnership (Chams & García-Blandón, 2019). Sustainable HRM is a brand for organizations to enhance their competitive advantage, which ultimately leads to the achievement of growth in organizational performance (Jerome, N. 2013) along with gaining the trust and commitment of employees (U. et al., 2020). The models developed by different authors contributed to explaining the major dimensions & approaches of SHRM that collectively make a sustainable environment inside and outside the workplace (Bombiak, 2020).

Dimension of Sustainable Human Resource Management

Sustainable Staffing (SS) The term "sustainable staffing" (SS) describes the degree to which employees are able and willing to work both today and in the future. SS includes unbiased and transparent practices, practices that encourage staff welfare and environment-oriented practices (Bauer et al., S. 2012). For example, "recruitment of candidates living closest to the organization" aims at sustainability-oriented initiative (Jepsen,

D. M., & Grob, S. 2015). Moreover, sustainable recruitment practices are created to ensure that the firm will always have the required workforce (Lopez-Cabrales & Valle-Cabrera, 2020). Incorporation of sustainable staffing can improve relations between employer and employee, aiming at better care delivered to patients and also enhances the chances of longer stay at the organization (Åborg, C., & Målqvist, I. 2015).

Sustainable Training and Development (STD) refers to training that focuses on un-

biasedness, encourages social commitment, promotes diverse cultures, protects a beautiful environment, and effectively contributes towards the organization's social performance (Martín Gómez, S. et al., 2023). Like other HR functions, sustainable training has become the core element in management functions (Bulut et al., O. 2010). Sustainable training and development refer to building skills and innovation within an individual so that they can perform his/her duties well at the workplace. Employee training is an investment for an individual's lifetime growth, which will positively impact economic profits and help improve the company's image on the part of stakeholders (Stofkova, Z., & Sukalova, V. 2020).

Sustainable Performance Evaluation (SPE) on a long-term basis refers to an organization's capacity to satisfy the requirements and expectations of its stakeholders, both internal and external, sustainable profitable growth and create long-term mindsets. Practices like- offering periodic feedback to employees will help in sustainable performance management (Ishak, N. B. et al. 2010). The sustainable, balanced scorecard is considered a solid instrument to measure monetary and non-monetary performance in achieving success (Bostan I. et al., 2019). Sustainable performance evaluation deals with examining sustainability performance (includes policies based on economic, social and environmental results of individuals at the workplace (Büyükožkan, G., & Karabulut, Y. 2018).

Sustainable Compensation (SC) refers to the policies of the organizations are transparent to everyone, compensation plans consider the skill and expertise of every individual, and also rewarding employees for their initiatives towards environmental protection (Baraibar-Diez, E. et al., 2019). Undoubtedly, including sustainability targets in compensation plans will raise the firm's economic performance and mitigate managers' myopia and short-term orientation. Additionally, this system will eventually assist in reducing the conflicts between stakeholders by providing non-financial targets (D'apolito E. et al., 2019).

Sustainable Diversity Management (SDM) This refers to the organization's voluntary actions designed to create greater inclusion of people from different backgrounds (Zanoni, P., et al., 2010). Practices such as teaching classes on the importance of diverse cultures, appointing a person responsible for managing a diverse workforce, and engaging in open communication between senior subordinates will lead towards diversity management. A diverse workforce comes with innovative mindsets, and healthcare organizations, through a diverse workforce, can attain competitive advantage and business sustainability (Jankelová N. et al., 2020). Sustainable diversity management is a planned commitment of the organization to recruit,

retain, reward and sustain employees supporting diversity.

Sustainable Work Life Balance (SWLB) aims to balance responsibilities performed by an individual in their personal and professional life. These days, organizations are embracing work-life balance practices as an essential tool to facilitate sustainable human resource management, which is necessary to retain employees in the workplace (Parakandi, M., & Behery, M. 2016). Workplace management can build such practices leading towards enhanced work-life balance. Providing flexible timing at the workplace, work-from-home practices and providing leaves for family needs (Journal & Management, 2017). Achieving work-life balance is a necessity to have a good quality of life (Sidiq & Delina, n.d.). If the organizations, assist individuals in maintaining their work-life balances, employees will be happy and committed towards the growth sustainably.

Sustainable Occupational Health & Safety (SOH) refers to the primary prevention of hazards; these aspects deal with all aspects of Health and safety in the workplace. The hazardous environment at the workplace adversely affects the quality of services provided by them, enhances medical costs, and lower down the morale of staff, which consequently requires sustainable health and safety promotion at the workplace. Sustainable Health and safety promote healthy living inside and outside the organization (Molamohamadi, Z., & Ismail, N. 2014).

Sustainable human resource management in the healthcare system

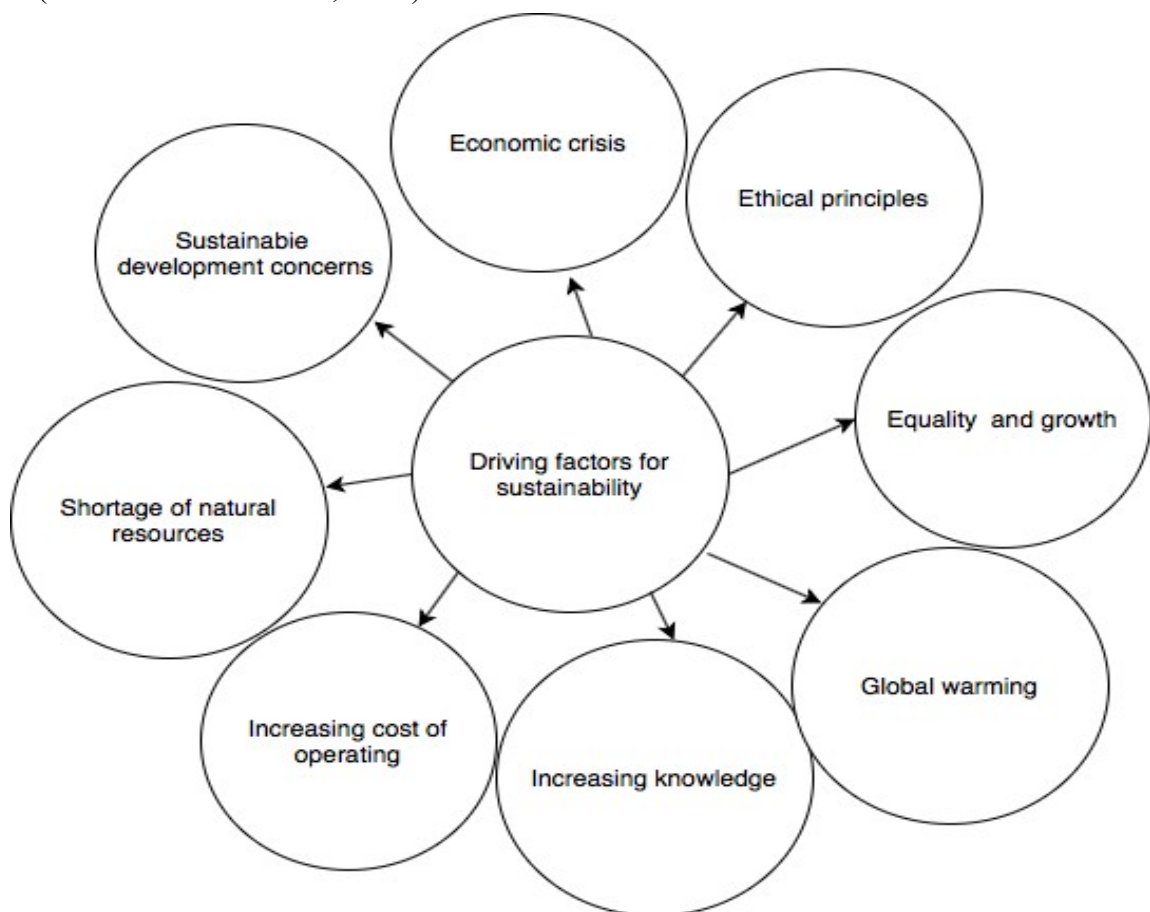
The introduction of Sustainability in management was thought of in the early 1980's because of the degradation of the environment induced by the business sector. Authors elaborated that the meaning of Sustainability is confined/ restricted to environment awareness practices in the later stages of research in this field. Figure (2.1), has been extended to consider other aspects of the workplace which drive Sustainability, such as ensuring the growth of business as well as securing the well-being of society and employees (Marimuthu & Paulose, 2016). It means adopting HRM approaches and practices which allow the accomplishment of monetary, human and environmental goals with such an effect of all around the company for a long-term perspective while being capable of governing for unplanned consequences.

In healthcare, medical waste is regarded as one of the primary sources of pollution around the globe. Considering the potential risk associated with these malpractices, attention has been directed towards sustainable development through sustainable practices. Conversely, the

healthcare system continues to evolve around the globe to serve the general public- quality services, improved customer trust, and Sustainability towards employees to build core competencies. A healthy country is a wealthy country with thriving human resources; the countries can enrich higher growths. It is the primary goal to ensure unhindered access to hospital services to patients who are finally deprived based on income, health status and gender. On behalf of hospitals, initiatives are made by human resource professionals to improve the overall standard of care in the hospitals (Franke, Hasseler, Dick, & Krebs, 2018). Management of human resources plays a vital role in employee development. Concerning hospitals, human resources can be defined as medical professionals, nurses, doctors, Para-medical staff, and non-clinical staff responsible for taking care of patients and delivering their ethical and moral responsibilities. The incorporation of Sustainability in the functions of management and in the leading business practices is imperative for optimum management of resources and cost-effectiveness and continuous improvement of services delivered.

Figure 2.1: Driving factors for Sustainability

Source: (Marimuthu & Paulose, 2016)



Sustainable Human Resource Management with context to International countries.

With context to countries other than India, the Sustainable human resource management is imperative for sustainable growth globally. From the academician's and scholars's viewpoint, various researchers explored the extent of implementing these practices and its outcomes. There are multiple studies available globally on the development of sustainable human resource management instruments. SHRM is a long-term oriented process in which all the HRM functions are followed and incorporated in accordance with the principles of triple bottom line approach (consideration was also given to economy, society and environment while planning for HRM) (Zaugg et al., 2001). Human resources are the assets with which it is possible to achieve sustainable human resource management (Management et al., 2020). Human Resources are the real action-takers who undertake all the actions which are planned by management for the attainment of sustainable objectives (Khdour, 2022). A study performed in Turkey's context disclosed that there are four dimensions of Sustainable HRM: - Individual, economic, social, and ecological. The study was undertaken in three stages to develop a valid questionnaire; the Delphi method was implemented to select items (Management et al., 2020). Second, the study considered the sustainability practices of three European countries: Germany, Spain, Sweden, United Kingdom (Diaz-Carrion, López-Fernández, & Romero-Fernandez, 2020). Empirical research is undertaken among 1500 European firms from different sectors of countries. It is concluded that this is the first research initiated in constructing the Sustainability Index to compare Sustainability across European countries systematically. Thirdly, a study performed in Brazilian hospitals on the SHRM focuses on the environmental dimension. Hospitals as institutions play a central role in the healthcare system. This study was carried on by assessing the sustainability tools (such as certification of the International Organization for Standardization ISO, published sustainability reports, and maturity of hospitals about sustainability practices). From this study, it was concluded that accredited hospitals operating in Brazil have a high level of adoption of sustainability practices. However, they still have a way to go to improve their sustainability maturity (Nascimento et al., 2016), (Vanderstraeten, A. 2015).

Table 2.1: Application of Sustainability practices in the hospital sector

Sr. No.	Title of the Research Article	Authors	Research Area	Different Sustainable practices followed
1	Sustainable Hospital Design for Sustainable Development	Dicle Aydın, Esra Yıldız, and Suheyla Buyuksahin	Turkey	<p>Sustainable Architect (Green Building)</p> <p>-long-life building design that can adapt to flexible and changing conditions</p> <p>-efficient use of limited natural resources</p> <p>-use of renewable energy sources</p> <p>-reduction of waste</p> <p>-Minimizing health and safety risks</p> <p>-ensuring healthy indoor air quality</p>
				<p>-taking measures to reduce environmental pollution</p> <p>-protection of biodiversity</p>

2	Making hospitals healthier: how to improve Sustainability in healthcare facilities	M. Buffoli, M. Gola, M. Rostagno, S. Capolongo, D. Nachiero	Old generation hospital Milan, New generation hospital, Lombardy	Sustainable Healthcare Tool-
				-Humanization
				-Managerial waste
				- Clinical waste
				- Technological waste
				-Comfort
				-Distribution
				- Material and resources
				-Waste Care
-Saving with efficiency				
3	Environmental sustainability in hospitals - a systematic review and research agenda	Forbes McGain and Chris Naylor	Review article	-Hospital design
				-Energy
				-Water
				-Travel
				-Procured goods
				-Waste
				-Staff behavior

4	Sustainability endeavors and sustainable development in Spanish public hospitals	Rocio Rodrigue, Carmen Otero-Neira, Göran Svensson	Spanish health care industry	-Social Marketing approach and programs
				-Application of Sustainability in Spanish hospitals
				-Selecting hospitals which run sustainabilityendeavours
				-Qualitative analysis of past and present sustainability endeavors
5	The efficiencyof hospitals: Platform for sustainable health care system	Beata Gavurova, Kristina Kocisova	Slovakia	- Production efficiency of the hospitals
			health care system	- Quality of service using patient-reported safety and satisfaction measures.
6	Sustainable hospitals? An Australian perspective	Dr Forbes McGain,	Australia	- Recycling
				- Reusing
				- Energy
				- Involving everyone
				-Hospital accreditation and sustainabilityreporting

7	Can Sustainable	Susan Kaplan, Blair	Review paper	-Energy use reduction
				-Waste reduction
	Hospitals Help Bend the Health Care Cost Curve?	Sadler, Kevin Little, Calvin Franz, and Peter Orris		-Reprocessing and reuse of single-use medical devices
8	Sustainable Hospitals: A Socio-Ecological Approach	Ulli Weisz, Willi Haas,	Vienna	-Economic efficiency
				Jürgen M. Pelikan, Hermann Schmied
				-Health promotion
				-Social compatibility
				-Ecological compatibility
				-Hospital Environment

Source: Compiled from review of literature

Employees are indispensable to an organization

Employees are a company's most precious asset and its secret to success. In today's cutthroat economic environment, a company's success depends on how satisfied its customers and staff are. The most significant customers are those who work there since they have invaluable information on the whole customer experience. However, most businesses do not see them as important assets and frequently overlook and disregard them, which is unfortunate for the employees (Vanderstraeten, A. 2015). This is because organizations do prefer consumers at first. After all, it is known that consumers drive your products. To become successful in attaining sustainable growth, organizations should prioritize employees as the most critical resource, and

the better you know them, the better you can keep them happy and engaged and help them reach their fullest potential (Pfeffer & Pfeffer, 2016). Practices such as diversity management, work-life balance, and organizational justice are leading further to employee well-being and employee satisfaction (H. Lee & Lee, 2019). Organizations are following various dimensions of Sustainable HRM to secure the wellness and well-being of working individuals in the workplace.

Many organizations focus on the effects of their business and organizational activities on the environment, like pollution and deforestation. Often, organizations ignore the effects of long working hours, finite job autonomy, limited sick leaves and bullying at the workplace on employee well-being (Pfeffer, 2010), (Hsu, 2010). In the critical HRM literature, High Performance Work Systems prevails to achieve social sustainability outcomes. HPWS no doubt will improve organization performance and simultaneously lead to unfavourable impacts at the workplace such as employee exhaustion, decreased well-being, and enhanced workload. These unintended unsustainable adverse effects on stakeholders (employees) are imposed by HPWS (Pfeffer & Pfeffer, 2016), (Mariappanadar, 2020). Moreover, high-performance work systems directly influence employee motivation, organizational commitment, job satisfaction and quality of life, leading to high job performance (Dorta-afonso, Gonz, Garc, & Romero-dom, 2021).

"Clients do not come first; Employees come first. If you take care of your employees, they will take care of the clients" – Richard Branson

From the early days of the Industrial Revolution times, researchers and practitioners have given much attention to these notions, such as worker obedience, satisfaction, and enjoyment of work to the positive side and turnover, absenteeism and stress on the opposing side. The angle from which organizational researchers have studied the organization-employee relationship has changed over time, and the focus has now shifted from positive to negative notions (Olffen, 2009). In the earlier phase, organizations have been focusing upon all the factors contributing to their satisfaction, motivation and positivity in the workplace. But in recent times, organizations should be focused on negative notions such as what factors would lead to reducing turnover, absenteeism and stress levels of their respective employees. Both these notions will ultimately lead to the working individuals' well-being, commitment and satisfaction. As in recent times, organizations are striving to explore the factors that would lead to the reduction in dissatisfaction, demotivation and lower commitment at the workplace and trying to reduce all

these negative notions. (Lange, 2010) discussed four stages through a model from which an employee passed through during their careers, which are- firstly, the 'Trial stage' in which the employees and the organizations try to discover their interests and capabilities. Second is the 'Establishment stage' in which employees are concerned with moving upward and becoming masters in their interest. Thirdly, the 'Maintenance stage' is where employees try to maintain their earlier accomplishments and their relationship with the organization. Finally, in the last stage 'Disengagement stage', employees begin to detach from the organization and develop a self-image. In this research, the researcher's concern is only towards the 'employee centric' attributes. Maintaining these attributes are the most important for every organization as it led to the sustainable long-term growth of that particular organization (Alvi, 2014).

Sustainability is an essential buzzword in today's scenario. SHRM is needed in the hospital sector of Punjab to attain the well-being of HCPs and commitment towards the organization. These days, every organization values their natural resources. However, human resources, considered the backbone of the organization, need also to be valued & managed sustainably, so the human resource management department needs to value them. The well-being, requirements, and expectations of the employees working in their organization must be fulfilled. Organizations need to pursue Sustainability in all their practices for the benefit of employees and the organization itself in the long run. In this context, the establishment of Sustainable Human Resource Management, i.e., sustainability in all HR practices required in job design, recruitment, selection, training and development, and performance appraisal. Along with this, policies like ensuring healthy lives for people of all ages, equality and fairness, sustainable management of water, light, and paper, making health care professionals flexible & dynamic, etc., needed to be implemented.

Here, it was also concluded that some researchers laid down the meaning of Sustainability, some throw light upon the evolution of it, while some highlight the features of Sustainability, and other gives the models which lead to the adaptability of Sustainability in all organizations. Researchers also provide ways to implement Sustainability, but there is a dearth of studies available that provide how the appraisal of Sustainable HRM is accomplished, how to evaluate it, how to measure it, and how to assess the post-implementation effects of Sustainable HRM practices on the organization. (Diaz-Carrion et al., 2018) Proposed the measuring instrument for CSR in the field of HRM. One hundred ninety-four companies were taken as research framework: Sweden, Germany, Spain, United Kingdom. CSR standards, which are internationally acceptable, have been analyzed. Delphi study has been implemented on the

statements by academicians from European countries holding expertise in their particular fields (HRM & CSR). This study developed an instrument (measuring scale) for Sustainable HRM. This study improves the employee's commitment towards their organizations, consequently enhancing the chances of long-term success.

2.2.2 Employee Well-Being

There is a tremendous of literature available about this concept, such as- what are the various factors which would lead well-being of employees, what are their antecedents and consequences, what would be different models and conceptual frameworks have high implications for human resource managers and many more. Attainment of Health and well-being is now accepted as a fundamental right. Human rights article 25, 1948 states, ' Everyone has right to a standard of living adequate for the health and well-being of themselves and family'. Moreover, the WHO constitution preamble states that one of the fundamental or universal rights of every human being is to enjoy the 'highest attainable standard of health'. That's why human resource professionals need to know more about the factors that would lead to enhanced well-being of employees at the workplace. Notably, employees or the working force is considered as the 'Backbone' of the organization, without whom the existence of an organization is a vague or baseless thought. Most organizations strive for employee well-being, but not all attain this goal. This is the critical determinant of the success and growth of every organization. The impact of employee well-being on the performance of their workplaces is an essential element. There are many types of well-being measures that organizations should provide to their employees so that employees can perform effectively in their workplace (MuseAliGeelmaale, 2019). Within the workplace, well-being is first- maintaining employees' well-being. Secondly, managers and leaders are also required to maintain well-being because if it is not maintained, it will affect the productivity and performance of the workforce. Beyond the workplace, organizations can support the well-being of the poorer population (Kowalski and Loretto, 2017).

Evolution of the term 'Employee Well-Being'

The word 'Well-Being' derives from the Latin 'bene' and 'stare', which means 'being well'. New Oxford Learner's Dictionary, 2005 defined the concept of 'well-being' as "General Happiness and Healthiness: Emotional, Physical and Psychological well-being". Well-being is "general health & happiness: emotional; physical; psychological well-being". Initially, it is considered as the 'absence of disease' but later on WHO (World Health Organization) defines Health as "state of complete physical, mental & social well-being and not merely the absence of disease or infirmity" (Griffin, 1999), (Warr & Warr, 1990). The term 'well-being' coincides with the term 'health'. Both terms will refer to the mental, Psychological & emotional aspects of employees & workers. Well-being can be classified into three dimensions: hedonic (people's feelings & emotions), eudaimonic (life well lived), and evaluative (their appraisal of life is going on). Well-being seems to be comprised of life/non-work, work/job related, general health satisfaction enjoyed by individuals. Health is then treated as a sub-component of well-being. Well-being is an umbrella; it covers all the elements like employee motivation, engagement and job satisfaction, interpersonal trust, and mental Health (Dahlgard-park, 2014).

The author provides a solid framework to understand the 'What', 'Why', and 'How' of Employee well-being. 'What' means exploring the meanings - Employee Well-Being's three components – Subjective WB, Workplace WB & Psychological well-being. SWB means job satisfaction; PWB means self-acceptance, autonomy, personal growth, and purpose in life. 'Why' requires answering this – Why is employee well-being considered crucial for the organization? It is examined that EWB is necessary to evaluate as it has a negative relation with employee turnover and a positive relationship with performance.

At last, the component 'How' deals with – How well-being can be really enhanced. It can be improved by positively adopting the changes and becoming dynamic and flexible in all situations (Page & Vella-Brodrick, 2009). Well-being generally covers three dimensions: i.e., social, physical, and psychological well-being. Society is the source of variation in social wellness. It increases with Education and age. It includes social integration (quality of one's relationship in society), social acceptance (feeling comfortable with others in the society), social contribution (evaluation of one's social values), social actualization (attainment of potential), social coherence (perception of the quality, organization & operation of the social world, i.e., knowing about the world (Keyes, 1998). It is proved that

to attain social well- one is required to go through the well-being challenges.

Further, employers must pay greater attention to understand the role of employee attitudes, attributes, and behaviours. Focusing on employees' psychological factors is also beneficial in the presently increasing cutthroat competition; trust in employees consequently undoubtedly leads to- the well-being of employees and workplace well-being behaviours (Ashleigh, Higgs, & Dulewicz, 2012). Well-Being is essential in individual and organizational performance (Grant, Christianson, & Price, 2007). Organizations who believe in taking care of their staff and contributing to the well-being of employees would leads to the overall happiness & healthiness of their employees. Both employers and employees must meet the expectations (Road, 2017). The overall happiness & healthiness of employees further lead positively to the empowerment, commitment, and contributions of employees towards their organizations. So, every organization must take care of their employees, some organizations make their policies & practices to make their working staff happy internally & externally, as they guide employees to cope with their stress and overall job-related problems.

Well-Being of healthcare professionals

The welfare of healthcare professionals in hospitals is desired presently because they are involved in the birth-death situations of patients. The lives of patients are in the hands of these professionals; even a tiny needle and a small dose of the wrong injection may lead to the loss of someone's life. So, healthcare professionals must concentrate on even their minor work, but with complete focus; this focus may get lost often if the professionals have psychological stress, work-family imbalance, and work pressure. Hence, the need arose for improved systems such as Sustainable HRM for the health care professionals that deal exceptionally with their well-being issues. Organization's social and working environments have played an influential role in employees' perceptions & quality of work life, nowadays EWB is treated as an attractive business proposition (Poulose, S., & Sudarsan, N. 2017). It is, however, proved that employee participation leads to employee well-being, which is considered an outcome of Sustainable HRM as the former presents the answers to questions like how organizations attract and retain employees over a long time and enhance organizational performance (Uribe et al., 2021). Previous studies highlight that the human sustainability initiative cares for employees' mental well-being at the workplace (Abid, Ahmed, Saman, & Ilyas, 2020). Pressures at work, overwork, and

imbalance in work-life & family life threaten employee well-being. It necessitates the desire to develop an arrangement in HRM where the employees must be cared for. An alternative approach to HRM, i.e. Sustainable HRM, is introduced, which enhances employee well-being & positive employment relationships. The requirement for quality healthcare services has been increasing due to consumer awareness about the importance of health and quality of life. Organizations are bound to bring Sustainability for the well-being of employees only and for the welfare of all the stakeholders, including customers. Awareness is required to initiate sustainable human resource management practices in the organization for the benefit of the company, employees & customers for a perpetual period. These practices could bring Sustainability to the healthcare sector: efficient use of scarce resources & management of human capital.

The nation faced major challenges during the 1960's & 1970's era, like globalization, technological advancements, and organizational restructuring. All these challenges, in one way or the other, danger to the well-being of employees as dynamic changes, created hurdles for employees to work smoothly. The persons who cope easily with these changes are considered persons with high resilience, and others who find it difficult to cope, leading to lower confidence among them. Flexible working arrangements are also one of the major factors that impact employee well-being; it leads to a bundle of choices with workers, which ultimately leads to a positive effect upon well-being (Joyce, Pabayo, Ja, & Bambra, 2010). Data collected from large public hospitals in Egypt studied the linkage between socially responsible HRM & Employee well-being. SRHRM provides employees with increased pay and good working conditions, including recruitment of applicants who are aware of environmental protection and retaining employees who are socially responsible, and provides CSR training. This study results mainly on the welfare of internal stakeholders and, consequently, the well-being of all. Good Health and wellness consequently lead to good business (Abdelmotaleb & Saha, 2019). The association between HPWS & well-being is a desired study as it facilitates employee involvement, skill enhancement and motivation. HPWS involves a range of innovative practices that enhance the level of trust within the workplace & increase worker's intrinsic reward, thereby improving the well-being and organizational commitment. These practices include – sophisticated selection & training, contingent pay, job security, employee involvement, and behavior-based appraisal. The consequences of HPWS depend upon the perception of employees, i.e. employees must take HPWS positively as it provides fairness. Along with this, when line managers treat

them with dignity and respect, their well-being and commitment towards the organization increases, perception of work pressure decreases automatically (Heffernan & Dundon, 2016). It is essential to develop in the minds of individuals that their organizations are taking care of their well-being; individuals develop a sense of attachment with their respective organizations and work towards the achievement of goals (Chillakuri & Vanka, 2021).

Role of Employee Well-Being

However, well-being plays a vital role in an individual's life. According to one study (Page & Vella-Brodrick, 2009), well-being refers to someone's feeling that how they feel about various aspects of life such as: personal life, workplace and relationships. In today's environment, physical and mental well-being are the essential dimensions of the well-being of employees. Other researchers are also significantly discussing workplace health and well-being as an important factor, as maintaining workplace well-being will eventually positively influence their loyalty towards organizations (H. W. Lee & Rhee, 2022). The success and development of an organization, enterprise, or institution depends upon the wellness of its employees. Therefore, there is a need to boost the confidence of all employees through well-being measures, however, there is a considerable necessity to develop a tool to measure workplace well-being. (Wwq, Hyett, & Parker, 2014) create a well-being questionnaire on the dimensions – satisfaction with work, respect given to the employees by organizations, care for the employer, intrusion of work into private life considering the workplace. This questionnaire now offers a great accuracy of well-being measurement in the workplace regarding different genders, ages and job types, but it suffers from limitations. Its findings cannot be applied to specific workplaces. Again, in the year 2016, another well-being questionnaire was built using the multidimensional PERMA model: Positive emotion, Engagement, positive Relationship, and Meaning & Accomplishment. This measure includes 35 items, which were reduced from 56 items previously. This work-related questionnaire proved helpful for all other researchers to use as a base for their studies (Kun, Balogh, & Krasz, 2017). In the last year, a multi-dimensional measurement scale of well-being was introduced and its validity was assessed through exploratory & Confirmatory Factor Analysis. It is revealed through factor analysis that a valid 31-item scale is formed of employee well-being by four factors: social, psychological, subjective and workplace well-being. In this context, in 2019, a multi-dimensional measurement scale for measuring Employee Well-Being was developed & its

validity is assessed through Exploratory & Confirmatory Factor Analysis. This instrument is designed on a 62-item questionnaire from the previous studies & it is formed by four sub-factors—social, psychological, Subjective and workplace well-being. Finally, in conclusion, the 32-item scale was developed at a time when such a scale was absent for measuring the dimensions of employee well-being through quantitative & qualitative techniques and also proved valid to use in research and practice (Pradhan & Hati, 2019).

Like other sectors, hospital sectors also must implement Sustainable practices into the organization to grow constantly in the VUCA environment. Sustainable HRM is a dynamic advancement process (Yih & Marimuthu, 2016). In the initial studies, the AMO model, i.e. Ability, Motivation, Opportunity, was established to enhance both the performance and well-being of employees (Appelbaum & Batt, 1994). Healthcare providers generally give more attention to patients' well-being, but they themselves are sometimes left out of the equation of well-being; they overlook their own care and need more time for their well-being. However, employees with high well-being were more likely to be resilient and recover quickly from stress, illness, injury or hardships. Employability of a person also affects employee well-being. Employability, however, refers to a person's ability to get employment, maintain their employment over the long term & obtain new employment in future whenever they require it. So, it reduces the fear of becoming unemployed; people feel confident in getting good quality jobs everywhere and don't want to stick themselves into a job which they want to quit, consequently leading to well-being promotion. Employability can potentially reduce and enhance negative behaviour (Bernhard-Vettel, Berntson, Witte, & Alarco, 2008). EWB is a measurable component that measures the extent of different aspects of well-being, in the present study a scale was adopted from the literature to measure the well-being of healthcare professionals (Zheng, X et al., 2015).

Sustainable HRM and Employee well-being- Theories

Human resources are the most powerful internal resources which every organization possess. Building on the resource-based view, organizations could enhance the value of human capital through providing them skilled training. HRM is in search of those 'best practices' to 'best fit practices' to gain sustained competitive advantage (Čechura Lukáš, Hockmann Heinrich, 2014). This can only be possible if employees wish to stay in the organization (committed). Probably, Sustainable HRM is a topic of strategic importance for HRM is gaining attention; a high-performance work system through HR practices

creates higher commitment. It is necessary to make contributions of sustainable HRM into the practical field, it has been untouched by researchers yet soon author fills this gap. Firstly, care for employees was accomplished by providing healthier diet, illness prevention measures, safety at work, stress management training, supporting culture in the workplace, spending time in the corporate events with the family members, assisting employees to deal with their family issues. Second, care for environment was required to be accomplished by saving & recycling of papers, training on environment protection, initiating campaigns like 'cleaning the environment'. This research fills the gap by providing ways of implementing Sustainability in HRM, as no one before offer this solution, companies should link Sustainability to the HRM and the economic justification is linked with employee's contribution to corporate long-term success. Sustainable HRM make 'human element' the center stage of HRM strategy (Ehnert et al., 2014).

To explain and argue the casual linkage amongst variables under study, support is drawn from available literature. The section particularly describes the draws evidences from a few theories to explain the EWB and SHRM on OC and JS. The theories which are discussing the same concern are social exchange theory which is built upon the fact that there is give and take relationship between employees and employers, organizations and society, organization and environment which is important to secure. Social exchange theory deals with the expectations of two parties from each other. Similarly, resource-based view deals with the optimum use of resources, resources can be material things and human resources as well. Next, stakeholder theory was established to bring a balance between achievement and individual and organizational goals.

Social Exchange Theory: This theory is proposed by Blau (1964), which is very relevant concept as depicted by literature (Cook, Cook, & Rice, 1976). Drawing on this theory, prior researchers investigated that individuals perceive mutual expectations (such as job satisfaction, motivation, work engagement, organizational citizenship behavior) fulfilled in the employment relationship (Manuti et al., 2020). The social exchange theory claims that employee's well-being is an exchange factor which is crucial to enhance sustainable potential (Xuecheng, Ahmad, & Iqbal, 2022). Social exchange theory builds upon the perception of individuals that they are having a good relationship with their organizations because of which the intention to quit job is very less (Abdulkareem, Chauhan, & Maitama, 2015).

Resource Based View (Barney, 2001): In the resource-based view, the core factor which was given consideration is safeguarding our natural resources and development of human resources competencies. The most vital resource for every organization is 'human resource'. Human resources are the individuals who are capable of creating innovative and competitive advantage of firms (J. Y. Yong et al., 2019). Numerous scholars have adopted the resource-based view (RBV) theory to validate the connection between sustainable HRM and Sustainability, as both are associated with management and optimum use of resources (Chams & García- Blandón, 2019).

Stakeholder theory: Stakeholder theory was first explored by (Freeman, R. and Reed, D. 1983) in the late 20th century. It was also traced back to the times of Adam Smith and his 'Theory of moral sentiments. Stakeholder theory developed upon the relationship of organization with their respective stakeholders (such as: - employees, customers, supplier, investors.) (Mainardes, E. W., et al., 2011). This theory was evolved to link Sustainability, stakeholders perspective, HRM and management. According to this theory, organizations need to create a balance between organizational objectives and individual objectives and raising the HR system over a long period (Guerci, M. et al., 2013).

Ability Motivation Opportunity (AMO) theory: AMO theory was widely used in HRM literature, to explore HRM- performance link. In present study, AMO theory is suitable, as we are exploring employee's perspective about sustainable HRM and EWB (Viitasaari, M., 2022). Researchers these days are strongly following ability-motivation-opportunity theory to examine the effects of HR practices on employee performance (Jeronimo, H. et al., 2020).

Sustainable Human Resource Management and Employee Well-Being: A relationship

In the present scenario, employees' welfare needs to be nourished by their respective organizations. Happy & healthy employee gives their hundred per cent dedication to the organization. However, there are practices such as Corporate social responsibility practices initiated in the year 1953 by Howard Bowen- "Father of CSR" (an American economist and Grinnell College president) through his book named "Social Responsibilities of the Businessman" (Khadidja, Z., & Gachi, F. 2021). In India, this concept came into the picture through 'The Companies Act, 2013, which mandates private corporations to join public sector firms in annual donations for CSR. CSR refers to the management concept wherein companies integrate social, economic and environmental concerns in their models and are

also responsible/accountable to all stakeholders (Carroll, A. B. 1999). Corporate social responsibilities do not aim at only raising funds for charity, but it's about aligning business strategies to business ethic, ensuring optimum utilization of natural resources (Ehnert, I., Harry, W., & Zink, K. J. 2013). An organization's commitment towards CSR practices has direct or indirect implications on the well-being of its employees (Herrera, 2020). CSR initiatives are focused on 3P's, business goals should acknowledge the attainment of social goals, economical goals and environmental goals. Now-a-days emphasis has been given to human resources 'employees' of the organizations in CSR practices. The practices include recruiting and retaining staff who are voluntarily interested in CSR activities, organization of training programs related to CSR; rewards should be provided to those employees who participate in CSR-related activities (Iqbal, Zahid, & Arif, 2017).

A study conducted on police officers' well-being revealed that there exists a significant positive correlation between HRM practices, employee well-being and job satisfaction, which could help to maximize the productivity and financial performance of the organization (Neves Jose & Gonçalves P. Sónia, 2012). The evolution of Sustainable HRM provides better solutions to all, as Sustainable HRM is not related to stability; instead, it is a dynamic process. Sustainability in HR practices is constantly changing; these practices keep on upgrading according to employees' desires. Sustainable HRM practices evolved to take care of humanity, these practices effect positively on employee well-being (Karia, Charles, & Michael, 2022). Sustainable HRM policies play a central role in boosting employees' performance; selection criteria must be fair for all the employees, the well-designed training programs must be there for employees to improve their talents (Manzooret al., 2019). Common good HRM transforms Sustainable HRM from a single economic purpose to multiple economic purposes, which include Green HRM, Socially responsible HRM, and Economic HRM (Aust, Matthews, & Muller-Camen, 2019). Another study demonstrated that sustainable HRM is of the four types mentioned above; among them, TBL and common good HRM practices significantly impact job-related outcomes more than socially responsible HRM and green HRM (Al-Abadi, 2022). There is one study which has highlighted that socially responsible HRM is strongly correlated with employee commitment. Caring for and standing for employees is an essential sustainability approach to employee well-being (Shen & Zhu, 2011). Studies have also highlighted that by incorporating sustainable HRM, organizations could attain higher employee performance (Elsawy, 2022). Undoubtedly, it can be stated that to achieve triple bottom-line goals, a

sustainable approach should be encouraged in all the core functions of HRM (Piwowar-Sulej & Bak-Grabowska, 2020). The inclusion of a sustainable approach in HRM functions (staffing, training and development, health promotion, communication) has a significant positive relationship with employee well-being aspects (comfort, enthusiasm and satisfaction), whereas negative correlation with (anxiety and depression) at the workplace (Gonçalves, S. P., & Neves, J. 2012).

Sustainable HRM is related to developing a workplace where there is an awareness of individuals towards environmental protection & it turns individuals obliged to preserve natural resources, along with this it includes all the rules & regulations were made according to the sustainable development goals (Mascarenhas & Barbosa, 2019). Strategic HRM is considered as a continuation of sustainable HRM, it focusses upon longterm development. While strategic human resources focus on financial & economic outcomes of the organization that are implementing this. It is concluded that the characteristics of sustainable HRM are rarely discussed by authors so to builds this gap (Stankevičiute & Savanevičiene, 2018a) contributes some of the features of Sustainability as care for employees, care for society, care for environment, profitability, flexibility, employee development, employee corporation, fairness and equality. During the previous phase employees were not treated fairly by the organization, employees face stress, burnout, health problems which are somehow not addressed by organizations. Sustainable HRM represents as an opportunity for organizations to survive and grow in VUCA (volatility, uncertainty, complexity, and ambiguity) environment (Stankevičiūtė & Savanevičienė, 2019). Sustainable HRM also promotes better organizational performance, corporate and social Sustainability, and enhanced employee well-being (Tortia, Sacchetti, & López-Arceiz, 2022). Numerous studies are available in past literature on COVID-19, where the sustainable HRM concept is given importance. During this era of great uncertainty, it is necessary to build a human resource management system which could contribute towards the job security and employability of employees and make resilient behaviour to positively accept the change (Manuti et al., 2020). Moreover, long-term well-being was also harmed by global destruction. Sustainable HRM creates a link between sustainable management through sustainable development. Through this development, management must ensure the achievement of ecological, economic, social and psychological goals (Manuel et al., 2023).

Sustainable HRM and Well Being in Hospital Sector

Today, the highly competitive world is characterized by uncertainty, flexibility, complexity, innovativeness, diversified cultures, and heterogeneity in human resources. In the business world, complexities exist such as: increasing equality among people, emotional burden at work, work intensification, increasing psychosocial risk factor and imbalance with work-life (Management et al., 2020). The idea that many management practices such as layoffs, restructuring, not offering medical benefits, sick leave, or even paid vacation, long working hours, very limited job autonomy can have serious harmful effects on employee's physical and psychological well-being which is widely acknowledged but largely ignored (Pfeffer & Pfeffer, 2016). As far as the well-being of employees is concerned, it has been criticized that Strategic HRM deals only with the fulfilment of overall organizational outcomes; the welfare of employees/individuals is neglected mostly as demonstrated in the SHRM study itself (Huy, P. 2018). Problems like- stress, overwork, work-life imbalance are faced by every employee in every institution/organization; same is the case with health care professionals; it is required to bring long-term Sustainable HRM practices, which, in turn, reduce these burdens of staff and promote their well-being. It was examined that adopting sustainable practices will lead to centralized decision-making, but failed to recognise a single individual's efforts (Chams & García-Blandón, 2019).

Nowadays, organizations are striving to carry Sustainability in all their management practices to achieve individually, socially, economically & environmentally acceptable outcomes (Segura-camacho, Garc, & Topa, 2018). In sustainable organizations, human resources are no longer considered as strategic resources only; instead, these days, organizations are striving to see them as sustainable, creative and unique beings (Law, 2019). That is why Sustainable HRM is stated as of paramount importance for the well-being. It focuses on a wider range of outcomes, including human and social outcomes and financial outcomes. These practices ultimately bring social, economic, and environmental improvement to organizations. It focuses upon attracting & maintaining professionals (Macke & Genari, 2019). One study on the IT sector explored the results that human resource sustainability is being looked at to address the negative impact of work intensification on employees' health by incorporating social sustainability outcomes (employee well-being) (Chillakuri & Vanka, 2021). Moreover, green HRM concept has been followed in healthcare industry for enhancing employee performance, commitment and job satisfaction through various green HRM oriented practices such as: recruitment,

training and development, performance appraisal, employee relations, pay and rewards (Kanapala & Battu, 2018), (K. Sharma & Agarwal, 2021). Sustainable HRM brought positive outcomes for the health care sector by creating a balance between the expectations of employer and employees. Organization Knowledge Sharing is a crucial factor helps in enhancing employee performance; it will provide more flexibility to the organization and also enhance sustainable high performance (Almarzooqi, Khan, & Khalid, 2019). Additionally, available research on the subject of SHRM emphasizes well-being-related aspects, in which it was revealed that organizations must support sustainable development to recruit and retain high-quality employees. Adopting sustainable HRM inside the company will result in creating a distinctive position in the eyes of human resources (Stefainie and Merk, 2020). Based on the above studies, the following hypothesis has been proposed:

Hypothesis: Sustainable human resource management has significant positive impact on employee well-being.

2.2.3 Organizational commitment

Since the 1960s, employee commitment has remained one of the most existing issues for researchers and organizations. Organizational commitment is a psychological binding of an individual to the job and the organization. The word commitment can be recognized from Latin Word 'Committo' which refers to 'a state of being bound' (Olfen, 2009). Different researchers defined the term employee organizational commitment differently. Buchanan (1974) defined it as "affective attachment to the goals and values, and organization for its own sake apart from its purely instrumental worth". In year 1979, OC defined as "the relative strength of an individual's identification and involvement with a particular organization". It is defined as a psychological connection between an organization and its employees (Meyer & Allen, 1991). OC refers to employees staying in the organization based on their personal choice and feeling responsible towards organizational objectives (Abdulkarem, Jameel, Ahmad, Tun, & Onn, 2019), (Allen, 1996). Committed employees are found as more dedicated and are ready to contribute more towards their respective organizations. It fosters a loyal work integrity which encourages employees to do more beyond their duty. According to (Batvandi & Science, 2017), organizations with clear missions, good grievance handling systems, a trustful environment and a positive environment will boost the employee's motivational level and maximum stay in the

organization. (Miarkolaei & Miarkolaei, 2014) explored that every organization seek to have devoted employees, but very few are able to succeed in today's competitive environment.

Earlier literature supports the fact that individuals of every organization were attached with their organization on the basis of several factors such as: emotional connection, realization of cost involved in leaving and a sense of obligation towards the organization (M. Ehsan, Samina, Basharat, & Rizwan, 2010). Organizational commitment can also be assessed through an employee's strong aspiration to preserve association with the organization, their compliance to institutional goals, how they try to put more extra efforts towards the organization goals (Mowday, Steers, & Porter, 1979). OC can be stated as a psychological state of mind, where employees feel a connection/association with an organization. There are three different approaches to commitment organization: - First, **Affective commitment** (want to stay) is an employee's emotional attachment with the organization (Meyer and Allen., 1991). AC means an employee's emotional attachment to, acknowledgement/identification in the organization and with this type of commitment employees want to stay in the organization for a longer duration (Shen & Zhu, 2011). It was also supported by the literature that, usually, employees who have a higher level of affective commitment are expected to be more loyal towards their organization which means individuals feel recognizable with their organization (Markovits, Davis, Fay, & Dick, 2006). Second, **Normative commitment**- Normative Commitment (ought to stay) refers to the presence of moral values and a sense of responsibility within an individual, which binds them to keep in the organization (Meyer and Allen., 1991). It refers to a feeling of obligation to continue employment; they thought they ought to be in the organization. An employee who has developed normative commitment ought to stay in the organization because of the moral responsibilities they need to perform while being in the organization. Third, **Continuance commitment** refers to the commitment of an individual towards the organization only because if the individual leaves the organization, it will turn into a loss for themselves & they will be in the organization as they need their job (Meyer & Allen, 1991b). According to Mowday et al. (1979), Continuance Commitment (have to stay) is considered as an employee's realization of the profits, costs and benefits connected with the staying and departure from the organization. This type of commitment does not come from a sense of attachment to the organization but from the fact that staying in the organization is more beneficial than leaving (Veličković et al., 2014). CC is based upon an employee's

commitment, based on the economic and social costs of leaving the organization. Employees develop this type of commitment at the workplace when they know the fact that there is no other alternative job available for them.

