



Midocean University

College of Management

Master of Business Administration

**Impact of Human Resource Management on Organisational Commitment
in the Healthcare Sector of Saudi Arabia: Mediation of Organisational
Culture and Transformational Leadership**

**تأثير ممارسات إدارة الموارد البشرية على الالتزام التنظيمي في قطاع الرعاية الصحية
بالمملكة العربية السعودية: الدور الوسيط للثقافة التنظيمية والقيادة التحويلية**

Prepared by:

Abrar Mahdi Alosaif

Supervised by: Dr. Al-

Faisal Abdul Hamid

Dr. Fayez Jarrad

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Abstract

This study focuses on healthcare companies in Saudi Arabia and aims to examine how Human Resource Management (HRM) practices affect the commitment of employees in an organisation through the mediation of organisational culture and transformational leadership. A quantitative research design was used and structured questionnaires were administered to eligible personnel in the healthcare sector and 366 valid questionnaires were returned. Data analysis was performed by SPSS (descriptive statistic, factor analysis, reliability test, correlation test and mediation test by PROCESS macro). The findings showed that HRM practices had a significant effect but negative on organisational commitment. In addition, organisation culture plays a part mediation role and transformational leadership plays a positive

mediation role in this relationship. These results suggest HRM practices have direct and indirect impact on organisational commitment through the cultural and leadership aspect of HRM. The study extends previous research by introducing organisational culture and transformational leadership within a unified framework in Saudi healthcare organisations to enhance the understanding of the role of HRM system in evoking employee commitment. It also emphasizes that the rate of effectiveness of HRM practices relies mainly not only on the design of HRM practices, however additionally on the rate of HRM experiences in the organisation's culture and supported by leadership behaviour.

Keywords: Human Resource Management, Organisational Commitment, Organisational Culture, Transformational Leadership, Healthcare Sector, Saudi Arabia.

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Chapter 1

Introduction

1.1. Background

The last few years have seen rapid transformation of the healthcare sector in Saudi Arabia with the Maaden goal of diversifying the economy and improving the quality and efficiency of the services provided to the populace being largely facilitated by the Vision 2030 initiative of the nation that aims to transform Saudi Arabia into a diversified economy (Derendinger & Frank, 2023; Rahman & Al-Borie, 2021). In this transformation, healthcare organizations will integrate into contemporary business management which enhances the high performance, efficient resource management and quality provision of patient services (Al-Assaf et al., 2025; Albathali & Aldhafeeri, 2025). Such practices are strategic planning, performance management systems, employee engagement programs, and leadership development programs.

Nevertheless, the effectiveness of the structural and procedural change is not the only aspect by which such practices can be implemented; rather, it comes down to the employees working in such organizations. The factor that has become significant to achieve stability, productivity, and quality of services within healthcare institutions is organisational commitment, which is the psychological attachment/loyalty of the employees with the organisation (Abiodun & Retta, 2025). Employees with high commitment in an industry that has high stress, emotional labour and labour challenges are likely to portray a better job performance, less turnover intentions and interest in contribution beyond their official job descriptions (Kuo et al., 2025; Ngcobo et al., 2022).

Although the problem is essential, in Saudi Arabia, numerous problems associated with employee disengagement, burnout, and retention have been observed to persist in most healthcare organizations, which might negate the success of management programs. The aspect of business management practices is increasingly being accepted as major influencer of organisational commitment. Best management practices have the ability to help build a supportive work environment, build trust and alignment between individual goals and organizational objectives (Koul, 2025). Nevertheless, the management practices/employees commitment do not invariably have a direct relationship. It is also usually predetermined by certain organisation components like the organisational culture and leadership (Armstrong,

2025). Organisational culture develops values, beliefs and norms at the workplace and transformational leadership energises and motivates the workers through propagating vision, innovation and personal growth (Barokah et al., 2025). In the framework of the Saudi Arabian healthcare sector, it is especially significant to know how these aspects interplay based on cultural, institutional, and organizational peculiarities (Irmayani & Sulaimiah, 2026). Although organisational commitment in other sectors has been studied before, little focus has been given to the collective effect of the business management practices, organisation culture, and transformational leadership in this scenario. Thus, this research aims to close this gap by assessing the contribution made by management practices in organisational commitment with particular references to the mediating variables of organisational culture and transformational leadership in Saudi healthcare organisations.

