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**Impact of Human Resource Development Practices on
Doctors' Affective Commitment towards their Hospitals**

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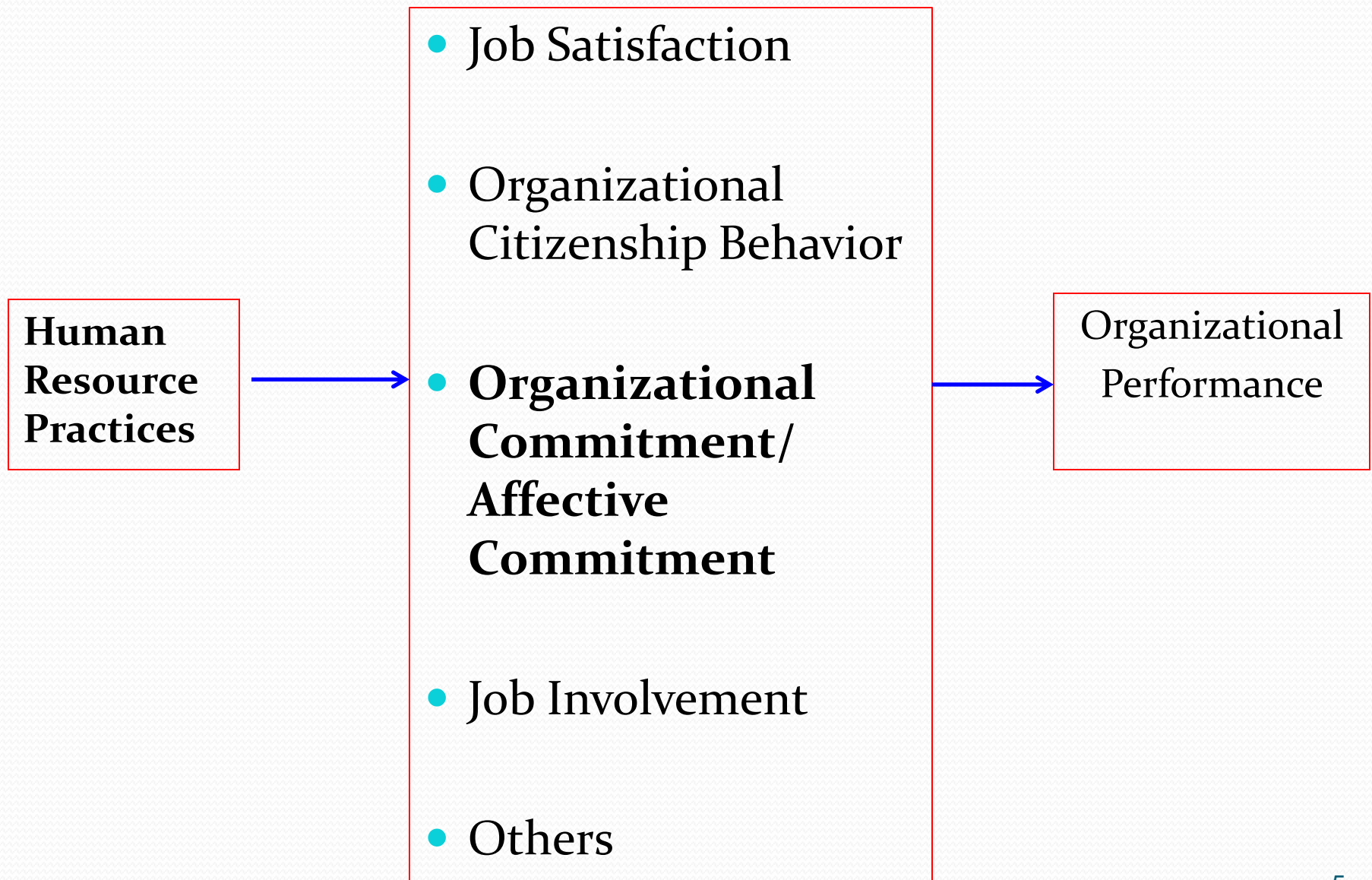
1. Introduction

- India has become a medical tourism hub (revenue of \$2 million by 2012 & an expected growth of 30% (Dinodia Capital Advisors Private Limited, 2012) → Indian hospitals want to obtain international accreditation and to improve the commitment of the doctors to their patients & hospitals
- This study focuses on human resource development (HRD) practices which may influence doctors' affective commitment towards the hospital where they are working in Coimbatore city.
- Coimbatore city has been selected as it has become one of the important hubs for medical tourism in India.