Employees/staff/workers are considered the important 'pillars' of organizations; every small or big activity of an organization depends upon the employees; that is how employees welcome, work, and manage the tasks given to them in their daily lives. Their well-being, commitment, and satisfaction with their work are indispensable for maintaining their institution's success, growth & reputation. Concerning this, (Arbabisarjou & Sarani, 2017) studied the importance of organizational commitment. It highlights the fact that, if organizations value their contributions and are concerned for their well-being are found to be highly committed towards their work. Understanding how healthcare professionals become committed to their hospitals is really important to boost their performances. The literature review explored various studies discussing the relationship between affective, normative, and continuous commitment. One study explored that Affective and Normative commitment has a significant and positive correlation with the job performance of nursing staff, while Continuance commitment has a negative correlation (Abdulkarem et al., 2019). The individual's job satisfaction is very important in committing an employee towards the organization. Studies also proved that employees working in public sectors have a high level of affective commitment, followed by normative and continuance commitment (Hendri, 2019). In context, a study has shown that in private hospitals, organizational commitment has a positive and significant effect on employees' job satisfaction (Mariam, 2019). AC is regarded as the most imperious commitment as it builds new capacities to achieve better results (Lepojevic, 2019).

Organizational commitment is a topic that constantly draws the attention of researchers from the time it started affecting many essential factors in the work environment, such as employee turnover, absenteeism, intention to quit, organizational citizenship behaviour, and job performance. Reason behind studying the need for Job Satisfaction in any organization – a strong correlation between the satisfaction of job & absenteeism exists, and between job satisfaction & intention to leave the organization. Job Satisfaction generally affects future career goals, social relationships, and personal growth, as stated by (Singh, et al, 2019) which influence daily motivation to go workplace. An extremely demanding workplace can lead to low self-esteem, feelings of uncertainty & concern about future career goals. Without committed employees, no organization can be more productive

and successful (Suryani & Tentama, 2020). Satisfied employees automatically build commitment to their organizations, have the high spirit to work, and work harder in carrying out their work (Toban & Sjahrudin, 2016).

2.2.4 Job satisfaction

The term 'Job satisfaction' can be traced back to Herzburg (1959), who theorized that job satisfaction is the function of motivators that build motivation to work and eventually lead to job satisfaction. In 1976, Locke defined this term as, "JS is a pleasant or optimistic due to job evaluation & work experience", "An emotional state related to the positive and negative appraisal of job experiences. It is most widely used by most of the authors. Job satisfaction is the extent to which people like (satisfied) or dislike (dissatisfied) aspects of their work or work, such as 'work for themselves', 'pay', and 'promotion of opportunities'. The main essence of job satisfaction is ensuring that employees enjoy their work and are valued and acknowledged for their work. Jobsatisfaction is that particular attribute in the workplace that is necessary not only to understand but also to be experienced by every human resource. Job satisfaction is the initial factor in the workplace, which is regarded as a decision factor on the part of employees about the tenure of stay in that particular organization. This concept originated in the 1920s when it was explored that the emotions/sentiments of a person have an influential impact on their conduct at the workplace. The psychological circumstances determine an employee's job satisfaction and productivity levels (Nusari, Ameen, & Bhaumik, 2019). However, later studies have shown that it refers to the likeness of employees towards their jobs.

Moreover, job satisfaction is also considered an important area of research because one of the reasons employees leave the organization is dissatisfaction with the work. Employee job satisfaction and assurance have always been an issue for health administrators (Klastersky, 2003). Job satisfaction has long been argued as an essential indicator of both the quality of an individual's working life and organizational efficiency (H. Lu et al., 2014). However, job satisfaction is critical for professional success as it improves efficiency, effectiveness, and personal satisfaction. There are two types of satisfaction: **Intrinsic or internal Satisfaction**, which refers to an individual's feeling towards their work as a whole. It is also known as affective satisfaction. **Extrinsic Satisfaction** refers to an individual's feelings towards other aspects of the workplace, such as pay, working conditions, and coworkers (Yadav & Reetu, 2017). An individual wants to stay in an organization where

the job suits your personality and strengths, and that job seems interesting to you. You are more likely to be happier and more successful just because you understand your job well and are more engaged and dedicated in performing tasks.

Organizational Commitment (OC) & Job Satisfaction (JS): Association between both variables

In the business world, customers are regarded as the 'king' of the market (Kim, C. S., & Aggarwal, P. 2016), functions of management (leadership, management, and control) are regarded as the 'pillars' of the organization, finance is considered as the 'blood' of the organization and finally, the human resources that are the employees are regarded as the 'wheels' of the organization (West Jr, A. P., & Wind, Y. 2007). In the research world, the terms 'organizational commitment' and 'job satisfaction' are the two diverse employee-centric areas of study. These two factors measure the period of stay of an individual in an organization. It is essential to measure the association between these two variables (commitment and satisfaction): - whether the former factor leads to the latter or the latter leads to the former factor). From the extensive literature review, the research found a strong relationship between these two variables (Cramer, 1996). From the analysis of previous studies, the researcher found that some of the studies are contributing in a way that the job satisfaction factor was leading to organizational commitment (Mathur, 2015), while in other cases, organizational commitment was leading to job satisfaction. Numerous articles confirmed a strong relationship between these attributes and the importance of monitoring these phenomena (Raimunda, Leite, Carolina, & Rodrigues, 2014), (Narula, 2019). The primary instance of measuring this relationship reveals that when an employee feels satisfied with their job and workplace, they tend to develop a more substantial commitment to their organization (Veličković et al., 2014).

Moreover, the authors also validate the relationship between organizational commitment and an organization's good performance, he stated that if employees become loyal to their organization, it consequently leads to the organization's prosperity. Table (2.2) shows the relationship between these two constructs. Twenty-two articles have examined different sectors of the economy. Out of these, 16 papers prove the fact that job satisfaction will lead to organizational commitment, and six papers prove the opposite relationship, which areas follows-

Table 2.2: Research articles depicting the relationship between OC and JS

Authors	Journal	OC leads to JS	JS leads to OC	Area of Study
(Abdulkare et al., 2019)	Humanities and Social Sciences Reviews	Nurse's Job Satisfaction will lead to Organizational Commitment	-	Nurses (Hospitals)
(Omar, 2020)	International Journal of Modern Trends of Social Sciences	-	OC is a crucial factor in JS	Polytechnic Staff
(Batvandi & Science, 2017)	European Journal of Natural and Social Sciences	Quality of Work life – Job Satisfaction- Organizational Commitment	-	Carton making company
(Salem, Baddar, & Al-mugatti, 2017)	ISOR – Journal of Nursing and Health Science	Satisfied nurses became more loyal to their organization and developed positive feelings about their jobs.	-	Nurses
(Toban & Sjahrudin, 2016)	Journal of Business and Management Sciences	Transformational leadership, along with job satisfaction, leads to high	Transformational leadership and OC lead to high performance	Leaders and followers

		performance.		
(Veličković et al., 2014)	Nursing Outlook	Satisfied employees- Develop Commitment	-	Nurses
(Harmen & Amanah, 2020)	International Journal of Humanities and Social Sciences	-	JS arises when employees get an equal proportion of what they get and their contributions to organizations.	Company employees
(Miarkolaei & Miarkolaei, 2014)	Management Science Letters	-	OC- leads to involvement high job satisfaction b an d pe rs on al	Employees from the textile industry

(Terefe & Tadese, 2019)	International Journal of Research in Humanities, Arts and Literature	-	Higher satisfaction leads to higher commitment and viceversa	Public Sector
(Al.pdf, n.d.)	International Journal of Contemporary Hospitality Management	Extrinsic and intrinsic JS has a positive effect on OC	-	Hotel Managers
(Köse & Köse, 2017)	ISOR- Journal of Business and Management	JS leads to OC	-	Health care personnel
(Shuaibu, State, Dutse, & Beri, 2019)	International Journal of Advanced and Innovative Research	JS leads to OC	-	Teachers
(Damar, 2019)	Eurasian Journal of Business and Management	Internal and External Satisfaction will lead to OC	-	Academics
(Bashir & Gani, 2019)	Journal of Management Development	JS leads to OC	-	University teachers

(Commitment & Satisfaction, 2014)	Journal of Information Technology Management	-	OC leads to JS, which ultimately reduces job stress	IT Professionals
(Kargun, 2016)	Australian Journal of Basic and Applied Sciences	-	OC has a positive and significant effect on the JS factor	Sports manager
(Dinc, Kuzey, & Steta, 2018)	Journal of Workplace Behavioral Health	-	Job Satisfaction plays a mediator role between OC and Job Performance	Nurses
(Tanriverdi, 2018)	Journal of American Academy Business, Cambridge	JS factors lead to OC	Committed workers feel more satisfaction in the workplace	Worker
(Alvi, 2014)	European Journal of Business and Management	Job satisfaction is much more critical for an employee not loyalty	-	Chemical sector
(Cherian, 2018)	Journal of Advances in Social Science	JS is considered as an antecedent of OC	-	Hospital Sector

	and Humanities			
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Source: Compiled from Review of Literature

Need for understanding the relationship between both variables.

As far as the long-term or sustainable growth of an organization is concerned, human resources play a crucial role in it. Human resources spend an average of 35-40 years of their life in delivering services at their workplace. And, if we talk about daily contributions at the workplace, it is nearly 8-10 hours by every working individual. So, the primary concern of calculating the number of years and several hours spent by working professionals is to highlight the two factors that are 'Organizational Commitment' and 'Job Satisfaction'. These factors are essential for working professionals to stay happy in their organizations. First of all, the organization must know the factors that could lead to JS and OC because a business's sustainable long-term success depends upon the satisfaction level and commitment level of its employees. Several researchers explored the fact that it is very imperative to have a satisfied and committed workforce because a detached workforce will not be able to perform at an optimum level (Chhabra, 2015), and committed and satisfied employees are high performers who contribute towards the organizational productivity (Salem et al., 2017), (Fu, Deshpande, Fu, & Deshpande, 2014) which would also lead to the development of ethical behavior among employees. Furthermore, apart from the obvious importance of both factors, it has been examined that satisfied and committed employees have better health and live longer in the life outside the workplace and it would also lead to higher productivity at their workplace due to lower interruptions caused by absenteeism, intention to leave (Clugston, Journal, & Jun 2000) and quitting of employees (Suma & Lesha, 2013). Many of the researchers examined that there are antecedents for organizational commitment, such as job characteristics, personal characteristics, and work experience, which would lead to outcomes such as solid intent to remain in the organization (Brief & Aldag, 1980).

From previous decades, there are many studies available on the organizational commitment

and job satisfaction elements and the relationship between both elements. The primary purpose of this research is to come up with a conclusion about how these factors are interrelated and interlinked. (Toban & Sjahrudin, 2016) Job satisfaction is regarded as an antecedent for organizational commitment, while (Baird, 2017) explored that both attributes would positively link to job performance. In some instances, one study also explored that commitment leads to a positive workplace attitude (Terefe & Tadese, 2019). Additionally, one of the researches also confirmed that there is a requirement to maintain strong connections with the employees to enlarge their stay in the organization. Employees from these organizations try to put in extra effort and work with more dedication and motivation (Ozturk, Hancer, & Im, 2014). Moreover (Syed, 2014) explores the significant positive relationship between job satisfaction and organizational commitment by having demographical variables as mediating variables such as promotion, age and tenure, and relationship with immediate supervisor. Moreover, when an organization has committed and satisfied employees, it would lead to a competent, stable, and professional working force, reduced costs related to recruitment, training, and development, and finally, improved organizational reputation (Al-Hussein, 2020). Both these aspects are closely related as job satisfaction can be judged from the following factors- are you happy at your workplace? Are you satisfied with your job position, pay and salary, promotional opportunities, and relationships with all at the workplace? Organizational commitment can be judged from the following factors: are you happy with your organization? Did your seniors understand your problems? Did you put in extra effort when you were assigned to any tasks? All these questions answer the question: How far are your employees 'satisfied' or 'dissatisfied', 'committed' or 'not committed' at the workplace? The researcher presented the recent previous literature to calculate the dependency of one attribute over the other and the significant relationship between both attributes (Tnay, Othman, Siong, & Lim, 2013), (Mathieu, Fabi, Lacoursière, & Raymond, 2015). Most of the earlier research studies showed that Job satisfaction is the antecedent of organizational commitment (Azeem, 2010), (Yücel, 2012). If a person feels satisfied with their job, job quality, job position, pay and rewards, relationships with co-workers, and relationship with higher authorities, only then they could develop commitment towards the organization, become loyal towards their work, and the thought of leaving that workplace will never come in their mind (Chordiya, Sabharwal, & Goodman, 2017).

Theories justifying association among OC and JS

From the detailed and extensive review of literature, it is explored by the researchers that there are various theories and models available in the past literature that not only significantly verified the relationship between job satisfaction and organizational commitment. But it also helps in verifying that the level of satisfaction and commitment at the workplace will help in reducing the turnover intentions by the respective employees. (Yücel, 2012), discloses that for building and gaining the loyalty of employees, organizations only need to consider the satisfaction of employees as a priority. Job satisfaction is considered one of the most important issues in this research for gaining other attributes such as organizational commitment and turnover intentions. Moreover, this research contributes towards the fulfillment of the **Self-Determination Theory**, which signifies the fulfillment of the three basic needs of an individual at the workplace, such as the need for autonomy, the need for competence, and the need for relatedness. The Self-Determination Theory puts pressure on the individuals themselves- the individuals must develop a sense of control over their actions, they must develop a sense of effectiveness while doing their tasks and lastly, individuals must develop a sense of warmth and connectedness with all at the workplace which altogether would result into well-being and satisfaction of human resources at workplace (A. N. Lee, Nie, & Bai, 2020). This study is one of the others which are analyzing factors important for the job satisfaction and organizational commitment of working individuals. Moreover, it also highlights factors that are widely used for the satisfaction and commitment of employees and the present study will contribute by introducing a few of the new factors that could lead to job satisfaction and will ultimately lead to organizational commitment. (Alrawahi, Fransson, Altouby, & Alwahaibi, 2020; Rogers, 2017) explores **Herzberg's theory**, which deals with job satisfaction and job dissatisfaction factors. All these factors were required to be combined with motivational factors for achieving satisfaction in the workforce. Alrawahi et.al (2020), also highlights the factor that job satisfaction is important for staff retention. Considering both the theories that is- Self Determination theory and Herzberg theory, this study will also contribute new factors to these factors which will provide new insights to future researchers to do empirical research which would further provide verifiable and relevant results.

Health care sector faces several challenges these days such as leadership management, hiring & selection, and performance appraisal challenges (Reddy, Rani, & Chaudhary, 2019). A happy and healthy employee is a boon to the organization as it ensures fuller

commitment to his/her work which results in enhanced productivity. Job satisfaction is the factor that inspires the workforce to work honestly & efficiently that is why employers always want to maintain a high level of job satisfaction to get better services in return, a factor

that mainly leads to job satisfaction are payment, supervision, promotion activities, workplace environment & work itself (Islam, 2016). The term 'Job Satisfaction' was evolved in the year 1976 by Locke, Job Satisfaction comprises achievement of progress, pay & incentives, a healthy environment, social relations & working conditions. Job satisfaction is the voluntary behavior of an employee whether he/she likes the work assigned to them or not. Job satisfaction and Organizational Commitment both lead to productivity, attendance at the workplace, turnover, retirement, and participation (Samadi Miarkolaei & Samadi Miarkolaei, 2014). (Tatar, 2020) studied the fact that Job Satisfaction (work, pay & incentives, social relations, working conditions) factors showed a positive & significant impact on organizational commitment (Samadi Miarkolaei & Samadi Miarkolaei, 2014). There are various sustainable HRM practices that a heading towards developing commitment and satisfaction among employees, but it is hard to follow and implement these practices. That is why some organizations do not follow these practices, but following these practices is need of an hour today. The federal Ministry of Health is required to promote the importance of work-life balance to patients satisfaction, and well-being which ultimately enhances employee satisfaction and job performance (Dousin, O., et al., 2019).

Organizational commitment and Job Satisfaction of Health- Care -professionals

The organizations and employees in the service sector need to be aware of the impact of some facets (i.e. commitment and satisfaction) of the job in which they are performing (Bora, 2022). Organizations need to have their employees dedicated to the organizations and satisfied with their jobs. Working in hospitals is quite complex as these organizations provide their services throughout the day. It is widely acknowledged that healthcare jobs are the most challenging jobs as they have to deal with infectious patients, long working hours, and work-life imbalances. Being in the service sector, healthcare professionals are required to be fully dedicated to their profession by providing services with their heads and hearts. Without such dedication towards the profession will lead to negative outcomes such as lower patient satisfaction, and the damaged image of hospitals. That is why fully committed and satisfied employees are considered crucial assets of the organization. There are numerous studies available highlighting the quality of life and job satisfaction of healthcare professionals from public and private hospitals in Punjab. Satisfaction at the workplace can be considered an important indicator of the well-being of employees at the workplace. Moreover, satisfaction at the workplace is also inversely associated with absenteeism, turnover rate, level of stress, and eventually exhaustion at the workplace (P. R. K. Sharma, n.d.; T. Singh, Kaur, Verma, & Kumar, 2019). The absence

of ineffective management among nurses, will lead to a stressful environment and burnout, intense job dissatisfaction, and imbalances in personal and family conflicts (Poulose, S., & Sudarsan, N. 2017). A healthcare professional faces the common problem of imbalance in professional and personal life (Kaur, 2021). It is also proved in this study that the doctors working in government hospitals are more satisfied than those in private hospitals as there is a presence of advancement, authority, recognition, social service, supervision, variety, and ability utilization (Kler, n.d.). Today the healthcare sector faces the challenge of the dearth of commitment from doctors and nurses as they likely withdraw from the organization due to their personal choices (Kachchhap, 2016). It is still a challenge for the organization How to commit employees to them? How to provide Job Satisfaction to employees? There are two factors i.e., push factor and the pull factor that lead to someone's intention to leave/stay in the organization or someone's commitment and satisfaction. Pull factors include- improved remuneration, enhanced standards of living, enhanced experience, growth, and development opportunities. Whereas, push factors include- a smaller number of facilities, fewer promotional opportunities, inappropriate management, work stress, and absence of career development (World & Report, 2003). Commitment is however defined as the psychological connection of employees with their workplace, organizationally committed employees likely to stay for longer in the organization and have less absenteeism there (Arbabisarjou & Sarani, 2017). Job Satisfaction is however related to the motivational factor i.e. if the employee is motivated, he feels job satisfaction automatically. Healthcare professionals feel highly committed to their jobs, and to their institutions, they not only fulfill the 'quality of care' principle but also respect the happiness & healthiness of patients. Another study demonstrated that employee's attitude toward their organization and life is affected by work-life balance (Mohammad & Ph, 2014). Customer satisfaction largely depends upon the satisfaction of employees and it is considered a key success factor for the organization. Patients always require a 'Caring Hand', 'Caring Heart', 'Soft spoken Individuals around them, this can be achieved if organizations employ staff having Patience or make existing employees sincere, calm, and soft-spoken by providing them with good working conditions and reducing all their stress & burdens. The following hypothesis is drawn to obtain the results specifically for the healthcare sector:

Hypothesis: Organizational Commitment has a significant impact on the job satisfaction of healthcare professionals

Mediating Role of Employee Well-Being

There has been broad debate on how Sustainable HRM influences the commitment and satisfaction of employees using well-being. To examine the exact role of well-being within SHRM and OC, we explored the mediating role of EWB depicted through earlier literature. According to the definition of employee well-being, it is "a state of complete physical, mental, and social well-being, not merely the absence of disease" (WHO, 1946). The renowned Hawthorne studies from the 1920s provide a foundation for understanding the significance of fostering employees' well-being at work (H. W. Lee & Rhee, 2022; Neves Jose & Gonçalves, P. Sónia, 2012; Wright & Cropanzano, 2004). Numerous earlier research studies have explored the achievement of the overall success of the organization, ensuring employees' well-being is very crucial. Employees with higher well-being will perform their work more efficiently and productively which would eventually be beneficial for both employees and organizations (Indiparambil, 2019). To study employee well-being as a mediator, various researchers in the field have given their contributions. (M. Ahmed, Yousufi, Zehou, Raza, & Qureshi, 2020) studied the EWB's role as a mediator between employees' green behavior and CSR in Pakistan's hotel business. In their study, they concluded that employee well-being wholly mediates the association between both variables. Furthermore, they also explored how employees' green behavior is regulated and ensured when the well-being of employees is taken care of by their organizations. The study undertaken (Sivapragasam & Raya, 2017) has discussed the mediating role played by employee well-being between HRM and employee engagement. The study includes the respondents working professionals from IT companies in Chennai (Tamil Nadu). It was explored that statistically significant results exist between HRM and organizational performance with a positive relationship between EWB and perceived efficacy and engagement. Similarly, when employee well-being was placed as a mediating variable between HR practices and job performance, it produced statistically significant results. A study conducted with professional service companies in Finland showed that well-being (physical, psychological, and social) partially mediates the association between HR practices perceived by employees (skill, motivation, opportunity) and job performance (in-role and innovative) (Khoreva & Wechtler, 2018). The HR practices like perceived use of skill and motivation lead to increased psychological, social, and physical well-being that eventually maximizes employees' performance at work. Sustainable HRM practices include a variety of programs intended to promote employees' well-being and build a sustainable workplace. Green HRM, which emphasizes environmentally friendly policies and practices, employee development programs, work-life balance initiatives, and employee engagement initiatives are a few examples of these practices. Organizations can promote a positive work environment that puts

employee well-being first by implementing sustainable HRM practices, which will enhance well-being and boost overall organizational success. Additionally, a study was performed on the impact of Internal service quality on job satisfaction, commitment, and performance of nursing staff in healthcare staff from Pakistan. Data was collected from 412 nursing professionals and Smart pls was used to evaluate results. The findings of the study revealed that ISQ has significantly impacted employee well-being, commitment, satisfaction, and performance. Further, employee well-being mediates the relationship between job satisfaction and performance but does not mediate the relationship between commitment and performance (Abdullah, M. I., et al., 2021). This study aims to complement this and go one step further by examining employee well-being from a broader perspective.

Hypothesis: Employee well-being as a mediator between sustainable human resource management, organizational commitment, and job satisfaction.

Well-Being, Organizational commitment, and job satisfaction

Human Resources have an essential role as a factor that supports the success of the organization, which necessitates the organization to prosper (Meiliyandrie et al., 2020). These days the well-being of working individuals is necessary to maintain because every single activity of the organization going to affect the individuals working. Organizations play a key role in shaping well-being as they provide a social environment for many employees that has an influential impact on people's quality of life (Lange, 2015). A study has explored four dimensions of healthcare sustainability (Sustainability in terms of the environment, customers, employees, and community-focused activities). So, through this research sustainability practices for the well-being of employees and the well-being of the environment are explored concerning the hospital sector. Nowadays, the measurement is not only confined to the demographic variable and characteristics of the job itself. It measures the direct and indirect impact of cultural context, social values, and personal and societal belief systems. It has been found that the primary objective of the organizations- is profit maximization for their owners. Organizations mostly spend a considerable number of resources on hiring employees, maintaining and retaining loyal customers, and producing good quality products and services. The well-being of is largely ignored by the management, on the path of satisfying the customers and maintaining long-term customer relationships, the well-being of working employees somewhere ignored (Jayasinghe, 2017). This study endeavors to examine the concept of Sustainability in the context of Hospitals in Punjab with special reference to individuals (human

resources) i.e., the well-being, commitment, and job satisfaction of employees. The well-being, and satisfaction of health care providers are largely ignored. An employee with higher well-being or a satisfied employee is an asset to an organization, whereas a dissatisfied employee can have a negative influence on an employee's productivity (Kaur, 2021). It has become of utmost importance to conduct studies related to healthcare professionals' well-being, and how the well-being of healthcare professionals can be maintained to achieve long-term development and success. In this intensely competitive world, there are studies highlighting sustainability approaches can be attained by understanding patient's perceptions of healthcare services (H. Singh & Kaur, 2015) (Randev, 2019).

Hypothesis: Employee well-being has a significant effect on organizational commitment and job satisfaction of healthcare professionals.

2.2.5 Punjab

The state of Punjab was formed in the year 1966. Punjab was divided into 2 more states Haryana and Himachal Pradesh on linguistic capacity. The word Punjab is derived from two Persian words 'Punj' and 'Aab' which means the land of rivers; Indus, Beas, Sutlej, Jhulem, and Ravi. It is situated in the North-Western region of India and shares borders in the North with Jammu and Kashmir, in the west with Pakistan, in the North-East with Himachal Pradesh, and in the South with Haryana and Rajasthan. It has a total of 50,362sq. km and occupies 1.5% of the total area of the country. The state of Punjab is endowed with a rich tradition, culture, and religion and is known for its glory, self-reliance, and self-dependence. Punjab is divided into three parts: Doaba, Majha, and Malwa. Doaba constitutes districts namely Jalandhar, Hoshiarpur, Kapurthla, and Nawan Shehar. Majha region comprised of three major districts; Amritsar, Gurdaspur, and Tarn-Taran. Similarly, the region Malwa consists of Ludhiana, Patiala, Bathinda, Mohali, Ferozpur, Ropar, and Fatehgarh Sahib. Punjab is mainly an agrarian state and more than 60% of the population lives in rural areas. The state is an exclusive land of monuments of historic importance, mesmerizing scenes of natural beauty, fertile greenery, and inspiring religious sites. The state of Punjab has contributed importantly towards the growth of the country. It has given several soldiers, sportsmen, and intellectuals who have brought laurels to the country. The state has won various awards nationally and internationally in Kabbadi, Athletics, Weightlifting, Kho-Kho, and Hockey.

A multifaceted crisis in 2019 has affected the Punjabi economy terribly. The shock of the Covid-19 pandemic has further destroyed Punjab's economy. Research studies on the Punjab

economy have investigated the various aspects of the economy and produced enduring policy recommendations. Despite several precautions, including the use of face masks, sanitization, social isolation, tracking, testing, and most recently vaccination, the COVID-19 pandemic has spread over the globe and continues to pose serious threats to human survival and health (Singh, S., Singh, L., & Vatta, K. 2021). The economy of Punjab has lagged behind other vibrant states in India for a lengthy amount of time, and its position in terms of per capita income has been declining. Even before the pandemic, the rate of increase had been slowing down in recent years (GoP, 2021; Singh and Singh, 2016). Punjab's economy has been ravaged by the Covid-19 pandemic shock. The economy as a whole has experienced production, income, and employment losses. However, the effects of the lockdown differed throughout all economic sectors, ranging from severe to moderate. As a result, timely public policy decisions are crucial for the recovery and rebirth of the economy.

2.2.6 Healthcare Sector: Punjab

Till 1990, the health sector was dominated by government health services. The introduction of economic policy, in 1991 opened up the health sector for private players. Hospitals are institutions that are built for the treatment and diagnosis of diseases and provide both medical and surgical services to sick and injured people. According to the WHO, "A hospital is an integral part of social and medical organization, the function of which is to provide complete healthcare for the population, both curative and preventive and whose patients reach out to the family and its home environment. The hospital is also central for the training of health workers and for bio-social research". Presently, Indian healthcare is a mixture of public and private players. Punjab, India's healthcare industry, was chosen for this study since it is home to some of the greatest hospitals in the world. Because it provides higher incentives for healthcare services, Punjab is currently regarded as the most favored location for investment. Thus, the potential to invest in the industry is being sought after by all significant healthcare providers. Due to the increasing competition in the healthcare sector, every hospital aims to attract more patients to maximize its profits. Although there is a rising need for healthcare services, there are still significant shortages in the hospital sector. Gradually, it became important for hospitals to optimally utilize their existing resources with proper efficiency measures. With a double-digit growth rate, India's healthcare system is thriving and is anticipated to keep growing in the next years. Patient satisfaction is considered the major attribute for the growth of hospitals, and it is considered a significant pointer for estimating the service quality of hospitals (P. Singh, Farhan, & Singh, 2020), (Daneshkohan, A., et al., 2020).

Classification of Hospitals of Punjab

The hospitals of Punjab are categorized into two categories based on ownership and governance: Public sector and Private sector hospitals. Public and private sector hospitals are operating all over the state of Punjab. It is an uphill task to cover all the hospitals in the state due to the paucity of time and resources. Therefore, the universe of the present study has been confined to public and private sector hospitals from NABH and PHSC associations. Hospitals with more than fifty-bed capacities have been considered for the present study. NABH association has 55 hospitals having more than 50-bed capacity located all over the three regions of Punjab. These hospitals include multi-specialty and super-specialty hospitals. Similarly, the PHSC association segregated hospitals into three levels. At the Primary level: Primary Health Centres (PHC), at the secondary level- Community Health Centres (CHC), and the tertiary level: Sub-Divisional Hospitals (SDH) and District Hospitals (DH) are located (Kaur, 2021). For the present study District and Sub-divisional hospitals have been taken into consideration as these hospitals have more than 50 bed capacity.

Public Hospitals

Public hospitals are hospitals owned by the government. These hospitals are also called District hospitals. Considering districts from Punjab state, every district consists of District hospital, Sub-divisional hospitals, community health centers, primary health centers, clinics, and nursing homes catering to the needs of the general public (Prinja, S., et al., 2016), (Prinja, S., et al., 2017). Public healthcare services are strengthened in India, due to the commitment of the national government to provide universal healthcare services at affordable cost. In the state of Punjab, the Punjab Health System Corporation is an association that governs the government hospitals of Punjab.

Private Hospitals

Privately owned hospitals are funded and operated by the owner which is typically a group or a person. Private owners themselves recruit staff, purchase equipment, and invest in the maintenance of hospitals. In India, the healthcare industry is one of the largest and fastest-growing professions (Bjorvatn, A., 2018). Generally, treatment in private hospitals is preferred at a priority because of quality assurance. Along with that patients do not have to spend long waiting hours is the cues. Nursing and doctors play a major role in the healthcare industry.

Doctors and nurses are essential professionals who uphold and enhance the health of a variety of people. Maintaining the health of nurses and lowering nurse turnover rates are equally crucial for providing high-quality patient care. They are the first people who come to mind when we discuss health care, so it is imperative that their needs be met and that a welcoming environment is created for them to work in with the utmost job satisfaction and contentment, which would result in high-quality care for these medical professionals.

2.2.7 Hospital Sector: Novel Corona Virus, 2019

India's healthcare sector is one of its fastest-growing industries, and despite being a major supplier of medical professionals to industrialized countries, the nation itself struggles with a shortage of physicians and nurses. The period in which this research was initiated and undertaken COVID-19 outbreak hits the world. It is affecting the most valuable resources 'human resources' along with having an impact on the global economy. Sustainability definitions have also undergone drastic revision. Leaders in the business world are also concerned about the well-being of 'human resources' as the topmost priority. They are focusing on people's health by adopting positive hygiene habits and amended sick leave policies for the health and safety of workers (Mishra, M. 2020). 'Health is Wealth' is a popular saying. The prime responsibility of the state government is to provide optimum and affordable healthcare to every individual citizen. Healthcare professionals are facing a great deal of difficulty as a result of the COVID-19 epidemic, and any negative effects could influence their physical and mental health. Employee well-being is examined a lot more closely during this challenging time (Johar & Albrecht, 2022). There is a higher risk for employee burnout and threat to mental health over a long period among healthcare professionals (Haque, 2021).

In a world of intense competition today characterized by VUCA (Volatility, Uncertainty, Complexity, and Ambiguity), organizations strive to improve the productivity of human resources. HR Analytics (HRA) and Artificial Intelligence (AI) are mostly adopted by organizations to get valuable insights into human behavior. In a time when "sustainability" is a hot topic worldwide, it is crucial for businesses and the healthcare industry to adopt tools like HR analytics for Sustainable HRM practices (Reddy et al., 2019). In the year 2019, the arrival of the Novel coronavirus in particular has enhanced the level of difficulty in providing health services by healthcare professionals (Saifudin, Aima, Sutawidjaya, & Indonesia, 2020). Healthcare personnel are more susceptible to infection since they are on the front lines of the Corona Virus Disease-19 epidemic. COVID-19 has quickly spread throughout the world,

infecting millions of frontline healthcare workers. Lack of awareness, long hours, a heavy patient load, and employment in high-risk departments were identified to be the primary causes of dread of this illness (Agarwal, Ranjan, Saraswat, & Kasi, 2020). Being directly involved in patient care increased the nurses' responsibility to serve as a liaison between patients, doctors, and family members. (Khan et al., 2021). During the COVID-19 crisis times, a study was carried out to explore the impact of socially responsible practices on well-being factors. Well-being was greatly influenced during this crisis period, as people were losing their jobs, and having difficulties in finding new jobs (Sorribes, Celma, & Martínez-garcia, 2021), (Sadiq, R. 2021). Similarly, employees also face issues related to loss of jobs, work-life imbalances, mental exhaustion, and less occupational health and safety leads to lower satisfaction in the workplace (Yusof, Isa, & Nee, 2022). Moreover, available literature also provided evidence that hospitals are incorporating HRM practices differently, the compensation plans are different, and the staffing, training, and development of employees are also followed in both hospitals differently. Based on the arguments above, the following hypothesis is framed:

Hypothesis: There exists a significant difference in the incorporation of sustainable human resource management in public and private hospitals of Punjab.

The whole healthcare system was not equipped with the resources to handle and deal with such a massive disruption. The pandemic has created a huge impact on human lives (Bhambere, Abhishek, & Sumit, 2021). Hospital resources are required to provide quality care treatment to patients such as: making available more beds, oxygen masks, respirators, intensive care units, protective suits, masks, and testing kits (Mohan, 2020). Table (2.3) highlights the studies only undertaken in times of crisis, which majorly focus on the problems faced by hospitals and society. The majority of the studies focused on the health issues of healthcare professionals and the hurdles faced by them in delivering quality services. Various suggestions such as the need for health promotion (Behaviour and Measures, 2020), (Abel and Mcqueen, 2020), provision of best healthcare quality (Litewka and Heitman, 2020), addressing psychological issues (Grover et al., 2020), effective leadership (Kinman and Teoh, 2020) and peer support programs (Philip and Cherian, 2020) were required to introduce and follow in daily life.

Table 2.3: Analysis of Health Care focused studies in Pandemic

Author	Journal	Major focus	Major Problems	Findings
(Litewka and Heitman, 2020)	Bioethics Journal	Research ethics. Public Health Infrastructure.	Professionals faced- Conflicts between have and	Societies with more health care societies will be

		Formal ethics education.	have-nots. Difficult and unavoidable choices. For allocating scarce Health Care resources. Facing difficulty in meeting most basic needs.	able to recover more quickly from the loss of life and economic stability.
(Behaviour and Measures, 2020), (Abel and Mcqueen,2020)	Health Promotion International	Health literacy. Social norms.	Abundance of information (official and unofficial websites). Difficulty in finding and understanding relevant information which is necessary to manage their health.	Health Promotion. Human health is not an isolated issue. Health promotion should not wait until a crisis happens, but prepare itself to respond swiftly.
(Hagger, Keech, and Hamilton, 2020)	Stress and Health	Managing stress during and after the pandemic.	Social isolation. Maintaining essential services. Increase in stress and traumatization.	Potential efficacy of stress reappraisal and stress mindsets management strategies.
(Otu, Charles and Yaya, 2020)	International Journal of Mental Health Systems	Mental health care of patients, health care professionals, and community.	Misinformation and rumors. Psychological illness. Vicarious trauma. Socioeconomic disparities.	WHO advisory- Provision of psychological counseling hotlines. Treat patients with compassion and kindness. The general population should acknowledge and honor the healthcare

				workers.
(Otu, Charles and Yaya, 2020)	Perspectives of Medical Education	Well- The being of learners and frontline workers is adequately supported.	Burnout rates are high among HCWs. Emotional and psychological well-being.	Ensuring the meeting of basic needs, ensuring high-quality communication with reliable messages, promoting resilience and self-care and psychological support in the pandemic times.
(Grover <i>et al.</i> , 2020)	Asian Journal of Psychiatry	Importance of Mental Health Professionals	Mental health issues: lack of resources, reporting their symptoms, death of colleagues, self-stigma, being away from family, fear of death, anxiety, and guilt about not performing the duties.	How to address health issues: Mindfulness training Relaxation therapy Update them about the progress Provide psychological support Address anxiety Self-care skills Be honest and compassionate Avoid the use of substances Adequate sleep
(Gavin, Hayden, and McNicholas, 2020)	Irish Medical Journal	Care for the psychological well-being of Health Care Professionals	Social isolation (interpersonal distancing, infection control procedure, diminished social interaction) and occupational	Health is regarded as an important component of Human well-being and economic progress.

			distress (fear, anxiety, and insomnia) were reported.	
(Rama <i>et al.</i> , 2020)	International Journal of Community Medicine and Public Health	Knowledge, attitude, and practice of Health Care Professionals regarding Covid-19	HCPs exposed to infection, psychological stress, fatigue, long working hours, occupational burnout, and stigma.	Conducting educational campaigns, journal clubs, and continuous professional programs for more positive outcomes for proper knowledge of Health Care Professionals.
(Ripp, Peccorale, and Charney, 2020)	Academia Medicine	Emotional Well-Being in the healthcare workforce in New York City	The Hospital system has become overwhelmed by a virus, facing a shortage of critical care medical resources and limited availability of PPEs.	Personal safety, resilience, self-care, individual long-term mental health support, and crisis management.

Source- Compiled from literature review

2.2.8 Punjab Healthcare Sector

Punjab's health system has both strengths and flaws when it comes to handling such crises. During these challenging times, healthcare professionals have also come to understand the

importance of making the best use of the existing resources to provide all segments of society with the primary, secondary, and tertiary healthcare services that are fundamental to their well-being. When examining the state of Punjab's health, it was discovered that both public and private healthcare system participants had a larger impact on the delivery of high-quality care to all societal segments. Punjab has faced several challenges throughout the years, including a declining economy and rising unemployment. An honest analysis of the state of our public healthcare system should begin by asking ourselves why primary hospitals, sub-divisional hospitals, and district hospitals don't have the confidence of the public. Reasons include a lack of sufficient employees and labor, inadequate infrastructure, a shortage of necessary supplies including medicines and consumables, and an unfavorable work and service culture. There is a threat to job security for healthcare professionals in this industry as well as a heavy patient load (Shaikh & Dange, 2017). Therefore, addressing these challenges and ensuring good manpower management and performance monitoring should be the key priorities.

The Sustainable Development Goals 2030 gave healthcare a prominent space. SDG3 aims at promoting and ensuring health and well-being at all ages. A program was launched named Ayushman Bharat under the National Health Protection Scheme, which intends to pay for secondary and tertiary health care costs for those who live below the poverty line. NITI AAYOG was also launched as a sustainability index for measuring the sustainable development of different states and Union territories. It is crucial to keep in mind that the government's role in providing public healthcare infrastructure is not just dependent on one or two long-term policies. For instance, liveable conditions, access to clean water and food, the quality of the air, sanitation, and the role they play in illness prevention. Additionally, the state's performance during the COVID-19 epidemic has received recognition on a national scale.

Healthcare is one of the most rapidly growing industries in India. During COVID-19, the Indian govt and policymakers are required to reconsider our country's health policies and services. During such a scenario, the healthcare sector faced a shortage of doctors and nurses worldwide. India has a mixed public-private health system and has witnessed a steady decline in health services in public services, especially because of the tremendous growth in services provided by the private sector (Mir, T. A., & Singh, M. 2022). Additionally, during the past ten years, government spending on health care has increased fourfold. To provide all necessary products at the workplace, the hospital industry has also raised its

spending. Looking into the situation worldwide, a sustainability mindset is essential for sustainable employee practices. Numerous technological developments, such as digital health care, the internet of medical things, smart health monitoring, telemedicine, chatbot systems, emotive sensory webs, and robotics, can significantly contribute to the sustainability of the global healthcare sector and improve the well-being of medical professionals.

In healthcare organizations, maintaining patients' lives while maintaining healthcare professionals' well-being was challenging during the COVID-19 outbreak (Abid, G., et al., 2022). Since patient happiness is directly impacted by the healthcare sector's performance, HR managers must reevaluate their performance management strategies to sustain patient satisfaction during challenging times like pandemics (Kumar, 2021). In this current situation, the Health Care sector plays a very indispensable role. This sector is taking care of the public, providing quality care to their patients, and ensuring their health and safety. It is believed that sustainability would provide a possible solution by bringing humanity back into human resource management. The underlying reason for this present study is that hospitals were often described as stressful places, with demands of high job quality, it contains challenges, commitment, and interaction with patients (Blomqvist, 2011). The Healthcare sector is required to relook, design, and formulate strategies that are beneficial not only for the customers but also for the stakeholders (Yih & Marimuthu, 2016). Likewise, many management practices such as layoffs, long working hours, and very little job autonomy can have harmful effects on employee's psychological well-being, which, in a broader scope, are largely ignored. There is a need to recognize these working conditions through sustainable practices. Thus, it can be said that the practices of many organizations have harmed not just the natural world but humanity also (Pfeffer & Pfeffer, 2016). Eventually, by considering all the research done on the hospital sector, it is necessary to embrace sustainability, not only for its workforce but surely for the entire world and the entire ecosystem.

Lastly, several academicians have shown their interest by publishing thousands number of articles on the incorporation of sustainable HRM in the COVID-19-affected environment worldwide (Liang, X., et al., 2022). Articles have highlighted the major dimensions of Sustainable HRM that are required to be incorporated for bringing a peaceful new normal environment. Dimensions are: - social sustainability of HRM, environmental sustainability of HRM, and economic sustainability of HRM. During the heavy breakdown of the

pandemic, the primary focus of hospital organizations was on securing the lives of patients by maintaining their well-being and by providing quality care services. In the urge to deliver service during this crucial period, healthcare professionals put their own lives at greater risk eventually highly impacting the well-being of HCPs. In a highly demanding work environment, healthcare professionals do their job wholeheartedly, which has attracted the interest of research scholars toward their well-being. With the research questions in mind how they secured their well-being while delivering their services to the patients in such an environment? The available literature also supports our research question that employees working in vulnerable environments, prone to infections require the attention of scholars, so that they achieve their well-being and widen the research agenda needed to acknowledge the sustainability orientation in a paradigm shift.

2.3 Research gap

By far the most essential element to any organization is its human workforce. Human resources are considered as most important asset in the service industry. Respect for humanity in the workplace is considered a vital part of the human resource management system. Effective human resource strategies' success is heavily influenced by how effectively employees are treated in certain organizations. Managing a hospital can be challenging and more complicated than managing other service or industrial organizations, much like managing any other type of organization. The hospital environment is filled with demanding professionals, frequently distressed patients, and experts who prioritize their duties over other things. The well-being of healthcare professionals is required to be maintained by hospital management to improve and enhance the quality of care treatment to patients. It is necessary to accurately gauge how healthcare professionals feel about their positions within their organizations and the industry as a whole.

The study of Sustainable human resource management and employee well-being in hospitals even become more demanding since the Novel coronavirus, 2019 has emerged. The state of health care and medical facilities of both public and private sector hospitals in the state of Punjab creates stress among employees leading to job dissatisfaction further. This may be due to extra workload, problems with colleagues, shortage of employees, insufficient resources, unsafe working conditions, and poor equipment to handle the situation.

Although it is a known fact that the nature of the job in the public sector varies from that of the private sector. However, this understanding is debatable and possibly there are some

other predictors which may determine employees' well-being, commitment, and satisfaction level. Therefore, this study has been carried out to identify those factors of sustainable human resource management that might help enhance the well-being, commitment, and satisfaction of healthcare professionals. Even though numerous researches have been carried out abroad to determine the most effective sustainable human resource management for health care, very few have been done in India, especially recently. Through this study, an attempt has been made to determine the level of well-being, commitment, and satisfaction among healthcare professionals achieved through sustainable human resource management practices in select public and private hospitals of Punjab. In addition, the study makes an effort to link SDG 3's emphasis on maintaining one's health and well-being to sustainable human resource management.