1.2. Problem Statement

Although the healthcare sector is currently changing dramatically in Saudi Arabia due to Vision 2030, numerous organizations still have to struggle with similar issues of employee commitment and retention. The aspect of organisational commitment is important in any medical establishment where the effectiveness of service delivery and efficiency of the various functions of the organisation highly rely on the commitment and level of engagement by the involved healthcare professionals (Mohammed et al., 2025; Yamoah, 2025). Nevertheless, workload in these facilities, job stress, and lack of career development prospects, and administrative pressures have led to lower proportions of employee commitment, ultimately influencing organization performance and patient outcomes (Kahlout & Ahmed, 2026). As a reaction to these obstacles, healthcare organizations have become more inclined to implement different business management strategies that should enhance its efficiency, accountability, and the work of employees. Although they are meant to bring about organizational effectiveness, they may not necessarily have positive effects on employees (Obeng et al., 2025). Dissatisfaction, resistance or lack of engagement by staff members may occur also because of poorly applied or inflexible management practices (Billah et al., 2025; Saraiva & Nogueiro, 2025). This poses a question on whether modern methods of management have been useful in developing organisational commitment or they are negatively sabotaging it. Further, the correlation between management practices in a business and the organisational commitment is not straightforward and can be affected by other organisational forces. Organisational culture is a very important concept that helps employees develop their perception, attitudes and

behaviours in the workplace (Egwu & Nwosu, 2025; Pandey & Chitranshi, 2023). Commitment can be enhanced with the help of supportive and inclusive culture and deteriorated with a strict and inconsistent culture. In the same issues, the style of leadership, especially transformational leadership has been cited to be a crucial factor in employee motivation, development of trust and improvement of their emotional attachment to the organization.

The existing body of empirical research however, on the joint effects on organisational commitment regarding the impact of these factors in the healthcare sector in Saudi Arabia is limited. Consequently, the issue of the deficit in the comprehensive understanding of the significance of business management practices on organisational commitment, especially in the mediation effects of organisational culture and transformational leadership is the main problem of this research (Ali Alshuhumi et al., 2025; Lee, 2022). In the absence of this insight, health care organizations might be unable to develop and enforce effective measures that not only enhance performance, but also create a workforce that is dedicated and driven towards achieving goals. This study aims at closing this gap by delivering empirical evidence of this set of relationships in a single context of housing the healthcare sector within Saudi Arabia. The necessity behind the study can be explained by a rapid changes in the Kingdom of Saudi Arabia healthcare sector and increasing demands on organizations to provide high-quality, effective, and patient-centred services within the context of the Vision 2030.

With healthcare institutions embracing strategies of high-level business management and striving to achieve better performance and competitiveness, the human aspect of these changes, especially employee devotion, has not gotten equal concern (Asare Obeng & Atan, 2025; Hoxha et al., 2024). This is alarming since organisational commitment is a direct factor when it comes to employee retention, job performance, and the quality of healthcare delivery in general. Simultaneously, the field is experiencing growing issues like workforce shortage, excessive work stress and burnout in healthcare professionals, which also jeopardizes stability and quality of services (Okoli et al., 2025; Rarani, 2025). Unless the influence of management practices on the psychological attachment of employees to their organizations is clearly understood, such reforms might not attain the effects they were intended to accomplish. Furthermore, the contribution of the organisational culture and transformational leadership is especially vital in determining how the employees view and react to the management practices, but these aspects are still under-researched concerning the Saudi healthcare setting. The absence of combined empirical data on such relationships results in the very important gap,

which inhibits the capacity of policymakers and administrators to develop effective strategies (Hoxha et al., 2024). Thus, it is timely research that is desperately required to create timely and context-based insights that may guide healthcare organizations in creating a loyal workforce, making reforms sustainable, and, ultimately, improving patient care and organizational performance.