2. Literature review (1)

- HRD practices have great impacts on employees' performance. However, the mechanisms and processes by which such HRD practices affect performance outcomes remain vague & have received insufficient attention amongst researchers.
- Change in the behavioral patterns, e.g. organizational citizenship behavior, organizational commitment, job involvement, job satisfaction, etc., should be considered when formulating a firm's HR policies as they will affect the overall performance of the firm (Figure 1).
- Technical training provided to employees also predicts the impact of multiple interventions on job satisfaction and job involvement.

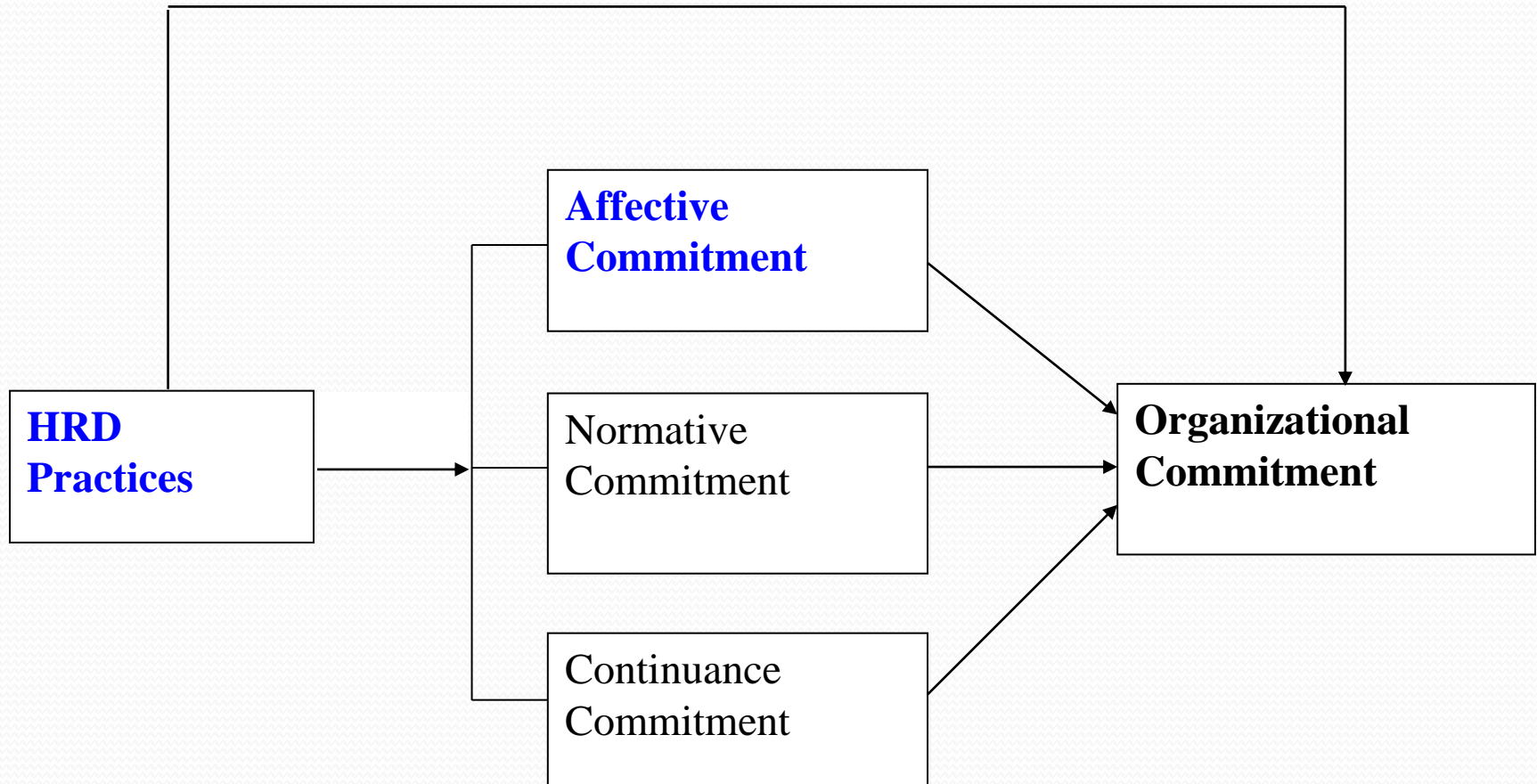
Figure 1: Relationship between HR Practices and Employee Commitment