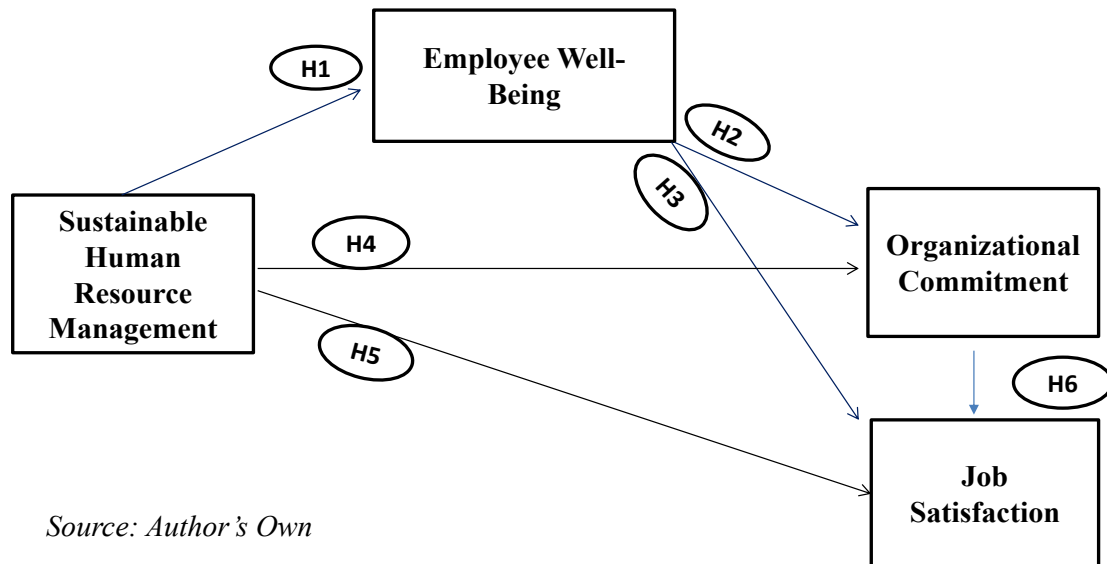
Sustainable HRM is despite its emerging importance, still a relatively new area of research in the hospital sector is required which can expand the existing theoretical and conceptual body of knowledge. Sustainable HRM should be acknowledged as an integral part of the hospital's social responsibility. It is also required that more research on sustainability is desirable for getting the future direction of HRM. We have framed the following objectives, constructed model and research hypothesis for our study.

2.4 Research objectives

- To study the Sustainable Human Resource Management practices adopted by both private and government hospitals of Punjab.
- To study the effect of Sustainable Human Resource Management practices on the well-being of Healthcare professionals.
- To examine the effects of Employee Well- Being upon the Organizational Commitment and Job satisfaction on the health care professionals.
- To examine the role of Employee Well- Being between the relationship among Sustainable human resources management practices, Organizational Commitment and Job Satisfaction factors of health care professionals in the hospitals of Punjab.
- To evaluate the relationship between Organizational Commitment and Job Satisfaction of health care professionals in the hospitals of Punjab.

2.5 Research Model: Sustainable HRM significantly influencing EWB, OC, JS

Conceptual model to be tested



Source: Author's Own

Independent Variable: Sustainable Human Resource Management
 Mediating Variable: Employee Well-Being
 Dependent Variables: Organizational Commitment, Job Satisfaction

2.6 Research Hypothesis

H1: Sustainable Human Resource Management practices have a significant positive effect on the Well-Being of health care professionals in the Hospitals.

H2: Well-Being has positive influence on Organizational Commitment of health care professionals towards hospitals.

H3: Well-Being has positive influence on the Job Satisfaction of health care professionals.

H4: Well-Being mediates the relationship between Sustainable Human Resource Management practices & Commitment of health care professionals in hospitals.

H5: Well-Being mediates the relationship between Sustainable Human Resource Management Practices & Job Satisfaction of health care professionals in hospitals.

H6: There is positive relationship between Organizational Commitment and Job Satisfaction of health care professionals.

H7: There is significant difference between the Sustainable human resource management practices adopted by the government hospitals and the private hospitals of Punjab.

To conclude, the literature on Sustainable Human Resource Management (SHRM) and employee well-being shows that more people are seeing the value of adding sustainability to HR practices. The studies reviewed highlight the benefits of SHRM in making organizations stronger, improving employee satisfaction, and achieving long-term success. However, there are still many unanswered questions, especially about how to implement SHRM in practice and its long-term effects in the earlier literature. From the extensive literature review, research gap was explored in this chapter. This review points out the need for more research in these areas and sets the foundation for the next chapters of this thesis, which will explore these issues further and suggest new directions for research and practice in SHRM.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter explains the research methods used in this study on sustainable human resource management (SHRM) and employee well-being. The chosen methods aim to understand how sustainable HR practices affect employee well-being and organizational success. This section describes the research design, data collection methods, how sampling was conducted on the population, and analysis techniques used to explore these relationships. Moreover, it includes attaining the research instrument, validity and reliability, data collection and data analysis procedures. The present study aims to study the Sustainable Human Resource Management practices in the state's hospitals in Punjab. The study is based on primary and secondary data collected from various sources. By outlining this framework, the chapter ensures the study's findings are reliable and valid, providing a solid basis for the analysis and discussion.

Research is a particular way to search for knowledge. The Oxford Dictionary defines research as 'the systematic investigation into and study of materials and sources to establish facts and new research conclusions.' Research contributes to the existing body of knowledge and helps us understand how research is done scientifically. It is exploring something new and finding a solution to a problem by using systematic methods and mentioning unexplored research questions and hypotheses.

3.1 Need and Scope of the Study

The Health Care sector of India is furnishing at a faster pace, gaining attention from practitioners and researchers worldwide. The competitive world today requires everyone to value human resources, and currently, the most valuable resource is employees with the right mindset, 'human resource'. There was a shortage of studies related to sustainable human resource management which will examine the perception of health care professionals in the hospitals like how they are treated there, how far management deals pretty with them, how far they are aware of environmental protection practices, especially in Punjab and how far human resource policies adopted by the hospitals are sustainable. Most of the time, nurses do not receive the respect they deserve, and healthcare professionals deal with the complications of becoming sustainable. Nursing services are the closest to the patients, as nurses remain with the patients for 24 hours/day and seven days/week. Nursing personnel usually constitute the

most significant proportion of health services. The importance of nursing services was highlighted for the first time in the Health Survey and Development Committee (Bhore Committee) report in 1946. It was observed that one nurse to five hundred patient's ratio leads to a workload. Various previous studies have explored the working conditions and nurses' job satisfaction. The results highlighted that nurses are satisfied with duty hours, split duty, responsibility authority, allowances and accommodation. However, they showed dissatisfaction due to difficulty getting daysoff, not getting extra compensation for the additional duty they performed, and needing to be aware of the jobdescription.

This research contributed significantly to the study of the relationship between the employee-centric variables of- Sustainable Human Resource Management, Employee well-being, Organizational Commitment, & Job Satisfaction of healthcare professionals. The research population we have taken are the 'Nurses' because they are the only professionals dealing directly with patients, and the quality of care they deliver is a very crucial perspective. The present study is required to assess to what extent sustainable human resource management is followed in the hospitals of Punjab and how this management will affect healthcare professionals' well-being, commitment and satisfaction.

3.2 Research Hypothesis of Study

H1: Sustainable Human Resource Management practices have a significant positive effect on the Well- Being of health care professionals in the Hospitals.

H2: Well- Being has positive influence on Organizational Commitment of health care professionals towards hospitals.

H3: Well- Being has positive influence on the Job Satisfaction of health care professionals.

H4: Well- Being mediates the relationship between Sustainable Human Resource Management practices & commitment of health care professionals in hospitals.

H5: Well- Being mediates the relationship between Sustainable Human Resource Management Practices & Job Satisfaction of health care professionals in hospitals.

H6: There is positive relationship between Organizational Commitment & Job Satisfaction of health care professionals.

H7: There is significant difference between the Sustainable human resource management practices adopted by the government hospitals and the private hospitals of Punjab.

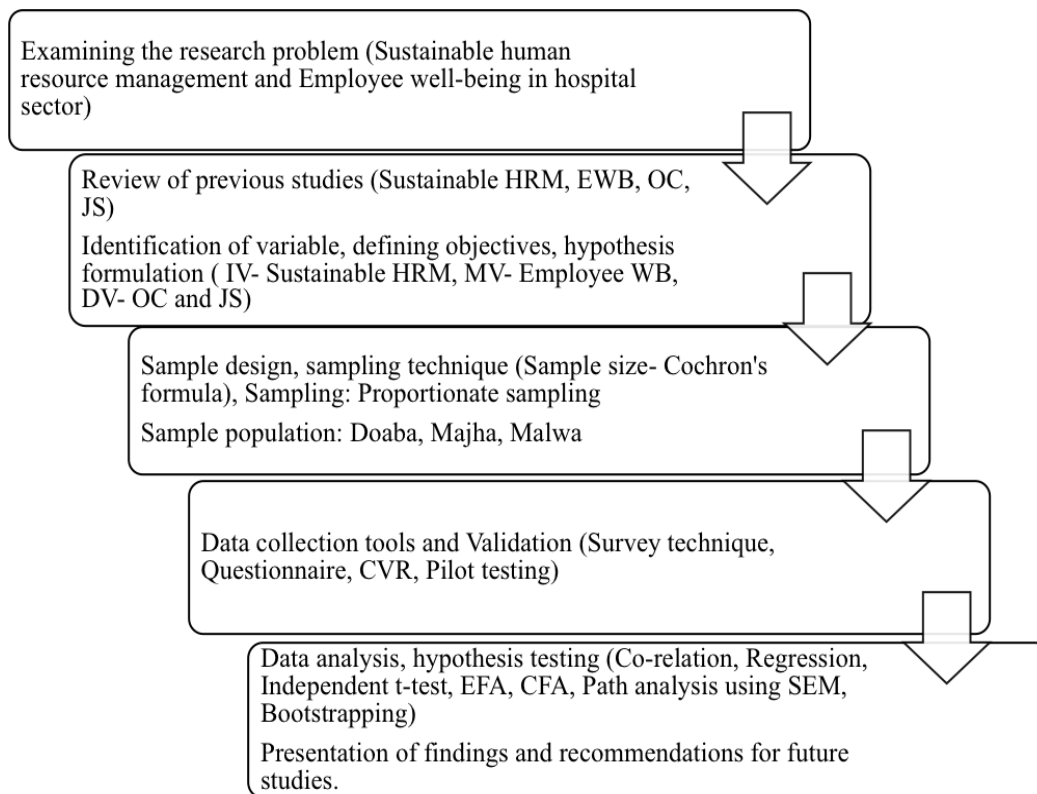
3.3 Research Design

The research commenced with a review of the literature concerning sustainable human resource management practices in hospitals and how they secure the well-being of their employees. An extensive literature review enabled an understanding of the concepts relevant to the study. However, a limited of similar studies have been conducted in the hospital sector of India, especially considering the state of Punjab. Thus, various literatures have been reviewed extensively to apply sustainable human resource management in Punjab. The current study is related to healthcare professionals and how their well-being is secured with sustainable human resource management in the hospitals of Punjab. According to (Creswell, 2017), research design can be regarded as a map of the research process according to which the research process is governed in a controlled and manageable way by validating the facts and figures.

Different types of research designs are exploratory, descriptive, explanatory, and experimental (Pelzang, R., & Hutchinson, A. M. 2018). Research is a blueprint for conducting research that includes data collection using the instruments, how it is used for measurement, and the intended data analysis. For this study, cross-sectional study (in this investigator measures the outcome and exposure in the study participants at the same time) has been conducted using both descriptive (a quantitative research technique that aims to gather measurable data for the population sample's statistical analysis) and exploratory (it is a methodological approach that investigates research questions that have not previously been studied in depth) research design. This means that the research is concerned with fact finding rather than just investigating it.

3.4 Research Process

Figure 3.1: Research process



3.5 Sample frame: Rationale and Justification for selecting Hospital Sector

The healthcare sector is considered one of the most critical sectors for the better growth of our country (Nicolini, D. et al., 2008). Due to its coverage, services provided, and rising spending by public and private entities, the Indian healthcare sector is expanding quickly. India's healthcare delivery system is categorized into two major components: private and public. For the current research, two major associations are considered to govern the private and public hospitals of Punjab: NABH (National Accreditation Board for Hospitals and Healthcare Providers) and PHSC (Punjab Health System Corporation). An organization's policy-making and overall direction-steering functions are carried out by a group of people known as the governing body. The governing bodies are responsible for setting strategies, advising on management, evaluating performance and exercising oversight and control. Their fiduciary responsibilities require them to ensure that the institution operates within the guidelines given by the law.

1. National Accreditation Board for Hospitals and Healthcare Providers

The NABH association created and managed an accreditation program for healthcare

organizations. It is a constituent board of the Quality Council of India. The board is designed to meet consumers' highly wanted needs and to provide benchmarks for the development of the health industry. The entire set of requirements for evaluating hospitals before granting accreditation is contained in the NABH requirements for Hospitals, which a technical committee created. The guidelines offer a foundation for patient care quality and hospital quality improvement. The standards contribute to developing a quality culture throughout the hospital's operation. In India, NABH has established a high-quality healthcare system over the past 15 years. The NABH standards strongly emphasize patient safety and the caliber of hospital care delivery in a dynamic setting. Fifty-five Health Care Organizations (HCOs) in Punjab fall under this association, as shown in (Table 2). These hospitals have been considered for the research study.

2. Punjab Health System Corporation

The Punjab Health Systems Corporation was enacted through a particular Act of Legislation to provide for a corporation's constitution created to establish, develop, enhance, and manage medical services in the State of Punjab. The Managing Director is the Corporation's executive officer responsible for carrying out the Board of Directors' decisions and exercising general control and supervision over the hospitals under PHSC. Under PHSC, 176 health institutions are divided into 119 community health centers, 21 district hospitals, and 34 sub-divisional hospitals (Singh T. et al., 2019). These institutions offer a comprehensive range of preventive and curative healthcare services. There are three tiers to the healthcare system: primary, secondary, and tertiary. Sub Centers and Primary Health Centers (PHCs) are at the primary level. Community Health Centers (CHCs) and smaller Sub-District hospitals are available at the secondary level. The government's tertiary level of public healthcare is the highest level, comprising medical colleges and district/general hospitals. In the last six years, there have been more PHCs, CHCs, Sub Centers, and District Hospitals, albeit not all of them meet the requirements of Indian Public Health Standards. According to Table 3.1, 56 hospitals in Punjab (District hospitals plus sub-divisional hospitals) have been considered for the research study.

3.6 Sampling and Sampling Design

Sampling is the most essential part of the research work. For selecting the items of Sample, the researcher would adopt this technique. The selected Sample should be reliable and appropriate

for further study.

Sampling unit—In this study, the sampling unit was the hospitals under the NABH association (Private hospitals) and the PHSC association (Government hospitals—district hospitals plus Sub-divisional hospitals)of the state of Punjab.

Sampling size- The sample size was selected as enough and adequate to represent the whole population. We have restricted the total sample size to 390 (calculated by Cochran’s formula).

Sampling design- Keeping in mind the geographical area of Punjab, we have applied the Proportionate and Convenience sampling techniques. The Punjab state is geographically distributed into three regions: Doaba, Majha, and Malwa. A proportionate sampling technique was used to include an equal number of respondents from both types of hospitals and proportionately from all the regions of Punjab. Convenience sampling has been applied to select hospitals implementing and appreciating sustainable human resource management.

Table 3.1: Total districts of Punjab (Government hospitals)

Regions	No. of Districts	Name of the districts
Doaba	12	Jalandhar (Phillaur, Nakodar), Hoshiarpur (Dsuya, Mukerian, Garh Shankar), Nawan shehar (Balachaur), Kapurthla
Majha	7	Amritsar (Ajnala, Baka Bakala), Gurdaspur (Batala), Tarn Taran (Patti),
Malwa	37	Firozpur (Zira), Ludhiana (Jagraon, Raikot, Samrala, Khanna), Moga, Bathinda (Ram pura phull), Patiala (Nabha, Rajpura, Samana), Mohali(Khra, Dera Bassi), Ropar (Anandpur Sahib, Nangal), Muktsar Sahib (Gidharwaha, Malaut), Barnala, Mansa (Budhlada, Sarulgarh), Fatehgarh Sahib, Sangrur (Malerkotla, Sunam, Dhuri, Moonak)

Source: Compiled from survey

Table 3.2: Total hospitals of Punjab (Private hospitals)

Regions	No. of Districts	Name of the districts (No. of hospitals in each district)
Doaba	3	Jalandhar (12), Nawan Shehar (1), Hoshiarpur (3)
Majha	3	Amritsar (14), Gurdaspur (1), Pathankot (1)
Malwa	4	Mohali (10), Ludhiana (9), Patiala (3), Bathinda (2)

Source: Compiled from survey

3.7 Data collection

Data collection is an essential component of every research study. The research methodology depends upon the data gathered by the researcher. Data can be collected using two techniques: Secondary and primary data. **Secondary Source-** The present depends upon the relevant information from secondary data. This secondary information has been collected from various publications relating to sustainable human resource management, employee well-being, the hospital sector of Punjab, organizational commitment and job satisfaction. For extensive literature review, different books, journals, and magazines of executing agencies viz World Health Organization, Ministry of Health and Family Welfare, Government of India, Department of Health and Family Welfare were considered. Additionally, Libraries of Lovely Professional University, Jalandhar; National Institute of Technology, Jalandhar; and Guru Nanak Dev University, Amritsar, have been consulted to make the study more updated, meaningful, and comprehensive and also to supplement the study findings.

Primary Source- Primary data collection is the most significant way of gathering the required information. Through this method, quantitative and qualitative information could be collected. The study's respondents were contacted personally, through mail, mobile internet, and telephone. In our research, a questionnaire survey has been used to collect data relevant to the study. The current study adopted the quantitative approach for the collection of data. For this purpose, a sample of 390 respondents was selected, and surveys were conducted, and

questionnaires were distributed to assess the well-being, commitment and satisfaction level of healthcare professionals (Nurses, Nursing in charge) with the implementation of Sustainable HRM practices.

- Development of Questionnaire—This is the most popular method for data collection. It contains a pre-defined series of questions used to collect data from respondents. There are stages to developing a logical and reliable questionnaire.

Stage 1: Rough draft of the questionnaire

The survey questionnaires consist of four broader variables: Sustainable Human Resource Management (Diaz-carrion et al., 2020a) (85 statements) (Joong, Gon, Choi, & Phetvaroon, 2019) (6 statements), Employee Well-Being (18 statements) (Zheng, X. et al., 2015), Organizational Commitment (Suryani & Tentama, 2020) (10 items), and Job Satisfaction (Vollmer, Rosta, Siegrist, & Aasland, 2012) (10 items). Research questionnaires developed and validated by previous researchers in the field were adapted and modified according to the objectives of the current research work.

In the Sustainable HRM questionnaire developed by author Diaz Carrion, 77 statements were initially drawn to compare Sustainable HRM practices among European countries. By applying exclusion and inclusion criteria, only 54 statements were included, considering those that could be applicable to the hospital sector, and statements related to the international level (home and host country statements) were removed.

Two drawbacks from the Diaz Carrion paper were examined:-

- It does not include the statements for the environmental aspect.
- Sustainable HRM Index is used to compare sustainable human resource management practices across different countries.
- This scale is not used in the Indian context, especially for the Hospital sector.

To fill this gap, 6 statements related to environmental aspects were considered under the Sustainable HRM construct. Moreover, statements are modified with respect to the hospital sector of Punjab.

Similarly, for the other three constructs, 15 statements of Employee Well-Being (EWB), 9 statements of Organizational Commitment (OC), and 8 statements of Job Satisfaction (JS) were

finalized.

The questionnaire is divided into two sections. Section one describes demographic details (age, gender, designation, experience). Section two describes the variables undertaken under study. Each construct consists of a set of items that were measured on a 5-point Likert scale: 'Strongly Agree—5', 'Agree—4', 'Neutral—3', 'Disagree—2', and 'Strongly Disagree—1'.

Stage 2: Validation of the questionnaire

Content Validity Ratio Lawshe, 1975: The study has adapted the instrument from the earlier studies. To assess the validity of the assessments in the hospital, determining the validity of the hospital's content is required. The degree to which the measurement instrument's items accurately reflect the entire content domain is known as content validity or CV. A CV ratio (CVR) is a numerical figure that indicates the instrument's level of validity based on expert evaluations of the CV and tells us whether a particular item is legitimate. In the Content Validity Ratio, the researcher must get input from the panel of subject matter experts regarding the items created for the study's constructs. The researcher applied the Content Validity Ratio to examine the 'Essential', 'Useful but not essential', and 'Not Necessary' statements from the questionnaire. The validity of the items is assessed by experts familiar with the instrument's content domain.

We have distributed the questionnaire through Google Forms and hard copies. We spread the questionnaire through connections made through LinkedIn account majorly and by visiting the hospitals. We get the questionnaire validated by industry experts (hospital managers) and academicians (Professors). Details of the experts are given in the table (3.3).

The formula for the computation of CVR=

$$CVR = \frac{ne - N}{N/2}$$

- Ne= is the number of panelists identifying as an item 'essential.'
- N= is the total number of panelists
- If all the panel members marked any item as 'essential'- CVR is 1.
- If none of the panel members marked any item as 'essential'- CVR is 0
- When the number of panellists rating an item as 'essential' is more than half but less than all, CVR is between 0- 0.99.

Table 3.3: Details of Experts

S. No.	Industry Experts	Occupation	Qualification	Experience in field (years)
Expert 1		Human Resource Manager	MBA in HRM	3
Expert 2		Human Resource Manager	MBA in HRM	10
Expert 3		Human Resource Manager	MBA in HRM	5
Expert 4		Human Resource Manager	MBA in HRM	7
Expert 5		Human Resource Manager	MBA in HRM	3
Expert 6	Experts from academia	Associate Professor	PhD (Management)	22
Expert 7		Associate Professor	PhD in HRM	12
Expert 8		Associate Professor	PhD in HRM	14
Expert 9		Assistant Professor	PhD in HRM	4
Expert 10		Assistant Professor	MBA in Healthcare Management	2

Source: Compiled from survey

Table 3.4: Minimum values for CVR

S. No	No. of panelists	Minimum values of CVR
1	5	.99
2	6	.99

3	7	.99
4	8	.75
5	9	.78
6	10	.62
7	11	.59
8	12	.56

Source: Lawshe, 1975

Table 3.5: Computation of CVR Sustainable Staffing (SS)

S. No	CVR	CVR less than 0.62 is not acceptable
SS1	1	Y
SS2	0.8	Y
SS3	0.8	Y
SS4	0.8	Y
SS5	0.6	N
SS6	0	N
SS7	0.8	Y

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)
 (Saber, A., 2017).Note:

- Please refer to Annexure 1 for questionnaire statements coding
- 'Y' stands for 'statement is retained.'
- 'N' stands for 'statement is deleted'

Content Validity Ratio = $\{(ne-N/2) \div N/2\}$

= $(10- 10/2)/ (10/2) = (10-5)/ (5) = 1$

= $(9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$

= $(8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$

= $(5- 10/2)/ (10/2) = (5-5)/ (5) = 0$

Table 3.6: Computation of CVR Sustainable training and development (STD)

S. No.	CVR	CVR less than 0.62 is not acceptable
STD1	1	Y
STD2	0.4	N
STD3	0.8	Y
STD4	0.4	N

STD5	0.8	Y
STD6	0.4	N

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

$$= (5- 10/2)/ (10/2) = (5-5)/ (5) = 0$$

Table 3.7: Computation of CVR Sustainable performance evaluation (SPE)

S. No.	CVR	CVR less than 0.62 is not acceptable
SPE1	0.4	N
SPE2	0.8	Y
SPE3	0.4	N
SPE4	0.8	Y

SPE5	0.4	N
SPE6	0.8	Y
SPE7	0.4	N
SPE8	0.8	Y

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

$$= (5- 10/2)/ (10/2) = (5-5)/ (5) = 0$$

Table 3.8: Computation of CVR Sustainable Compensation (SC)

S. No.	CVR	CVR less than 0.62 is not acceptable
SC1	0.8	Y
SC2	-0.2	N
SC3	0.8	N
SC4	0.8	Y
SC5	0.8	Y

SC6	0.6	N
SC7	0.8	Y
SC8	-0.2	N
SC9	0.2	N
SC10	0.2	N
SC11	0.8	Y
SC12	0.4	N
SC13	0.8	Y

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

$$= (5- 10/2)/ (10/2) = (5-5)/ (5) = 0$$

Table 3.9: Computation of CVR Sustainable diversity management (SDM)

S. No.	CVR	CVR less than 0.62 is not acceptable
SDM1	0.4	N
SDM2	0.8	Y

SDM3	0	N
SDM4	0.8	Y
SDM5	0.8	Y
SDM6	0.6	N
SDM7	0.8	Y
SDM8	0.6	N
SDM9	0.8	Y

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

$$= (5- 10/2)/ (10/2) = (5-5)/ (5) = 0$$

Table 3.10: Computation of CVR Sustainable work-life balance (SWLB)

S. No.	CVR	CVR less than 0.62 is not acceptable
SWLB1	1	Y
SWLB2	1	Y

SWLB3	0.8	Y
SWLB4	0.8	Y
SWLB5	-0.2	N
SWLB6	-0.2	N
SWLB7	-0.2	N

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

$$= (5- 10/2)/ (10/2) = (5-5)/ (5) = 0$$

Table 3.11: Computation of CVR Sustainable Occupational Health and Safety (SOH)

S. No.	CVR	CVR less than 0.62 is not acceptable
SOH1	0.8	Y
SOH2	0.8	Y

SOH3	0.8	Y
SOH4	1	Y
SOH5	0.8	Y
SOH6	0.2	N
SOH7	0.2	N
SOH8	0.8	Y
SOH9	0.8	Y

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

$$= (5- 10/2)/ (10/2) = (5-5)/ (5) = 0$$

Table 3.12: Computation of CVR Life Well-being (LWB)

S. No.	CVR	CVR less than 0.62 is not acceptable
LWB1	1	Y

LWB2	0.6	N
LWB3	1	Y
LWB4	1	Y
LWB5	1	Y
LWB6	0.6	N

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

$$= (5- 10/2)/ (10/2) = (5-5)/ (5) = 0$$

Table 3.13: Computation of CVR Workplace Well-being (WWB)

S. No.	CVR	CVR less than 0.62 is not acceptable
WWB1	0.4	N

WWB2	1	Y
WWB3	0.8	Y
WWB4	1	Y
WWB5	0.8	Y
WWB6	0.8	Y

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

$$= (5- 10/2)/ (10/2) = (5-5)/ (5) = 0$$

Table 3.14: Computation of CVR Psychological Well-being (PWB)

S. No.	CVR	CVR less than 0.62 is not acceptable
--------	-----	--------------------------------------

PWB1	1	Y
PWB2	1	Y
PWB3	1	Y
PWB4	1	Y
PWB5	1	Y
PWB6	0.6	N
PWB7	0.8	Y

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

$$= (5- 10/2)/ (10/2) = (5-5)/ (5) = 0$$

Table 3.15: Computation of CVR Affective commitment (AC)

S. No.	CVR	CVR less than 0.62 is not acceptable
--------	-----	--------------------------------------

AC1	0.8	Y
AC2	1	Y
AC3	1	Y

Source: Computed from threshold value (CVR is less than 0.62- statements not accepted)

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

Table 3.16: Computation of CVR Normative commitment (NC)

S. No.	CVR	CVR less than 0.62 is not acceptable
NC1	1	Y
NC2	1	Y
NC3	0.8	Y

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

Table 3.17: Computation of CVR Continuous Commitment (CC)

S. No.	CVR	CVR less than 0.62 is not acceptable
CC1	0.8	Y
CC2	1	Y
CC3	0.8	Y

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

Table 3.18: Computation of CVR Job Satisfaction (JS)

S. No.	CVR	CVR less than 0.62 is not acceptable
JS1	0.4	N
JS2	1	Y
JS3	0.6	N
JS4	0.8	Y
JS5	1	Y
JS6	0.8	Y
JS7	0.8	Y
JS8	1	Y
JS9	0.8	Y
JS10	1	Y

Note: **Content Validity Ratio** = $\{(ne-N/2) \div N/2\}$

$$= (10- 10/2)/ (10/2) = (10-5)/ (5) = 1$$

$$= (9- 10/2)/ (10/2) = (9-5)/ (5) = 0.8$$

$$= (8- 10/2)/(10/2) = (8-5)/ (5) = 0.6$$

In this study, the research questionnaire has been validated by 10 experts. According to the

above table, statements are not accepted if CVR is less than 0.62. The questionnaire was distributed among ten experts holding expertise in their respective fields. According to Lawshe (table 3.4), statements with values less than

0.62 will be deleted from the questionnaire. In the questionnaire, out of 90 statements, 66 statements were retained because 66 statements had their CVR equal to or more than 0.62.

Items SS5 and SS6 were discarded from the questionnaire because **No organization followed these practices.**

Similarly, items discarded from STD, STD2, STD4 and STD6 as these statements are considered **Repetitive statements.**

SPE1, SPE3, SPE5, and SPE7 were also not retained because **their statements relate to career development, and SPE3 is repetitive.**

SC2, SC3, SC6, SC8, SC9, SC10 and SC12 were also deleted. As SC2, SC3, SC6, and SC8 **statements are impractical, SC9 is related to audit, and SC10 and SC12 are related to CSR and health safety).**

Similarly, SDM1, SDM3, SDM6 and SDM8 were discarded. (SDM1 is **impractical for hospitals, SDM3 and SDM6 have no communication spread, SDM 8 has no concept of DM).** Items SWLB5, SWLB6 and SWLB7 were not retained on the basis of reasons such as (SDM5 **being related to audit, SDM6 being based on international standards, and SDM7 being from another aspect).** Items SOH6 and SOH7 (keep a record of job accidents, illnesses, and employees at risk of suffering) are discarded because of **their repetitive nature).** LWB2, LWB6, PWB7, JS3 and JS4 were **discarded because of their non-contributory nature.**

Stage 3: Final questionnaire

The current study examines how implementing Sustainable HRM practices will ensure the Well-Being, Commitment, and Satisfaction of healthcare professionals in hospitals. The following tables (3.19, 3.20, 3.21, 3.22) describe the statements under each construct with codes.

Table 3.19: Sustainable HRM Statements

Sr. No.	Codes	Statements of SHRM
	SS	Staffing
1	SS1	My hospital had transparent and unbiased selection process.
2	SS2	My hospital encourages internal promotion over external contracting for staff motivation.
3	SS3	My hospital provides us clearly with the detailed internal selection process and appoint individual accordingly.
4	SS4	My hospital implements specific programs to facilitate the integration of new candidates.
5	SS5	My hospital considers personal identity-environmental management fit in recruitment and selection.
	STD	Training & Development
6	STD1	My hospital provides us with periodic training that is according to the job description of every employee, regardless of any professional category, gender, age, etc.
7	STD2	My hospital establishes training according to the talent, commitment and performance appraisal of every employee.
8	STD3	My hospital offers mentoring training program as a part of training.
	SPE	Performance Evaluation
9	SPE1	My hospital sets promotion based on employee's merit.
10	SPE2	My hospital employs different assessment systems depending on the different employee groups.
11	SPE3	My hospital offers periodic feedback to all the employees about their development.
12	SPE4	My hospital considers how well employee is doing at being ecofriendly as part of their performance appraisals.
	SC	Compensation
13	SC1	My hospital remuneration practices are transparent for all the employees of the organization.
14	SC2	My hospital compensation system considers the skills, job position and employee's performance.
15	SC3	My hospital never links rewards to both individual and collective performance.
16	SC4	My hospital takes into consideration employees' expectations when establishing compensation plans.
17	SC5	My hospital also provides non-monetary compensation to the employees.
18	SC6	My hospital relates employee's eco-friendly behavior to rewards and compensation.
	SDM	Diversity Management
19	SDM1	My hospital facilitates the free interaction between employees and their representative.

20	SDM2	My hospital encourages employees' engagement in social projects as part of their working week.
21	SDM3	My hospital has formal equal opportunity policies.
22	SDM4	My hospital provides training for both employees and managers on the importance of diversity.
23	SDM5	My hospital has a person or team responsible for managing diversity at workplace.
	SWLB	Work-Life balance
24	SWLB1	My hospital favours the existence of a proper work-family balance for all the employees.
25	SWLB2	My hospital allows modifications of the workday and shifts according to employees' personal needs.
26	SWLB3	My hospital is flexible when authorizing paternity/maternity, breastfeeding leave and unpaid leaves for family reasons.
27	SWLB4	My hospital facilitates transfer of employees to other locations for personal or professional reasons (family, health, etc.).
	SOH	Occupational Health & Safety
28	SOH1	My hospital has formal health and safety committees that carry out monitoring and control activities beyond those required by law.
29	SOH2	My hospital involves employees in the establishment of a plan for prevention of occupational risks.
30	SOH3	My hospital maximizes psychological and physical work risks at workplace.
31	SOH4	My hospital provides training to improve accident prevention/health and safety of the employees beyond what is required by law.
32	SOH5	My hospital promotes healthy living inside and outside work; for example, developing sports activities, raising awareness of the benefits of healthy living, etc.
33	SOH6	My hospital employees fully understand the extent of corporate environmental policy.
34	SOH7	My hospital encourages employees to provide suggestions on environmental improvement.

Source: (Diaz-Carrion, López-Fernández, & Romero-Fernandez, 2020).

Sr. No.	Codes	OC statements
	AC	Affective commitment
1	AC1	I am emotionally attached with my hospital.
2	AC2	I am proud to be part of this hospital.
3	AC3	I am very responsible towards my hospital
	CC	Continuance commitment
4	CC1	I enjoy my present job, because I need this job.
5	CC2	It is difficult for me to leave my present job.
6	CC3	I am happy at my present job, because it is difficult for me to find another job.
	NC	Normative commitment
7	NC1	I am happy at my present job, because it is my strong desire to maintain my present job.
8	NC2	I would feel guilty, if I left my hospital now.
9	NC3	My present job provides me maximum output.

Table 3.20: Employee Well-Being Statements

Sr. No.	Codes	EWB statements
	LWB	Life well-being
1	LWB1	I feel satisfied with my life.
2	LWB2	Most of the time, I do feel real happiness.
3	LWB3	I am in a good life situation.
4	LWB4	I am enjoying my life.
	WWB	Workplace well-being
5	WWB1	My hospital responsibilities make me fully satisfied at the workplace.
6	WWB2	In my hospital and with my present job, I feel fairly satisfied
7	WWB3	In my hospital, I find real enjoyment
8	WWB4	In my hospital, I always find ways to enrich my work.
9	WWB5	In my hospital, work is a meaningful experience for me.
	PWB	Psychological well-being
10	PWB1	In my hospital, I feel satisfied with my work achievements in my current job.
11	PWB2	In my hospital, I feel that I have grown as a person.
12	PWB3	In my hospital, I able to handle daily affairs well.
13	PWB4	In my hospital, I generally feel good about myself, and I'm confident.
14	PWB5	In my hospital, every individual think that I am willing to give and to share my time with others.
15	PWB6	I love having deep conversations with family and friends so that we can better understand each other.

Source: (Zheng et al., 2015)

Table 3.21: Organizational Commitment statements

Source: (Suryani and Tentama, 2019) Table 3.22: Job Satisfaction Statements

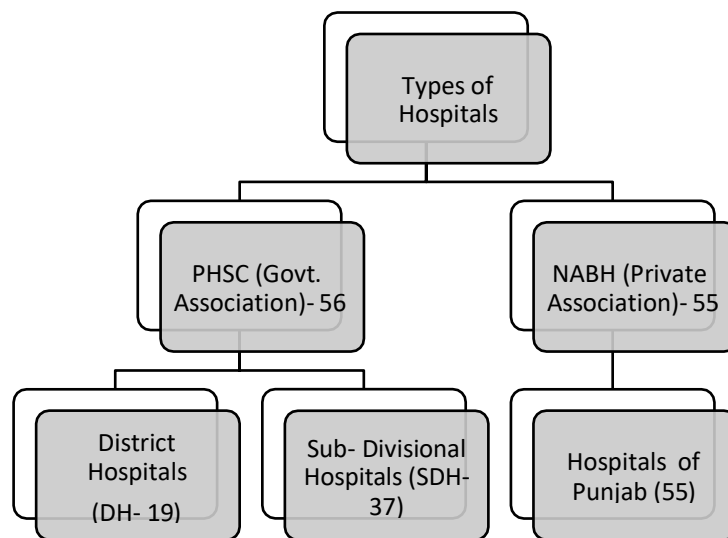
Sr. No.	Codes	JS Statements
1	JS1	My hospital provides opportunities in which I can use my abilities, competencies.
2	JS2	I am satisfied with the colleagues at my hospital
3	JS3	My hospital recognizes my good works in front of all.
4	JS4	I am satisfied with the remuneration I am receiving.
5	JS5	I am satisfied with my working hours at hospital.
6	JS6	I am satisfied with the amount of responsibility given to me.
7	JS7	My hospital provides me comfortable environment to work.
8	JS8	I am satisfied with my current job.

Source: (Vltmer et al, 2012)

3.10 Selection of Population

For the research framework, the researcher considered two associations, both the government and private hospitals of Punjab. Firstly, the National Accreditation Board for Hospitals (NABH) which governs the Private hospitals of Punjab (Noronha, A. V., & Williams, S. 2018) and secondly, the Punjab Health System Corporation (PHSC) which governs the Government hospitals of Punjab. (Singh, P., et al., 2022). These two associations will represent the research area of the study. In table 3.23, we presented the equal distribution of hospitals between the private and public sectors, as suggested to the researcher in the last evaluation.

Figure 3.2: Classification of Associations Governing Hospitals of Punjab



Source: Compiled from websites of NABH and PHSC Table 3.23: Population (Equal distribution of hospitals)

S. No.	Private Hospitals (NABH)		Government Hospitals (PHSC)	
1	Doaba	16	Doaba	12
2	Majha	15	Majha	7
3	Malwa	24	Malwa	37
	Total	55	Total	56

- **Sample size:**

For any research study, data may be collected from all selected respondents since it is tough to collect data from the overall population. A specific part of the population is picked up, which may be people, items, or objects, known as a Sample. The sample should represent the whole population (Ahmad, H., & Halim, H. 2017) (Kotrlik, J. et al. 2001). The following are the methods adopted for calculating sample size:-

- A. According to Cochran’s formula (Finite population)
- B. According to Cochran’s formula (Infinite population)
- C. According to studies done on nursing staff

A. According to Cochran’s formula (finite population)

A finite population is a population that an individual can count in number and which is known to the researcher. Firstly, we calculated the population of our study (2120) before calculating the sample size. In Table 3.17, Sanctioned posts of Government hospitals (Punjab Health System Corporation) are given as stated by PHSC norms. Table 3.18 calculates the staff required in Private hospitals (National Accreditation Board for Hospitals) accordingly.

Table 3.24: Population from Public hospitals

S. No.	Region	District Hospitals	Sub Divisional Hospitals	Sanctioned post at govt. hospitals
1	Doaba	297	258	555
2	Majha	167	238	405
3	Malwa	613	630	1243
4	Total	1075	1125	2120 (Total)

Notes: The values mentioned in the table for Doaba, Majha, and Malwa for the types of hospitals are calculated as follows:-

1. Tables 3.25, 3.26, and 3.27 show 297, 167, and 613 as the total population for the District hospitals of the region Doaba, Majha, and Malwa, respectively.
2. Tables 3.28, 3.29, and 3.30 show 258, 238, and 630 as the total population in the Sub-divisional hospitals of Doaba, Majha, and Malwa, respectively.
3. By aggregating all the regions, the total population of government hospitals will be 2120.

According to the Public Health System Corporation, hospitals are divided into four different levels: District Hospitals (DH), Sub-Divisional Hospitals (SDH), Community Health Centre (CHC), and Primary Health Centres (PHC). Considering the scope of our study, we have included the District Hospitals and Sub-Divisional Hospitals in our research. Under the PHSC norms, the bed capacities-sanctioned posts for Para-medical staff are prescribed on their official website (PHSC). The ratio of sanctioned posts according to the bed capacity is given below:-

If the No. of beds 50: 20 are the sanctioned posts
 If the No. of beds 100: 46 are the sanctioned posts
 If the No. of beds 200: 75 are the sanctioned posts

If the No. of beds 400: 130 are the sanctioned posts

In the Doaba region, District Hospitals are segregated into four districts named Jalandhar, Kapurthla, Hoshiarpur, and Nawan Shehar. The prescribed bed capacity per PHSC norms of these hospitals are- 400, 100, 200, 100. The sanctioned posts were also given under these norms:- 130, 46, 75, 46 = 197. In the same way, the researcher calculated the prescribed sanctioned posts for the other regions (Majha and Malwa), that is, (167+613) mentioned in tables (3.26) and (3.27).

Table 3.25: Calculation of population for the DISTRICT HOSPITALS (Doaba) of Punjab

S. No.	Districts under the DOABA Region	Bed Capacity	Staff Requirement
1	Jalandhar	400	130
2	Kapurthla	200	75
3	Hoshiarpur	100	46
4	Nawan Shehar	100	46
	Total		297

Source: PHSC Norms – DH Sanctioned Posts (<https://phsc.punjab.gov.in/en>)

Table 3.26: Calculation of population for the DISTRICT HOSPITALS (Majha) of Punjab

S. No.	Districts under the MAJHA Region	Bed Capacity	Staff Requirement
1	Amritsar	200	75
2	Gurdaspur	100	46
3	Tarn Taran	100	46
	Total		167

Source: PHSC Norms – DH Sanctioned Posts (<https://phsc.punjab.gov.in/en>)

Table 3.27: Calculation of population for the DISTRICT HOSPITALS (Malwa) of Punjab

S. No.	Districts under the MALWA Region	Bed Capacity	Staff Requirement
1	Ferozpur	100	46
2	Faridkot	100	46
3	Mukatsar Sahib	50	20
4	Moga	100	46
5	Bathinda	100	46
6	Barnala	100	46
7	Mansa	100	46
8	Patiala	200	75
9	Fateh Garh Sahib	100	46
10	Ropar	100	46
11	Mohali	200	46
12	Ludhiana	200	75
	Total		613

Source: PHSC Norms – DH Sanctioned Posts (<https://phsc.punjab.gov.in/en>)

Similarly, sanctioned posts for the Sub Divisional Hospitals are clubbed together. For

example- In the Doabaregion, the hospitals are located at Nakodar, Phillaur, Garh Shankar, Mukerian, Dsuya, Phagwara, Sultanpur Lodhi, and Balachaur. The bed capacities of these hospitals are as follows- 50, 50, 100, 100, 50, 50, 100, and

50. The researcher calculated the 20, 20, 46, 46, 20, 20, 46, and 46=258. A similar calculation is performed for Majha and Malwa (238, 630). The total population of the government hospitals – is 2120, as mentioned in(table 3.24).

Table 3.28: Calculation of population for SUB-DIVISIONAL HOSPITALS (Doaba) of Punjab

S. No.	Cities under the DOABA Region	Bed Capacity	Staff Requirement
1	Nakodar	50	20
2	Phillaur	50	20
3	Garh Shankar	50	20
4	Dsuya	100	46
5	Mukerian	100	46
6	Phagwara	100	46
7	Bholath	50	20
8	Sultanpur Lodhi	50	20
9	Balachaur	50	20
	Total		258

Source: PHSC Norms – SDH Sanctioned Posts (<https://phsc.punjab.gov.in/en>)

Table 3.29: Calculation of population for SUB-DIVISIONAL HOSPITALS (Majha) of

Punjab

S. No.	Cities under the MAJHA Region	Bed Capacity	Staff Requirement
1	Baba Bakala	50	20
2	Ajnala	50	20
3	Patti	100	46
4	Batala	100	46
5	Jagraon	50	20
6	Raikot	50	20
7	Samrala	50	20
8	Khanna	100	46
	Total		238

Source: PHSC Norms – DH Sanctioned Posts (<https://phsc.punjab.gov.in/en>)

Table 3.30: Calculation of population for SUB-DIVISIONAL HOSPITALS (Malwa) of Punjab

S. No.	Cities under the MALWA Region	Bed Capacity	Staff Requirement
1	Kharar	50	20
2	Dera Bassi	50	20
3	Gidarbaha	50	20
4	Malaut	50	20
5	Budhlada	50	20
6	Sarulgarh	50	20
7	Nabha	100	46
8	Rajpura	100	46
9	Samana	100	46
10	Kotakpura	50	20
11	Fazilka	50	20
12	Ram Pura Phul	50	20
13	Talwandi sabo	50	20
14	Ghudda	50	20
15	Malerkotla	100	46
16	Sunam	50	20
17	Dhuri	50	20
18	Moonak	50	20

19	Zira	50	20
20	Ananadpur Sahib	100	46
21	Nangal	50	20
22	Tapa	50	20
23	Mandi Gobindgarh	50	20
	Total		630

Source: PHSC Norms – DH Sanctioned Posts (<https://phsc.punjab.gov.in/en>)

Table 3.31: Number of bed capacity in NABH hospitals (available on their official websites)

S. No	Region	Name of the hospital	Bed Capacity
1	Doaba	Johal Hospital Jalandhar	200
2		Sacred heart hospital	170
3		Shri man hospital Jalandhar	300
4		IVY hospital	160
5		Patel hospital Jalandhar	200
6		Raja Dignostic hospital, nawan shehar	70
8	Majha	Max super speciality Bathinda	200
9		Pancham hospital Ludhiana	100

10		Amandeep hospital Amritsar	500
11		Mahajan Hospital Amritsar	75
12		Amandeep Hospital, Pathankot	200
13	Malwa	Fortis hospital Mohali	350
14		DMC Ludhiana	530
15		Neelam hospital, Patiala	150
Average Bed Capacity		$200+170+300+160+200+70+300+200+500+100+75+200+350+150+530 = 3505/15 = 233$	233

Source: Hospital official websites

Table 3.32: Calculation of Staff requirement as per bed capacities of NABH hospital

S. No.	No. of Beds	Staff requirement
1	50	20
2	100	46
3	200	75
4	400	130
Total	750	271

Source- PHSC Norms – Sanctioned posts

Notes:

1. The National Accreditation Board for Hospitals has not prescribed any staffing requirements in hospitals. To examine the population of private hospitals in Punjab, the researcher visited the official websites of the private hospitals and calculated the average bed capacity required in them, which is

233 (Average Bed Capacity).