1.3. Research Aim

The general objective of the research is to explore how Human Resource Management (HRM) practices affect organisational commitment within the Saudi Arabian healthcare industry and whether organisational culture and transformational management mediate this effect and if it can be targeted to provide practical HR and leadership-based interventions to improve organisational commitment based on the research results.

1.4. Research Objectives

1. To examine the impact of Human Resource Management (HRM) practices on organisational commitment in the healthcare sector of Saudi Arabia.
2. To determine the mediating role of organisational culture between HRM practices and organisational commitment in the healthcare sector of Saudi Arabia.
3. To determine the mediating role of transformational leadership between HRM practices and organisational commitment in the healthcare sector of Saudi Arabia.
4. To propose practical HR and leadership-based recommendations for enhancing organisational commitment in the healthcare sector of Saudi Arabia based on the study findings.

1.5. Research Questions

1. What is the impact of Human Resource Management (HRM) practices on organisational commitment in the healthcare sector of Saudi Arabia?
2. Does organisational culture mediate the relationship between HRM practices and organisational commitment in the healthcare sector of Saudi Arabia?
3. Does transformational leadership mediate the relationship between HRM practices and organisational commitment in the healthcare sector of Saudi Arabia?

4. What practical HR and leadership-based strategies can be recommended to enhance organisational commitment in the healthcare sector of Saudi Arabia based on the study findings?

1.6. Research Significance

The study is valuable, both in theory, and practice especially in the context of the quickly developing healthcare industry in Saudi Arabia. With the country still undergoing reforms as part of Vision 2030, the focus on enhancing the quality of healthcare, its efficiency, and the performance of workforce is growing. In this respect, the factors that can boost the organisational commitment of healthcare employees are of paramount importance as employed workers inclined towards loyalty would tend to provide the high-quality care to the patient, contribute to the establishment of organizational objectives, and promote a positive attitude. Theoretically, this study adds to the literature on the same topic by bringing together the practices of Human Resource Management (HRM) and the organisational culture as well as transformational leadership into one comprehensive framework. Though individual studies have been carried out to investigate these variables, little is known about their impact as a combination, especially in the Saudi Arabian healthcare industry. Incorporating the mediated effects of organisational culture and transformational leadership, this study helps better explain the mechanisms behind the effects that the HRM practices have on the organisational commitment. This does not only enhance academic literature but also provides a better insight of how employees behave in tricky organizational environments. Moreover, it relates the applicability of known management/organizational theories to a non-Western environment. The body of research on HRM practices and the organisational commitment that has been conducted so far is mostly in the western or developed countries which might not reflect the cultural and institutional dynamics of Saudi Arabia. This study fills a contextual gap as it targets a domain of Saudi healthcare and increases the applicability of theoretical models in other cultural settings. In practical terms, the results of this research are likely to be very useful to the healthcare administrators, policymakers, and human resource workers. Knowing what particular HRM practices have a significant impact on the commitment of the organisational members, the organizations will be able to develop more efficient strategies to attract, motivate and retain talented healthcare providers. Also, by knowing the importance of the organisational culture, leaders can create a supportive and inclusive workplace that puts employees to the

forefront and meets their expectations and values. Transformational leadership as a mediating factor is also examined, which also refers to the significance of leadership development in health facilities. The way of attaining a greater commitment is through transformational behaviours by the leaders, which may inspire the employees, develops trust and motivates the employees to feel a sense of purpose. Thus, the recommendations of the study can justify the leadership training programs and organization development efforts that are intended to enhance the level of workforce engagement. Lastly, there is the wider societal implications of this study, it is possible that through enhancing organisational commitment in the healthcare sector better service delivery could be achieved, greater patient satisfaction would occur and health results would be improved. With staff being the key driver of success, employee commitment needs to be fortified not just at an organizational level, but also on the national scale. Therefore, this research has significant implications beyond academia that can have immediate consequences on practice and policy in the Kingdom of Saudi Arabia health care system.