2. Literature review (3)

- The level of employee's commitment to an organization could serve as a strong predictor of employee turnover rates (Cohen, 1991, Bakan, Büyükbeşe and Erşahan, 2011).
- Individuals' commitment would lead them towards better performance which can help to improve their career development. Career development practices were found to be the best predictor of affective and normative commitment (Meyer and Smith, 2000).
- HRD practices would lead to the commitment of the individuals which, in turn, helps the organizations to attract the committed employees and also results in an improved performance of the individuals as well as that of the organizations (see Figure 2).

Figure 2: HRD Practices Leading to Organizational Commitment



3. Objectives

- ✚ This paper aims to examine the influence of HRD practices on the affective commitment of doctors working in a multi-specialty hospital in Coimbatore city.
- ✚ HRD independent variables - 8 HRD dimensions
- ✚ Organizational Commitment dependent variable - Affective commitment (see Tables 1 and 2).

Table 1: Human Resource Development Variables

S/N.	Variable code	Variable
1.	Role	Role Analysis
2.	Per_pla	Performance Planning
3.	Per_app	Performance Appraisal
4.	Per_rev	Performance Review and Feedback
5.	Po_ap_su	Performance Appraisal and Succession Planning
6.	Induct	Induction
7.	Trai_ne	Training Need Analysis
8.	Trai_prg	Training Program
9.	Trai_ev	Training and Evaluation
10.	Car_plD	Career Planning and Development

Table 2: Organizational Commitment Variables

S./N.	Type code	Type
1.	AC	Affective Commitment
2.	CC	Continuance Commitment
3.	NC	Normative Commitment

4. Research methodology

- The study is descriptive.
- The sampling method is convenient and judgmental.
- Target groups: doctors with at least 5 years of working experience in the same hospital
- The hospitals – existing for > 10 years with at least 300 beds
- A structured questionnaire was designed and distributed to 181 doctors working in 4 hospitals in Coimbatore city. 116 (64%) valid responses were received.
- The questionnaire is designed with the focus on HRD practices and organizational commitment.
- Structural Equation Modeling (SEM) and VISUAL PLS (VPLS) have been employed to analyze the primary data collected from the survey.

5. Findings and discussion (1)

Individual practices do not make a significant impact on affective commitment of the participants.

Only performance planning influences the affective commitment significantly.

HRD induces commitment as a system rather than the effects of individual practices.

Cronbach Alpha co-efficients are closer to 1 → the reliability of the model is high.

$R^2 = 0.321$ → 32.1% of the variation in the overall commitment is due to HRD practices. The rest of the variation is explained by many unknown factors or unobservable factors.

5. Findings and discussion (2)

Table 3: Reliability and AVE

Construct	Composite Reliability	AVE	Cronbach Alpha
Role	0.797484	0.447670	0.687045
Per_pla	0.863928	0.630570	0.779721
Per_app	0.881113	0.481792	0.859133
Per_rev	0.941364	0.697773	0.927645
Po_ap_su	0.907930	0.664521	0.878145
Induct	0.844807	0.483416	0.809794
Trai_ne	0.911812	0.675358	0.878682
Trai_prg	0.923563	0.581533	0.918843
Trai_ev	0.849149	0.605579	0.808665
Car_plD	0.912032	0.677311	0.887812
AC	0.867106	0.569149	0.821408

6. Limitations

The main issue in this study is that the HRD practices measured in the study are the common HRD practices in the hospitality industry.

Further studies should focus on a wider set of other HRD practices.

Another short coming of this study is the possible bias of the participants due to their busy schedules.

Thus, the authors try to avoid generalize the results, and the results of this study may be applicable to this sample.

7. Conclusion

- This paper has discussed the co-relation between HRD practices and organizational commitment.
- HRD individual practices implemented in the selected hospital do not have a significant relationship with affective commitment of the participants. Only Performance Planning significantly influences the affective commitment.
- In order to have a positive effect on affective commitment, HRD variables must be implemented as a bundle of practices, i.e. HRD practices induce employee commitment as a whole system rather than the effects of individual practices.
- Future directions of research should focus on other HRD practices in various industries.