2. In the next step, the researcher calculated the sanctioned posts for 233-bed capacity hospitals through

proportionate method as follows: -

3. For 750 bed capacity, the staff requirements are 271 (table 3.32).

Here, $750/5 = 150$

$271/5 = 54$

4. For calculating the staff requirement for the 233-bed capacity hospitals, we will take the average: $-233 * 54 / 150 = 84$

5. For NABH hospitals, we calculated the staff requirement according to the bed capacities of the hospitals following the PHSC Norms

= 233 (bed capacities) = 84 (staff requirement)

In the table below (3.33), we calculated the population of NABH hospitals according to the staff requirement calculated.

Table 3.33: Calculation of Population of NABH hospitals

S. No.	NABH Accredited/ Private hospitals	Number of hospitals in each district	Number of Paramedical Staff	Total staff
1	Jalandhar	12	84	12*84= 1008
2	Nawan Shehar	1	84	84
3	Hoshiarpur	3	84	3*84= 252
4	Amritsar	14	84	14*84= 1176
5	Gurdaspur	1	84	84
6	Ludhiana	9	84	9*84= 756
7	Mohali	10	84	840
8	Patiala	3	84	3*84= 252
9	Bathinda	2	84	2*84= 168
	Total Population (NABH hospitals)			4620

To calculate Sample Size according to Cochran's formula (finite population), we must first calculate the estimated population from both sectors. In Table 3.24, we have calculated the population from public sector hospitals. Table 3.34 shows the population calculated for

private hospitals. Accordingly, the Finite population are 4620 (**population from the private hospital**) + 2120 (**population from government hospitals**) = 6740 (**total population**)

Table 3.34: Population from Private hospitals

Region	NABH hospitals
Doaba	1344
Majha	2856
Malwa	420
Total	4620

Sample Size will be calculated using the Cochran Formula as the population is known to the researcher. The formula is –

$$s = n \div 1 + (n - 1)/N$$

s= required sample size

n=384 (from the table according to Confidence interval at 95% confidence interval)N= the population size (calculated from Tables 3.2 and 3.12)

$$= 384 \div 1 + (384 \div 6740)$$

$$= 384 \div 1.05 = \mathbf{366}$$

B. According to Cochran's formula (infinite population)

Sample Size was calculated using the Cochran Formula if the population is unknown to the researcher. The formula is –

Here, $ss = [z^2 p (1-p)] / c^2$ ss = sample size

z = standard normal deviation at 95% confidence level (1.96)p = %age of picking up response or choice (50%)

c = confidence level (0.05)

$$= (1.962)^2 0.5 (1-0.5) / 0.05^2$$

$$= (3.849) 0.5 (0.5) / 0.0025$$

$$= 0.96225 / 0.0025$$

$$= \mathbf{384.9}$$

C. According to past studies done on Nursing staff

Table 3.35: Estimated sample size according to the earlier studies done on nursing staff

S. No.	Area of Study	Authors	Sample Size
1	Relationship between the Organizational Commitment of Para-Medical Staff and Marital Status	Tikare, M. 2018	200
2	An examination of the impact of management variables and job satisfaction on human resource effectiveness is provided by a case study of paramedics working in Ardabil's public hospitals.	Germi, N.G. 2020	320
3	Knowledge, attitudes, and behavior of paramedical personnel about the use of antibiotics and antibiotic resistance	Sadasivam, K. et al., 2019	440
4	Paramedic Staff at Jinnah Hospital in Lahore's Knowledge and Practices of Biomedical Waste Management	Ajmal, S. & Ajmal, M., 2020	300
5	Influenza Vaccination Campaign in Military Hospitals: Najran Armed Forces Hospital as an Example: Medical and Paramedical Staff Attitudes and Uptake	Harrabi, A. & Ghamdi S.	200
6	Relationship between Work-Family Conflict and Organizational Commitment Among Hospital Nurses and Paramedical Staff, as well as Their Intention to Desert	Hatam, N. et al., 2019	400
Total	By taking average of 200+320+440+300+200+400/6 =1880/6 all the studies done on Para-medical staff:		310

Source: Compiled from literature review

D. Sample Size calculation by considering the highest among all the parts (part A, part B and partC)

After the estimated population was calculated through the above three methods, values such as finite population (366), infinite population (384), and literature review averages (310) were obtained. So, 384 is the Sample Size in the present research as it is the largest sample size among them.

= 384 (Sample Size)

- **Sampling technique- Proportionate Sampling**

The proportionate sampling method was used after calculating the total population and sample size (Kaur, S. 2014).

It was applied to include an equal number of employees from both sectors and proportionately from the Doaba, Majha and Malwa regions (Kaur, S., & Vig, D. 2022). as depicted in Table (3.36). The investigator divides a finite population into subpopulations and then uses random sampling procedures on each subpopulation as part of a sample methodology known as proportionate sampling. (Jawale, K. V. 2012), (Etikan, I., & Bala, K. 2017). Table (3.23) depicts 111 hospitals in total from 56 government hospitals- 21, 7, and 37 hospitals from Doaba, Majha, and Malwa. Similarly, 55 private hospitals- 16, 15, and 24 hospitals from three regions, respectively.

55 hospitals under NABH accreditation and 56 hospitals under PHSC association would be considered population. A sample size of minimum of 450 (267 responses from NABH hospitals + 185 responses from government hospitals) was considered for data collection through structured questionnaires from nurses and supporting staff, as the larger sample size gives more reliable results with greater precision and power (Van de Schoot, R., Miocevic, M. 2020), (Singh, A. S., & Masuku, M. B. 2014). The researcher would undertake exploratory, descriptive and conclusive research design to explore Sustainable HRM practices. In addition, convenience sampling was also used to select the respondents from the hospitals in which management adopted sustainable HRM practices.

Table 3.36: Proportionate sampling method

Types/ Regions	No. of Govern ent hospitals	%age of Govt Hospital (12*100/ 56)	No. of employee s from Govt. hospital	No. of Private hospital s	%age of Private Hospital (16*100/5)	No. of employee s fromPrivate hospital	Total (SS according to different regions of Punjab)
Doaba	12	21	47	16	29	66	(47+66)=113
Majha	7	12	30	15	27	62	(30+62)=92
Malwa	37	66	148	24	43	97	(148+97)=245
Total	56	100	225	55	100	225	450

Notes-

1. Firstly, 450 sample sizes are divided equally between private and public hospitals, 225 each.
2. Secondly, to apply proportionate sampling, the total percentages of employees taken from both sectors are given 100% each.
3. In the third step, following formula to include the percentage of employees from each region from each sector: -
4. Percentage of employees taken from each region= number of hospitals (Doaba)* 100/ Total number of Govt. hospitals
= 12*100/56= 21%

$$= 7*100/56= 12\%$$

$$= 37*100/56= 66\%$$

Similarly, for the private hospitals, we got the values such as:

5. Percentage of employees taken from each region = Number of Private hospitals (Doaba)* 100/Total number of Private hospitals

$$= 16*100/55= 29\%$$

$$= 15*100/55= 27\%$$

$$= 24*100/55= 43\%$$

In the fourth step, by applying the above calculated percentages: -

6. Number of employees taken from each region= Percentage of employees taken from each region* Total number of employees from each sector (Govt.)/100

$$= 21*225/100= 47$$

$$=12*225/100= 30$$

$$= 66*225/100= 148$$

Similarly, for the private hospitals, we got the values such as:

7. Number of employees taken from each region= Percentage of employees taken from each region* Total number of employees from each sector (Private)/100

$$= 29*225/100= 66$$

$$=27*225/100= 62$$

$$=43*225/100= 97$$

Pre-testing the questionnaire (Pilot Survey)

The pilot survey is the primary step in the research study. Before conducting a survey directly on the targeted sample size, it is necessary to find out the perception of

respondents/participants on one end and the reliability of the research process on the other end. A Pilot Survey is a mini survey where the researcher reaches out to 10% of the actual sample size (Hertzog, 2008), (Connelly, 2008), (In, 2017). Through this survey, the researcher can predict the pattern of responses, necessary changes required in the research, enhance the likelihood of success and also avoid the unnecessary statements from the study. Similarly, to test the reliability of our research study, we have conducted a pilot survey in the hospitals of Punjab.

a. Data Reliability test

For the data reliability and validity check, Cronbach's Alpha test (Personal & Archive, 2020) was performed on the fifty questionnaires/ respondents (Hertzog, 2008). Data was collected through personal visits to the hospitals and distributed through Google forms. Recently, the data collection was conducted in fifteen hospitals, of which twelve hospitals have given permission for the survey; from each hospital, five respondents who filled out the questionnaire are approached. Personal visits to hospitals helped seek authentic data from the health care professionals. After collecting data for pilot survey, Cronbach's alpha test is performed using SPSS software. There are 66 statements in the questionnaire whose reliability comes to 0.91, which is excellent (shown in Table 3.22).

Table 3.37: Lee Cronbach in 1951.

Cronbach' Alpha	Internal consistency
$\alpha \geq 0.9$	Excellent
$0.9 > \alpha \geq 0.8$	Good
$0.8 > \alpha \geq 0.7$	Good and Acceptable
$0.7 > \alpha \geq 0.6$	Acceptable
$0.6 > \alpha \geq 0.5$	Unacceptable
$0.5 \geq \alpha$	Poor

The formula for Cronbach's alpha is:

$$\alpha = \frac{N \cdot \bar{c}}{\bar{v} + (N - 1) \cdot \bar{c}}$$

Where:

- N = the number of items.
- \bar{c} = average [covariance](#) between item pairs.
- \bar{v} = average [variance](#).

Table 3.38: Reliability of the research instrument

Sr. No.	Variables under study	No. of Respondents	Cronbach's Alpha	Scale type	Consistency
1	Sustainable Human Resource Management (SHRM)	50	0.915	5-point Likert scale	Excellent
2	Employee Well-Being (EWB)	50	0.873	5-point Likert scale	Good
3	Organizational Commitment (OC)	50	0.810	5-point Likert scale	Good
4	Job Satisfaction (JS)	50	0.810	5-point Likert scale	Good

Source: Overall reliability of all variables from SPSS software

Table (3.39) depicts the objectives and hypothesis under study which have been tested by using different statistical methods.

Table 3.39: Objective wise research methodology of the study: -

S. No.	Research objectives	Tools	Validation	Data collection	Population of study	Statistical techniques
1	To study the Sustainable Human Resource Management practices followed and implemented by hospitals of Punjab.	Human Resource Sustainability Index (Diaz Carrion et al., 2020), Kim, 2019)	Content Validity Ratio Reliability testing (Cronbach's alpha)	Survey (from the nursing staff of private and govt. sector hospitals)	Private hospitals Govt. hospitals	Independent t-test
2	To study the effects of Sustainable Human Resource Management practices on the Well-Being of health care professionals.	Human Resource Sustainability Index (Diaz Carrion et al., 2020) Well-Being instrument (Zheng et al., 2015)	Content Validity Ratio Reliability testing (Cronbach's alpha)	Survey (from the nursing staff of private and govt. sector hospitals)	Private hospitals Govt. hospitals	PLS-Algorithm, Bootstrapping

3	To examine the effects of Employee Well-Being upon the Organizational Commitment and Job satisfaction on the health care professionals.	Well-being Instrument (Zheng et al., 2015) OC scale (Suryani and Tentama, 2019) JS scale (Vltmer et al, 2012)	Content Validity Ratio Reliability testing (Cronbach's Alpha)	Survey (from the nursing staff of private and govt. sector hospitals)	Private hospitals Govt. hospitals	PLS-Algorithm, Bootstrapping
4	To examine the role of Employee Well-Being between the relationship of Sustainable human resources management practices and Organizational Commitment and Job Satisfaction of health care professionals	Well-being Instrument (Zheng et al., 2015) OC scale (Suryani and Tentama, 2019) JS scale (Vltmer et al, 2012)	Content Validity Ratio Reliability testing (Cronbach's Alpha)	Survey (from the nursing staff of private and govt. sector hospitals)	Private hospitals Govt. hospitals	Path analysis-Bootstrapping (Mediation analysis)

	in the hospitals of Punjab					
5	To evaluate the relationship between Organizational Commitment and Job Satisfaction of health care professionals in the hospitals of Punjab.	OC scale (Suryani and Tentama, 2019) JS scale (Voltmer et al, 2012)	Content Validity Ratio Reliability testing (Cronbach's alpha)	Survey (from the nursing staff of private and govt. sector hospitals)	Private hospitals Govt. hospitals	Co-relation

Source: Author's Own

3.11 Data Analysis Tools

Numerous statistical tools and procedures were employed in this study in accordance with its requirements, which are as follows:-

1. Statistical Package for Social Sciences (SPSS)

Statistical Package for Social Sciences software 26 version (IBM SPSS 26) was used. It is statistical software for gathering and analysing data. In Microsoft Excel, we may similarly compile the acquired primary data. Many statistical analyses can be carried out using SPSS. Descriptive statistics were used to carry out frequency distribution. Cronbach's alpha was calculated to evaluate the internal consistency of the instrument. This software could also perform factor analysis, correlation analysis, and regression analysis.

2. Smart PLS (SEM)

With a graphical user interface, Smart PLS uses the partial least squares (PLS) path

modelling method for variance-based structural equation modelling (SEM). SEM is a combination of two techniques (regression and factor analysis). The primary application of SEM is to test complex relationships simultaneously. It is like performing several regression and factor analyses together. Structural Equation Using Partial Least Squares Researchers can simultaneously analyse links in complicated models that include constructs, indicator variables, and structural routes via modelling (Ogunsanya, Aigbavboa, Thwala, & Edwards, 2019).

3. Factor Analysis

Factor analysis began in the early 1990s with Charles Spearman's interest in human capacity and his invention of the two-factor theory, which finally led to the commencement of the theories and principles of component analysis (A. G. Yong & Pearce, 2013). According to Ferguson & Cox (1993), the main goal of factor analysis is to condense data such that correlations and patterns may be interpreted and understood. Factor analysis has been widely utilised in research to summarise and condense enormous amounts of data by reducing it to several factors. Factor analysis is based on the idea that more quantifiable, observable variables can be condensed into a smaller number of latent variables with a more minor common variance that are unobservable, a concept known as lowering dimensionality.

Requirements of Factor analysis—In order to perform factor analysis, there has to be uni-variate and multi-variate normality within the data and an absence of uni-variate and multivariate outliers. When computing co-relation, the factors and the variables have a linear relationship. For something to be considered a factor, it must have at least three variables and a sample size of at least 300.

- **Kaiser-Meyer-Olkin (KMO):** Kaiser-Meyer-Olkin (KMO) test is used to measure the adequacy of sample size. It is an index used to evaluate whether factor analysis is appropriate. This statistic displays the percentage of variation for the common variance variable used in the study. In contrast, a low statistics value (below 0.5) suggests that the factor analysis is inappropriate. A high statistic value (between 0.5 and 1) shows that the factor analysis is acceptable for the data.
- **Bartlett's Test of Sphericity:** This statistical test determines whether the assumed hypothesis that the variables are uncorrelated is correct. In other words, each variable in the population correlation matrix completely correlates with itself ($r=1$),

but no correlations exist between any of the variables ($r=0$). A score less than 0.05 indicates that the facts at hand do not form an identity matrix since factor analysis is useless in the presence of an identity matrix. A significant result (0.05) shows that the matrix is not an identity matrix and that the variables are sufficiently related for meaningful EFA to be conducted.

4. Measurement scale

A measurement scale is a tool for getting an answer to a question and has a set number of closed-ended questions. There are four different categories of measurement scales: nominal, ordinal, interval, and ratio scales. Ordinal and interval scales are used by researchers when they measure the responses to questionnaires in an order.

Nominal scale: Using numbers, a nominal scale can be used to categorise and identify many objects, including people, businesses, and products (Velleman, P. F., & Wilkinson, L. 1993). These scales represent numbers only, very interpretation can be derived from nominal scale. A survey question with a nominal scale would ask respondents to choose from the categories of doctor, lawyer, teacher, and engineer when asked to name their career.

Ordinal scale: This scale depicts ranking and then shows the difference in the ranking to find out if any relationship exists. As an illustration, suppose we code consumers' product usage as "Non user= 0," "Light user= 1," or "heavy user." The amount of use also grows as the use variable's value rises. As a result, a measurement that uses an ordinal scale can reveal information about the sequence of our observations.

Interval scale: This scale is used to determine the range of values. Suppose anything is measured on an interval scale. In that case, we can accurately determine the rank order at which it is measured and, in addition, we may directly assess the size of value discrepancies.

Ratio scale: The most significant information is offered by the ratio scale. When anything is assessed using a ratio scale, we know that a value of 0 indicates the absence of a particular characteristic for a variable. In 1996, Lim, T. S., and Loh, W. Y. For instance, a consumer purchases nothing if the value is zero (value=0). All kinds of mathematical computations are feasible using the ratio scale.

5. Correlation

Both correlation and regression analysis can be used to study a relationship between two or more variables. The strength and direction of the association between two or more variables are described by the statistical correlation measure, which is given as a number. However, a correlation between variables does not imply that a change in one variable directly results from a change in the values of the other variables. According to Kafle (2019), correlation is a statistical tool used to assess how closely related different variables are. Correlation values range from one to one. A closer proximity to plus one indicates a more substantial degree of correlation between the variables. However, Values closer to minus one indicates that there is either no correlation between the variables or none at all.

There are two methods through which correlation can be calculated using SPSS software:

-

1. Karl Pearson's correlation coefficient
2. Spearman's Rank Correlation

Karl Pearson's correlation coefficient is a tool for analyzing the strength of a relationship between two variables. The formula to calculate Karl Pearson's correlation is as follows: -

$$r = \text{cov}(X, Y) \div \sigma_x \sigma_y$$

The correlation is deemed to be perfectly positive if $r = 1$. The correlation is said to be perfect negative if $r = -1$.

The variables X and Y are deemed to be uncorrelated if $r = 0$.

6. Regression analysis

A statistical method called regression links a dependent variable to one or more independent (explanatory) variables. It can be used to forecast potential future relationships between variables and gauge how strong the current correlations are. Regression can be calculated using the following formula: $Y = a + b X$

Where, Y = Dependent variable X = Independent variable a = Intercept (constant)

b = Slope/ regression coefficient

7. Independent sample T-test

When comparing means score for one continuous variable between various groups, an independent t-test is utilised. Using the T-test, researchers can determine whether the means of two groups are statistically distinct from one another. For instance: A teacher is curious as to whether there are any appreciable differences between the grades that pupils in two sections received for the topic of business research. The manager is curious to discover if there are any notable differences between the morale of the male and female employees.

Assumptions:

- Dependent variable is continuous (measured on interval/ ratio scale).
- Independent variable is categorical (that is two groups).
- Independent samples/ groups.
- Data normally distributed.

8. Structural Equation Modeling (Mediation analysis)

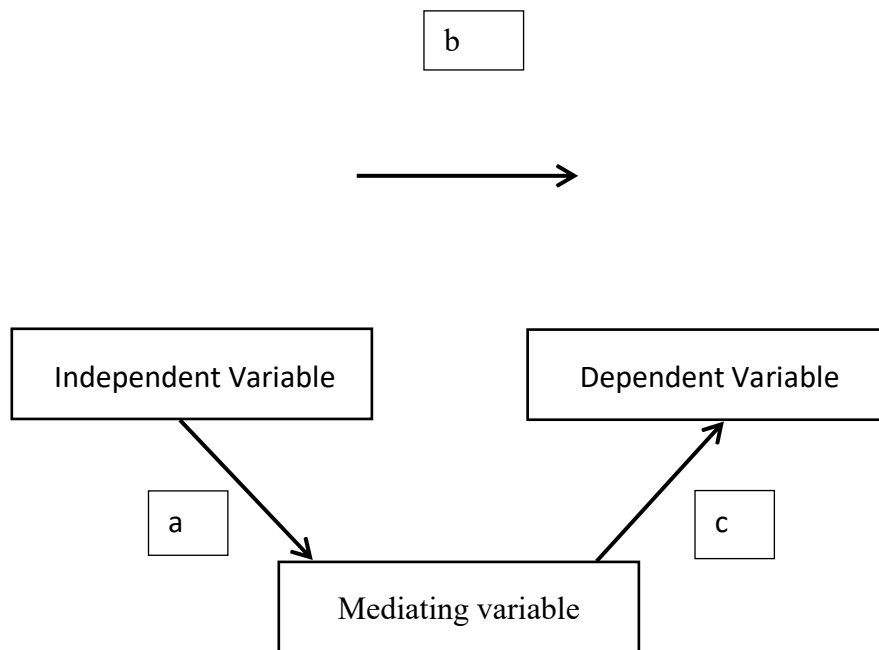
Fundamentally, the concept of modelling or creating a model that depicts the relationship between variables underlies structural equation modelling. SEM starts with a theory that the researcher hopes to test on the correlation between study-relevant factors. A theoretical framework that is represented by a schematic diagram incorporates the relationships into it. The hypothesis of interest that will be tested is shown in the schematic diagram. A set of questionnaire items is used to measure the study constructs. Using the structural equation modelling method, researchers can examine the impact of many different dependent variables on many different predictor variables at once. Instead of concentrating only on specific interactions, it is capable of testing a complete model. Each item's measuring scale should be either interval.

A casual chain is used to describe mediation when one variable influences another, which then influences a third. The independent variable is the first variable, the mediating variable is the second, and the dependent variable is the result variable. The variable that mediates between the dependent and independent variables is known as the mediating variable. In other words, it clarifies how the dependent variable and independent variable are related. When we claim that the effect of IV on DV is indirect and occurs through a third variable, we are referring to the mediator.

Generally, mediation can be said to occur when:-

- IV significantly affects the mediator,
- In the absence of the mediator, IV considerably impacts DV.
- The mediator has a considerable unique influence on DV.
- The effect of IV on DV decreases with the inclusion of the mediator in the model.

Figure 3.3: Mediating variable



The diagram depicts relationships and paths when a mediating variable is included in the study, a diagram showing relationships and routes is shown. When MV is included in the study, "a" indicates the path from IV to the mediator, "b" the path from mediator to DV, and "c" the direct effect from IV to DV

Total effect: Impact of IV on DV without involvement of the Mediator. Indirect effect: Impact of IV on DV through mediating variable

Direct effect: Impact of IV on DV in presence of mediator

Complete mediation: This type of mediation happens when the mediating variable is the sole means by which the predictor (IV) influences the outcome.

Partial mediation: If the predictor variable (IV) uses the mediator to influence the predictor variable (IV) to some extent, this is known as partial mediation. Additionally, it has certain direct effects on the outcome variable without using a mediating variable (MV). Thus, the influence is exerted on DV both through IV and MV are significant.

3.12 Summary

This chapter deals with research methodology described in this chapter provides a strong framework for studying the impact of sustainable human resource management on employee well-being. The chosen research design, data collection methods, and analysis techniques ensure the study's reliability and validity. This approach allows for a thorough examination of the main research questions and hypotheses. The instrument was developed based on a literature review, and its validity and reliability were assessed through content validity ratio and pilot testing. The selection of the hospital industry was also based on the secondary data inputs. Moreover, statistical tools used for analysis were also mentioned in this chapter. The insights gained from this study will add to the existing knowledge on SHRM and guide future research and practice in this area. The next chapters will present and discuss the findings from this research.

CHAPTER 4

SUSTAINABLE HUMAN RESOURCE MANAGEMENT: IMPLEMENTATION IN PUBLIC AND PRIVATE HOSPITALS OF PUNJAB

This chapter presents the analysis of data collected on the incorporation of sustainable human resource management (SHRM) in public and private hospitals. The objective is to understand how SHRM practices are implemented in these settings and their impact on employee well-being and organizational success. The data analysis will focus on comparing and contrasting the SHRM approaches in public versus private hospitals, identifying key trends, patterns, and differences. By examining the collected data, this chapter aims to provide a detailed understanding of the current state of SHRM in the healthcare sector and its implications for both employees and organizations.

4.1 Introduction

To begin with the data analysis, it is very important to arrange the data into proper sequence. The data gathered in both quantitative and qualitative form needed to be presented and revised to draw proper conclusion of the study. The data has been gathered to study the factors of sustainable human resource management impacting well-being of health care professionals, factors leading to impact of sustainable human resource management on well-being, employee well-being on organizational commitment and job satisfaction of health care professionals, difference between sustainable human resource management practices in private and government hospitals of Punjab. The data has been collected through structured questionnaires from Health care professionals (Nursing staff). Questionnaires were distributed among 'Nursing staff' through online and offline mode in order to gather data from respondents. The data collected from hospitals within the time frame December, 2021- August, 2022. Out of 700 questionnaires circulated, 452 received completely filled questionnaires, reflecting a response rate of 64.57%.

This chapter shows the recent scenario of hospitals of Punjab, what kind of practices are followed and implemented by both types of hospitals. Analysis has been carried out on the basis of data collection, which has been presented in upcoming chapters. The different analysis techniques used are: Descriptive Statistics, Co-relation, Regression analysis, Independent t-test,

Exploratory factor analysis, Confirmatory factor analysis, Partial Least Square Structural Equation Modelling has been deployed to achieve the desired results. The data has been analysed with the help of two software's: IBM statistics package for social sciences SPSS v25 and Smart PLS software (Ong & Puteh, 2017).

The major aim of this chapter is to determine the incorporation of sustainable human resource management (SHRM) in the both types of hospitals of Punjab. Hospitals use different types of SHRM practices for the smooth functioning of its operations and management. There are functions of management with the inclusion of 'sustainability' such as: (SS), (STD), (SPE), (SC), (SDM), (SWLB), (SOH). In government hospital, staffing of (HCPs) are based upon the qualifying competitive exams and interviews, while in private hospitals staffing of HCP's is directly through interviews. Similarly, there is difference among the functions of management such as T&D, PE is more prominently followed in private hospitals than government hospitals. On the basis of detailed review of literature, the following objective is framed and hypothesis are framed.

Objective 1: To study the Sustainable Human Resource Management practices followed and implemented by hospitals of Punjab.

Hypothesis: There exists a significant difference between sustainable human resource management practices adopted by private and public hospitals of Punjab.

*Ha: There exists a significant difference between the **Sustainable Staffing** practices adopted by the private and public hospitals of Punjab.*

*Hb: There exists a significant difference between the **Sustainable Training and Development** practices adopted by the private and public hospitals of Punjab.*

*H c: There exists a significant difference between the **Sustainable Performance Evaluation** practices adopted by the private and public hospitals of Punjab.*

*H d: There exists a significant difference between the **Sustainable Compensation** practices adopted by the private and public hospitals of Punjab.*

*He: There exists a significant difference between the **Sustainable Diversity Management** practices adopted by the private and public hospitals of Punjab.*

*Hf: There exists a significant difference between the **Sustainable Work-Life Balance** practices adopted by the private and public hospitals of Punjab.*

*Hg: There exists a significant difference between the **Sustainable Occupational Health and Safety** practices adopted by the private and public hospitals of Punjab.*

4.2 INDEPENDENT T-TEST

For the achievement of first objective of the study, an independent sample t-test was conducted to test the hypothesis, that whether a considerable difference exists in SHRM practices followed at private and government hospitals of Punjab. This test is used to determine whether there are significant differences between the means of two independent groups. This makes it suitable for testing hypotheses about differences in population means. The t-test is a parametric test, which means it assumes that the data are measured on an interval or ratio scale and that the populations from which the samples are drawn follow a normal distribution. When these assumptions are met, the t-test provides reliable results. Overall, the independent t-test is a widely used statistical method for comparative analysis due to its ability to assess differences between two groups while adhering to important statistical assumptions.

In order to test the first hypothesis of the study, **Independent sample T-test** was applied to compare Sustainable HRM practices for both (private and government hospitals) of Punjab. This test will verify if there is considerable difference in the SHRM implemented by private sector and government sector hospitals. The results of the study depict that both types of hospitals are implementing sustainable human resource management practices but private hospitals following these types of practices more prominently for securing well-being of health care professionals.

I. Descriptive Statistics (Demographic profile of respondents)

Descriptive statistics depicts the demographic details of sample taken for the present study. Percentage analysis was applied to describe the distribution demographic characteristics of sample. The demographic undertaken for the study were age, gender, qualification, experience, number of hours/per day working.

Table 4.1: Demographic profile of the respondents

Demographic	Statement	Frequency	Percent %
-------------	-----------	-----------	-----------

Gender	Male	48	10.60%
	Female	404	89.40%
Age Group	<25	130	28.80%
	25-35	251	55.50%
	35>	71	15.70%
Education	GNM/ ANM	213	47.12%
	B. Sc. Nursing	232	51.30%
	OT Diploma	3	0.66%
	PhD (Nursing)	4	0.88%
Job Experience	0 to 5 Year	300	66.30%
	5 to 10 years	99	21.90%
	10 to 15 years	36	7.90%
	15 to 20 years	16	3.50%
No. of Working hours	6-8hrs	364	80.50%
	8-10hrs	82	18.10%
	10-12hrs	6	1.30%

Source: Obtained from SPSS

Age of respondents

Table (4.1) shows the age distribution of the respondents to whom the survey questionnaire was administered. It was examined that majority of respondents falls within 25-35 years age group, which amounts to 55.5%, 28.8% are less than 25 years age group and 15.7% of respondents are above the age group of 35 years. The data shows that most of the nurses of private hospitals are from young generation and nurses more than >35 years of age are from govt. hospitals.

Gender of respondents

The above table (4.1) shows the gender distribution of the respondents to whom the survey questionnaire was administered. It was examined that 89.4% of the respondents are females and 10.6% respondents are the males. Males are less likely to pursue their careers in nursing profession.

Marital status

The above table (4.1) shows the marital status of the respondents undertaken for the sample survey. 70.8% are the unmarried respondents and 29.2 % are the respondents who are married.

Qualification of respondents

The above table (4.1) shows the frequency distribution of qualification of respondents (nursing staff) of research. The qualification of respondents has been categorized in four groups Diploma in GNM/ANM, Degree in B.Sc. Nursing, Diploma in OT, Doctorate of Nursing. It was observed that the majority of respondents who participated in the study were having degrees in Bachelor of Science (Nursing), these respondents are mostly from government hospitals, as it is necessary to have degree for pursuing career in hospitals. 47.12 % respondents are having diploma in nursing pursuing their careers in private hospitals of Punjab.

Experience in field

The above table (4.1) shows the frequency distribution of experience of respondents in the field. The overall work experience has been categorized into three groups: 0-5 years, 5-10 years, 10-15 years, and 15-20 years. From these values, it was examined that nurses are not most likely to pursue their whole careers, as 66% of them having less than 5 years' experience.

Types of hospitals

The above table (4.1) shows the number of respondents from government and private hospitals. There are 67.9% respondents are from private hospitals and 42.4 % respondents belong to government hospitals.

Number of hours working per day

The above table (4.1) shows the number of hours spent by respondents at hospitals (working hours). Time spent at workplace is divided into three categories 6-8hours, 8-10hours, and 10-12hours. It was examined thatmajority of the respondents are spending 6-8hours at their workplace. 18% of them are those who are in theirnight shift duties.

II. Bartlett's test of sphericity and Kaiser- Meyer- Olkin

The KMO test, which evaluates sample adequacy, was used to determine whether factor analysis should be applied on the given data set. All relevant data are evaluated simultaneously using the KMO and Bartlett tests. There may be significant correlation in the data if the KMO value is greater than 0.5 and the Bartlett's test significance level is less than 0.05. From table 4.2, it can be observed that KMO value is more than 0.5 and Bartlett' test indicates significant correlation in the data showing less than 0.05 values. These values are satisfactory to proceed for factor analysis further.

Table 4.2: KMO and Bartlett' Test Sustainable HRM

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.958
Bartlett's Test of Sphericity	Approx. Chi Square	7812.859
	Df	561
	Sig.	0.00

Source: SPSS (Analyze- Dimension reduction- Factor)

Table 4.3: Group statistics (Comparison of mean and Std. Deviation)

Group Statistics					
	Type	N	Mean	Std. Deviation	Std. Error Mean
SS	Private	267	4.30	0.58	0.03
	Govt.	185	3.79	0.69	0.05
STD	Private	267	4.33	0.66	0.04
	Govt.	185	3.88	0.76	0.05
SPE	Private	267	4.2	0.65	0.04
	Govt.	185	3.78	0.76	0.05
SC	Private	267	3.84	0.45	0.02
	Govt.	185	3.49	0.55	0.04
SDM	Private	267	4.32	0.57	0.03
	Govt.	185	3.83	0.72	0.05
SWLB	Private	267	4.42	0.52	0.03
	Govt.	185	4.08	0.63	0.04
SOH	Private	267	3.9	0.49	0.03
	Govt.	185	3.58	0.55	0.04

Source: Obtained from SPSS □ Compare Means □ Independent-Samples T-test

- *Type of hospital (1= Private, 2= Govt.)*
- Based on Mean values observation- it has been seen that private hospitals are implementing staffing practices more sustainably than the govt. hospitals. Mean score of (SS), (STD), (SPE), (SC), (SDM), (SWLB), (SOH) in private hospitals was (4.30), (4.33), (4.27), (3.85), (4.37), (4.42), (3.90) which was significantly higher in private hospitals than that of public hospitals which was (3.79), (3.88), (3.78), (3.49), (3.83), (4.08), (3.58).

III. Group statistics

From the table group statistics (table 4.3), significant difference between Mean and Standard Deviation is found. To test the formulated hypothesis, Independent T-test is used. The details of T test are presented in table (4.4). Results observed from significant value (Levene's test for Equality of Variances), (Lim, T. S., et al., 1996). (Gastwirth, J. L., et al., 2009) is mentioned below. To test whether the null hypothesis is accepted or not, significant value for equality of variances is observed. If the value obtained is less than 0.05, hypothesis will be accepted in that case and it can be concluded that there exists a significant difference of sustainable human resource management practices between public and private hospitals of Punjab as shown in the table (group statistics).

Table 4.4: Independent Samples Test

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig.(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
SS	Equal variances assumed	6.842	0.009	8.341	450	.000	.50	.060	.3862	.6242
	Equal variances not assumed			8.09	351.5	.000	0.50	.062	.3824	.6280
STD	Equal variances assumed	6.101	0.014	6.609	450	.000	.446	.067	.31	.579
	Equal variances not assumed			6.448	359.9	.000	.446	.069	.310	.582

SPE	Equal variances assumed	9.357	0.00 2	7.15 6	450	.000	.4814	.067	.3492 1	.6136 1
	Equal variances not assumed			6.96 7	356.84 0	.000	.481	.06910	.3455 2	.6173 0
SC	Equal variances assumed	11.86 1	0.00 1	7.21 4	450	.000	.346	.047	.251	.440
	Equal variances not assumed			6.96 1	343.6	.000	.346	.049	.24	.44
SDM	Equal variances assumed	12.15 2	0.00 1	8.12 4	450	.000	.4952	.0610	.3754	.6150
	Equal variances not assumed			7.79 6	335.53 2	.000	.4952	.0635	.3703	.6202
SWL B	Equal variances assumed	2.848	0.09 2	6.19 9	450	.000	.34120	.05504	.2330 3	.4493 7

	Equal variances not assumed			5.99 1	345.98 6	.000	.34120	.05695	.2291 9	.4532 2
SOH	Equal variances assumed	3.241	0.07 2	6.50 4	450	.000	.324	.049	.226	.422
	Equal variances not assumed	6.842		6.38 1	368.2	.000	.324	.050	.224	.424

Source: Obtained from SPSS □ Analyze □ compare means □ Independent sample T-test

IV. Levene's test for Equality of Variances

In further analysis it has been also observed that there exists a **significant difference exists between implementation of Sustainable HRM in both types of hospitals (table 4.4)**. There is significant difference of these five constructs (Sustainable staffing, sustainable training & development, sustainable performance evaluation, sustainable compensation, sustainable diversity management) in private and govt. hospitals of Punjab (t-values less than p value 0.05)

There is no significant difference among the last two constructs (sustainable work-life balance, sustainable health & safety) in private and govt. hospitals of Punjab (t-values more than p value 0.05).

Table 4.5: Overall Testing of Hypothesis

Hypothesis framed	P value	Table values	Hypothesis (Accepted/ Rejection)
There exists a significant difference between the Sustainable staffing (SS) adopted by the government hospitals and the private hospitals of Punjab.	0.05	0.009	Accepted
There exists a significant difference between the Sustainable training and development (STD) adopted by the government hospitals and the private hospitals of Punjab.	0.05	0.014	Accepted
There exists a significant difference between the Sustainable performance evaluation (SPE) adopted by the government hospitals and the private hospitals of Punjab.	0.05	0.002	Accepted
There exists a significant difference between the Sustainable compensation (SC) adopted by the government hospitals and the private hospitals of Punjab.	0.05	0.001	Accepted
There exists a significant difference between the Sustainable diversity management (SDM) adopted by the government hospitals and the private hospitals of Punjab.	0.05	0.001	Accepted

There exists no significant difference between the Sustainable work life balance (SWLB) adopted by the government hospitals and the private hospitals of Punjab.	0.05	0.092	Rejected
There exists no significant difference between the Sustainable occupational health and safety (SOH) adopted by the government hospitals and the private hospitals of Punjab.	0.05	0.072	Rejected

Source: Calculated from analysis

V. Discussion

The results pertaining to incorporation of SHRM practices in public sector hospitals and private sector hospitals imitate certain prior research findings while adding new information primarily through analysis of relationships. In our study, it was explored that there exists significant difference in SHRM in public and private sector hospitals with respect to five major practices; sustainable staffing, training and development, performance evaluation, compensation, diversity management. Previous studies supported the findings compensation plans are superior in public hospitals than private hospitals (Saxena, N., & Rai, H. 2016), (Ramatu, A. et al., 2015). Additionally, it was found that workers who were satisfied with their benefits and remuneration were also satisfied with what they were doing. Our study shows insignificant results with respect to sustainable work-life balance. Research hypothesis fails to get accepted (there exists significant difference among SHRM practices at public and private hospitals) which means that there exists no significant difference among the incorporation of SHRM practices at public and private hospitals. Our results imitate the findings from earlier studies also work life balance practices are followed similarly in both types of hospitals (Lakshmi,

K. S. et al., 2012). Additionally, with the availability of good work-life balances it will lead to skill enhancement, reduces turnover, increased job satisfaction level, commitment, dedication and positive

healthcare provisions at large. Employee feels satisfied with good work-life balances but there may be a casewhere experienced feels balanced at their life then a new comer at training level.

The literature supports that work-life balances practices are associated with certain factors such as age, experience, burnout and work stress (Ningthoujam, S., et al., 2021). From the analysis of our research study, work-life balance and occupational health and safety are the practices for which hypothesis is failed to get accepted, which meant these practices are incorporated similarly in both types of hospitals. In both types of hospitals, practices maintaining a balance between personal and professional lives are being followed such as;flexible work arrangement, family- friendly policies and employee assistance programs. Following these practices help employees to manage their personal and professional commitments and promoting well-being. Similarly, both public and private hospitals follow practices such as; workplace health safety programs, implementing wellness programs and fostering a healthy work environment for the well-being of health care professionals.

In the concluding paragraph, it can be said that analysis of the data gives us valuable insights into how sustainable human resource management is used in public and private hospitals. We found both similarities and differences in how SHRM is applied in these sectors. Our analysis shows how these practices affect how happy employees are and how well hospitals perform. These findings help us better understand how effective SHRM is in healthcare and why it's important to customize approaches for public and private hospitals. This analysis will guide our next steps in discussing and suggesting ways to improve SHRM practices in the healthcare field.

CHAPTER 5

INFLUENCE OF SUSTAINABLE HUMAN RESOURCE MANAGEMENT ON EMPLOYEE WELL-BEING OF HEALTH CARE PROFESSIONALS

5.1 Introduction

This chapter presents the analysis of data focused on studying the impact of sustainable human resource management (SHRM) on employee well-being in hospitals. The primary objective is to examine how SHRM practices influence overall well-being among hospital staff. The data analysis will delve into specific aspects of SHRM implementation, exploring its effects on employee morale, productivity, and retention rates. By investigating these relationships, this chapter aims to provide valuable insights into how SHRM initiatives can contribute to creating healthier and more supportive work environments within hospitals.

This chapter deals with the assessment of SHRM influencing EWB of HCP's. There are different dimensions of SHRM having its influence on employee well-being. SHRM focuses upon functions of management, that enhance well-being of employees other than making money and profits only. Sustainable HRM revolves around soft matters such as: portraying sincerity towards employees, including giving satisfactory work environment, supporting development prospectus, as well as considerate towards physical and psychological well-being at workplace (Rubel, M. R. 2022). The present research has also enriched the existing literature with exploring the impact of SHRM on different aspects of well-being such as: LWB, WWB and PWB. Exploring relationship between these constructs are very necessary for examining the most contributing and least contributing factors in SHRM and also for examining the most and least influenced dimensions of well-being in the study. To achieve the objective 2 of the study, data has been gathered from 452 respondents from public and private hospitals of Punjab. The present study used an adapted scale, consisting 34 statements of SHRM, 15 statements of EWB, 9 statements of OC, and 8 statements of JS. The reliability, validity of scales has been performed reflected with Cronbach alpha values 0.915 (SHRM) and 0.87 (EWB) which are well above the acceptable limits. In the later stages, PLS-SEM using Smart PLS (version 4) was deployed to assess the measurement and structural models following a two-step approach (Validation of outer models (measurement), scrutiny of inner models (Structural relation between latent constructs)). Following objective is constructed on the basis of detailed literature

review:-

Objective 2: To study the effects of Sustainable Human Resource Management practices on the Well-Being of health care professionals.

H1a: Sustainable Human Resource Management practices have a significant positive effect on the Life Well-Being of health care professionals in the hospitals.

H1b: Sustainable Human Resource Management practices have a significant positive effect on the Workplace Well-Being of health care professionals in the hospitals.

H1c: Sustainable Human Resource Management practices have a significant positive effect on the Psychological Well-Being of health care professionals in the hospitals.

The following procedure is followed for the attainment of this objective: -

1. KMO and Bartlett's test of Sphericity
2. Tested Common Method Variance (Harman's Single factor test)
3. Face validity, Content Validity
4. Validating Lower Order Construct
 - a. Outer loadings
 - b. Reliability test
 - c. Convergent Validity
 - d. Discriminant Validity
 - e. Multicollinearity
5. Assessing Higher-Order Construct (Reflective-Formative approach)
6. Scrutiny of inner models (Structural relation between latent constructs).
 - a. Path Coefficients
7. Testing Hypothesis
8. Discussion

I. Bartlett’s test of sphericity and Kaiser- Meyer- Olkin

KMO test is a measure of sample adequacy was used to assess the appropriateness of using factor analysis on the data set. The KMO and Bartlett test evaluate all available data together. A KMO value over 0.5 (Iskamto, et al., 2020), Thao, N. T. P., et al., 2022) and significance level for Bartlett’s test below 0.05 (Arsham, H., & Lovric, M. (2011) suggests there is substantial correlation in the data. From table 5.1 and 5.2 it can be observed that KMO value is more than 0.5 and Bartlett’ test indicates significant correlation in the data showing less than 0.05 values. These values are satisfactory to proceed for factor analysis further.

Table 5.1: KMO and Bartlett’ Test Sustainable HRM

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.958
Bartlett's Test of Sphericity	Approx. Chi- Square	7812.859
	Df	561
	Sig.	0.00

Source: Obtained from SPSS (Analyze- Dimension reduction- Factor)

Table 5.2: KMO and Bartlett’ Test Employee Well-Being

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.938
Bartlett's Test of Sphericity	Approx. Chi-Square	3450.104
	Df	105
	Sig.	0.00

Source: Obtained from SPSS (Analyze- Dimension reduction- Factor)

II. Common Method Variance

In applied social sciences research, common method variance means while measuring the behaviours, opinions and perceptions the answers of the respondents can vary (based on respondents' situation, context or the way you develop/ write the questions. If the answers vary, it is known as common method variance. Most of the researchers agree that CMV is a potential problem in behavioral research. Harman' single factor test was conducted to assess common method bias is one of the most widely used technique to dress the issue of CMV (Dousin, 2017). The test revealed that a single factor solution only explained 36.43% of the total variance, which is notably below the threshold value of 50%. The result indicates that common method bias is not a serious problem in this study. Table 5.3 shows results of CMV for the study.