Chapter 2

Literature Review

2.1. Introduction

Chapter 2 provides an extensive literature review of the literature about the effects of Human Resource Management (HRM) practices on organisational commitment within the healthcare industry in Saudi Arabia with a specific focus on mediating variables of organisational culture and transformational leadership. This chapter aims to build a solid theoretical and empirical background of the study by critically discussing the literature that has been done and the gaps left that justify the current study. This chapter starts by giving an overview of key theoretical frameworks on which the relationships between HRM practices, organisational culture, transformational leadership, and organisational commitment are based. These theories offer the theoretical perspective according to which the variables of the study can be comprehended and analysed. Specifically, they assist explain how the practice of HRM affects the attitude and behaviour of the employees and how the relations could be affected by the factors at organizational level. Next, the chapter examines the concept of Human Resource Management practices, their importance to recruitment, training and development, performance appraisal, compensation, and, employee engagement. The argument continues to discuss organisational culture, including its definition, the types of organisation culture and its role in influencing workplace behaviour and worker attitudes in healthcare organisation. Likewise, transformational leadership is assessed in occurrence of its aspects like inspirational motivation, intellectual stimulation, individualized consideration and idealized influence and their relevancy in elevating employee commitment and performance. It is followed by the discussion of the concept of organisational commitment, its dimensions and importance in the healthcare setting, where employee commitment is paramount in the service quality and patient care. Another issue discussed by the chapter is the survey of empirical studies that include direct investigation of the correspondence between the HRM practices and organisational commitment then, the inspection of the role played by organisational culture and transformational leadership as mediating variables. All in all, this literature review offers a thorough synthesis of the extant literature and indicates the research gaps which this study seeks to fill, especially in the framework of the healthcare sector in Saudi Arabia.

2.2. Theoretical Framework

The Social Exchange Theory (SET) is the main theoretical foundation of this research as it offers a solid and consistent theoretical framework to elucidate the connection between Human Resource Management (HRM) practices and organisational commitment and the mediating effects of organisational culture and transformational leadership in the Saudi Arabian healthcare industry (Cook et al., 2013). The initial version of the theory is the Social Exchange Theory which is founded on the assumption that the relations between people are developed due to a mutual exchange of resources where people are likely to react positively with those who demonstrate fairness, support, and value or those who are represented by the organization (Ahmad et al., 2023). The theory shows that when employees related positively to the employer, they feel a need to respond positively by adopting positive attitudes and behaviours, including being more committed, loyal and productive in the organization.

The Social Exchange Theory gives a good piece of information in the context of HRM practices as the employees understand the organizational actions. Fair recruitment, ongoing training and development, performance-based rewards and supportive supervision are practices that will help to communicate to employees that their contribution is important to the organization. Employees will feel that they will respond to such practices by being more emotionally attached and committed to the organization when they view these practices to be fair and beneficial. These beneficial interactions gain even greater importance in the healthcare workplace as the employees have to operate in harsh conditions, under heavy pressure and emotional burden, which consequently leads to higher turnover intentions. The relationship between HRM practices and organisational commitment, however, is not direct and uniform always. The Social Exchange Theory can include the mediating mechanisms which determine the interpretation of the organizational actions by the employees. Organisational culture is one of such mechanisms. Positive exchange relationships are reinforced on a strong, supportive and ethical culture that instils shared values, trust and collaboration at the workplace. In case HRM practices are enforced in a good cultural setting, chances are high that employees would regard the organization as supportive, as opposed to transactional. On the other hand a feeble or misfit culture can also pervert these perceptions which will harm the reciprocity process that forms part of Social Exchange Theory. Likewise, transformational leadership has a significant mediating role in Social Exchange framework. Transformational leaders can contribute to improving the quality of social exchange relationships through motivating staff with

inspiration, understanding the personal needs, and developing a common problem. Leaders foster feelings and commitments of employees to the organization through such behaviors as intellectual stimulation as well as consideration of each individual employee. By so doing, employees will view leadership support as organizational care, which further strengthens their reciprocity by increasing their commitment.