Table 5.3: Common Method Variance

Factors	Extraction Sum of Square loadings		
	Total	%age of Variance explained	% Cumulative
	24.047	36.435	36.435

Source: Obtained from SPSS software (Dimension Reduction-Factor analysis)

III. Content and Face Validity (Reliability statistics)

For the Data reliability and validity check- Cronbach's Alpha test (Personal & Archive, 2020) and Compositereliability test is performed on the fifty questionnaires 10% of sample size (Connelly, 2008). Data collection was done through personal visits to the hospitals and distributed through Google forms also. After the collection of data for pilot survey, Cronbach's alpha test is performed through the use of SPSS software as depicted from table (5.4).

Table 5.4: Reliability of the instrument

Sr. No.	Variables under study	Total No. of items included	Cronbach's Alpha	Scale type	Consistency
1	Reliability statistics of Sustainable Human Resource Management (SHRM) scale	34	0.915	5-point Likert scale	Excellent
2	Reliability statistics of Employee Well- Being (EWB) scale	15	0.873	5-point Likert scale	Good
3	Reliability statistics of Organizational Commitment (OC) scale	9	0.810	5-point Likert scale	Good
4	Reliability statistics of Job Satisfaction (JS) scale	8	0.810	5-point Likert scale	Good

Source: Overall reliability of all variable from SPSS software

IV. Structural Equation Modelling (Measurement Model)

Smart PLS is particularly useful when dealing with complex relationships between variables. It handles situations where there are multiple variables influencing each other in a non-linear or intricate manner. Unlike traditional regression analysis, Smart PLS is robust when assumptions like normality of data or sample size requirements are not fully met. This flexibility makes it suitable for a wider range of datasets and research scenarios. It allows for path modelling, where you can specify and test direct and indirect effects of variables. This is crucial when you want to understand not just the direct impact of one variable on another, but also how this impact might be mediated through other variables in the model.

Measurement model assess the reliability and validity of the constructs. The structural model is concerned with the influence and significance between constructs. The term 'full structural model' means that the measurement model and structural relationships of each construct are included in the model testing. It was also computed that how each of the statement loads significantly on its parent construct. With respect to the measurement model in the figure 5.1, arrows between blue circles and yellow boxes show measurement models that is the reliability and validity of constructs. Arrows between blue circles show structural models. A path coefficient indicates the direct effect of a variable assumed to be a cause (Sustainable Human Resource Management) on other variable (Employee Well-Being) assumed to be an effect. It indicates whether the variable has a direct effect of another variable assumed to be effect these are standardized because they are estimated from correlation. To conduct a path analysis, simply write the names of the variable in the square boxes and connect the square boxes with arrows.

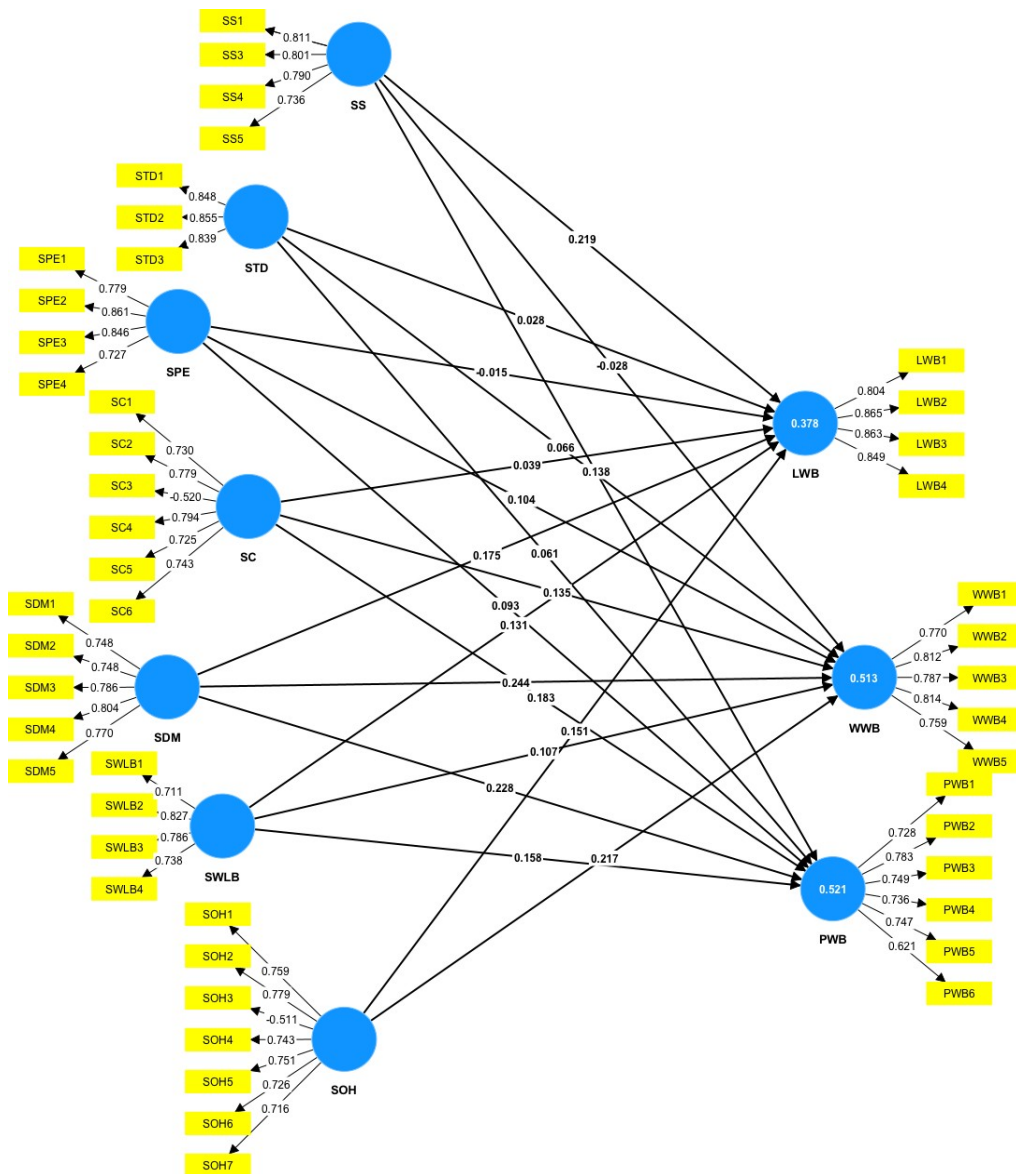
The next step in the analysis is to assess the hypothesized relationships. First, direct relationships were tested. For this, PLS-SEM involves examination of the measurement models. The first step in reflective measurement model assessment involves checking robustness check to support the stability of results. Measurement model assess the reliability (is a measure of stability or consistency of test scores/ whether the results can be reproduced under same conditions) and validity (how well the results among the study participants represent true findings among similar individuals outside the study/ whether results really do represent what the supposed to measure) of the constructs (Ong & Puteh, 2017). After showing the validity of

measurement model, the researcher can proceed towards to the structural model. The structural model is concerned with the influence and significance between constructs. The term 'full structural model' means that the measurement model and structural relationships of each construct are included in the model testing (Kwong-Kay, 2013). One has to follow the following steps in order to perform PLS-SEM: *Import data file in the software (CSV format) > Create model (PLS) > Click Calculate > Select PLS SEM algorithm > Select 'Factor' > Start Calculation*

V. Validating Lower-Order Construct

In our study, the exogenous and endogenous latent variables having various lower-order constructs which may complicate the analysis of the results. In some instances it may happen that the constructs which are going to be measured are complex in nature (Ringle, C. & Hair, J. 2014). Instead of modelling the sub-constructs of latent variables (SHRM) as a single construct layer higher-order modelling involves summarizing lower-order constructs (LOC) into a single multidimensional higher-order-construct (HOC) or Hierarchical Component Models (HCM). The three main reasons for the inclusion of HOC in PLS-SEM. Firstly, researcher can reduce the number of relationships in the structural model (making it more understanding). Second, HOC are only valuable when the constructs are highly correlated; discriminant validity may not be established, collinearity issues are there, HOC may resolve these issues. Thirdly, HOC can also prove valuable if formative indicators exhibit higher level of correlation (Mevik & Wehrens, 2007).

Figure 5.1: Structural Model (Validating lower-order constructs)



Source: Computed from Smart PLS (Select Calculate>Click Bootstrapping> Click path> Start Calculation)

OUTER LOADINGS

An outer loading represents the reflective measurement model (arrows from latent variable to its indicators) which highlights that whether every factor loads on its parents construct. They determine an items absolute contribution to its assigned construct. Outer loadings the loadings every factor on its parent constructs which should be more than 0.70 (Hair et al., 2013). In our study, the results of factor loadings depicts a good fit. A value above 0.5 is taken as acceptable and for factors having value less than 0.50 needs to be discarded (Chin, 1998). The outer

loadings value of PWB6, SC3, SOH3 are non-contributory item and therefore discarded from the further analysis. The factor loadings express simple correlation between a factor and its indicators. Higher the loading, more important is an important is to the factor. Ideally, the factor loadings should be greater than

6. But in case of large sample, factor loadings above 0.5 or 0.4 are acceptable. From the tables (5.5) it can be observed that almost all the factor loadings are greater than 0.7, which is excellent. The data fits the model. The factor loadings of sustainable staffing, sustainable training and development, sustainable performance evaluation, sustainable compensation, sustainable diversity management, sustainable work-life balance and sustainable occupational health and safety ranged between 0.73-0.81, 0.83-0.85, 0.72-0.86, 0.70-0.79, 0.74- 0.80, 0.71-0.82 and 0.71-0.77. The factor loadings of life well-being, psychological well-being, workplace well-being ranged between 0.80- 0.86, 0.71- 0.78 and 0.75-0.81. The results of factor loadings are presented through following tables: -

Table 5.5: Factor loadings, Cross loadings, VIF, Composite Reliability, AVE (SS, STD, SPE, SC, SDM,SWLB, SOH) and (LWB, WWB, PWB)

Constructs	Indicators	Outer loadings	Cross Loadings	VIF	Alpha	Composite Reliability	AVE
Sustainable Staffing	SS1	0.775	0.775	1.722	0.842	0.888	0.613
	SS2	0.812	0.812	1.947			
	SS3	0.801	0.801	1.842			
	SS4	0.79	0.79	1.813			
	SS5	0.736	0.736	1.583			
Sustainable Training and Development	STD1	0.848	0.848	1.775	0.803	0.884	0.718
	STD2	0.855	0.855	1.818			
	STD3	0.838	0.838	1.634			
Sustainable	SPE1	0.779	0.779	1.658	0.817	0.88	0.684

Performance Evaluation	SPE2	0.861	0.861	2.105			
	SPE3	0.847	0.847	2.032			
	SPE4	0.727	0.727	1.49			
Sustainable Compensation	SC1	0.733	0.733	1.584	0.818	0.873	0.579
	SC2	0.791	0.791	1.81			
	SC4	0.799	0.799	1.863			
	SC5	0.731	0.731	1.679			
	SC6	0.748	0.748	1.556			
Sustainable Diversity Management	SDM1	0.748	0.748	1.619	0.83	0.88	0.595
	SDM2	0.748	0.748	1.599			
	SDM3	0.785	0.785	1.757			
	SDM4	0.805	0.805	2.125			
	SDM5	0.771	0.771	1.923			
Sustainable Work-Life Balance	SWLB1	0.713	0.713	1.385	0.765	0.851	0.588
	SWLB2	0.827	0.827	1.752			
	SWLB3	0.785	0.785	1.572			
	SWLB4	0.737	0.737	1.385			
Sustainable	SOH1	0.77	0.77	1.853	0.847	0.887	0.566

Occupational Health and Safety	SOH2	0.781	0.781	1.883			
	SOH4	0.753	0.753	1.691			
	SOH5	0.759	0.759	1.688			
	SOH6	0.735	0.735	1.715			
	SOH7	0.715	0.715	1.619			
Life Well-Being	LWB1	0.803	0.803	1.774	0.867	0.909	0.715
	LWB2	0.865	0.865	2.168			
	LWB3	0.863	0.863	2.368			
	LWB4	0.849	0.849	2.258			
Psychological Well-Being	PWB1	0.736	0.736	1.592	0.816	0.872	0.577
	PWB2	0.797	0.797	1.847			
	PWB3	0.776	0.776	1.741			
	PWB4	0.755	0.755	1.643			
	PWB5	0.731	0.731	1.467			
Workplace Well-Being	WWB1	0.77	0.77	1.696	0.848	0.891	0.622
	WWB2	0.812	0.812	1.951			
	WWB3	0.787	0.787	1.851			

	WWB4	0.814	0.814	1.905		
	WWB5	0.76	0.76	1.621		

Source: Computed from Smart PLS (Select Calculate> Click Factor> Start Calculation)

CONSTRUCT RELIABILITY

The reliability of the construct items is the final step in determining construct validity. The magnitude to which an instrument generates consistent effects over a time is known as internal consistency and reliability. There are various measures to examine the reliability of the constructs. Composite reliability is considered as the more appropriate measure of internal consistency as compared to Cronbach's alpha, because it uses the actual loadings while calculating CR co-efficient. A CR value of at least 0.70 (acceptable range between 0.60-0.70) is considered as a good indicator of internal consistency (Hair et al., 2013), (Fawad, Pérez, & Farooq, 2020). Smart PLS was used to calculate Composite reliability and Cronbach's alpha values for the construct. The results of reliability for the items are presented in (table 5.5). The Average Variance Explained (AVE) and CRs were all higher than or close to 0.50 and 0.70 respectively. In order to establish discriminant validity there is need for an appropriate AVE (Average Variance Explained). In AVE analysis, we tests to see if the squareroot of every AVE value belonging to each latent construct is much larger than any correlation among any pair of latent constructs. AVE should be greater than 0.50 for all the constructs so convergent validity was approved, to provide the utilization of the factor (Fornell & Larcker, 2014), (Ab Hamid, Sami, & Mohmad Sidek, 2017).

CONSTRUCT VALIDITY

Convergent Validity

Convergent validity is assessed through AVE values. The Average Variance Explained (AVE) values are higher than or close to 0.50 and 0.70 respectively. In AVE analysis, we tests to see if the square root of every AVE value belonging to each latent construct is much larger than any correlation among any pair of latent constructs. AVE should be greater than 0.50 for all the constructs so convergent validity was approved, to provide the utilization of the factor (Fornell & Larcker, 2014), (Ab Hamid et al., 2017). AVE values are also more than 0.50, indicating constructs have formed convergent validity table (5.5). Hence, all variables used in

the construct are reliable, this indicates strong reliability.

Discriminant validity

Next, Discriminant validity is a subtype of construct validity. In other words, it shows you how well a test measures the concept it was designed to measure. Discriminant validity specifically measures whether constructs that theoretically should not be related to each other, in fact, unrelated. It measures the differentiation in the constructs; prove statistically that they are different. There are different through which discriminant validity can be measured: Heterotrait-Monotrait Ratio (Ab Hamid, M. et al., 2017), Cross loadings, Fornell and Larcker criterion. DV (cross loadings) is depicted from the tables (5.5). Discriminant validity was assessed through cross loadings. It was observed that all the factor loadings are greater than their cross loadings.

Discriminant authenticity can be assessed in many ways. Discriminant validity is a measure of construct's uniqueness. When the shared variance inside a construct (AVE) exceeds shared variance between the constructs, discriminant validity is shown. HTMT ratio of correlations is a approach required to be used. HTMT is a modern method for evaluating discriminant validity of PLS structural equation modelling, which is a critical component of model evaluation. Previous methods to discriminant validity test, such as Fornell- Larcker criteria and cross loadings, are generally unable to discern the loss of discriminant validity. From the table (5.6), it can be observed that HTMT values of sustainable human resource management and employee wellbeing are less than threshold value 0.85 by (Kline, 2011) and 0.90 by (Gold and Malhotra, 2001) which demonstrates proper discriminant validity. These findings confirmed good internal consistency and the convergent validity of the measurement model.

Table 5.6: Discriminant Validity (Heterotrait-Monotrait Ratio)

	LWB	PWB	SC	SDM	SOH	SPE	SS	STD	SWLB	WWB
--	-----	-----	----	-----	-----	-----	----	-----	------	-----

LWB										
PWB	0.818									
SC	0.6	0.763								
SDM	0.634	0.767	0.844							
SOH	0.605	0.759	0.807	0.815						
SPE	0.548	0.725	0.847	0.776	0.736					
SS	0.626	0.725	0.841	0.807	0.748	0.872				
STD	0.551	0.674	0.804	0.787	0.783	0.781	0.805			
SWLB	0.567	0.695	0.714	0.739	0.735	0.683	0.648	0.611		
WWB	0.777	0.924	0.731	0.762	0.735	0.684	0.643	0.664	0.661	

Source: Computed from Smart PLS (Select Calculate> Click Factor> Start Calculation)

MULTICOLLINEARITY

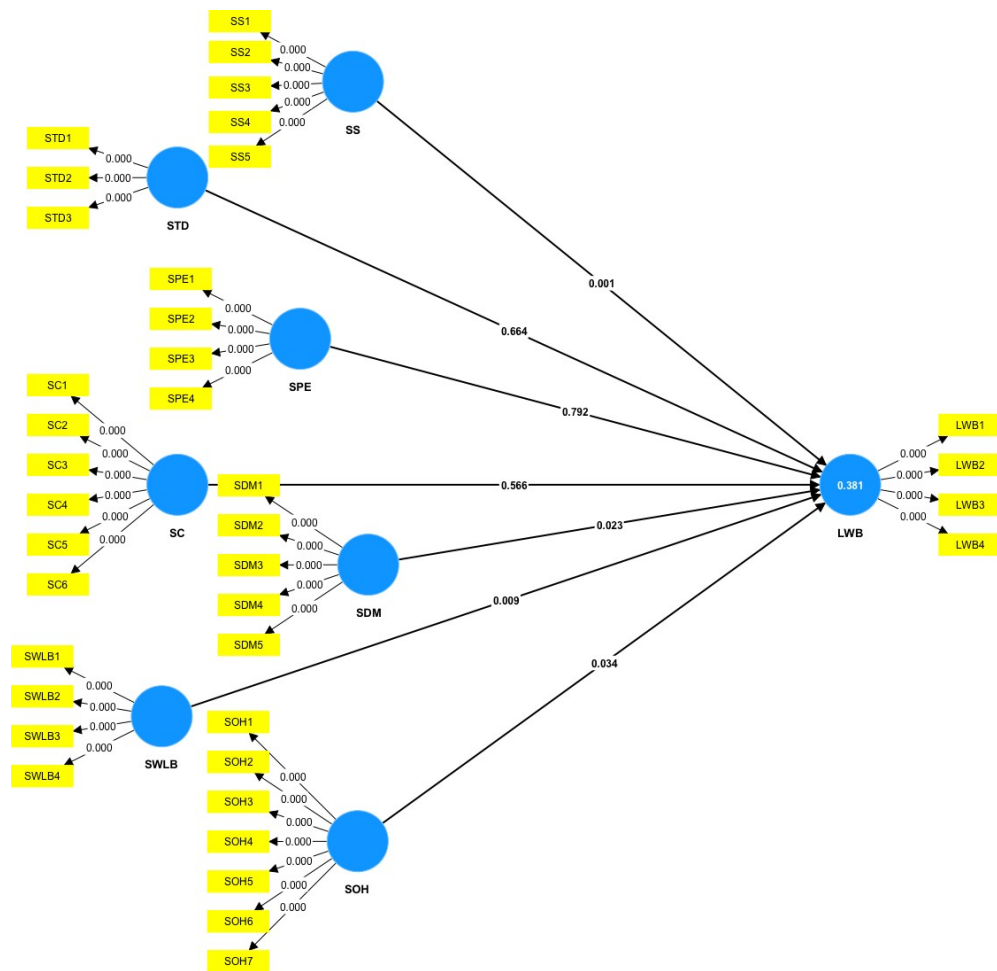
Multicollinearity occurs when two or more independent variables strongly correlated, implying that one or more independent variables may be estimated linearly by one or more independent variables. The Variance Inflation Factor (VIF) is a statistical test; we need VIF of 5 or low as rule of thumb (Hair, et al., 2011). However, VIF value mentioned should be less than 3, which can be considered as an indicative of collinearity (Risher, 2018). Table (5.5) lists out multicollinearity values for sustainable HRM factors and employee well-being factors, all the values are less than 3 indicating data has no collinearity issues.

VI. ASSESSMENT OF STRUCTURAL MODEL (INNER MODEL)

The structural models presented for evaluation in figures 5.2; 5.3; 5.4, stating Employee well-being (Life well-being, Workplace well-being and Psychological well-being) are the endogenous variables. Sustainable human resource management (sustainable staffing, sustainable training and development, sustainable performance evaluation, sustainable compensation, sustainable diversity management, sustainable work-life balance and

sustainable occupational health and safety) are the exogenous variables. The analysis involved testing the coefficient of determination (R²) and structural model path coefficient. The examination was carried out to study the influence of different sustainable human resource management practices on the well-being of healthcare professionals. Hypothesis was tested by running a bootstrapping procedure with a re-sample of 5000, as suggested by (Hair et al., 2014).

Figure 5.2: Structural model (Sustainable Human Resource Management (SHRM) has significant positive effect on Life Well Being (LWB))



Source: Computed from Smart PLS (Click Calculate > Select Bootstrapping> Select 'Path' > Start Calculation)

Table 5.7: Path coefficients of Inner model- Sustainable HRM has significant impact on Life well-being of Health Care Professionals (Hypothesis 1a)

Path Co-efficient	Original sample (O)	Sample mean(M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
SC -> LWB	0.038	0.042	0.067	0.574	0.566
SDM -> LWB	0.17	0.169	0.075	2.281	0.023
SOH -> LWB	0.15	0.144	0.071	2.12	0.034
SPE -> LWB	-0.017	-0.011	0.064	0.264	0.792
SS -> LWB	0.224	0.217	0.067	3.324	0.001
STD -> LWB	0.026	0.025	0.06	0.435	0.664
SWLB -> LWB	0.142	0.148	0.054	2.635	0.009

Source: Computed from smart PLS (Click Calculate > Select Bootstrapping> Select 'Path' > Start Calculation)

Hypothesis testing

H1a: Sustainable Human Resource Management has significant positive effect on life well-being of health care professionals.

The hypothesis evaluates that sustainable human resource management has significant positive impact on well-being. The value for adjusted R-Square for well-being for sustainable HRM is 0.381, which means 38.1% explained variation in life well-being is caused by different sustainable HRM practices. The results revealed (table 5.7) that

sustainable staffing ($\beta = 0.038$, $t = 0.574$, $p < 0.05$), sustainable diversity management ($\beta = 0.017$,

$t = 2.281$, $p < 0.05$), sustainable work-life balance ($\beta = 0.142$, $t = 2.635$, $p < 0.05$) and sustainable occupational health and safety ($\beta = 0.15$, $t = 2.12$, $p < 0.05$) has significant impact on life well-being of healthcare professionals. While, sustainable training and development ($\beta = 0.026$, $t = 0.435$, $p > 0.05$), sustainable performance evaluation ($\beta = -0.17$, $t = 0.264$, $p > 0.05$) and sustainable compensation ($\beta = 0.038$, $t = 0.674$, $p > 0.05$) does not have significant impact on life well-being. Hence, H1a is supported.

Figure 5.3: Structural model (Sustainable Human Resource Management (SHRM) has significant positive effect on Workplace Well Being (LWB))



Source: Computed from smart PLS (Click Calculate > Select Bootstrapping> Select 'Path' > StartCalculation)

Table 5.8: Path coefficients of Inner model- Sustainable HRM has impact on Workplace well-Being of HealthCare Professionals (Hypothesis 1b)

Path Co-efficient	Original sample (O)	Sample mean(M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
SC -> WWB	0.136	0.14	0.064	2.125	0.034
SDM -> WWB	0.245	0.241	0.065	3.776	0
SOH -> WWB	0.216	0.218	0.066	3.271	0.001
SPE -> WWB	0.108	0.111	0.059	1.817	0.05
SS -> WWB	-0.031	-0.032	0.063	0.485	0.627
STD -> WWB	0.065	0.061	0.055	1.172	0.242
SWLB -> WWB	0.107	0.108	0.048	2.219	0.027

Source: Computed from smart PLS (Click Calculate > Select Bootstrapping> Select 'Path' > StartCalculation)

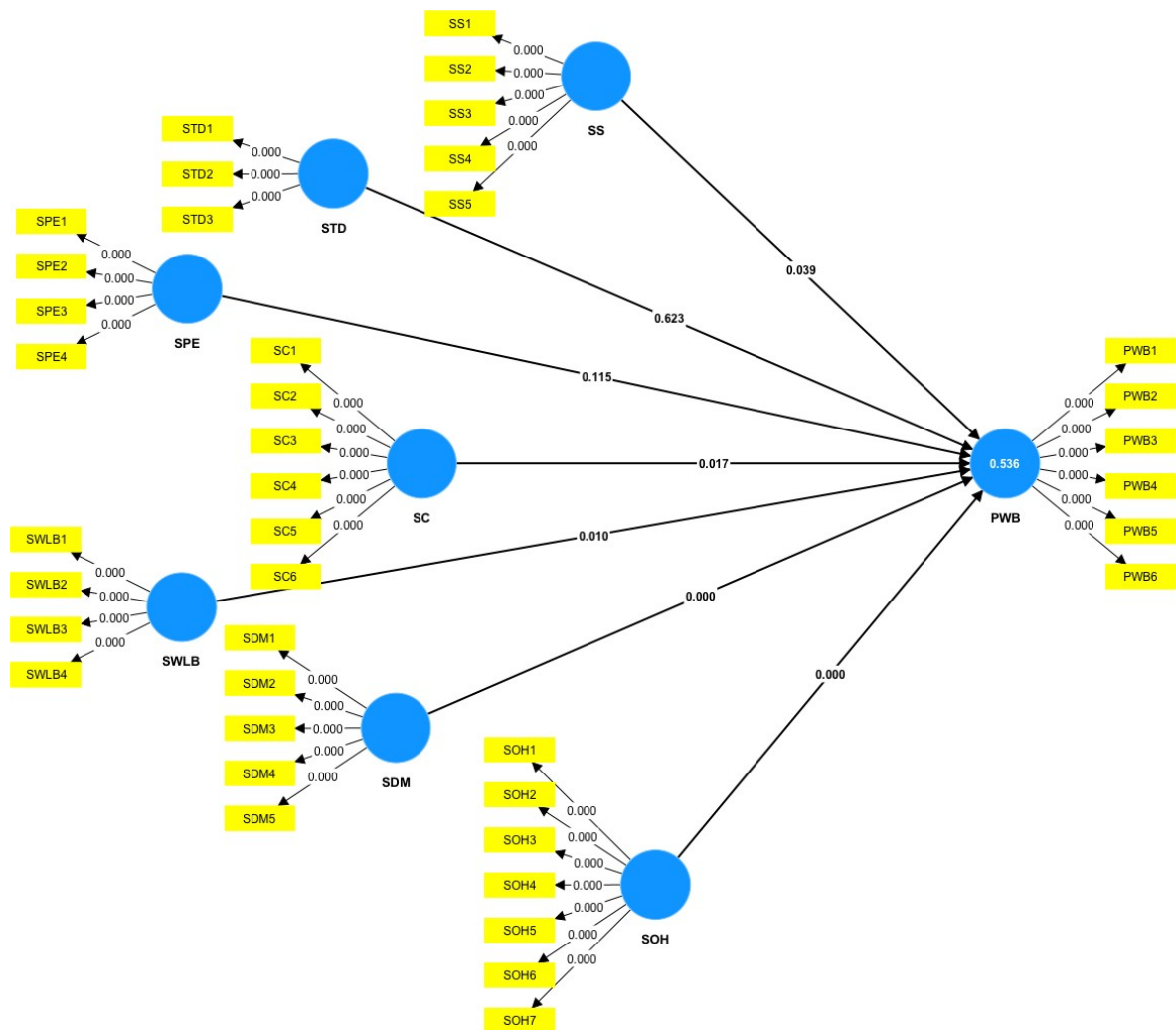
Hypothesis testing

H1b: Sustainable Human Resource Management has significant positive effect on workplace well-being of health care professionals.

The hypothesis evaluates that sustainable human resource management has significant positive impact on well-being. The value for adjusted R-Square for well-being for sustainable HRM is 0.514, which means 51.4% explained variation in workplace well-being is caused by different sustainable HRM practices. The results (table 5.8) revealed that sustainable performance evaluation ($\beta = 1.08$, $t = 1.817$, $p < 0.05$) and sustainable compensation ($\beta = 0.136$, $t = 2.215$, $p < 0.05$), sustainable diversity management ($\beta = 0.245$,

$t = 3.776, p < 0.05$), sustainable work-life balance ($\beta = 0.107, t = 2.219, p < 0.05$) and sustainable occupational health and safety ($\beta = 0.216, t = 3.271, p < 0.05$) has significant impact on life well-being of healthcare professionals. While, sustainable staffing ($\beta = -0.031, t = 0.485, p > 0.05$) and sustainable training and development ($\beta = 0.065, t = 1.172, p > 0.05$) does not have significant impact on life well-being. Hence, H1b is supported.

Figure 5.4: Structural model (Sustainable Human Resource Management (SHRM) has significant positive effect on Psychological Well Being (PWB))



Source: Computed from smart PLS (Click Calculate > Select Bootstrapping> Select 'Path' > StartCalculation)

Table 5.9: Path coefficients of Inner model- Sustainable HRM has impact on Psychological well-Being of Health Care Professionals (Hypothesis 1c)

Path Co-efficient	Original sample (O)	Sample mean(M)	Standard deviation (STDEV)	T statistics ((O/STDEV))	P values
SC -> PWB	0.141	0.141	0.059	2.381	0.017
SDM -> PWB	0.184	0.184	0.05	3.688	0
SOH -> PWB	0.2	0.198	0.052	3.831	0
SPE -> PWB	0.083	0.084	0.053	1.577	0.115
SS -> PWB	0.123	0.121	0.059	2.067	0.039
STD -> PWB	0.023	0.024	0.046	0.491	0.623
SWLB -> PWB	0.118	0.121	0.046	2.574	0.01

Source: Computed from smart PLS (Click Calculate > Select Bootstrapping> Select 'Path' > Start Calculation)

Hypothesis testing

H1c: Sustainable Human Resource Management has significant positive effect on psychological well- being of health care professionals.

The hypothesis evaluates that sustainable human resource management has significant positive impact on well-being. The value for adjusted R-Square for well-being for sustainable HRM is 0.536, which means 53.6% explained variation in psychological well-being is caused by different sustainable HRM practices. The results revealed (table 5.9) that sustainable staffing ($\beta = 0.123$, $t = 2.067$, $p < 0.05$), sustainable performance evaluation ($\beta = 0.087$, $t = 1.577$, $p < 0.05$) and sustainable compensation ($\beta = 0.141$, $t = 2.381$, $p < 0.05$), sustainable diversity management ($\beta = 0.184$, $t = 3.688$, $p < 0.05$), sustainable work-life

balance ($\beta = 0.118$, $t = 2.574$, $p < 0.05$) and sustainable occupational health and safety ($\beta = 0.2$, $t = 3.831$, $p < 0.05$) has significant impact on life well-being of healthcare professionals. While, sustainable training and development ($\beta = 0.023$, $t = 0.491$, $p > 0.05$) does not have significant impact on life well-being. Hence, H1c is supported.

Table 5.10 Summary of Hypothesis Testing

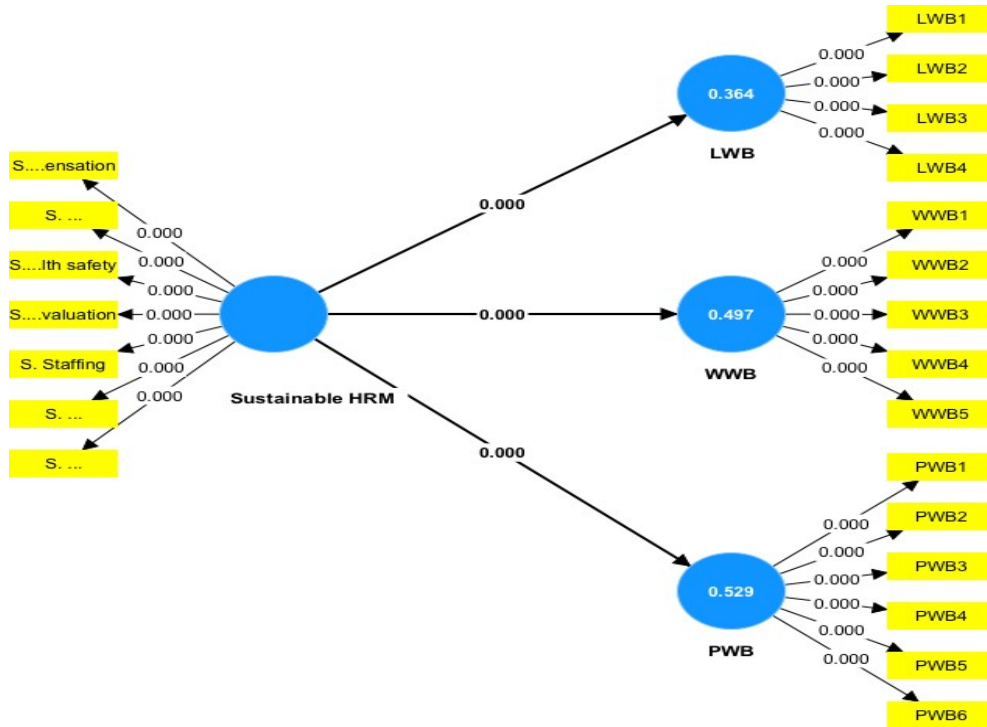
Hypothesis Studied		P Value	Accepted/ Rejected
H1a:	Sustainable Human Resource Management practices have a significant positive effect on the Life Well- Being of health care professionals in the hospitals.	0.00	Accepted
H1b:	Sustainable Human Resource Management practices have a significant positive effect on the Workplace Well- Being of health care professionals in the hospitals.	0.00	Accepted
H1c:	Sustainable Human Resource Management practices have a significant positive effect on the Psychological Well-Being of health care professionals in the hospitals.	0.00	Accepted

VII. TESTING HYPOTHESIS

While evaluating higher-order models, the same evaluation applies as for any PLS-SEM analysis (Chin, 2010). However, higher-order constructs need to consider two additional measurement models for which the evaluation criteria apply: First, the measurement model of the lower-order components. Second, the measurement model of the higher-order constructs as a whole, represented by the relationship between the

higher-order component and its lower- order components. The disjoint two-stage approach is used to test reflective-formative approach. Since, all criterion is met, the HOC validity was established.

Figure 5.5: Structural model SHRM> EWB



Source: *Computed from smart PLS (Smart PLS> Click calculation> PLS algorithm/ Bootstrapping> startcalculation)*

Table 5.11: Structural model (SHRM has positive effect on EWB)

Path Coefficient	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics ((O/STDEV))	P values
Sustainable HRM > LWB	0.604	0.603	0.036	16.838	0
Sustainable HRM > PWB	0.727	0.727	0.03	23.887	0
Sustainable HRM > WWB	0.705	0.705	0.029	24.57	0

Source: Computed from (Smart PLS> Click calculation> PLS algorithm/ Bootstrapping> start calculation)

VIII. DISCUSSION

In light to the hypothesis under study, (table 5.11) and (figure 5.5) represents that all the hypothesis is accepted indicating that Sustainable HRM practices have positive effect on Well-being of employees (Sorribes et al., 2021). Results pertaining to the impact of SHRM on EWB imitates the prior research findings while adding new information through analysis. The results obtained from the analysis stated that well-being of health care professionals is positively affected by adoption of sustainable human resource management. Authors in their prior research highlights the findings that Sustainable human resource management and common good values together contributes towards employee well-being and employee performance (Y. Lu, Lu, Zhang, & Yang, 2022). The combination of sustainable human resource management and common good values leads to increased employee resilience, that in turn promotes higher level of work engagement among employees; a step towards creating sustainable organizations. Whereas, one of the authors also suggested that there are some combination of sustainable practices have found to be effective in improving well-being of staff, while other have no or less effect on well-being of professionals as supported by (Yusof et al., 2022). The leading factors that emerged as influence on well-being of employees are- recruitment, training and development, work-life balance, diversity management and occupational health and safety. Studies supporting SHRM (recruitment and selection, training and development, performance

appraisal and compensation having effect on employee performance, they also created organizational commitment as moderator which significantly and positively linked the sustainable HRM with employee satisfaction and performance (Malik, 2020). Moreover, Sustainable HRM practices have been linked to enhanced psychological well-being, including higher job satisfaction, increased motivation, and improved emotional well-being (Skarlicki & Folger, 2022).

Therefore, taking into account individuals results of sustainable HRM practices (such as sustainable diversity management, sustainable work-life balance, sustainable occupational health and safety) affects more generally well-being of health care professionals. Another study has evaluated that among three practices such as diversity management, organizational justice, work-life balance and results depicted that work life balance has greatest significant impact on employee satisfaction and overall performance of organization (H. Lee & Lee, 2019). Moreover, the study also in line with the view 'human resources' are the backbone of organization; who can strength sustainable management in the organizations. The present study findings are also consistent with the findings of (Info et al., 2021), in which they have explored a relationship between sustainable HRM practices, employee well-being, organizational trust and engagement and job satisfaction. Similarly, study findings also echo the same conclusion that ensuring well-being based on sustainable HRM principles stimulates critical thinking, demonstrates positive social behaviour and effective performance of employees. A study conducted on three companies also demonstrated similar results that successful incorporation of sustainable HRM practices will leads towards well-being of employees (long careers, motivated employees, overall well-being, feeling of dignity and respect, lower turnover and equal treatment). A believe in values such as "Treat people like you would like to be treated", "Ensuring well-being at priority", "Everyone if equally valuable as human beings" will be considered as strongest guiding principles. Earlier studies also supported the similar findings where sustainable human resource management practices are leading towards indirect impact on eudaimonic well-being and creative performance (Villajous, E. et al., 2019). Achieving eudaimonic well-being will eventually leads to employee development and full potential. Well-being oriented HRM practices increases the development of resilience and subsequent employee performance at workplace (Cooper, B. et al., 2019).

In the era of corporate social responsibility and heightened awareness of the importance of

employee well-being, organizations that prioritize sustainable HRM practices are better positioned to thrive. Sustainable HRM is not merely a strategic trend but a strategic imperative for businesses aiming to remain competitive, attract top talent, and contribute positively to society. However, it's important to acknowledge that the journey towards sustainable HRM and improved well-being is an ongoing process that demands commitment, adaptability, and a deep understanding of the unique context of each organization. Organizations that foster employee well-being through sustainable HRM practices create a virtuous cycle that not only benefits their workforce but also contributes to a more sustainable and prosperous future for all stakeholders. In the years to come, the landscape of HRM and sustainability will undoubtedly continue to evolve. Researchers and practitioners alike must remain vigilant and proactive in exploring innovative strategies and best practices to ensure that organizations are well-equipped to address emerging challenges while enhancing employee well-being.

In nutshell, this data analysis chapter sheds light on the impact of sustainable human resource management on employee well-being in hospitals. The findings highlight the positive effects of SHRM practices on enhancing life well-being (LWB), psychological well-being (PWB) and workplace well-being (WWB). The analysis underscores the importance of implementing tailored SHRM strategies that address the unique needs of hospital employees. These insights contribute to a better understanding of how SHRM can be leveraged to foster a supportive and conducive workplace culture in healthcare settings. Moving forward, these findings will inform recommendations for optimizing SHRM practices to further enhance employee well-being across hospitals.

CHAPTER 6

INFLUENCE OF EMPLOYEE WELL-BEING ON ORGANIZATIONAL COMMITMENT AND JOB SATISFACTION OF HEALTHCARE PROFESSIONALS

This chapter presents the analysis of data focused on examining the impact of employee well-being on the commitment and satisfaction of healthcare professionals. The study aims to explore the influence of well-being on the commitment levels and job satisfaction of healthcare professionals. By analyzing this data, the chapter seeks to uncover the relationships between employee well-being and organizational outcomes in healthcare settings. Understanding these dynamics is crucial for developing strategies to enhance employee commitment and satisfaction within the healthcare sector.

6.1 Introduction

This chapter presents a detailed analysis of the relationship between EWB and OC. The main aim of this chapter is to understand the factors of EWB influencing the commitment level of healthcare professionals. It is essential to assess the relationship between these variables as past studies have validated that when a person feels higher psychological and physical WB at the workplace, they firmly intend to develop commitment towards their respective organization. Earlier studies supported that there exists a positive relationship between employees emotional and physical well-being and AC (Kolakowski, M., et al., 2020). The current study evaluates the association between LWB, WWB and PWB having a significant effect on AC, NC, CC, and JS. It also enriches the gap in the literature by exploring which factors of wellbeing healthcare professionals are devoted towards their organizations. The following objective is drawn based on an extensive literature review in Chapter 2.

Objective 3: To examine the effects of Employee Well-Being upon the Organizational Commitment and Job satisfaction on the health care professionals.

H2: Well being has a positive influence on the Organizational Commitment of healthcare professionals towards hospitals.

Preferred Scale: Wellbeing Instrument (Zheng et al., 2015), OC scale (Suryani and Tentama, 2019), JS scale (Vollmer et al., 2012)

To achieve objective 3 of the study, data has been gathered from 452 respondents from public and private hospitals in Punjab. The present study used an adapted scale consisting of 34 statements of SHRM, 15 of EWB, 9 of OC, and 8 of JS. The reliability validity of scales has been performed reflected with Cronbach alpha values are 0.87 (EWB), 0.81 (OC) and JS (0.81), which are well above the acceptable limits. In the laterstages, PLS-SEM using Smart PLS (version 4) was deployed to assess the measurement and structural models following a two-step approach (Validation of outer models (measurement), scrutiny of inner models (Structural relation between latent constructs)). The following procedure is followed to achieve the objective under study:-

1. KMO and Bartlett's test of Sphericity
2. Tested Common Method Variance (Harman's Single factor test)
3. Face validity, Content Validity
4. Assessing Measurement model
 - a. Reliability test
 - b. Outer loadings
 - c. Convergent Validity
 - d. Discriminant Validity
 - e. Multicollinearity
5. Scrutiny of inner models (Structural relation between latent constructs).
 - a. Path Coefficients
 - b. Testing Hypothesis
6. Discussion

I. KMO and Bartlett's test of Sphericity

The KMO test is a sample adequacy measure used to assess the appropriateness of factor analysis on the dataset. The KMO and Bartlett test evaluate all available data together A KMO

value over 0.5 (Iskamto, et al., 2020), Thao, N. T. P., et al., 2022) and significance level for Bartlett’s test below 0.05 (Arsham, H., & Lovric,

M. (2011) suggests there is substantial correlation in the data. From table 6.1; 6.2; 6.3, it can be observed thatKMO value is more than 0.5 and Bartlett’ test indicates significant correlation in the data showing less than

0.05 values. These values are satisfactory to proceed for factor analysis further.

Table 6.1: KMO and Bartlett' Test Employee Wellbeing

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.938
Bartlett's Test of Sphericity	Approx. Chi-Square	3450.104
	Df	105
	Sig.	0.00

Source: SPSS> Dimension Reduction > Factor analysis

Table 6.2: KMO and Bartlett’ Test Organizational Commitment

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.881
Bartlett's Test of Sphericity	Approx. Chi Square	1571.019
	Df	36
	Sig.	0.00

Source: SPSS> Dimension Reduction > Factor analysis
 Table 6.3: KMO and Bartlett' Test Job Satisfaction

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.896
Bartlett's Test of Sphericity	Approx. Chi Square	1362.183
	Df	28
	Sig.	0.00

Source: SPSS> Dimension Reduction > Factor analysis

II. Common Method Variance

Common method variance in applied social science research refers to the potential for responses from respondents to vary when you assess their behaviours, attitudes, and perceptions (depending on their circumstances, the context in which they were asked the questions, or both). The majority of researchers concur that CMV could be problematic in behavioural studies. One of the most popular methods to address the problem of CMV is the Harman single-factor test, which was carried out to evaluate common method bias (Dousin, 2017). The test showed that a single-factor solution could only account for 36.43% of the total variation, significantly lower than the 50% requirement. The outcome indicates that common technique bias is not a significant issue in this study. Table 6.4 shows the results of CMV for the survey.

Table 6.4: Common Method Variance

Factors	Extraction Sum of Square loadings		
	Total	%age of Variance explained	% Cumulative
	24.047	36.435	36.435

Source: SPSS-Dimension Reduction-Factor analysis (Click on Extraction and select 'principal axis factoring' and fix factor number to 1)

III. Content and Face Validity (Reliability statistics)

For the Data reliability and validity check, the Cronbach's Alpha test (Personal & Archive, 2020) and Composite reliability test are performed on the fifty questionnaires 10% of sample size (Connelly, 2008). Data was collected through personal visits to the hospitals and distributed through Google Forms. After collecting data for the pilot survey, Cronbach's alpha test is performed through the use of SPSS software. The test results provided significant results, as presented in Table (6.5).

Table 6.5: Reliability of the research study

Sr. No.	Variables under study	Total No. of items included	Cronbach's Alpha	Scale type	Consistency
1	Reliability statistics of Sustainable Human Resource Management (SHRM) scale	34	0.915	5-point Likert scale	Excellent
2	Reliability statistics of Employee Wellbeing (EWB) scale	15	0.873	5-point Likert scale	Good
3	Reliability statistics of Organizational Commitment (OC) scale	9	0.810	5-point Likert scale	Good
4	Reliability statistics of Job Satisfaction (JS) scale	8	0.810	5-point Likert scale	Good

Source: Overall reliability of all variable from SPSS software

IV. Structural Equation Modelling (Measurement Model)

Smart PLS is particularly useful when dealing with complex relationships between variables. It handles situations where there are multiple variables influencing each other in a non-linear or intricate manner. Unlike traditional regression analysis, Smart PLS is robust when assumptions like normality of data or sample size requirements are not fully met. This flexibility makes it suitable for a wider range of datasets and research scenarios. It allows for path modelling, where you can specify and test direct and indirect effects of variables. This is crucial when you want to understand not just the direct impact of one variable on another, but also how this impact might be mediated through other variables in the model.

Measurement models evaluate the constructs' reliability and validity. Concerned with the relationship and relevance between constructs is the structural model. The phrase "full structural model" denotes that the model testing includes both the measurement model and the structural relationships of each component. It was also computed how each statement loads significantly on its parent construct. Concerning the measurement model in the figure 6.1, arrows between blue circles and yellow boxes show measurement models that are the reliability and validity of constructs. Arrows between blue circles show structural models. The direct impact of a variable assumed to be a cause (employee well-being) on another variable (organizational commitment) considered to be an effect is indicated by a path coefficient. Since they are calculated using correlation, it shows if the variable directly influences another variable that is expected to have an impact.

The next step in the analysis is to assess the hypothesized relationships. First, direct relationships were tested. For this, PLS-SEM involves an examination of the measurement models. The first step in reflective measurement model assessment involves checking robustness checks to support the stability of results. The measurement model assesses the reliability (is a measure of strength or consistency of test scores/ whether the results can be reproduced under the same conditions) and validity (how well the results among the study participants represent true findings among similar individuals outside the study/ whether results do represent what the supposed to measure) of the constructs (Ong & Puteh, 2017). The researcher can go on to the structural model after demonstrating the accuracy of the measurement model. Concerned with the relationship and relevance between constructs is the

structural model. Full structural model refers to model testing incorporating each construct's measurement model and structural relationships. One has to follow the following steps to perform PLS-SEM: *Import data file in the software (CSV format) > Create model (PLS) > Click Calculate > Select PLS-SEM algorithm > Select 'Factor' > Start Calculation*

OUTER LOADINGS

An outer loading represents the reflective measurement model (arrows from latent variable to indicators), highlighting whether every factor loads on its parent's construct. They determine an item's absolute contribution to its assigned construct. Outer loadings are the loadings of every factor on its parent constructs, which should be more than 0.70 (Hair et al., 2013). In our study, the results of factor loadings depict an excellent fit. A value above 0.5 is considered acceptable, and factors having a value less than 0.50 need to be discarded (Chin, 1998). The factor loadings express a simple correlation between a factor and its indicators. The higher the loading, the more influential the factor is. Ideally, the factor loadings should be greater than 0.7. But factor loadings above 0.5 or 0.4 are acceptable in a large sample. The tables (6.6) show that almost all the factor loadings are more significant than 0.7, which is excellent. The data fits the model. The life, psychological, and workplace well-being factor loadings ranged between 0.80- 0.86, 0.66- 0.78, and 0.76-

0.81. The affective, normative, and continuous commitment factor loadings ranged between 0.78-0.86, 0.80-

0.83 and 0.81-0.85. It can be observed that almost all the factor loadings are more significant than 0.7 which is excellent, only for PWB6 factor loadings is 0.66. A value above 0.5 is acceptable, and factors less than 0.5 need to be discarded (Chin, Chinn, & Chin, 1998). The data fits the model. The results of factor loadings are presented in the following tables:

Table 6.6 Outer loadings, Cross loadings, Composite reliability, (Life, Psychological, Workplace well- being) and (Affective, Normative, Continuous commitment)

Constructs	Indicators	Indicator reliability	Cross Loadings	VIF	Alpha	Composite Reliability	AVE
Life Wellbeing	LWB1	0.806	0.806	1.774	0.867	0.909	0.715
	LWB2	0.865	0.865	2.168			
	LWB3	0.863	0.863	2.368			
	LWB4	0.847	0.847	2.258			
Psychological Wellbeing	PWB1	0.721	0.721	1.611	0.823	0.871	0.532
	PWB2	0.785	0.785	1.876			
	PWB3	0.75	0.75	1.743			
	PWB4	0.747	0.747	1.649			
	PWB5	0.739	0.739	1.648			
Workplace Wellbeing	WWB1	0.766	0.766	1.39	0.848	0.891	0.622
	WWB2	0.811	0.811	1.696			
	WWB3	0.795	0.795	1.951			
	WWB4	0.809	0.809	1.851			
	WWB5	0.761	0.761	1.905			

Affective Commitment	AC1	0.821	0.821	1.621	0.768	0.866	0.684
	AC2	0.869	0.869	1.836			
	AC3	0.788	0.788	1.458			
Normative Commitment	NC1	0.812	0.812	1.449	0.772	0.868	0.687
	NC2	0.854	0.854	1.825			
	NC3	0.819	0.819	1.642			
Continuous Commitment	CC1	0.815	0.815	1.456	0.752	0.858	0.669
	CC2	0.836	0.836	1.608			
	CC3	0.802	0.802	1.496			

Source: Computed from Smart PLS (Select Calculate> Click Factor> Start Calculation)

CONSTRUCT RELIABILITY

The reliability of the construct items is the final step in determining construct validity. The magnitude to which an instrument generates consistent effects over time is known as internal consistency and reliability. There are various measures to examine the reliability of the constructs. Composite reliability is considered as the more appropriate measure of internal consistency as compared to Cronbach's alpha, because it uses the actual loadings while calculating CR co-efficient. A CR value of at least 0.70 (acceptable range between 0.60-0.70) is considered as a good indicator of internal consistency (Hair et al., 2013), (Fawad et al., 2020). Smart PLS was used to calculate Composite reliability and Cronbach's alpha values for the construct. The reliability results for the items are presented in (table 6.6). The Average Variance Explained (AVE) and CRs were all higher than or close to 0.50 and 0.70 respectively. In order to establish discriminant validity there is need for an appropriate AVE (Average Variance Explained). In AVE analysis, we tests to see if the square root of every AVE value

belonging to each latent construct is much larger than any correlation among any pair of latent constructs. AVE should be greater than 0.50 for all the constructs so convergent validity was approved, to provide the utilization of the factor (Fornell & Larcker, 2014), (Ab Hamid et al., 2017).

CONSTRUCT VALIDITY

Convergent Validity

Convergent validity is assessed through AVE values. The Average Variance Explained (AVE) values are higher than or close to 0.50 and 0.70 respectively. In AVE analysis, we test whether the square root of every AVE value belonging to each latent construct is much larger than any correlation among any pair of latent constructs. AVE should be greater than 0.50 for all the constructs, so convergent validity was approved to utilise the factor (Fornell & Larcker, 2014), (Ab Hamid et al., 2017). AVE values are more than 0.50, indicating that constructs have formed convergent validity. Hence, all variables used in the construct are reliable; this indicates a strong reliability table (6.6.).

Discriminant validity

Next, Discriminant validity is a subtype of construct validity. In other words, it shows you how well a test measures the concept it was designed to measure. Discriminant validity precisely measures whether constructs that theoretically should not be related to each other, in fact, unrelated. It measures the differentiation in the constructs and proves statistically that they are different. They are different through which discriminant validity can be measured: Heterotrait-Monotrait Ratio, Cross loadings, Fornell and Larcker. DV (cross-loadings) is depicted from the table (6.6). Discriminant validity was assessed through cross-loadings. All the factor loadings were observed to be greater than their cross-loadings as presented in (table 4.6.6).

Discriminant authenticity can be assessed in many ways. Discriminant validity is a measure of construct's uniqueness. When the shared variance inside a construct (AVE) exceeds the shared variance between the constructs, discriminant validity is shown. According to (Ab Hamid, M. et al., 2017) HTMT ratio of correlations is an approach required to be used. HTMT is a modern method for evaluating the discriminant validity of PLS structural equation modelling, which is a critical component of model evaluation. Previous methods of discriminant validity tests, such as Fornell-Larcker criteria and cross-loadings, are generally unable to discern the loss of discriminant validity. Table 6.7 shows that HTMT values of sustainable human resource

management and employee wellbeing are less than threshold value 0.85 by (Kline, 2011) and 0.90 by (Gold and Malhotra, 2001), demonstrating proper discriminant validity. These findings confirmed good internal consistency and the convergent validity of the measurement model.

Table 6.7: Discriminant Validity (Heterotrait-Monotrait Ratio)

	AC	CC	LWB	NC	PWB	WWB
AC						
CC	0.864					
LWB	0.764	0.627				
NC	0.669	0.782	0.572			
PWB	0.863	0.793	0.83	0.716		
WWB	0.786	0.778	0.777	0.647	0.923	

Source: Computed from Smart PLS (Select Calculate> Click Factor> Start Calculation)

MULTICOLLINEARITY

Multicollinearity occurs when two or more independent variables strongly correlated, implying that one or more independent variables may be estimated linearly by one or more independent variables. The Variance Inflation Factor (VIF) is a statistical test; we need VIF of 5 or low as rule of thumb (Hair, et al., 2011). However, there are other research articles also where VIF value mentioned should be less than 3, which can be considered as an indicative of collinearity (Risher, 2018). Table 6.6 lists out multicollinearity values for employee wellbeing factors and organizational commitment, all the values are less than 3 indicating data has no collinearity issues.

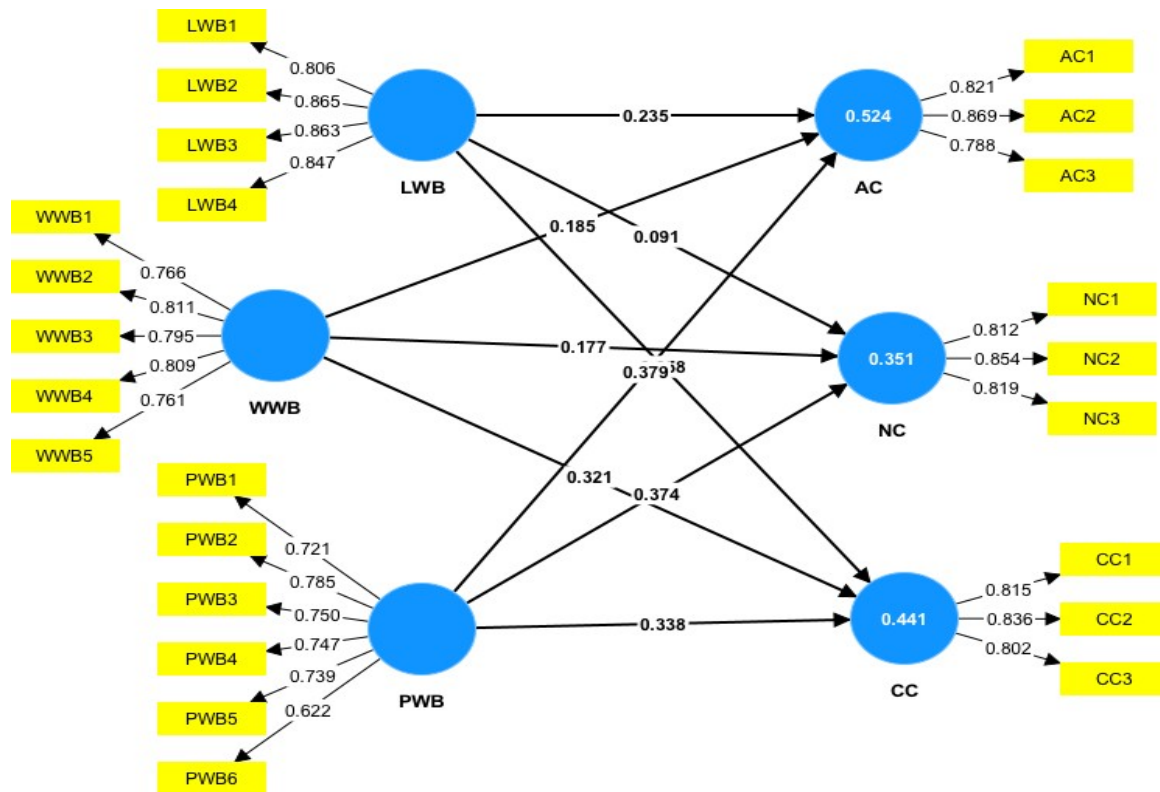
V. ASSESSMENT OF STRUCTURAL MODEL (INNER MODEL)

The next step in the analysis is to assess the hypothesized relationships. For this, PLS-SEM involves examination of the measurement models. The first step in reflective measurement model assessment involves checking robustness check to support the stability of results. Measurement model assess the reliability (is a measure of stability or consistency of test scores/ whether the results can be reproduced under same conditions) and validity (how well the results among the study participants represents true findings among similar individuals outside the study/ whether results really do represent what the supposed to measure) of the constructs. After showing the validity of measurement model, the researcher can proceed towards to the structural model. The researcher can go on to the structural model after demonstrating the accuracy of the measurement model. Concerned with the relationship and relevance between constructs is the structural model. Full structural model refers to model testing that incorporates the measurement model and structural relationships of each construct. One has to follow the following steps in order to perform PLS-SEM: *Import data file in the software (CSV format) > Create model (PLS) > Click Calculate > Select PLS SEM algorithm*

> Select 'Factor' > Start Calculation.

The structural model presented for evaluation in figure 6.1, Organizational Commitment (Affective commitment, normative commitment and Continuous commitment) are the endogenous variables. Employee wellbeing (Life wellbeing, Workplace wellbeing and Psychological wellbeing) are the exogenous variables. The analysis involved was testing the co-efficient of determination (R²) and structural model path co-efficient. The examination was carried out to study the influence of wellbeing on organizational commitment of healthcare professionals.

Figure 6.1: Employee wellbeing has significant positive effect on Affective, Normative and Continuous commitment



Source: Click Calculate > Select Bootstrapping> Select 'Factor' > Start Calculation

With respect to the model in the (figure 6.1) and (table 6.8), path coefficient indicates the direct effect of a variable assumed to be a cause (Life wellbeing) on other variables (affective, normative and continuous commitment) assumed to be an effect. Path coefficients are standardized because they are estimated from correlations (a path regression coefficient is unstandardized). To conduct a path analysis, simply write the names of the variable in the square boxes and connect the square boxes with arrows. Values for path coefficients are more than 0.50, which is considered acceptable and good fit (Sander, T., & Teh, P. L. (2014).

- **PATH COEFFICIENTS**

With respect to the measurement model in the figure 6.1, arrows between blue circles and yellow boxes show measurement models that is the reliability and validity of constructs. Arrows between blue circles show structural models. A path coefficient indicates the direct effect of a variable assumed to be a cause (Employee Well Being) on other variable (Organizational Commitment) assumed to be an effect. It indicates whether the variable has a direct effect of another variable assumed to be effect these are standardized because they are estimated from correlation.

Table 6.8: Path Co-efficient of influence of Employee wellbeing on Organizational Commitment of healthcare professionals

DV	IV	Original sample (B)	Sample mean (M)	Standard deviation (STDEV)	Tstatistics (O/STDEV)	P values	Adjusted R-Square
Affective Commitment	Life Wellbeing	0.235	0.238	0.052	4.507	0.00	0.521
	Psychological Wellbeing	0.379	0.379	0.06	6.281	0.00	
	Workplace Wellbeing	0.185	0.183	0.057	3.259	0.001	
Normative Commitment	Life Wellbeing	0.091	0.092	0.056	1.635	0.102	0.437
	Psychological Wellbeing	0.374	0.374	0.064	5.858	0.00	
	Workplace Wellbeing	0.177	0.178	0.059	3.007	0.003	
Continuous Commitment	Life Wellbeing	0.058	0.061	0.052	1.127	0.26	0.346
	Psychological Wellbeing	0.338	0.34	0.067	5.049	0.00	
	Workplace Wellbeing	0.321	0.319	0.061	5.295	0.00	

Source: Computed from results

VI. HYPOTHESIS TESTING

Objective 3, hypothesis was tested by running bootstrapping procedure in smart pls. The value for adjusted R-Square for affective commitment for wellbeing is 0.521, which means 52% explained variation in affective commitment is caused by different employee wellbeing

aspects. Similarly, adjusted R-Square value for normative commitment and continuous commitment is 0.437 and 0.346 respectively indicating- 43.7% and 34.6% explained variations in normative and continuous commitment is due to three types of employee wellbeing practices (life, psychological and workplace wellbeing).

Moreover, (table 6.8) presents Life wellbeing (β 0.235, t 4.503, p value < 0.05) is found to have significant positive influence on affective commitment. But, life wellbeing is found to have insignificant impact on

normative (β 0.091, t 1.635, p value 0.05) and continuous commitment (β 0.058, t 1.127, p value > 0.05). Psychological wellbeing is found to have positive significant influence on affective (β 0.379, t 6.28, p value < 0.05), normative (β 0.374, t 5.858, p value < 0.05) and continuous commitment (β 0.338, t 5.049, p value < 0.05). Similarly, Workplace wellbeing is found to have positive significant influence on affective (β 0.185, t 3.259, p value < 0.05), normative (β 0.177, t 3.007, p value < 0.05) and continuous commitment (β 0.321, t 5.295, p value < 0.05).

VIII. DISCUSSION

The results of hypothesis testing highlight that the overall hypothesis is accepted, stating that employee well-being significantly influences healthcare professionals' commitment towards their respective hospitals. Results about the impact that psychological (PWB) and workplace well-being (WWB) influences all three types of commitment support the stated hypothesis, while life well-being more significantly influences affective commitment but not normative and continuous commitment.

Although findings are supported by earlier research findings wherein appraisal practices have a significant positive impact on Normative and Affective commitment, but not on Continuous commitment (Ahuja. K. et al. 2018). Numerous studies are available on the relationship between these two concepts which supported the findings of our research also. One study highlighted the positive relationship between eudemonic (employee emotional and physical) wellbeing and affective commitment (Kolakowski, M., et al., 2020). Similarly, authors (Aggarwal-Gupta, M. et al., 2010) supported the findings of earlier studies showing that psychological well-being has a significant association with affective, normative commitment. (McGuire, D., & McLaren, L. 2009) explored a relationship exists between physical environment and organizational commitment with a mediating variable as employee wellbeing.

Study performed on front line employees working at call centres. The study's findings align with our study's findings; it supported the fact that fostering a supportive organizational culture with good relations with staff is also integral to greater employee well-being. Supportive culture at workplace can reduce employees stress levels and increases employee commitment.

The current work gives an analysis as well as several findings related to well-being and the impact of well-being on the commitment of healthcare professionals. In conclusion, well-being of healthcare professionals plays a pivotal role in enhancing their commitment to their respective hospitals. As we have explored throughout the study, the link between well-being and commitment is evident and essential for the long-term success of healthcare organizations. Hospitals that prioritize the physical and mental health of their staff not only create a more positive and supportive work environment but also benefit from increased retention, improved patient care, and a stronger reputation within the healthcare industry. Ultimately, a commitment to the well-being of healthcare professionals is an investment in the future of healthcare delivery and overall quality of patient care. By recognizing the interconnectedness of well-being and commitment, healthcare institutions can create a virtuous cycle that benefits both their staff and the patients they serve, ultimately leading to healthier, happier, and more sustainable healthcare system for all.

H3: Employee Well being has positive influence on Job Satisfaction of health care professionals towards hospitals.

Preferred Scale: Wellbeing Instrument (Zheng et al., 2015), OC scale (Suryani and Tentama, 2019), JS scale (Votmer et al, 2012)

In order to achieve this objective, PLS-SEM using Smart PLS (version 4) was deployed to assess the measurement and structural models following a two- step approach (Validation of outer models (measurement), Scrutiny of inner models (Structural relation between latent constructs)). The following procedure is followed to achieve the objective under study:-

1. KMO and Bartlett's test of Sphericity
2. Tested Common Method Variance (Harman's Single factor test)
3. Face validity, Content Validity
4. Assessing Measurement model
 - a. Reliability test
 - b. Outer loadings
 - c. Convergent Validity
 - d. Discriminant Validity
 - e. Multicollinearity
5. Scrutiny of inner models (Structural relation between latent constructs).
 - a. Path Coefficients
6. Testing Hypothesis
7. Discussion

I. KMO and Bartlett's test of Sphericity

KMO test is a measure of sample adequacy was used to assess the appropriateness of using factor analysis on the data set. The KMO and Bartlett test evaluate all available data together. A KMO value over 0.5 (Iskamto, et al., 2020), Thao, N. T. P., et al., 2022) and significance level for Bartlett's test below 0.05 (Arsham, H., & Lovric, M. (2011) suggests there is substantial correlation in the data. From table (6.9) and (6.10), it can be observed that KMO value is more than 0.5 and Bartlett' test indicates significant correlation in the data showing less than 0.05 values. These values are satisfactory to proceed for factor analysis further.

Table 6.9: KMO and Bartlett' Test Employee Wellbeing

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.938
Bartlett's Test of Sphericity	Approx. Chi-Square	3450.104
	Df	105
	Sig.	0.00

Source: Author's Calculation

Table 6.10: KMO and Bartlett' Test Job Satisfaction

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.896
Bartlett's Test of Sphericity	Approx. Chi-Square	1362.183
	Df	28
	Sig.	0.00

Source: Author's Calculation

II. Common Method Variance

Harman's single factor test was conducted to assess common method bias is one of the most widely used technique to dress the issue of CMV (Dousin, 2017). The test revealed that a single factor solution only explained 36.43% of the total variance, which is notably below the threshold value of 50%. The result indicates that common method bias is not a serious problem in this study. Table 6.11 shows results of CMV for the study.

Table 6.11: Common Method Variance

Factors	Extraction Sum of Square loadings		
	Total	%age of Variance explained	% Cumulative
	24.047	36.435	36.435

Source: SPSS-Dimension Reduction-Factor analysis (Click on Extraction and select 'principal axis factoring' and fix factor number to 1)

III. Content and Face Validity (Reliability statistics)

For the Data reliability and validity check- Cronbach's Alpha test (Personal & Archive, 2020) and Compositereliability test is performed on the fifty questionnaires 10% of sample size (Connelly, 2008). Data collection was done through personal visits to the hospitals and distributed through Google forms also. After the collection of data for pilot survey, Cronbach's alpha test is performed through the use of SPSS software. All the alpha values are more than 0.70 which depicts excellent scale reliability as shown on below table (6.12). Table 6.12: Reliability of the research study

Sr. No.	Variables under study	Total No. of items included	Cronbach's Alpha	Scale type	Consistency

1	Reliability statistics of Sustainable Human Resource Management (SHRM) scale	34	0.915	5-point Likert scale	Excellent
2	Reliability statistics of Employee Wellbeing (EWB) scale	15	0.873	5-point Likert scale	Good
3	Reliability statistics of Organizational Commitment (OC) scale	9	0.810	5-point Likert scale	Good
4	Reliability statistics of Job Satisfaction (JS) scale	8	0.810	5-point Likert scale	Good

Source: Overall reliability of all variable from SPSS software

IV. Structural Equation Modelling (Measurement Model)

Measurement model assess the reliability and validity of the constructs. The structural model is concerned with the influence and significance between constructs. The term 'full structural model' means that the measurement model and structural relationships of each construct are included in the model testing. It was also computed that how each of the statement loads significantly on its parent construct. With respect to the measurement model in the figure 6.2, arrows between blue circles and yellow boxes show measurement models that is the reliability and validity of constructs. Arrows between blue circles show structural models. A path coefficient indicates the direct effect of a variable assumed to be a cause (Employee Wellbeing) on other variable (Job Satisfaction) assumed to be an effect.

The next step in the analysis is to assess the hypothesized relationships. First, direct relationships were tested. For this, PLS-SEM involves examination of the measurement models. The first step in reflective measurement model assessment involves checking robustness check to support the stability of results. Measurement model assess the reliability (is a measure of

stability or consistency of test scores/ whether the results can be reproduced under same conditions) and validity (how well the results among the study participants represent true findings among similar individuals outside the study/ whether results really do represent what the supposed to measure) of the constructs (Ong & Puteh, 2017). After showing the validity of measurement model, the researcher can proceed towards to the structural model. The structural model is concerned with the influence and significance between constructs. The term 'full structural model' means that the measurement model and structural relationships of each construct are included in the model testing. One has to follow the following steps in order to perform PLS-SEM: *Import data file in the software (CSV format) > Create model(PLS) > Click Calculate > Select PLS SEM algorithm > Select 'Factor' > Start Calculation*

OUTER LOADINGS

An outer loading represents the reflective measurement model (arrows from latent variable to its indicators) which highlights that whether every factor loads on its parent construct. They determine an item's absolute

contribution to its assigned construct. Outer loadings the loadings every factor on its parent constructs which should be more than 0.70 (Hair et al., 2013). In our study, the results of factor loadings depicts a good fit. A value above 0.5 is taken as acceptable and for factors having value less than 0.50 needs to be discarded (Chin, 1998). The factor loadings express simple correlation between a factor and its indicators. Higher the loading, more important is an important is to the factor. Ideally, the factor loadings should be greater than 0.6. But in case of large sample, factor loadings above 0.5 or 0.4 are acceptable. From the tables (6.13) it can be observed that almost all the factor loadings are greater than 0.7, which is excellent. The data fits the model. The factor loadings of life wellbeing, psychological wellbeing, workplace wellbeing ranged between (0.80-0.86), (0.60-0.78), (0.76-0.80). The factor loadings of job satisfaction ranged between (0.158- 0.812). It can be observed that almost all the factor loadings are greater than 0.7 which is excellent, only for PWB6 and JS2 factor loadings are 0.66 and 0.15 needs to be discarded from the study (Chin et al., 1998). The data fits the model. The results of factor loadings, composite reliability, collinearity, and AVE are presented in the following table:

Table 6.13: Factor loadings, reliability statistics, cross loadings, VIF, alpha values AVE values of Employee wellbeing (LWB, WWB, PWB) and job satisfaction

Constructs	Indicators	Indicator reliability	Cross Loadings	VIF	Alpha	Composite Reliability	AVE
Life wellbeing	LWB1	0.808	0.808	1.774	0.867	0.909	0.714
	LWB2	0.867	0.867	2.168			
	LWB3	0.859	0.859	2.368			
	LWB4	0.847	0.847	2.258			
Workplace wellbeing	WWB1	0.78	0.78	1.696	0.848	0.891	0.622
	WWB2	0.814	0.814	1.951			
	WWB3	0.787	0.787	1.851			
	WWB4	0.799	0.799	1.905			
	WWB5	0.762	0.762	1.621			
Psychological wellbeing	PWB1	0.73	0.73	1.611	0.823	0.871	0.531
	PWB2	0.782	0.782	1.876			
	PWB3	0.761	0.761	1.743			
	PWB4	0.74	0.74	1.649			
	PWB5	0.741	0.741	1.648			
Job satisfaction	JS1	0.719	0.719	1.626	0.841	0.882	0.504
	JS3	0.731	0.731	1.766			
	JS4	0.734	0.734	1.807			
	JS5	0.763	0.763	1.903			

JS6	0.812	0.812	2.306		
JS7	0.774	0.774	2		
JS8	0.759	0.759	1.764		

Source: Click Calculate > Select PLS SEM algorithm > Select 'Factor' > Start Calculation

RELIABILITY OF THE CONSTRUCTS

In order to ascertain the reliability and validity of the constructs, Cronbach's alpha, Composite reliability, and Average variance extracted values need to be checked. Table (6.13) shows that as the values exceeded the threshold values for all the three parameters, constructs have developed convergent validity. A CR value of at least 0.70 (acceptable range between 0.60-0.70) is considered as a good indicator of internal consistency (Hair et al., 2013), (Fawad et al., 2020). Smart PLS was used to calculate Composite reliability and Cronbach's alpha values for the construct. The Average Variance Explained (AVE) and CRs were all higher than or close to 0.50 and 0.70 respectively. In order to establish discriminant validity there is need for an appropriate AVE (Average Variance Explained). All the alpha and CR values were higher than the recommended value of 0.70. AVE values are more than 0.50. Hence, all variables used in the construct are reliable, this indicates strong reliability.

VALIDITY

Discriminant validity measures the differentiation in the constructs; prove statistically that they are different. Discriminant Validity can also be examined using HTMT ratio of the correlations. HTMT is a modern method for evaluating discriminant validity of PLS structural equation modelling, which is a critical component of model evaluation. To interpret HTMT results, HTMT ratio should be less than 0.85 (Fornell & Larcker, 1981). From the table (6.13), it can be observed that factor loadings of the constructs are greater than their cross loadings. According to HTMT ratio, table values depicted in (table 6.14) for DV are less than 0.85 (Kline, R.

B. 1998) and 0.90 by (Gold and Malhotra, 2001), (Rahi, S., et al., 2018) which demonstrates proper discriminant validity. To summarize, both convergent and discriminant validity of measures were established.

Table 6.14: Discriminant Validity (Fornell & Larcker criterion)

Discriminant Validity	JS	LWB	PWB	WWB
--------------------------	----	-----	-----	-----

JS	0.71			
LWB	0.573	0.845		
PWB	0.642	0.701	0.729	
WWB	0.625	0.668	0.774	0.788

Source: Click Calculate > Select PLS SEM algorithm > Select 'Factor' > Start Calculation

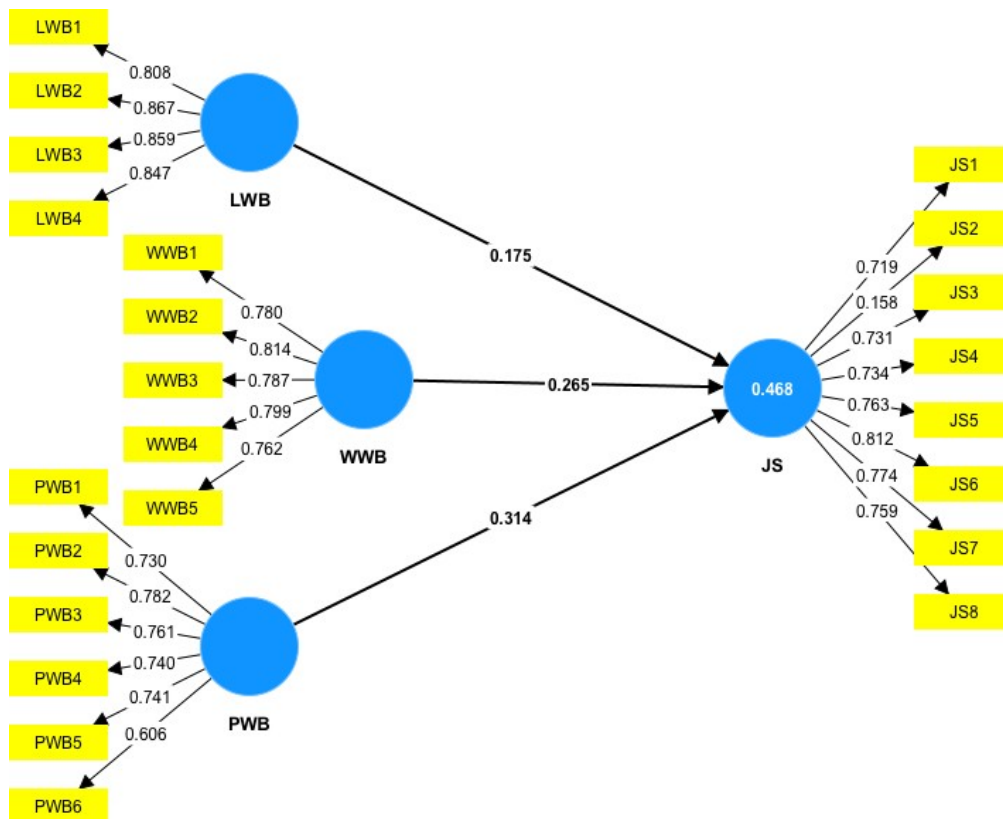
MULTICOLLINEARITY

The Variance Inflation Factor (VIF) is a statistical test; we need VIF of 5 or low as rule of thumb (Hair, et al.,2011). However, there are other research articles also where VIF value mentioned should be less than 3.3, which can be considered as a indicative of collinearity (Wong, K. K. K. 2013), (Ramayah, T. J. et al., 2018). Table (6.13) lists out multicollinearity values for employee wellbeing and job satisfaction factors. Values for all the items are less than the threshold value, indicating low collinearity between items.

V. ASSESSMENT OF STRUCTURAL MODEL (INNER MODEL)

The structural model presented for evaluation in figure 6.2, (Job Satisfaction) is the endogenous variables. Employee wellbeing (Life wellbeing, Workplace wellbeing and Psychological wellbeing) are the exogenous variables. The analysis involved was testing the co-efficient of determination (R²) and structural model path co-efficient. The examination was carried out to study the influence of wellbeing on organizational commitment of health care professionals.

Figure 6.2: Employee wellbeing has significant positive effect on Job Satisfaction



Source: Click Calculate > Select PLS SEM algorithm > Select 'Factor' > Start Calculation

With respect to the model in the (figure 6.2), A path coefficient indicates the direct effect of a variable assumed to be a cause (employee wellbeing) on other variables (job satisfaction) assumed to be an effect. Path coefficients are standardized because they are estimated from correlations (a path regression coefficient is unstandardized). To conduct a path analysis, simply write the names of the variable in the square boxes and connect the square boxes with arrows. Values for path coefficients are more than 0.50, which is considered acceptable and good fit.

PATH COEFFICIENTS

With respect to the measurement model in the figure 6.2, arrows between blue circles show structural models. A path coefficient indicates the direct effect of a variable assumed to be a cause (Employee Well Being) on other variable (Job Satisfaction) assumed to be an effect. It indicates whether the variable has a direct effect of another variable assumed to be effect these are standardized because they are estimated from correlation.

Table 6.15: Path Co-efficient of influence of Employee wellbeing on Job Satisfaction of health care professionals

DV	IV	β	Standard deviation (STDEV)	T statistics (O/STDEV)	P values	Adjusted R-Square
Job Satisfaction	Life wellbeing	0.175	0.049	3.566	0	0.465
	Psychological wellbeing	0.314	0.057	5.5	0	
	Workplace wellbeing	0.265	0.055	4.839	0	

Source: Click Calculate > Select PLS SEM algorithm > Select 'Factor' > Start Calculation

VI. TESTING OF HYPOTHESIS

The results of (hypothesis) indicate that there exists a significant positive impact of employee wellbeing practices on the job satisfaction of health care professionals. Healthcare professionals are satisfied with their jobs because they are high at their life, psychological and workplace well-being. Higher wellbeing means higher satisfaction with their jobs. Table 6.15 shows Life well-being (β 0.175, t 3.566, p values < 0.05) is found to have a significant positive influence on job satisfaction. Similarly, psychological (β 0.314, t 5.5, p values < 0.05) and workplace well-being (β 0.265, t 4.839, p values < 0.05) have a positive impact on the satisfaction of healthcare professionals.

VII. DISCUSSION

The results of this section highlight that employee wellbeing practices are strongly correlated with job satisfaction. Studies explored that proper work-life balance, adequate working environment, good salary and job security have a greater impact on job satisfaction (Gómez-Baya, D. et al., 2018). Nurses' job satisfaction is important for the smooth functioning of hospitals and the healthcare industry. By addressing factors such as workload, mental health support, safety, teamwork, and work-life balance, healthcare organizations can create

environments where healthcare professionals thrive. When healthcare professionals feel supported, safe, and valued, their satisfaction with their jobs level rises. They are more likely to deliver high-quality patient care, exhibit greater resilience in the face of challenges, and remain committed to their chosen profession long-term(Diakos, G. E., et al., 2023).

Furthermore, the ripple effects of well-being extend beyond individual healthcare workers. In recognizing the interconnectedness of well-being, job satisfaction, and healthcare quality, the study found the importance of ongoing efforts to prioritize the mental and emotional health of HCPs. In conclusion, the well-being of healthcare professionals has a profound and positive impact on their job satisfaction levels. As we've explored. Throughout this study, investing in the physical, mental, and emotional well-being of healthcare professionals is a strategic imperative that benefits both the individuals who dedicate their lives to the healthcare system.

According to the WHO, EWB combines mental, physical, and social wellbeing. On the one hand, the good well-being of employees enables good relationships with colleagues and employers so that they can work as a team and yield better outcomes for their satisfaction (Abdullah M. I. et al., 2021). On the other hand, several researchers argued that employees who have to work in stressful environments would have low-performance levels that would have an impact on organizational outcomes. In the fight against COVID-19, HCPs are emotionally exhausted, but also developed strong bonds with their works due to the invention of New Ways of Working (NWW) such as telemedicine and e-health are the virtual platforms to serve people from remote localities. Enhancing employee personal resources or providing tools to improve the sense of control, autonomy, flexibility, and meaning of work can allow HCPs to cope and adapt to job requirements in a better way, which would lead to higher commitment and satisfaction with their jobs (López-Cabarcos, M. Á., et al., 2020).

Table 6.16: Overall Testing of Hypothesis

Hypothesis Studied		Accepted
H2:	Employee Well- Being has positive influence on Organizational Commitment of health care professionals towards	Accepted

	hospitals.	
H3:	Well- Being has positive influence on the Job Satisfaction of health care professionals.	Accepted

Source: Author's Own

The data analysis of this chapter reveals significant insights into the impact of employee well-being on the commitment and satisfaction of healthcare professionals. The findings highlight the positive correlation between factors LWB, WWB and PWB with higher levels of commitment (AC, NC and CC) and satisfaction among healthcare professionals. This analysis emphasizes the importance of prioritizing employee well-being as a strategy to foster greater commitment and satisfaction in healthcare settings. Moving forward, these insights will guide recommendations for organizational practices aimed at enhancing employee well-being and ultimately improving organizational outcomes in healthcare.

CHAPTER 7

MEDIATING ROLE OF EMPLOYEE WELL-BEING BETWEEN SUSTAINABLE HUMAN RESOURCE MANAGEMENT, ORGANIZATIONAL COMMITMENT AND JOB SATISFACTION

This chapter presents the analysis of data focusing on exploring the mediating role of employee well-being between sustainable human resource management (SHRM), commitment, and satisfaction among healthcare professionals. The study investigates how SHRM practices influence employee well-being, which in turn affects their commitment to the organization and job satisfaction. By analyzing this relationship, the chapter aims to uncover the pathways through which SHRM initiatives impact organizational outcomes in healthcare settings. Understanding these dynamics is essential for designing effective strategies to promote employee well-being, commitment, and satisfaction within the healthcare sector.

7.1 Introduction

This chapter explores the role of EWB between the SHRM (independent variable) and OC and JS as 'dependent variables'. Based on a detailed literature review, it has been studied that EWB plays the role of a vital mediator between various HR functions of management and the performance of employees. There are also multiple pieces of evidence in the literature that have examined the performance of employees; there is a need for more studies to be available discussing the soft aspects related to WB, OC and JS. However, few studies explored the relationship between SHRM with commitment and job satisfaction with or without a mediator. This study evaluated that SHRM's direct effect on OC is lesser than the indirect effect, meaning that employee well-being plays a major role in higher OC and JS of HCPs (both direct and indirect impact yield significant results. Hence, partial mediation exists).

Smart PLS excels in modelling complex relationships, including those involving mediating variables. It allows researchers to specify and test direct, indirect, and total effects within the same model. The software is designed for path modelling, which is ideal for studying mediation. It can simultaneously estimate the paths from the independent variable to the mediator, and from the mediator to the dependent variable, as well as the direct path from the

independent to the dependent variable. To achieve this objective, the SEM technique has been employed to measure the impact of SHRM on OC through an MV (EWB) and without a mediating variable. In the PLS model, there are two elements representing models. First, there is a structural model (called the inner model) that represents the circles (ovals). These models display the relationships between constructs. Second, the measurement model (called outer model) of the constructs depicts the association between constructs its items.

Moreover, there are two ways to measure unobservable variables: reflective and formative. In formative models, causal (predictive) relationships are indicated by directing arrows leading from indicator variables to the construct. In a reflective measurement paradigm, the arrows point from the construct to the indicator variables, denoting that the construct influences how the indicator variables are assessed. The following objective is constructed based on an extensive literature review:-

Objective 4: To examine the role of EWB in the relationship of SHRM, OC and JS of health care professionals in the hospitals of Punjab.

H4: Well-Being mediates the relationship between SHRM practices and OC of health care professionals in hospitals.

In Smart PLS, the examination of MM and SEM is necessary; MM assess the reliability and validity of items with their parent constructs, and the structural model assesses the hypothetical relationship between two parent constructs. Once the reliability and accuracy of the measurement construct have been established, further analysis can proceed. Furthermore, the evaluation of the findings from the structural model is the next phase

in which the constructs' and predictive relationships are examined. The key results (that is, Path co-efficient and R^2 values) of structural models were discussed. To determine the significance of path coefficients, use bootstrapping. The minimum number of bootstrap samples should be 5000 but must be as most minor as many as the number of observations. There should be an equivalent number of cases if there were valid observations in the original sample. 2.57 (significance level 1%), 1.96 (significance level 10%), and 1.65 (significance level 10%).

There are requirements to be fulfilled before testing the mediation hypothesis as given by (Baron & Kenny, 1986); (Memon, M. A., et al., 2018); (Mariappanadar, 2020). Baron and Kenny's casual steps approach is widely recognized and cited (Zhao, Lynch, & Chen, 2010) as presented in Table (7.1) and Figure (7.1). First, IV and DV must be correlated to establish

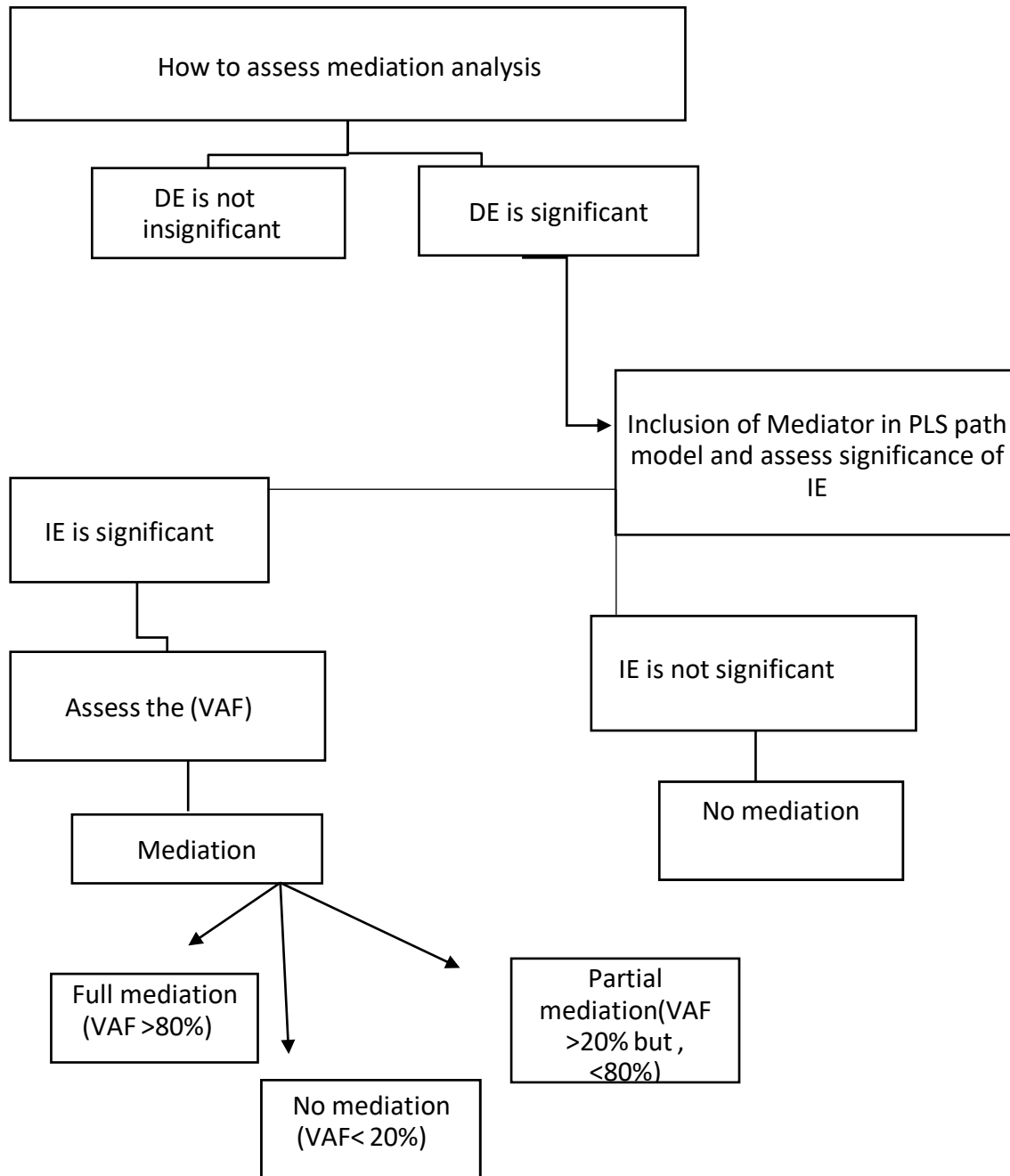
mediation. Second, the MV and DV must be independently correlated and the IV and MV must have a strong correlation (Mariappanadar, 2020).

Table 7.1: Steps to present results of SEM-PLS

Evaluation of MM
Reflective MM
Composite reliability (CR)
Convergent validity (AVE)
Discriminant validity (HTMT)
Evaluation of SM
Coefficient of determination (R ²)
Predictive relevance (Q ²)
f ² effect size
q ² effect size

Source: Computed from analysis

Figure 7.1: Steps to perform mediating analysis



Source: (Ringle, C., et al., 2015)

I. PATH COEFFICIENT

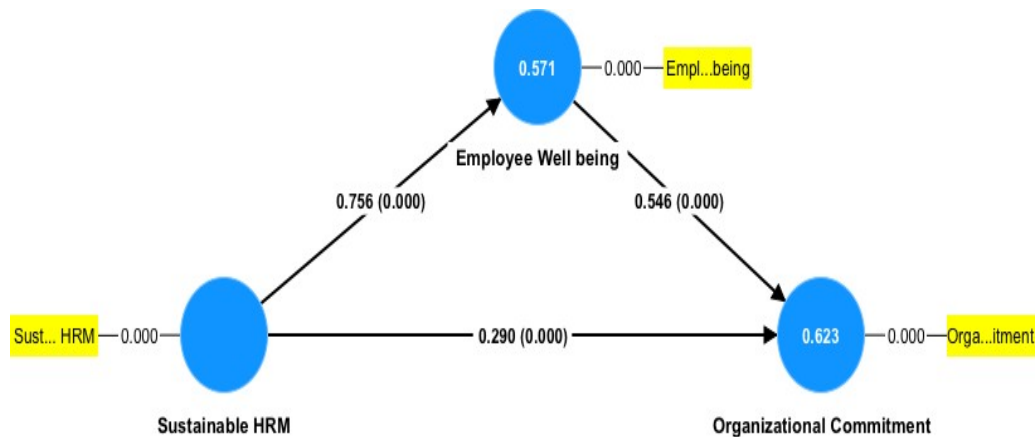
From the table 7.2, it can be computed that there is significant relationship exists between SHRM (IV) and OC(DV) in the absence of MV (EWB). So, the first condition is accomplished of SEM analysis, that is, IV and DV must share a significant relationship (t-value >1.96) and (p-value <0.05). There exists significant relationship between SHRM and EWB; EWB and OC; SHRM and OC. The significant effect of SHRM on OC depicts that 'human resources feels attached, committed and loyal towards their respective organizations in the presence of sound human resource management systems (Ferreira-Oliveira, Keating, & Silva, 2020).

Table 7.2: Path coefficients (Mean, St. Deviation)

Path Co-efficient	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Employee well-being -> Organizational Commitment	0.546	0.546	0.044	12.302	0
Sustainable Human Resource Management -> Employee well being	0.756	0.755	0.029	26.491	0
Sustainable Human Resource Management -> Organizational Commitment	0.29	0.29	0.046	6.317	0

Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%- two-tailed- start calculations.

Figure 7.2: Structural Model (Mediating role of Employee Well-Being)



Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%- two-tailed- startcalculations.

In the Smart PLS path models, when including Mediator variable, indirect effect must be insignificant. If the indirect effect is significant, that means the mediator absorbs some of the direct effects. For example, In a PLSpth model without a mediating variable, a positive direct effect would become smaller after the inclusion of a mediating variable. The question is how much the mediating variable absorbs. The Variance Accounted For(VAF) determines the size of indirect effect about total effects (that is, DE+IE). Thereby, we can determine the extent to which the variance of the dependent variable is directly explained by the independent variable and how much of the target construct variance is explained by an indirect relationship via the mediating variable. If VAF is less than 20%, no mediation occurs. If VAF is between more than 20% and less than 80%,partial mediation occurs; if VAF is more than 80% there is complete mediation (Mohamad, N. et al., 2023).

In mediation analysis, direct effect, total effect and indirect effects are calculated to examine whether there is 'no mediation', 'full mediation', and 'partial mediation'. Total effect is the sum of Direct effect and Indirect

effect. From Table 7.3, the total effect is computed by examining the relationship between independent (SHRM) and dependent variable (OC) is 0.70. Similarly, from Table 7.2 direct effect is computed, which is (0.29). From Table 7.4, the specific indirect effect between all the variables is (0.41). To compute total effect-Total effect (TE)= Direct effect (DE) + Indirect effect (IE)

$$0.70 = 0.29 + 0.413$$

$$0.70 = 0.70$$

II. TOTAL EFFECTS

Table 7.3: Total effects

Total effects	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Employee well-being -> Organizational Commitment	0.546	0.546	0.044	12.302	0
Sustainable Human Resource Management -> Employee well-being	0.756	0.755	0.029	26.491	0
Sustainable Human Resource	0.703	0.703	0.033	21.488	0

Management -> Organizational Commitment					
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Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%-two-tailed- startcalculations.

III. SPECIFIC INDIRECT EFFECTS

Table 7.4: Specific indirect effects

Specific indirect effects	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Sustainable Human ResourceManagement -> Employee well- being -> Organizational Commitment	0.413	0.413	0.037	11.183	0

Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%-two-tailed- startcalculations.

Total effect means the effect on IV on DV without any mediator. In our study, we propose that the impact of IV on DV is actually through a MV (Employee well-being). Table 7.4 shows the mediation variable's specific indirect effects that SHRM influences EWB and EWB influences OC (p-values is less than 0.05), which shows that the results are significant. The proposed hypothesis is accepted, highlighting the fact that the impact of SHRM on OC does pass through EWB.

The next step is to calculate whether employee well-being partially or fully mediates the relationship between IV and DV. Full/ Complete mediation is when the direct effect is

insignificant and the indirect effect is significant. Partial mediation is when the direct effect is significant and the indirect effect is also significant. From Table 7.2 (the direct effect is significant p-value less than 0.05), Table 7.4 (the specific indirect effect is also significant, which means that SHRM is influencing OC in the presence of/ through EWB and there exists partial mediation. The result highlights that SHRM influences OC not entirely through EWB; SHRM also directly influences OC. From Figure 7.2, it was observed that there exists partial mediation between SHRM- OC (p-value is less than 0.05) SHRM-EWB (p-value is less than 0.05), significant relationship between EWB-OC (p-value is less than 0.05). Further, Variance Accounted For value lies between (> 20% < 80%), indicating partial mediation (figure 7.1).

IV. YPOTHESIS TESTING

Mediation analysis was performed to assess the mediating role of well-being (MV) on the linkage between SHRM (IV) and OC (DV). The results (table 7.5) revealed that the total effect of SHRM on OC was significant ($\beta=0.703$, $t= 21.48$, $p<0.05$). With the inclusion of mediating variable (EWB), the impact of SHRM on EWB is also significant ($\beta=0. 29$, $t=6.317$, $p<0.05$). The indirect effect of IV on DV through MV was found significant ($\beta=0.413$, $t=11.183$, $p<0.05$). This shows that MV partially mediates the relationship between IV and DV.

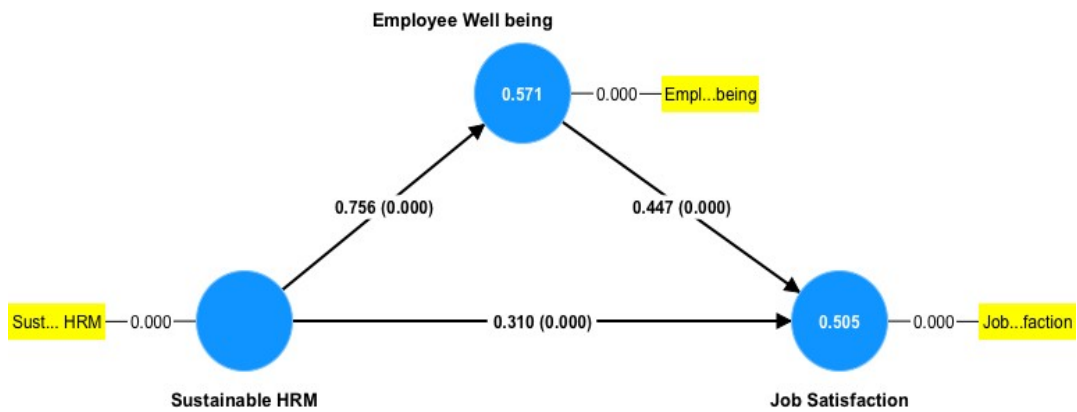
Table 7.5: Mediation Analysis

Total effect (SHRM-OC)		Direct effect (SHRM-OC)		Indirect effects of SHRM-OC					
Coefficient	P value	Coeffici ent	P value	SHRM> EWB> OC	Coefficient	SD	T value	P value	BI (2.5%- 97.5%)
0.703	0	0.29	0		0.413	0.037	11.183	0	0.341 -0.488

Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%- two-tailed- startcalculations.

H5: Well- Being mediates the relationship between Sustainable Human Resource Management practices and Job Satisfaction of health care professionals in hospitals.

Figure 7.3: Structural Model (Mediating role of EWB)



Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%- two-tailed- start calculations.

I. PATH COEFFICIENT

From the table 7.6, it can be computed that there is significant relationship exists between sustainable human resource management (Independent variable) and Job satisfaction (Dependent variable) in the absence of Employee well-being (Mediating variable). So, the first condition is accomplished of SEM analysis, that is, Independent and dependent variables must share a significant relationship (t-value >1.96) and (p-value <0.05). A significant relationship exists between sustainable human resource management and employee well-being, employee well-being and job satisfaction, sustainable human resource management and job satisfaction.

Table 7.6: Path coefficients

Path co-efficient	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Employee well-being -> Job Satisfaction	0.447	0.446	0.053	8.356	0
Sustainable Human ResourceManagement -> Employee well- being	0.756	0.755	0.029	26.491	0
Sustainable Human ResourceManagement -> Job Satisfaction	0.31	0.31	0.052	5.918	0

Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%-two-tailed- startcalculations.

II. TOTAL EFFECT

Similarly, in the Smart PLS path models, the indirect effect must be insignificant when including the Mediatorvariable. If the indirect effect is significant, that means the mediator absorbs some of the direct effects. For example, In a PLS path model without a mediating variable, a positive direct effect would become smaller after the inclusion of a mediating variable. The question is how much the mediating variable absorbs. The Variance Accounted For (VAF) determines the size of the indirect effect about total effects (DE+IE).

Thereby, we can determine the extent to which the variance of the dependent variable is directly explained by the independent variable and how much of the target construct variance is explained by an indirect relationship via the mediating variable. If VAF is less than 20%, no mediation occurs. If VAF is between more than 20% and less than 80%, partial mediation occurs; if VAF is more than 80% there is complete mediation.

In mediation analysis, direct effect, total effect and indirect effects are calculated to examine whether there is 'no mediation', 'full mediation', and 'partial mediation'. Total effect is the sum of Direct effect and Indirect effect. From Table (7.7), the total effect is computed by examining the relationship between the independent (SHRM) and dependent variable (JS) is 0.648. Similarly, from table (7.6) direct effect is computed which is (0.31). From table (7.8), specific indirect effect between all the variables is (0.338).

Total effect (TE) = Direct effect (DE) + Indirect effect (IE) 0.648 = 0.31 + 0.338

0.648 = 0.648

Table: 7.7- Total effect

Total effects	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Employee well-being -> Job Satisfaction	0.447	0.446	0.053	8.356	0
Sustainable Human Resource Management -> Employee well being	0.756	0.755	0.029	26.491	0
Sustainable Human Resource Management ->	0.648	0.647	0.037	17.636	0

Job Satisfaction					
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Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%-two-tailed- startcalculations.

Table 7.8: Specific indirect effects

specific indirect effects	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Sustainable Human Resource Management -> Employee well-being -> Job Satisfaction	0.338	0.337	0.043	7.915	0

Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%-two-tailed- startcalculations.

III. SPECIFIC INDIRECT EFFECT

Total effect means the effect of IV on DV without any mediator. In our study, we propose that the impact of IV on DV is actually through a MV (Employee well-being). Table 7.8 shows the specific indirect effects of the mediation variable that SHRM actually influences EWB and EWB actually influences JS (p-values is less than 0.05), which shows that the results are significant. Proposed hypothesis is accepted highlighting the fact that impact of SHRM on JS does pass through EWB.

The next step is to calculate whether employee well-being partially or fully mediates the

relationship between IV and DV. Full/ Complete mediation is when direct effect is insignificant and indirect effect is significant. Partial mediation is when direct effect is significant and indirect effect is also significant. From Table 7.6 (the direct effect is significant p-value less than 0.05), table 7.8 (the specific indirect effect is also significant), which means that SHRM is influencing JS in the presence of/ through EWB, and there partial mediation exists. The result highlights that SHRM influencing JS not entirely through EWB; SHRM also directly influencing OC. From figure 7.3, it was observed that there exists partial mediation between SHRM-JS (p-value is less than 0.05); SHRM-EWB (p-value is less than 0.05), significant relationship between EWB-JS (p-value is less than 0.05).

IV. HYPOTHESIS TESTING

Mediation analysis was performed to assess the mediating role of well-being (MV) on the linkage between SHRM (IV) and JS (DV). The results (table 7.9) revealed that the total effect of SHRM on JS was significant ($\beta=0.648$, $t= 17.636$, $p<0.05$). With the inclusion of mediating variable (EWB), the impact of SHRM on EWB is also significant ($\beta=0. 31$, $t=5.918$, $p<0.05$). The indirect effect of IV on DV through MV was found significant ($\beta=0.338$, $t=7.915$, $p<0.05$). This shows that MV partially mediates the relationship between IV and DV.

Table 7.9: Mediation Analysis

Total effect (SHRM- JS)		Direct effect (SHRM-JS)		Indirect effects of SHRM-JS					
Coefficient	P value	Coefficient	P value	SHRM> EWB> JS	Coefficient	SD	T value	P value	BI (2.5%- 97.5%)
0.64	0	0.31	0		0.338	0.043	7.915	0	0.256-

									0.423
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Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%- two-tailed- startcalculations.

Table 7.10: Calculation of VAF values

$VAF = (p_{12} * p_{23}) / (p_{12} * p_{23} + p_{31})$			
p12 (SHRM-EWB)	0.756		
p23 (EWB-OC)	0.546	0.412776	Indirect
p31 (SHRM-OC)	0.29	0.702776	Total
		59%	VAF

Source: Calculated in EXCELNotes:

- 0.756 value is taken from (path coefficient table 7.2)
- 0.546 value is taken from (path coefficient table 7.2)
- 0.29 value is taken from (path coefficient table 7.2)

$$VAF = (p_{12} * p_{23}) / (p_{12} * p_{23} + p_{31})$$

- $p_{12} * p_{23} = 0.756 * 0.546 = 0.412776$
- $p_{12} * p_{23} + p_{31} = 0.412776 + 0.29 = 0.702776$
- $(p_{12} * p_{23}) / (p_{12} * p_{23} + p_{31}) = 0.412776 / 0.702776$
- 59%.

Table 7.11: Calculation of VAF values

VAF= (p12*p23)/ (p12*p23+p31)			
p12 (SHRM-EWB)	0.756		
p23 (EWB-JS)	0.447	0.337932	Indirect
p31 (SHRM-JS)	0.31	0.647932	Total
		52%	VAF

Source: Calculated in EXCELNotes:

- 0.756 value is taken from (path coefficient table 7.6)
- 0.447 value is taken from (path coefficient table 7.6)
- 0.31 value is taken from (path coefficient table 7.6)
- $VAF = (p12 * p23) / (p12 * p23 + p31)$
- $p12 * p23 = 0.756 * 0.447$
- $p12 * p23 + p31 = 0.337932 + 0.31$
- $(p12 * p23) / (p12 * p23 + p31) = 0.337932 / 0.647932$
- 52%.

From the tables (7.10, 7.11), it can be evaluated that employee well-being mediates

‘partially’ (VAF= 59%) between sustainable human resource management and organizational commitment. From the tables, it can also be evaluated that employee well-being mediates ‘partially’ (VAF= 52%) between sustainable human resource management and job satisfaction.

V. DISCUSSION

Present study results found that mediating variable EWB ‘partially’ mediates the relationship between sustainable human resource management and organizational commitment. This means that both SHRM (IV) and OC (DV) shares a significant relationship with or without the presence of EWB (MV). These findings depict that health care professionals feel connected/committed towards their hospitals due to the incorporation of sustainable HRM practices and also HCP's feels committed with their organizations when sustainable HRM practices heading towards maintaining well-being of them. An HCP with higher well-being develops an attachment to their workplace. The mediating role of employee well-being between sustainable HRM and organizational commitment and job satisfaction, is an essential area of research. The importance of well-being as a significant mediating component, this study explores the effects of HRM practices on employee performance and well-being during times of crisis.

Numerous authors highlighted the importance of this mediation and supported the findings of our study as well; firstly, employee well-being serves as a mediating mechanism through which Sustainable HRM practices positively influence job satisfaction. When organizations adopt Sustainable HRM that prioritizes employee well-being, it will lead to higher levels of job satisfaction among employees (Guest, 2017). Similarly, The relationship between sustainable HRM techniques and organizational commitment is mediated by employee well-being. Employee engagement to the organization is typically higher in companies that prioritize employee well-being through Sustainable HRM initiatives (Fuentes-Garcia, et al., 2020). Another study imitates the findings of the current study by highlighting the relationship between sustainable HRM and both job satisfaction and organizational commitment is mediated by employee well-being. Sustainable HRM significantly impacts employee well-being, further promoting stronger organizational engagement and work satisfaction (Bergman et al., 2020). Earlier studies also conversely explored that affective

commitment and job satisfaction mediates the relationship between CSR and employee well-being. The study's findings suggest that an organization's involvement in CSR initiatives improves employee well-being through strengthening their emotional bond to the organization (Hayat, A., & Afshari, L. 2022). Similarly, another researcher postulate the hypothetical relationship considering organizational commitment as a mediating variable socialand environmentally sustainable factors and employee well-being. In this study social factors such as: improving mental health outcomes, reducing stress levels, increasing motivation, and engagement at work areconsidered. When workers feel valued and supported by their organization, they are more likely to have positive attitudes towards their jobs, leading to better mental health outcomes (Noor, N. A. M., et al., 2023). A study by authors (Tortia, Sacchetti, & López-Arceiz, 2022) highlighted that care services pose a new challenge and opportunity for implementing sustainable HRM related to work involvement and well-being. Authors present Study findings differently; sustainable HRM practices such as task autonomy, teamwork, and involvement positively and directly influence immaterial job satisfaction. Immaterial satisfaction further influences involvement at work and organizational performance. (McGuire, D., & McLaren, L. 2009) explored a relationship exists between physical environment and organizational commitment with a mediating variableas employee well-being. Study performed on front line employees working at call centres. The study's findingsalign with our study's findings; it supported the fact that fostering a supportive organizational culture with good relations with staff is also integral to greater employee well-being. A supportive culture in the workplacecan reduce employees' stress levels and increase employee commitment. The mediating role of employee well- being between sustainable human resources, job satisfaction and organizational commitment is an important area of research. Several studies examined this relationship and highlighted the significance of mediating roleof employee well-being. Past study validates this relationship exploring the results that employee well-being positively mediates the impact of employee's satisfaction on employee's performance. Study results also revealed that internal service quality also positively impacts employee well-being, satisfaction and commitment (Abdullah, M. I., et al., 2021).

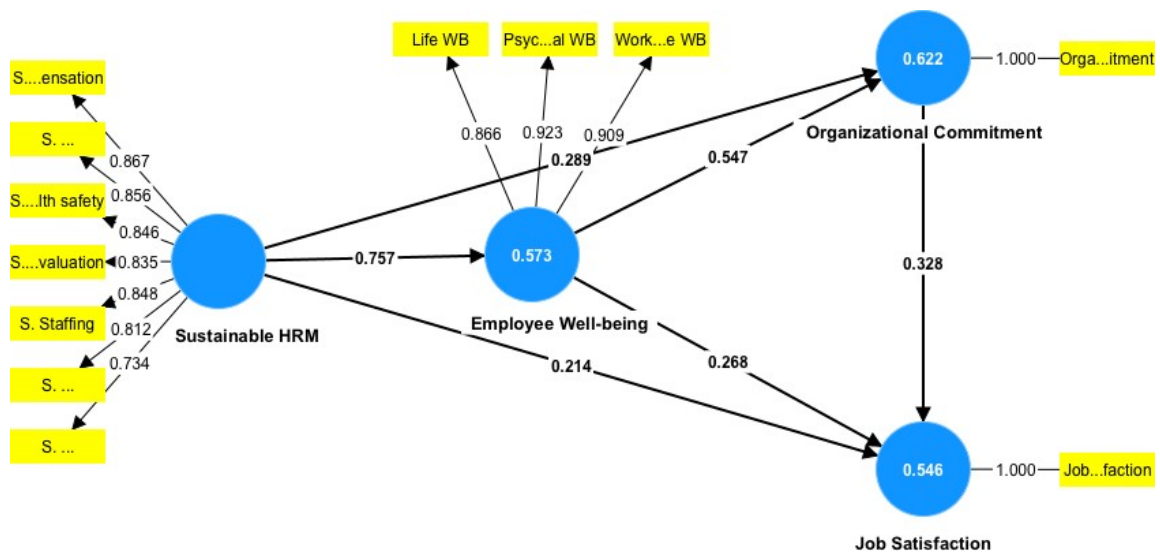
VI. TESTING OVERALL MODEL OF THE STUDY

Our population includes healthcare professionals from the public and private hospitals of Punjab. The sample size was 452 (185 from public sector hospitals, 267 from private sector

hospitals. The study used quantitative research methodology and a combination of proportionate and convenience sampling techniques. Figure 7.4

shows the significant relationship between all the constructs of the study. Sustainable human resource management has significant relationship with organizational commitment (t value > 1.96) and job satisfaction (t value > 1.96). Similarly, Sustainable HRM has significant relationship with both the dependent variables; organizational commitment and job satisfaction in the presence of mediating variable (employee well-being) (t value > 1.96). Organizational Commitment also have significant relationship with job satisfaction (t value > 1.96).

Figure 7.4: Conceptual Model of the Study



Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%- two-tailed- start calculations.

Table 7.12: Testing Hypothetical relationships among variables under study

Path Coefficient	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Employee Well-being -> Job Satisfaction	0.447	0.446	0.053	8.356	0
Employee Well-being -> Organizational Commitment	0.546	0.546	0.044	12.302	0
Sustainable HRM -> Employee Well being	0.756	0.755	0.029	26.491	0
Sustainable HRM -> Job Satisfaction	0.31	0.31	0.052	5.918	0
Sustainable HRM -> Organizational Commitment	0.29	0.29	0.046	6.317	0

Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%- two-tailed- start calculations.

VII. DISCUSSION

As seen from table 7.12, beta values showing a strong relationship between the independent and dependent variables and the mediating variable too. Sustainable HRM significantly influencing well-being of health careprofessionals ($\beta = 0.756$, mean 0.755, SD = 0.029, $t = 26.49$, $p = 0.000$). Employee well-being significantly influencing organizational commitment ($\beta = 0.546$, mean 0.545, SD = 0.044, $t = 12.302$, $p = 0.000$) and job satisfaction ($\beta = 0.447$, mean 0.446, SD = 0.053, $t = 8.356$, $p = 0.000$). Sustainable HRM significantly influences directly organizational commitment ($\beta = 0.29$, mean 0.29, SD = 0.046, $t = 6.317$, $p = 0.00$) and jobsatisfaction of health care professionals ($\beta = 0.31$, mean 0.31, SD = 0.052, $t = 5.918$, $p = 0.000$). Moreover, R-square values are EWB (0.572), OC (0.61) and JS (54.3) respectively which are more than 0.26 (Cohen, J. 1988), which demonstrates that the variation caused by Sustainable HRM is has a substantial effect. The studyalso found that employee well-being mediates and links the relationship between sustainable human resource management and organizational commitment; employee well-being mediates and links the relationshipbetween sustainable human resource management and job satisfaction.

VIII.. Model fitness (SRMR)

Further, the study fits the model fit test also, model fit test indicates that Standardized Root Mean Square (SRMR) values is 0.043, which is less than 0.10 or 0.08 (Hair et al., 2013). This demonstrates that model is a good fit. The values for SRMR should be equal to or less than 0.08 to address the approximate fit of the model(Henseler et al., 2014).

Table 7.13: Model Fit

MODEL FIT	Saturated model	Estimated model
SRMR	0.043	0.043
d_ ULS	0.143	0.143
d_ G	0.083	0.083
Chi-square	221.855	221.855
NFI	0.946	0.946

Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%- two-tailed- start calculations.

IX. Testing effect size (f²)

Effect size f² assesses how strongly one exogenous construct contributes to explaining a certain endogenous construct in terms of R². Values between 0.02- 0.15 reflect a weak effect; values between 0.15 - 0.35 reflectsa moderate effect; values more than 0.35 reflects a strong effect (Cohen, J. 1988). Similarly, the effect size test results revealed that the relationship between SHRM and EWB is f² value is 1.341, which is higher than 0.35, showing that it strongly affects employees' well-being. The results depict that the f² value for SHRM and OC is 0.095, which lies between 0.02-and 0.15, reflecting the weak effect of SHRM on OC. Similarly, thef² value of SHRM and JS is 0.039, depicting the weak effect of sustainable HRM on JS.

Table 7.14: F-Square Values

F-square	EWB	Job Satisfaction	Organizational Commitment	SHRM
EWB		0.051	0.338	
Job Satisfaction				
Organizational Commitment		0.09		
SHRM	1.341	0.039	0.095	

Source: Calculate- Bootstrapping-choose bootstrapping sample-confidence level 95%- two-tailed- start calculations.

X. Predictive Relevance (Q²)

When Q² values are greater than zero in a structural model, the path model's predictive relevance for a particular construct is shown. The values for predictive relevance (Q²) reflect that values more than zero can be said to have sufficient predictive relevance. Further predictive of relevance test (Q²) results shows that Employee well-being has Q² value (0.571) depicting strong predictive relevance, organizational commitment has Q² value (0.491) depicting strong predictive relevance and job satisfaction has Q² value (0.418) showing depicting strong predictive relevance. The authors suggest that the higher the Q² value, the higher the predictive relevance. The R², f², and Q² values must all be greater than zero to appropriately evaluate the model fit using PLS-SEM (Berki-Kiss and Menrad, 2022).

The present chapter deals with the data analysis of objective forth that provides valuable insights into the mediating role of employee well-being in the relationship between sustainable human resource management, commitment, and satisfaction of healthcare professionals. The findings highlight the significant influence of SHRM practices on enhancing employee well-being, which subsequently contributes to higher levels of commitment and job satisfaction. This analysis underscores the importance of implementing sustainable HR practices that

prioritize employee well-being as a means to foster organizational commitment and satisfaction in healthcare settings. Moving forward, these insights will inform strategic interventions aimed at promoting sustainable HRM practices and improving organizational outcomes in the healthcare industry. In this chapter, we have also constructed structural model (figure 7.4) of our thesis and results of which are presented in (table 7.12) which depicts significant relationship among all variables of our study.

CHAPTER 8

RELATIONSHIP BETWEEN ORGANIZATIONAL COMMITMENT AND JOBSATISFACTION

8.1 Introduction

The chapter provides a detailed analysis of the relationship that exists between two aspects, OC and JS. Both these concepts have their importance in the lives of working individuals. These concepts are often used interchangeably, but they have their unique existence. The literature is filled with studies that explore the relationship between these two variables. However, the direct study is missing that has mentioned that OC is leading towards JS of HCPs or job satisfaction is leading towards organizational commitment. Through this study, it has been examined that organizational commitment is the leading factor towards job satisfaction, as one person having an emotional attachment to the organization will automatically feel satisfied with their workplace. The following objective and hypothesis have been framed to evaluate the relationship between these constructs. By analyzing this relationship, the chapter seeks to uncover insights into the factors influencing organizational commitment and job satisfaction within the healthcare sector. Understanding these dynamics is crucial for developing strategies to enhance employee engagement and satisfaction in healthcare organizations.

Objective 5: To evaluate the relationship between Organizational Commitment and Job Satisfaction of health care professionals in the hospitals of Punjab.

H6a: There is positive relationship between Organizational Commitment & Job Satisfaction of health care professionals.

8.2 Pearson Correlation Coefficient

To evaluate the effect of organizational commitment on job satisfaction, it is important to study the relationship between these two variables. The type of co-relation between the two variables was also calculated using Karl Pearson's in SPSS. In the present study, two variables, Organizational Commitment (Affective, Normative, and Continuous) and Job Satisfaction, were observed.

H6a: There is positive relationship between Affective Commitment & Job Satisfaction of health care professionals.

Table 8.1: Correlation output table using SPSS

<i>Correlations</i>			
		<i>AC</i>	<i>JS</i>
<i>Affective Commitment</i>	<i>Pearson Correlation</i>	<i>1</i>	<i>.600**</i>
	<i>Sig. (2-tailed)</i>		<i>.000</i>
	<i>N</i>	<i>452</i>	<i>452</i>
<i>Job Satisfaction</i>	<i>Pearson Correlation</i>	<i>.600**</i>	<i>1</i>
	<i>Sig. (2-tailed)</i>	<i>.000</i>	
	<i>N</i>	<i>452</i>	<i>452</i>
<i>Correlation is significant at the 0.01 level (2-tailed).</i>			

Source: Obtained from SPSS □ Analyse □ Correlate □ Bivariate

With the help of Karl Pearson’s co-efficient of correlation, as shown in Table 8.1, depicts the correlation between affective commitment and job satisfaction of healthcare professionals. The correlation coefficient is 0.60, a good positive correlation between these two variables. Also, the correlation coefficient is significant as its p-value is 0.00, which is less than the significance level at ($\alpha = 5\%$). The next step is to calculate the Coefficient of Determination (R square). R square is a statistical measure that measures how much of the variance for a dependent variable in a regression model is explained by an independent variable. R square value is the square of the correlation coefficient; $(0.66 \times 0.66) = 0.36$. This means 36% variance in job satisfaction is caused by affective commitment.

‘Affective commitment refers to an employee’s perceived emotional attachment to their organization’. Pearson correlation is calculated at **0.60**, which explains a **positive correlation** between these two variables. It shows the significant study, which shows **nursing staff is emotionally attached to the hospitals; nursing staff feels proud to be part of their respective hospitals; they feel responsible towards their hospital, that’s why they feel satisfied with their job.** N is the sample size 452.

H6b: There is a positive relationship between health care professionals' Normative Commitment & Job Satisfaction.

Table 8.2: Correlation output table using SPSS

<i>Correlations</i>			
		<i>NC</i>	<i>JS</i>
<i>Normative Commitment</i>	<i>Pearson Correlation</i>	<i>1</i>	<i>.506**</i>
	<i>Sig. (2-tailed)</i>		<i>.000</i>
	<i>N</i>	<i>452</i>	<i>452</i>
<i>Job Satisfaction</i>	<i>Pearson Correlation</i>	<i>.506**</i>	<i>1</i>
	<i>Sig. (2-tailed)</i>	<i>.000</i>	
	<i>N</i>	<i>452</i>	<i>452</i>
** <i>. Correlation is significant at the 0.01 level (2-tailed).</i>			

Source: Obtained from SPSS □ Analyze □ Correlate □ Bivariate

Table 8.2, depicts the correlation analysis output table for correlation between normative commitment and jobsatisfaction of health care professionals. The correlation coefficient is 0.506, indicating **moderate correlation** between these two variables. The correlation coefficient is significant as its p-value is 0.00, which is less than the significance level at ($\alpha = 5\%$). Next step is to calculate Co-efficient of Determination (R square). R square is a statistical measure that measures how much of the variance for a dependent variable in a regression model is explained by an independent variable. R square value is basically is the square of correlation coefficient; $(0.506 * 0.506) = 0.256$. This means 25.6% variance in job satisfaction is caused by normative commitment. Normative commitment refers to an employee’s sense of obligation to stay in the organization. Pearson correlation is calculated at **0.506**, which explains that there is a positive co-relation between these two variables. It shows that the study is

significant, which shows **that nursing staff have a strong desire to maintain their jobs; they would feel guilty if they left their present jobs, which is why they feel satisfied at their workplace.**

H6c: There is a positive relationship between Continuous Commitment & Job Satisfaction of health care professionals.

Table 8.3: Correlation output table using SPSS

Correlations			
		CC	JS
Continuous Commitment	Pearson Correlation	1	.584**
	Sig. (2-tailed)		.000
	N	452	452
Job Satisfaction	Pearson Correlation	.584**	1
	Sig. (2-tailed)	.000	
	N	452	452
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: Obtained from SPSS □ Analyse □ Correlate □ Bivariate

Table 8.3, depicts the correlation analysis output table for correlation between continuous commitment and job satisfaction of health care professionals. The correlation coefficient is 0.584 which is **a good positive correlation** between these two variables. Also the correlation coefficient is significant as its p-value is 0.00 which is less than the significance level at ($\alpha =$

5 %). Next step is to calculate Co-efficient of Determination (R square). R square is a statistical measure that measures how much of the variance for a dependent variable in a regression model is explained by an independent variable. R square value is basically is the square of correlation coefficient; $(0.584*0.584)= 0.336$. This means 33.6% variance in job satisfaction is caused by continuous commitment.

Continuous commitment relates to how much employees need to stay at their organization. Pearson correlation is calculated at **0.584**, which explains that there is a positive correlation between these two variables. It shows that the study is significant, as **nursing staff feel satisfied at their jobs because they find it difficult to find any other job; they wish to have this job for a lifetime.**

Table 8.4: Achievement of Hypothesis

Hypothesis Framed	P values	Table values	Accepted/ Rejected
<i>H6a: There is a positive relationship between Affective Commitment & Job Satisfaction of health care professionals.</i>	0.05	0.00	Accepted
<i>H6b: There is a positive relationship between Normative Commitment & Job Satisfaction of health care professionals.</i>	0.05	0.00	Accepted
<i>H6c: There is a positive relationship between Continuous Commitment & Job Satisfaction of health care professionals.</i>	0.05	0.00	Accepted

Source: Computed from analysis through SPSS

8.2 Discussion

OC and JS are the two critical variables that can significantly influence the performance of healthcare professionals in the workplace. Earlier research suggests that there is a positive relationship between OC and JS; when HCPs feel committed to their organizations, they are more likely to experience job satisfaction. This commitment can stem from several factors, including sense of belonging, identification with organizational values and perceived support from organization. HCP's may feel stronger connection to their work, have positive attitudes towards their colleagues and perceive their jobs as meaningful. Moreover, higher level of OC and JS among HCP's are associated with lower turnover intentions.

Studies also imitates the findings of earlier studies where higher levels of AC tend to report greater satisfaction with job (0.60), CC has positive correlation with job satisfaction (0.58), but not strong as AC. NC shares a weaker correlation with job satisfaction (0.50) than AC and CC. Overall, the hypothesis is accepted, that is, "There is positive relationship between OC & JS of health care professionals". HCP's feel satisfied with their jobs as they are committed (emotionally, responsibly, and desirably) towards their respective hospitals. Similar studies demonstrated that nurses feel connected and satisfied with their jobs due to healthy physical environment at hospitals, proper work schedules and being healthy to work in continuity (Sousa-Ribeiro, M., et al., 2022).

Studies also demonstrated that satisfaction at the workplace is also inversely associated with absenteeism, turnover rate, level of stress and eventually exhaustion at the workplace (T. Singh et al., 2019). Earlier research also presented similar results that there exists a positive association between both variables. When healthcare professionals feel committed to their organization, they are more likely to experience higher level of job satisfaction. There are three dimensions of commitment which we have studied results highlighted that healthcare professionals are satisfied with their jobs, when they are more likely to develop an emotional attachment with their hospitals. The relationship between CC, NC and JS is not strong because healthcare professionals do not feel much satisfaction with their jobs because they are not getting an opportunity to work in some other organization and perform moral duties. Thus, organizational support plays an influential role in shaping the relationship between commitment and job satisfaction.

Table 8.5: Overall Hypothesis Status

Hypothesis	Tests Preferred	Relationship between variables	Sub-Hypothesis	Accepted/ Rejected
Hypothesis1	SEM (PLS algorithm, Bootstrapping)	SHRM- EWB	H1a (SHRM-LWB)	Accepted
			H1b (SHRM-WWB)	Accepted
			H1c (SHRM-PWB)	Accepted
Hypothesis2	SEM (PLS algorithm, Bootstrapping)	EWB-OC	H2a (LWB- OC)	Rejected
			H2b (WWB-OC)	Accepted
			H2c (PWB-OC)	Accepted
Hypothesis3	SEM (PLS algorithm, Bootstrapping)	EWB-JS	H3a (LWB-JS)	Accepted
			H3b (WWB-JS)	Accepted
			H3c (PWB-JS)	Accepted
Hypothesis4	SEM (Bootstrapping)	SHRM-EWB-OC	EWB-OC	Accepted
			SHRM- EWB	Accepted
			SHRM-OC	Accepted
Hypothesis5	SEM (Bootstrapping)	SHRM-EWB-JS	EWB-JS	Accepted
			SHRM-EWB	Accepted

			SHRM-JS	Accepted
Hypothesis6	Co-relation	OC-JS	H6a (AC-JS)	Accepted
			H6b (NC-JS)	Accepted
			H6c (CC-JS)	Accepted
Hypothesis7	Independent sample T-test	SHRM (a comparison betweenpublic and private hospitals)	H 7a	Accepted
			H7b	Accepted
			H7c	Accepted
			H7d	Accepted
			H7e	Accepted
			H7f	Rejected
			H7g	Rejected

Source: Outcome from analysis

This chapter presented the analysis of data for fifth objective that revealed the important insights of the correlation between organizational commitment and job satisfaction among healthcare professionals. The findings demonstrate a strong positive relationship between higher levels of organizational commitment and increased job satisfaction among healthcare professionals. This analysis underscores the importance of fostering organizational commitment as a strategy to enhance job satisfaction and overall well-being in healthcare settings. Moving forward, these insights will guide recommendations for organizational practices aimed at promoting greater employee engagement and satisfaction within healthcare organizations.

CHAPTER 9

FINDINGS, SUGGESTIONS AND CONCLUSION

'Sustainable Human Resource Management, Employee Well-Being, Organizational Commitment and Job Satisfaction of Health Care Professionals: A Study on Select Hospitals of Punjab'. The research considers the employee-centered aspects such as well-being, commitment and satisfaction through SHRM of health care professionals by studying their opinions. To examine the level of OC and JS of health care professionals, it is necessary to study the relationship between SHRM and WB practices of hospitals. It is a study performed on Health Care Professionals (who are more in contact with patients) of public and private hospitals in Punjab. Every hospital is unique in delivering its services; healthcare professionals also provide their services uniquely. Hence, conducting a comparative analysis between public and private hospitals of Punjab was felt necessary. For this purpose, this study is performed on Health Care Professionals (who are more in contact with patients) of public and private hospitals of Punjab, that is, from (PHSC) 56 hospitals and (NABH) 55 hospitals. Hospitals from all the regions (Doaba, Majha and Malwa) were selected as the research framework. The study made use of both primary sources as well as secondary sources. A sample of 450 respondents (nursing professionals) were selected. Out of these, 267 (respondents were from private hospitals) and 185 (respondents were from government hospitals).

This study has been conducted through the well-designed instrument to obtain useful results and complete analysis. The instrument contains sixty-six statements, out of which thirty-four statements of SHRM, fifteen of EWB, nine of OC and eight of JS. Hence, the structured questionnaire has been used to gather primary data from healthcare professionals. To verify the authenticity of the questionnaire, reliability and internal consistency were checked. All scales and sub-scales produced internal consistency as per results obtained from Cronbach Alpha. The designed questionnaire has been further tested for reliability and validity through CVR and Pilot testing. To improve the response rate, most of the questionnaires were filled through hybrid mode, by having contact numbers of human resource managers from respective hospitals. Health care professionals also filled a few questionnaires in hard copies to ensure that responses would be kept anonymous and information would not be disclosed to anyone.

Based on data analysis performed in Chapters 4th, 5th, 6th, 7th and 8th that focused upon consolidation and compilation of the results. This chapter provides a summary of findings on

the basis of identified results and finally presents the conclusions. This chapter also discusses the limitations of the study and presents the agenda for future research and how we can ensure the well-being, commitment and satisfaction of healthcare professionals through sustainable human resource management in the context of a changing work environment.

The study has been conducted to accomplish the following objectives:-

- To study the Sustainable Human Resource Management practices adopted by both private and government hospitals of Punjab.
- To study the effect of Sustainable Human Resource Management practices on the well-being of Healthcare professionals.
- To examine the effects of Employee Well-Being upon the Organizational Commitment & Job satisfaction on the health care professionals.
- This study examines the role of Employee well-being in the relationship between Sustainable human resources management practices, Organizational Commitment, and job Satisfaction of health care professionals in the hospitals of Punjab.
- To evaluate the relationship between Organizational Commitment & Job Satisfaction of health care professionals in the hospitals of Punjab.

SHRM aims to achieve long-term goals, environmental care, employee participation and organisation growth. It was felt necessary to perform research on hospitals concerning sustainable HRM practices for ensuring the WB of HCPs. The COVID-19 pandemic undoubtedly made us realize how important sustainable activities are required to follow in our daily lives. With respect to every organization, sustainable practices must be implemented and maintained in the long run. These practices eventually bring a list of benefits to the organizations: profitability, long-term growth, meeting social responsibilities, healthier employee-employer relationships, brand image, job satisfaction, and employee engagement etc.

Moreover, in the current phase of challenges faced globally due to the COVID-19 pandemic, HRM needs to be redefined with SHRM as a more appropriate approach to achieving sustainable development goals (Davidescu et al., 2020). Results obtained from the analysis highlighted the need to design HRM in a sustainable-oriented approach for hospitals all over the state and country. Sustainable human resource management has become a requirement of

the period. Sustainable practices for HCP's well-being are a prerequisite for sustainable growth of hospitals (Das & Dash, 2022). Healthcare professionals are the individuals whose well-being is of utmost importance because their life, psychological, and workplace well-being will directly influence the quality of delivering services.

9.1 Objective wise: Results and findings are as follows: -

9.1.1 Incorporation of SHRM by both government and private hospitals

- To find out the difference between sustainable practices followed by both types of hospitals, a **comparison of means** was done between both hospitals by considering primarily seven different Sustainable practices: SS, STD, SPE, SC, SDM, SWLB, and SOH.
- **IA** **n independent T-test** is used for this purpose. **H** The high level of internal consistency and reliability suggests **S** that the HRM scale is valid and can be used by academicians and practitioners who want to study SHRM practices.
- It can be observed from the mean values that: - Mean score of (SS), (STD), (SPE), (SC), (SDM), (SWLB), (SOH) in private hospitals was (4.30), (4.33), (4.27), (3.85), (4.37), (4.42), (3.90) which was significantly higher in private hospitals than that of public hospitals which was (3.79), (3.88), (3.78), (3.49), (3.83), (4.08), (3.58).
- According to the mean values SC has the lowest value, which signifies that **SC is being followed least** in both public (3.49) and private hospitals (3.85). **SWLB is being followed higher** than other practices in both public (4.08) and private hospitals (4.42).
- The analysis further suggests a **significant difference** between both types of hospitals through **Levene's Test for Equality of Variances**. There is a significant difference of these five constructs (SS 0.009 < p-value 0.05), (STD 0.014 < p-value 0.05), (SPE 0.001 p-value < 0.05), (SC 0.001 < p-value 0.05), (SDM 0.001 < p-value 0.05) in private and government hospitals of Punjab (t-values less than p-value 0.05)
 - The leading sustainable factors which are followed and implemented **higher in private hospitals** are SS, STD, SPE, SC, and SDM. Firstly, based on the observations it was examined that in private hospitals, **recruitment and**

selection of candidates are based on qualifying GNM, ANM diploma, interviews and references. Whereas, in government hospitals, the selection of candidates is based on having an essential graduate degree (Bachelor of Science in Nursing), Master of Science in Nursing to attain higher positions, and qualifying for competitive exams such as NEET. Secondly, in terms of promotional avenues, these are far better in private hospitals; private hospitals rely on promoting individuals internally (considering higher qualification), while there is no such opportunity available to individuals in public hospitals (promotion is done only on a seniority basis). Thirdly, private hospitals follow a detailed procedure for a new candidate joining and integrating, whereas government hospitals follow no such procedure. Lastly, private hospitals consider environment-friendly practices that needed to be improved in government hospitals.

- Second, based on the observation, it was examined that **STD** practices also vary in both types of hospitals. Staff from private hospitals avail themselves of opportunities for development according to the talent and commitment of employees and good mentoring training programs. Different from Staff from public hospitals do not get opportunities regarding their development and growth.
- Thirdly, in terms of **SPE**, promotions of employees are based on the merit of employees in government hospitals, but such criterion still needs to be met in private hospitals. Further, private hospitals offer periodic feedback on employees' performances and consider employees doing environment-friendly activities, but these practices are lacking need to be improved in government hospitals.
- In terms of **SC**, private hospitals provide transparent remuneration to employees. Whereas, government hospitals are higher in providing non-monetary compensation, links employees eco-friendly behavior to compensation plans than to private hospitals. Employees are happier with compensation plans in govt. hospitals than the private hospitals (Saxena and Rai, 2016).
 - Lastly, in **terms of SDM**, free interaction between senior and

subordinates prevails in private hospitals. They hire a team to manage diversity and introduce the concept of the importance of diversity management, but these practices are lacking in government hospitals. Contradictory to this, formal equal opportunities exist in government hospitals but lack in private hospitals.

- There is no significant difference among the last two constructs (SWLB $0.09 > p$ -value 0.05), SOH $0.072 > p$ -value 0.05) in private and government hospitals of Punjab (t-values more than p-value 0.05).
 - Further, both types of hospitals favor **SWLB**, which means they allow modifications in work shifts and facilitate transfer of employees according the personal and professional needs of employees, and flexible in providing maternal/ paternal leaves for family reasons.
 - Lastly, both types of hospitals follow practices that protect their employees against physical and psychological risks. Both types of hospitals appoint **health and safety** committees to ensure the safety of employees by preventing risks at the workplace. This committee ensures healthy living inside and outside the workplace and also raises awareness of healthy living. Moreover, employees from both types of hospitals fully understand the extent of corporate environment policies.
- The results of the first objective depict that both hospitals are following and implementing SHRM practices but differently, and private hospitals are implementing them more prominently. This study has concluded that government hospitals can implement these practices more precisely to enhance their respective employees' well-being and welfare. There are certain practices such as: providing regular training and development, ensuring the description of sustainable goals properly, and lastly ensuring the proper incorporation of practices aiming at well-being of healthcare professionals.

9.1.2: Effects of SHRM on the Well-Being of HCP's.

Secondly, the present study aims to understand effect of sustainable human resource management practices on well-being of health care professionals through SEM analysis. The value for adjusted R-Square for well-being and sustainable HRM is 0.574 , which means 57.4%

explained variation in employee well-being is caused by different sustainable HRM practices (figure 7.4). The results revealed significant results ($\beta = 0.758$, $t = 27.303$,

- $p < 0.05$). Therefore, it was concluded that sustainable HRM plays an important role in enhancing employee well-being; greater is the state of well-being among employees, greater they development loyalty and satisfaction at workplace. Now, there is requirement of evaluating that which well-being aspect is more influenced by sustainable HRM. Moreover, results obtained explored that sustainable human resource management PWB and WWB aspects of health care professionals than LWB. Because, life well-being of health care professionals can be achieved when an individual **feels satisfied with their lives** and find **real happiness and enjoyment** with their personal lives.
- There are seven sustainable HRM practices (SS, STD, SPE, SC, SDM, SWLB and SOH) three types of well-being (LWB, WWB, PWB).
 - PWB is the most significant aspect that SHRM influences. The value for adjusted R-Square for Psychological well-being and sustainable HRM is 0.56, which means 56% explained variation in PWB is caused by different sustainable HRM practices, which means professional **feel satisfied and confident** with their achievements, **feel like a grown person**, able to **handle daily life affairs** with the good sustainable HRM practices. Healthcare professionals are willing to share and spend their time with others to achieve mental peace.
 - WWB is the second factor influenced by SHRM. The value for adjusted R-Square for Workplace well-being and sustainable HRM is 0.504, which means 50.4% of the variation in WWB is explained by different sustainable HRM practices. This means that health care professionals are **satisfied with the responsibilities** given to them at work, find ways to **enrich work**, and consider their job a **meaningful experience**.
 - Lastly, SHRM also influence LWB of health care professionals, but lower than PWB and WWB. The value for adjusted R-Square for Life well-being and sustainable HRM is 0.367, which means 36.7% explained variation in

LWB is caused by different sustainable HRM practices. Because, life well-being of health care professionals can be achieved when an individual **feels satisfied with their lives** and find **real happiness and enjoyment** in their personal lives.

- The results revealed significant when SHRM impact on LWB is evaluated ($\beta = 0.604$, $t = 16.838$, $p < 0.05$). Similarly, results revealed significant results for the impact of SHRM on WWB ($\beta = 0.727$, $t = 23.887$, $p < 0.05$).and PWB ($\beta = 0.705$, $t = 24.57$, $p < 0.05$) also. From the results, it can be evaluated that with the incorporation of SHRM in the hospital sector, psychological and workplace well-being could be ensured. Still, SHRM management is having the least impact on life well-being.
- From the mean values, it was also computed that STD and SPE are contributing least towards LWB; SS, STD and SWLB are contributing least towards WWB; STD and SPE are least contributing towards PWB. According to the results of the study, SS, STD, and SPE are the three dimensions of SHRM that are required to be appropriately implemented to maintain the well-being of Healthcare professionals.

9.1.3 : Well-being influence commitment of Health Care Professionals

- Well-being (Life, Workplace and Psychological) positive influences more significantly- Affective commitment than normative and continuous commitment.
 - Affective Commitment: The results examined showed that 52.1% of the variation in affective commitment is caused by employee well-being. This signifies that health care professionals are **emotionally attached, proud to be part of, and responsible** for their respective hospitals because their well-being at the workplace is ensured by management.
 - Normative Commitment: The results examined showed that 43.7% of the variation in normative commitment is caused by employee well-being. This signifies that the higher well-being of healthcare professionals ensures their **strong desire to maintain** their jobs, which **provide maximum output**, and that they would **feel guilty** if they left their present jobs.
 - Continuous commitment: Results examined that only 34.6% variation in normative commitment is caused by employee well-being. The results

signify that most minor the variation is caused by continuous commitment because healthcare professionals are doing their present jobs not because they are higher at their well-being but **because they need their jobs; it is difficult for them to leave their jobs and find another job.**

- Results present that on the basis of mean values, all dimensions are contributing successfully towards AC; towards NC and CC, LWB plays the role of the least contributor.

9.1.4. Well-being Influences Job satisfaction of Health Care Professionals

- The results examined showed that 46.5% of the variation in job satisfaction is due to employee well-being. Health care professionals with higher well-being feel satisfied with their respective jobs in terms of recognition of efforts, remuneration, working hours, amount of responsibility, abilities, skills, colleagues, and comfortable working environments.
- The results show that, on the basis of mean values, LWB plays the least contributing role to the job satisfaction of healthcare professionals. This signifies that when a person feels better psychologically and at work, they are likely to be more satisfied with their jobs.

9.4.5. Well-being mediates the relationship between sustainable human resource management and the organizational commitment of health care professionals.

- In our research model, we have presented employee well-being as playing a mediating role between sustainable human resource management and organizational commitment. The study also found a significant relationship between the three constructs (SHRM-EWB-OC).
- It can be evaluated that employee well-being mediates ‘partially’ (VAF= 59%) between sustainable human resource management and organizational commitment.
- Based on mean values between the constructs, it was evaluated that the direct effect SHRM>OC(0.29) is less than the indirect effects SHRM> EWB (0.75) and EWB>OC (0.54), which signifies that EWB is playing a role of

strong mediator.

- A significant relationship between these constructs depicts that when organizations follow and incorporate a proper sustainable human resource management system, it will lead to higher well-being of employees. They tend to report being happier and healthier at their workplaces and tend to develop commitment towards their jobs and organizations. Current findings also supported by earlier studies undertaken, where well-being dimensions are taken different- social, physical and psychological (Khoreva & Wechtler, 2018).

9.1.6. Well-being mediates the relationship between sustainable human resource management and job satisfaction of health care professionals.

- In our research model, we have presented employee well-being playing a mediating role between sustainable human resource management and job satisfaction. The study also found a significant relationship between the three constructs (SHRM-EWB-JS).
- The tables also show that employee well-being mediates 'partially' (VAF= 52%) between sustainable human resource management and job satisfaction.
- Based on mean values between the constructs, it was evaluated that the direct effect SHRM>JS(0.310) is less than the indirect effects SHRM> EWB (0.75) and EWB>JS (0.447), which signifies that EWB is playing a role of strong mediator.
- A significant relationship between these constructs depicts that when organizations follow and incorporate proper sustainable human resource management systems, it will lead to higher employee well-being. Employee well-being is crucial for attaining overall satisfaction at the workplace.

9.1.7. Positive relationship between organizational commitment and job satisfaction of health care professionals

- **The results signify that there is a higher positive correlation between affective commitment and job satisfaction than between the other two types of**

commitment.

- Affective commitment refers to an employee's perceived emotional attachment to their organization'. Pearson correlation is calculated **at 0.60**, and this explains that there is a **positive correlation** between these two variables. It shows the significant study, which shows **nursing staff is emotionally attached to the hospitals; nursing staff feels proud to be part of their respective hospitals; they feel responsible towards their hospital, that's why they feel satisfied with their job.**
- Continuous commitment (CC) relates to how much employees feel the need to stay at their organization. Pearson correlation is calculated **at 0.584**, which explains that there is a positive co- relation between these two variables. It shows that the study is significant, as **nursing staff feel satisfied at their jobs because they find it difficult to find any other job; they wish to have this job for a lifetime.**
- Lastly, normative commitment (NC) refers to an employee's sense of obligation to stay in the organization. Pearson correlation is calculated **at 0.506**, which explains that there is a positive co- relation between these two variables. It shows that the study is significant, which shows **that nursing staff have a strong desire to maintain their jobs; they would feel guilty if they left their present jobs, which is why they feel satisfied at their workplace.**

9.2 Recommendations from the study

Hospitals are such organizations established to cater for the welfare of society. In the Indian communities, all the individuals (medical personnel, health care providers) who are delivering services for maintaining the good health of people at large are treated as 'Almighty'. Health care professional with higher well-being delivers their services with their whole heart and soul. Working in the healthcare industry is highly competitive and difficult (Sousa-ribeiro, Lindfors, & Knudsen, 2022). Organizations must realize that taking necessary steps towards bringing sustainability-oriented human resource management is essential for the overall growth and development of their particular organization and also the Nation's development. In the fortuitous application of sustainable HRM, the patients are the most beneficial category, and the hospital administrations attain huge benefits. Presently, Health is the most crucial asset that an individual can have. Health care professionals act as a good counsellor to patients, guiding them on following healthy tips for healthy living. Therefore, a balanced SHRM approach and

EWB practices are suggested for future research.

The COVID-19 epidemic forced hospital staff to labour above their capacity, and they may continue to do so under emergency conditions in the foreseeable future. This scenario at hospitals significantly negatively influenced worker well-being, particularly during moments of ambiguity and urgency in the highly demanding work environment. This circumstance demonstrates the need for researchers to concentrate on the well-being of healthcare professionals as a top priority issue to address. Due to its connection to productivity in the healthcare industry, employee well-being has taken on a special significance. Moreover, Article 25 of Human Rights states that "Everyone has right to a standard of living adequate for the health and well-being of himself and family". In order to achieve this aim, the health department works through many departments which deal with different kinds of services, such as medical, nursing, dietary, and pharmacy. Of all these services, 'nursing services' are the most influential and closest to patients directly. Literature suggests that HCPs (nurses) play an important role in the hospital sector (Asfaw et al., 2014; Khan et al., 2021; T. Singh et al., 2019). Nurses have to maintain the responsibility of meeting the health needs of patients during their stay in the hospitals.

There are situations when healthcare professionals are less at their well-being, such as COVID-19. During this era, it became very difficult for healthcare professionals to decide whether to prioritize their well-being of the patients. This has created a higher level of stress among them, leading to poor performance, over-burdened, lesser authority, enhanced leaves and a shortage of staff at hospitals. Even prior to the COVID-19 pandemic, healthcare professionals were dealing with different levels of well-being influencing factors like work-life imbalances, insecurities related to jobs and sleep deprivation (Kailay, 2022). In the present study, Sustainable HRM is brought into the picture for enhancing commitment and satisfaction at hospitals along with ensuring WB of HCPs. The study's results supported that with the incorporation of proper sustainable HRM, there is scope for improvement in well-being also. The study also supported that the seven dimensions of Sustainable HRM (SS, STD, SPE, SC, SDM, SWLB & SOH) were leading towards enhanced well-being concerning life, concerning mental and with respect to the workplace. Enhanced well-being will lead to attaining three types of commitment (AC, NC and CC) and job satisfaction. With an emphasis on long-term organisational success and employee wellbeing, sustainable HRM entails integrating environmental, social, and economic factors into HRM strategy. The study looks into how sustainable HRM efforts help improve the various aspects of employee well-being by

reviewing and analysing the most recent studies on the subject.

A set of recommendations have been made after critically examining the research findings. Implementing sustainable HRM is a means to support goals for sustainable development, employee well-being, and social capital inside organisations (Ehnert, 2011; Kramar, 2014). This study advances our understanding of the effects of SHRM on EWB by identifying the aspects of SHRM that have the most significant positive effects on the well-being of healthcare professionals. The hospital management department, involved in the decision-making process needed in the aftermath of a crisis, is particularly interested in all of this information.

- In the hospital sector, there is a need to incorporate SHRM appropriately. According to the results obtained from the current study, organizations should focus on the appropriate application of practices that guarantee the well-being of employees. Practices such as:- job security and stability, a good working environment, training to ensure adaptation to the new working environment, diversity management, work-life balances and occupational health and safety measures (Sorribes et al., 2021) integrate sustainability into HR procedures that demonstrate an organization's commitment to social and environmental responsibility.
- To develop a sustainable healthcare workplace, embedding sustainable HRM practices for the well-being of HCPs is indispensable. Organizations should focus on the attainment of SDGs for which the maintenance of human capital as a competitive advantage is imperative. Newer suitable sustainable strategies in staffing, training and development, performance evaluation is required as in our results it was evaluated that these practices are least contributing towards the well-being of employees.
- According to the study's findings, government hospitals must more accurately implement SHRM practices. The study's first objective was achieved by comparing the mean values of government and private hospitals. The findings imply that government hospitals need to catch up with and observe SHRM. Moreover, sustainable compensation is followed least in public (3.49) and private hospitals (3.85). It is suggested that hospital organizations can improve on compensation practices such as "providing non-monetary benefits along with monetary, considering expectations of employees while designing compensation plans, remuneration plans

should be transparent to employees, and providing rewards to employees for individual performance along with collective performances for enhancing well-being of HCPs.

- According to our study, employee well-being comprises LWB, WWB, and PWB. LWB contributes the least towards the NC (mean value 0.05) and CC (mean value 0.09) levels of HCPs. Organizations can contribute towards improving the life well-being of HCPs that could directly raise individuals' continuous commitment. The study results also present that LWB contributes the least towards job satisfaction (mean value 0.175). It is suggested that organizations can work on practical life well-being to maintain and secure the retainment of employees for the long term through enhancing job satisfaction.
- Along with hospital organizations, organizations from different sectors could develop a 'Give-and-Take' management system. Give-and-take systems focus on utilizing the society's natural resources, but in return, they offer various services to the societies in which they operate. If organizations are using employees' time and efforts for the achievement of objectives, they could ensure their job security and employability in return. In terms of employment relationships, both the employers and employees have an unspoken set of commitments and expectations from each other known as the psychological contract. Firm psychological contracts are thought to increase commitment, job happiness, and well-being in employees.
- Based upon the social exchange theory, when employees feel their social exchange relationships with organizations are positive, they eventually feel satisfied with their jobs. Employees feel attachment and turn out to be more responsible at the workplace. Thus, HR managers are suggested to incorporate such systems where along with achieving goals of the organizations; employees health and well-being are also taken care of.
- To enable healthcare workers to successfully combine their personal and professional lives, promote a culture that encourages work-life integration by establishing flexible work options, such as telecommuting or flexible scheduling. With such initiatives, general well-being can be enhanced, stress at work can be minimized, and healthcare professionals can feel satisfied with their respective jobs.
- The aftermath of the epidemic has produced a setting where the well-being of medical

personnel must be acknowledged in full. Complete well-being programs are required to be addressed that cater to the needs of healthcare professionals in terms of their physical, mental, and emotional well-being. These programs should provide access to mental health resources, stress management classes, mindfulness exercises, nutrition advice, and fitness efforts. It is also advised to the management to make sure a complete and regular evaluation of following of these programs and also evaluating the performance of professionals.

- Sustainable HRM is a paradigm shift towards a newer approach to managing people. The study's conclusions provided a conceptual framework for understanding the connection between long-term SHRM and successful organizational outcomes. This study has improved our understanding of how sustainable HRM is applied and how it affects social, economic, and environmental consequences (Karman, A. 2020). Increased value for employees results from social equity, ecological sustainability, and economic progress. Sustainable HRM may impact morale and benevolence among employees, output and effectiveness, calibre of work, inventiveness and originality, and employees' attitudes at work.
- "Tangible outcomes of a strong, sustainable HRM performance include not only support for the achievement of broad sustainability business objectives, but also measurable contributions to HRM performance, including lower employee turnover, lower absenteeism, improved employee well-being, and an overall increase in employee engagement, motivation and productivity" (Cohen, E. et al., 2012). It is important to emphasize that ensuring employees' well-being by sustainable HRM principles encourages critical thinking, serves as an example of positive social behaviour, produces positive employee attitudes and effective employee performance, and increases organizational trust, which is a critical element of effective organizational performance (Jaskeviciute, V. et al., 2021).

9.3 Research Implications

Globally, the Covid-19 pandemic has significantly impacted people's ability to go about their daily lives. Both short-term and long-term repercussions of the coronavirus crisis will be felt. These affect various aspects of work, lifestyle and the well-being of individuals. The pandemic has also necessitated widespread remote work to ensure safety and prevent the spread of disease. Many individuals transitioned to working from home, rapidly accelerating digital transformation. The nation has expertly handled this health disaster, but in the healthcare

sector, delivering services to patients in work-from-home mode was difficult. Adopting virtual collaboration tools and online communication platforms developed their strong networks in that scenario. In this regard, the study has implications for healthcare professionals and for the management of hospitals by providing empirical validity to the results that have been reported. Practical multiple consequences stem from this study's findings for various stakeholders including policymakers, managers, hospitals and healthcare professionals:-

9.3.1 Implications for Hospital Management

- The research supports the need for a SHRM approach to personnel management. Our findings suggest that implementing SHRM practices will help employers invest in and demonstrate their caring for their staff members, which may boost the likelihood of achieving the desired levels of employee engagement and performance at work.
- Managers can implement strategies to engage employees effectively. This can include creating a supportive working environment, involving employees in decision-making process, and recognizing and rewarding their contributions.
- Managers should emphasize work-life balance by offering flexible scheduling options, remote working opportunities (where feasible), and support for parental and caregiving responsibilities.
- Focus on continuous training and skill development programs for employees. This will enhance their performance, improve job satisfaction and commitment, and reduce turnover rates.
- Provide opportunities for continuous professional development and training to enhance skills of healthcare professionals. Develop performance evaluation systems that consider not only productivity but also factors related to employee well-being, growth and job satisfaction. Establish metrics to evaluate the effectiveness of Sustainable HRM practices such as; employee turnover rates, patient satisfaction scores, and staff engagement surveys.
- Hospitals can prioritize employee health and well-being by providing access to wellness programs, mental health support, and resources to manage workplace stress. Implement employee well-being programs that promote work-life balance, diversity management, health and safety, mental health support and stress management. These

programs lead to higher commitment and satisfaction of healthcare professionals with their jobs.

- Create a positive and supportive workplace environment that fosters collaboration, open communication, and a sense of community among staff members. Foster a diverse and inclusive work environment that promotes respect for all employees, irrespective of their background. This can enhance teamwork and creativity.
- Emphasize sustainable HR practices to attract and retain top talent. Hospitals can showcase their commitment to employee well-being and growth, making them more attractive employers in the healthcare sector.

9.3.2 Implications for Health Care Professionals

- Healthcare Professionals can benefit from the research by actively seeking out hospitals that prioritize their growth and offer opportunities for continuous professional development. Take advantage of the training and development opportunities provided by hospitals to enhance skills and advance careers.
- Healthcare professionals can advocate for the application of SHRM within their institutions by sharing research findings with their superiors and colleagues. Healthcare professionals participate in hospital-wide initiatives and decision-making processes, fostering a sense of ownership and commitment to hospital success. Engage in providing regular feedback to hospital management about sustainable HRM practices, enabling ongoing improvement, and adjustment,
- Understanding the importance of Sustainable HRM, healthcare professionals can take initiatives to manage their own well-being, ensure work-life balance and seek necessary support when needed. Employees should engage in programs promoting work-life balance and mental well-being to prevent burnout at workplace.

9.2.3 Implications for Practitioners and Policymakers

- Policymakers should consider integrating SHRM principles into healthcare policy frameworks. This includes guidelines for staff training, work-life balance, employee engagement, and continuous professional development.
- Develop incentives such as tax breaks or grants for hospitals that adopt sustainable

HRM practices. This could encourage hospitals to contribute towards the retainment and development of employees for long term duration. Introduce regulatory standards that mandate hospitals to report on their SHRM practices, particularly those related to outcomes in favour of employees.

- Practitioners can use the research findings to develop comprehensive policies that emphasize sustainable human resource management in healthcare institutions. These policies can address areas such as staff well-being, work-life balance, training and development, and career management practices.
- Incorporating SHRM into healthcare regulations could ensure that hospitals prioritize the well-being of employees, leading to improved patient care and overall system efficiency.
- To increase the efficiency of government hospitals, the government should give incentives to public hospitals to perform better in proper incorporation of sustainable human resource management, which would also develop a sense of competition with the private hospitals. The study showed that although government hospitals are embedding sustainable human resource management, the mean score of all sustainable practices in government hospitals is less than the mean score of private hospitals.

Incorporating these implications into the respective strategies of policymakers, managers, hospitals, and healthcare professionals can contribute to the creation of a more sustainable employee-centred healthcare system. This will not only improve the quality of patient care but also enhance the overall functioning of the healthcare sector.

9.4 Conclusion

No doubt, SHRM has become an unquestionable agenda for organizations globally. Sustainable HRM is a more suitable approach to human resource management (Davidescu et al., 2020). A sustainability mindset of employees plays a vital role in every organization's success. Thus, sustainable mindset must be appreciated and promoted in the organization. SHRM approaches are key organizational methods for thriving in the contemporary, fast-changing environment.

Moreover, the Coronavirus pandemic has made a phenomenal global impact in the last few months by awakening the organization regarding how organizations include the hospital

industry in advancing work techniques and engaging employees in such a drastic changing environment. The recent COVID-19 epidemic is seriously affecting organizations and their employees; it is fundamentally altering working structures and bringing new amendments and innovative working practices, all of which have substantially influenced employee well-being. In a period of enormous uncertainty and a worldwide crisis, research has shown that Sustainable HRM is crucial for both human resources and organizational performance (Manuti et al., 2020). This research makes several theoretical contributions to the existing literature. The current SHRM literature focuses on employee-centered outcomes like well-being, commitment, and employee satisfaction.

By taking into account the notion of "Sustainable HRM," the study adds to the body of research on the impact of HRM on employee-level outcomes. The present research makes theoretical contributions to the existing literature. It enriches the existing literature by introducing a new theoretical approach to understanding sustainable HRM's impact on human and social outcomes (Kramar, 2013). Secondly, there is a dearth of studies available on the identification of sustainable HRM practices in the hospitals sector, especially in the state of Punjab (M. Ehsan et al., 2010; Malik, 2020; Motkuri, Studies, & Mishra, 2020; T. Singh et al., 2019). Drawing upon the SET interprets that people get into relationships because they anticipate gaining something from each other. According to SHRM, organizations that prioritize employee well-being through sustainable practices foster a healthy work environment. As a result, workers feel more linked and committed towards organizations, which improves their job happiness, engagement, and general well-being). The Self-Determination Theory (according to this idea, people have three fundamental psychological needs: relatedness, competence, and autonomy. By allowing employees autonomy in decision-making, providing chances for skill development, and promoting pleasant relationships at work, sustainable HR practices can fulfil these demands and lead to Individual motivation, job happiness, and general well-being). This study brought up the importance of sustainable HRM practices on employee-oriented aspects, considering the role of EWB in this relationship. Including these types of management can help examine which factors contribute to employee's well-being, commitment and satisfaction. Management must bring a healthy, sustainable system that support employee-centric culture. The incorporation of a sustainable system with employee employee-centric approach will raise individual employee performance and also lead to skill development of employees in the organization.

The COVID-19 pandemic has had an effect on healthcare services all over the world. There are various measures through which management can ensure employees' well-being and the

hospitals' sustainable growth. Hospitals are providing services 24hrs/day. Undoubtedly, the busy nature of the job builds pressure on management and hospital workers to manage the whole day and give their best while offering the services. The irregular and rotating shifts of healthcare workers such as night shifts, excessive work can interfere with their sleep cycles. This may result in difficulty maintaining a healthy work-life balance and sleep deprivation. Moreover, healthcare professionals also need more availability of resources, frequently dealing with higher workloads, long working hours, and higher levels of stress. Physical and mental tiredness may result in the destruction of their well-being.

This study was carried out in the pre-post COVID 19 scenarios. The healthcare sector was the most vulnerable and prone to affecting livelihood to a large extent. The COVID-19 pandemic has highlighted the importance of the well-being of healthcare professionals and promoting sustainable growth at the global level. Our research has proposed that SHRM is the best way to secure the well-being of HCPs. Results also highlighted that SHRM practices significantly positively impact WB of employees. It was also discovered that sustainable HRM practices than life well-being more significantly influences PWB and WWB.

Similarly study also showed significant results when the relationship between EWB, OC and JS were assessed. Through these relationships, it was computed that healthcare professionals feel a sense of attachment to their hospitals (affective commitment), and they feel a moral responsibility to perform their jobs (normative commitment), which is why they are continuing their jobs. Healthcare professionals feel satisfaction with their jobs as their organizations are taking care of their life, workplace and psychological well-being. Lastly, employee well-being also shares a partial mediation between SHRM (IV) and OC and JS (DV). Partial mediation means healthcare professionals develop commitment and stay satisfied with their jobs when Sustainable HRM is appropriately incorporated. But, with the inclusion of well-being as a mediator, the relationship becomes stronger. When Sustainable HRM ensures Well-being of healthcare professionals, results highlighted more significant and positive relationship exist between these variables under study.

The study's findings are useful to various parties, including regulators, business people, and policymakers. The study results are significant for the hospital sector because they will aid with the incorporation of proper SHRM and establishing frequent monitoring of hospital well-being practices. The focus of this research is to study the different types of SHRM practices incorporated by two kinds of hospitals (public and private) and the impact of these practices

on WB, OC and JS levels of HCPs. In the post-COVID-19 environment, ensuring the well-being of HCPs and sustainable growth of hospitals is crucial.

9.5 Limitations of the study

The primary data of the study was based on the opinion of the health care professionals. This study is one of few in the field of the hospital sector, and it is perhaps the first study examining the well-being, commitment

and satisfaction with the job of HCPs. Previous research demonstrated patient-centric research focusing on their satisfaction with the services delivered at hospitals and considering single aspects such as the work-life of doctors. During the research work, the researcher faced some problems limiting the scope of the study.

- The study is confined to the State of Punjab only; we have selected two associations that govern Punjab's hospitals. One is the National Accreditation Board for Hospitals and Health Care (NABH), which governs fifty-five Private hospitals of Punjab. The other is the Public Health System Corporation (PHSC), which governs fifty-six government hospitals (Civil and Sub-Divisional hospitals) of Punjab.
- Secondly, Community Health Centers and Primary Health Centers are excluded from the research, considering the scope of our study.
- The study's findings apply only to the healthcare sector. Due to uncertain situations and environments, the results cannot be generalized to every corner of the world. Thus, the researcher suggested performing longitudinal studies in the future for better results.
- In most government hospitals, sustainable human resource management has been practiced, but nurses are not aware of it because they are not clear on the meaning of SHRM and EWB practices. Moreover, HR managers are also not approached due to the scope of the study. Future research can be undertaken, taking the opinions of both HCPs and HR managers of the hospitals.
- In our study, employee well-being is taken as a mediating variable. Future researchers can explore the dimensions of employee well-being further and present results. Researchers can also explore the moderating role of the study's demographic variables.

- The study is time-bound. The big brand hospitals such as IVY hospitals and Fortis showed very neglectful behaviour during the data collection process.
- In our study, public-private comparison is done for SHRM practices only. In future, research can be performed on the comparison of other three variables (EWB, OC and JS)
- This study is survey-based; the data collection process was a challenging task for the researcher. The first constraint was the arrival of the COVID-19 pandemic; visiting hospitals at that time was really scary. Human resource managers do not allow the researcher to directly meet the nurses because of fear of infection, and the workload of nurses is also at its peak. They are pre-occupied with patients, and taking out their time for the research survey is a very challenging job for the researcher.
- Only limited employee-centric factors have been explored in the present study. However, various other factors, too, can be explored in relation to sustainable HRM, such as employee engagement, OCB, employee motivation, and organizational trust.
- In present study, employees from hospital sector are considered and for one objective a comparison between public and private hospitals was also made. Future researchers can explore other sectors and do comparative analysis also.
- Moreover, due to the time-bound limitation, the current research study considers only the employee-centric dimension of sustainable HRM. Other dimensions, such as green HRM, sociological HRM, and economical HRM, have not been given due consideration due to the limited scope of the study. In the future, these aspects can be taken care of by upcoming researchers.

9.6 Scope of Future Research

In this changing environment, embedding sustainable human resource management must be emphasised, eventually enhancing WB, OC and JS of HCP's. The findings of this study focus on areas where still there is need to improve certain sustainable HRM practices; like sustainable staffing, sustainable training and development are such practices which actually help professionals in achieving well-being. There is need to secure life well-being of HCP's also, as results showed WB at life is least secured by sustainable human resource management in comparison to WWB and PWB.

Furthermore, the study also presents the scope for further investigation of the aforementioned relationships, as the employee-centered variables studied are limited to hospitals. As there is possibility that different organizations are having different employee centered variables such as employee engagement, OCB, employee motivation, organizational trust. Therefore, future research should be taken into account considering these variables. In our study, employee well-being is taken as a mediating variable. Future researchers can open the dimensions of employee well-being further and present results. Researchers can also explore the moderating role of demographic variable of the study. In present study, employees from hospital sector are considered and for one objective a comparison between public and private hospitals was also made. Future researchers can explore other sectors and do comparative analysis also. Moreover, in current research study due to the time-bound limitation; only employee employee-centric dimension of sustainable HRM is considered. Other dimensions such as: - green HRM, sociological HRM, economical HRM haven not been given due consideration due to the limited scope of the study. In future these aspects can be taken care by the upcoming researchers.

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ANNEXTURE 1: Research Questionnaire

Dear Respondent, Greetings!!

I am PhD. Research Scholar from Lovely Professional University, Punjab. I am conducting research on "Sustainable Human Resource Management, Employee Well-Being, Organizational Commitment and Job Satisfaction of Health Care Professionals: A Study on Select Hospitals". The responses given by you will be kept strictly confidential, used for research purpose only and your participation will be highly appreciated. Hopefully, your valuable responses will help us come up with better implementation of Sustainable Human Resource Management. Please mark the appropriate option ('5= Strongly Agree', '4= Agree', '3= Neutral', '2= Disagree', '1= Strongly Disagree')

Thanking you in advance for giving your precious time.

S. No.	1. Sustainable Human Resource Management	5= Strongly Agree	4= Agree	3= Neutral	2= Disagree	1= Strongly Disagree
1.1 Staffing						
1	My hospital has transparent and unbiased selection process.					
2	My hospital encourages internal promotion over external contracting for staff motivation.					
3	My hospital provides detailed information about the internal selection process and appoints individual accordingly.					
4	My hospital implements specific programs to facilitate the integration of new candidates.					

5	My hospital considers personal identity- environmental management fit in recruitment and selection.					
1.2 Training & development						
6	My hospital provides us with periodic training that is according to the job description of every employee, regardless of any professional category, gender, age, etc.					
7	My hospital establishes training according to the talent, commitment and performance appraisal of every employee.					
8	My hospital offers mentoring training program as a part of training.					
1.3 Performance evaluation						
9	My hospital sets promotion based on employee's merit.					
10	My hospital employs different assessment systems depending on the different employee groups.					
11	My hospital offers periodic					

	feedback to all the employees about their development.					
12	My hospital considers how well employee is doing at being eco-friendly as part of their performance appraisals.					
1.4 Compensation						
13	My hospital remuneration practices are transparent for all the employees of the organization.					
14	My hospital compensation system considers the skills, job position and employee's performance.					
15	My hospital never links rewards to both individual and collective performance.					
16	My hospital takes into consideration employees' expectations when establishing compensation plans.					
17	My hospital also provides non-monetary compensation to the employees.					
18	My hospital relates employee's eco-friendly behaviour to rewards					

	and compensation.					
1.5 Diversity management						
19	My hospital facilitates the free interaction between employees and their representative.					
20	My hospital encourages employees' engagement in social projects as part of their working week.					
21	My hospital has formal equal opportunity policies.					
22	My hospital provides training for both employees and managers on the importance of diversity.					
23	My hospital has a person or team responsible for managing diversity at workplace.					
1.6 Work-Life Balance						
24	My hospital favors the existence of a proper work-family balance for all the employees.					
25	My hospital allows modifications of the workday and shifts according to employees' personal					

	needs.					
26	My hospital is flexible when authorizing paternity/maternity, breastfeeding leave and unpaid leaves for family reasons.					
27	My hospital facilitates transfer of employees to other locations for personal or professional reasons (family, health, etc.).					
1.7 Occupational Health & Safety						
28	My hospital has formal health and safety committees that carry out monitoring and control activities beyond those required by law.					
29	My hospital involves employees in the establishment of a plan for prevention of occupational risks.					
30	My hospital maximizes psychological and physical work risks at workplace.					
31	My hospital provides training to improve accident prevention/health and safety of the employees beyond what is required by law.					
32	My hospital promotes healthy living inside and outside work; for					

	example, developing sports activities, raising awareness of the benefits of healthy living, etc.					
33	My hospital employees fully understand the extent of corporate environmental policy.					
34	My hospital encourages employees to provide suggestions on environmental improvement.					
2. Employee Well- Being						
2.1 Life well being						
35	I feel satisfied with my life.					
36	Most of the time, I do feel real happiness.					
37	I am in a good life situation.					
38	I am enjoying my life.					
2.2 Workplace Well- Being						
39	My hospital responsibilities make me fully satisfied at the workplace.					
40	In my hospital and with my present job, I feel fairly satisfied					

41	In my hospital, I find real enjoyment					
42	In my hospital, I always find ways to enrich my work.					
43	In my hospital, work is a meaningful experience for me.					
2.3 Psychological well being						
44	In my hospital, I feel satisfied with my work achievements in my current job.					
45	In my hospital, i feel that I have grown as a person.					
46	In my hospital, I able to handle daily affairs well.					
47	In my hospital, i generally feel good about myself, and I'm confident.					
48	In my hospital, every individual think that I am willing to give and to share my time with others.					
49	I love having deep conversations with family and friends so that we can better understand each other.					

3. Organizational Commitment						
3.1 Affective commitment						
50	I am emotionally attached with my hospital.					
51	I am proud to be part of this hospital.					
52	I am very responsible towards my hospital					
3.2 Continuance Commitment						
53	I enjoy my present job, because I need this job.					
54	It is difficult for me to leave my present job.					
55	I am happy at my present job, because it is difficult for me to find another job.					
3.3 Normative commitment						
56	I am happy at my present job, because it is my strong desire to maintain my present job.					
57	I would feel guilty, if I left my hospital now.					

58	My present job provides me maximum output.					
4. Job Satisfaction						
59	My hospital provides opportunities in which I can use my abilities, competencies.					
60	I am not satisfied with the colleagues at my hospital					
61	My hospital recognizes my good works in front of all.					
62	I am satisfied with the remuneration I am receiving.					
63	I am satisfied with my working hours at hospital.					
64	I am satisfied with the amount of responsibility given to me.					
65	My hospital provides me comfortable environment to work.					
66	I am overall satisfied with my current job.					

Personal Information

Name Age

<25 years	25-35	>35 years
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Gender :-

Female	Male
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Marital status :-

Unmarried	Married
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Qualification :-

No. of years of experience in the field:-Name of the Hospital :-

No. of years of association with the present hospital:-Designation :-

Department :-

No. of hours you work per day :-

Thank you

Warm Regards

Manpreet Kailay (Research Scholar)

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Under the guidance of-

Dr. Priyanka Chhibber (Supervisor)

Associate Professor (COD-HRM)

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Dr. Kamalpreet Kaur Paposia (Co-Supervisor)

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ANNEXTURE 2: Research Publications

Sr. No.	Article Title	Article Title	Authors	Status	Index-ation	Name of the Journals	Scimago Rank
1.	Review article	Well-Being of Health care professionals- literature review	Manpreet Kailay Dr. Kamalpreet Kaur Papos	Published	UGC-Carelist	(Parikalpana Journal of management)	-
2.	Book Chapter	Sustainable Development method in Healthcare system after COVID-19 pandemic by Information Technology	Manpreet Kailay Dr. Kamalpreet Kaur Papos Dr. Priyanka Chhibber	Published	Scopus	Innovative Smart materials used in Wireless Communication Technology	-
3.	Research article	Challenges and Motivators for Nurses' Well-Being During and Post COVID-19 Pandemic: A Qualitative Exploration	Manpreet Kailay Dr. Kamalpreet Kaur Papos Dr. Priyanka Chhibber	Published	Scopus	The TQM Journal	Q1
4.	Review article	Sustainable Human Resource Management: A Literature Review	Manpreet Kailay Dr. Kamalpreet Kaur Papos	Published	Scopus	Journal of Health Management	Q3

5.	Review Article	Embedding sustainability towards a growth of developing economy	Manpreet Kailay, Dr. Kamalpreet Kaur Paposia	Published	Emerging source Citation Index	Int. Journal of Indian Culture and Business Management	
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Well-Being of the Health Care Professionals - A Review and Synthesis of Literature

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DOI: 10.23862/kiit-parikalpana/2022/v18/i1/.....

Abstract:

During this pandemic time due to COVID 19 outbreaks, Hospital Sector has become a crucial sector for the whole economy. This virus undoubtedly has made us realize the unquestionable relevance of the hospital sector and the need for health care professionals (HCP). With this in mind, the purpose of the current research is to provide a comprehensive and concise state of the art, literature review on the concept of Well- Being of healthcare employees during the pandemic. Drawing on the various well-being models and dimensions, we attempt to identify the additional factors that can help maintain the Well- Being of Health Care Professionals through a Well-Being Structure (WBS). The current study builds upon the review of 100 published articles related to profound aspects of well-being, well-being during pandemic times specific to the healthcare sector. Research gaps in the literature have been identified to suggest future research opportunities. This present paper is timely because globally, the whole population is still suffering from this contagious disease. It may last on this earth to some extent always in coming years in one or the other geographical area. This review will be facilitating the Health Care Administration in maintaining and managing the well- being of Human Resources in an improved manner. Recommendations and future research are provided using Well- Being Structure. Finally, implications for the hospital administrations, health care professionals and society have been discussed.

Keywords: Health Care Professionals (HCP), Employee Well- Being (EWB), Corona Virus Disease (COVID-19), Well Being Structure (WBS).

Challenges and motivators for nurses' well-being during and post-COVID-19 pandemic: a qualitative exploration

Nurses' well-being during and post-COVID-19

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Abstract

Purpose – The present study was designed to explore the major challenges being faced by the Indian nurses' pre-post pandemic period affecting their well-being (WB) and identify factors that motivated them to perform their service wholeheartedly during the pandemic. The study also tries to bridge the gap in the study area by providing various ways that can help maintain the WB of health care professionals.

Design/methodology/approach – A descriptive exploratory qualitative design involving semi-structured interviews was conducted during December–January 2021 with 30 nurses from hospitals in Punjab. Qualitative and thematic data analysis techniques were adopted. In addition, a literature review was also conducted to study the various factors that affect the WB of health care professionals.

Findings – There are various themes and subthemes that were identified by the health care professionals, such as (1) psychological WB, (2) social WB and (3) workplace WB and (4) key motivators. This research work has identified various managerial implications that can play a huge role in strengthening the healthcare sector of the entire world economy, paving the way toward the better WB of healthcare professionals (HCPs).

Originality/value – Firstly, it is probably the only study that is performed on nursing staff to evaluate their personal experiences during crucial times. It has successfully compared the factors affecting WB pre- and post-pandemic, leading to the emergence of many new factors that have originated due to the pandemic and are the cause of the poor WB of HCPs (Figures 2, 4). Secondly, it is the only study that targeted only those nurses who have provided their services in both scenarios. Finally, the study has been a pioneer in identifying the importance of maintaining the WB of HCPs at hospitals.

Keywords COVID-19, Health care professionals, Nurses, Thematic data analysis, Qualitative research, Well-being

Paper type Research paper

1. Introduction

The healthcare sector has never been given much importance, but after the arrival of coronavirus disease 2019 (COVID-19), the government has realized it should spend more on health care infrastructure (Sarla, 2020). Later in 2003, when the severe acute respiratory syndrome (SARS) pandemic first appeared, fifty percent of healthcare professionals (HCPs) reported feeling depressed. However, the emergence of the COVID-19 pandemic has caused a tremendous impact on the entire economy, bringing huge challenges to the health care sector (Anthony Jnr, 2021). Risk factors included isolation, social exclusion, caring for sick coworkers, fear of spreading the disease, stress at work, stigma perception and worries about the welfare of one's family (Gavin *et al.*, 2020). Well-being (WB) refers to a person's own assessment of their happiness and satisfaction with life. In a person's life, the workplace has a huge impact (Tarantola *et al.*, 2020). At work, the phrase "well-being" is typically used



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Sustainable Human Resource Management in the Hospital Sector: A Review of Literature

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Abstract

The field of personal management has undergone a significant change in the past decade. During the initial phases of sustainable practices—organisations seem to be responsible towards their society and environment along with a focus on financial profits. Building on sustainable management theory, ‘sustainable human resource management’ concept receives significant interest from management, academicians and scholars. Studies related to this area are limited and are still emerging in the developing country context. In this article, the literature review suggests that sustainability could be the driver of the hospital sector in the system. Sustainability in the hospital sector through sustainable human resource management practices is necessary to build and adapt a concrete sustainable practices structure. The various service sectors are focusing on embedding environmental sustainability and lesser focus has been given to the other three elements of sustainability that is the strategic, social and humanistic approach. The present article approaches headed for the full range implementation of sustainable human resource management practices in the hospital sector. In light of this, we proposed a model (SHRM—layout). We offer recommendations for the managing the hospital sector to implement these practices and influence others to maximise sustainable performance from the findings. The framework acts as a guide to organisations for incorporating sustainability practices in their management development plans.

Keywords

Sustainable human resource management, systematic literature review, hospital sector, conceptual framework (SHRM layout), organisational performance

Introduction

From the past decade, the concept of *SHRM* has been gaining attention from academicians and practitioners. Globally, the issues that arise from the unsustainable activities of population call for sustainable management of resources. From the origination of ‘sustainable development’ concept in the year 1987, every organisation strives to carry sustainability in its management practices to achieve individual, socially, economically and environmentally acceptable outcomes (Molamohamadi, 2013). ‘Care for society’ has been focused by the business world, as they realised the importance of society and society’s contribution to establishing the business (Nath et al., 2019). Nevertheless, presently, there is a need to focus on *SHRM* (Kainzbauer & Rungruang, 2019) which, along with concentrating on societal aspects, focuses on the environmental, strategic and psychological aspects also (Mazur, 2015). The term sustainability has been used as synonym for ‘long term’, ‘durable’, ‘systematic’ and ‘sound’. *SHRM* is a major concern in front of us in order to make optimum utilisation of naturally available resources. Sustainability practices are regarded as ‘nice to have’ concept in the management of organisations.

The healthcare sector is one of India’s most extensive service sectors. Hospitals are one of the prominent institutions which are being responsible for delivering quality care to patients. They are required to apprehend sustainable strategies in delivering quality healthcare services to fulfil the demands of increasing expectations of the general public (Marimuthu & Paulose, 2016), (Villajos et al., 2019). Presently, during the pandemic phase, we have undoubtedly realised the importance of the hospital sector and healthcare professionals in our economy. Nevertheless, in contrast to this, if we consider ‘warriors’, the healthcare professionals themselves face a fearful atmosphere—physically, socially and more specifically psychologically. Healthcare professionals face conflicts related to their duties and families, which cause psychological stress (Tan et al., 2020). Furthermore, these days the disposal of personal protective equipment is also a primary

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