Importantly, although in the case of Social Exchange Theory there is a solid foundation to these relationships, there are certain limitations to the theory. It often relies on the supposition that all relationships at the workplace are rational and mutual and it may not take into consideration structural limitations, power disparities, and cultural impacts that seem to be especially pertinent to hierarchal healthcare systems. Cultural norms and institutional structures can also influence employee beliefs in the relations of simple exchange as is the case with Saudi Arabia (Aldhobaib, 2025). However, notwithstanding these constraints, SET is still very appropriate in terms of this research as it is very effective in capturing the psychological process by which HRM practices have an effect on employee attitudes (Alotaibi, 2024). All in all, the Social Exchange Theory offers a strong and innovative account on the interaction of HRM practices, organisational culture, and transformational leadership as a set of factors that impact organisational commitment. It also emphasizes how commitment is not only the direct result of the management practices, but is constructed in the process of constant relationship transactions between the workers and the organization and thus is a fitting and effective framework to this study.

2.3. Human Resource Practices

Human Resource Management (HRM) practices are a collection of organized policies, strategies and procedures that manage the workforce of an organization well to meet the organizational objectives and improve the performance of employees (Tiwari & Saxena, 2012). Simply put, HRM practices are aimed at attracting, developing, motivating employees, and retaining them, to make sure that the human capital is in tune with organizational goals. In healthcare and specifically in Saudi Arabia, HRM practices are becoming more of a strategic role than an administrative role, with healthcare organizations that are overly dependent on the competent professional in providing quality patient care and operational efficiency. HRM practices are generally multidimensional, involves a number of major components

(Beugelsdijk, 2008; Oltra et al., 2022). Recruitment and selection is one of the most well known dimensions as it makes sure that the right people with right skills, qualification and values are hired or employed in organizations. Recruitment is critical in healthcare facilities because clinical positions are very sensitive and require professionals of high quality. Training and development is another aspect of great significance and is an area that aims at developing the knowledge, skills and abilities of workers (Nicolás-Agustín et al., 2022). Professional growth is especially critical in the medical field because of the establishment of new medical technologies and treatments in a very short time.

Another important dimension is the performance appraisal, which entails reviewing the performance of employees against some set criteria (Levy & Williams, 2004). Clear and equitable appraisal procedures would benefit employees by making them aware of expectations, and enhance their performance, as well as play a role in accountability in the organization. Intimately connected to this is compensation and reward management which encompasses salary scales, bonuses and benefits that are intended to drive the workforce forward as well as to embed desirable behaviours (Iqbal et al., 2015). Competitive payment particularly in health facilities is vital in attracting talented professionals in an industry where labour is the most competitive (Bayo-Moriones et al., 2020). Employee relations and engagement is another major aspect that requires careful consideration because it is aimed at creating a positive work environment, facilitating involvement in the management process, and ensuring a high level of interaction between the employees and the management (Dumitriu et al., 2025).

Good employee relations lead to increase in morale, decrease in turnover and an increase in the organizational commitment (Shabane et al., 2022). Moreover, employment security and career advancement opportunities have also been regarded as a valuable component of HRM practices because of their effects on long term attachment of employees to the organization (Vasumathi et al., 2025). Earlier research has always indicated that HRM practices are positively correlated with numerous employee outcomes such as job satisfaction, performance and organisational commitment (Wu et al., 2025). As an illustration, it has been established that employees who feel that HRM practices are fair, supportive, and developmental, tend to have more emotional attachment towards their organisation. Research in the healthcare sector has established that useful HRM practices lead to lower turnover intentions among nurses and physicians, quality services and patient satisfaction (Sharif et al., 2026). Nevertheless, in the literature that exists,

it is also pointed out that the effects of HRM practices are not necessarily directly related or consistent. Other researchers indicate that HRM practices are effective based on the situation through context, including corporate culture, style of leadership and institutional environment (Schneider et al., 2026). Namely, bureaucratic nature and lack of resources in the context of public healthcare can restrict the efficacy of HRM initiatives. This implies that the HRM practices can affect the outcomes of employees indirectly by means of the psychological and organizational processes (Dwiarto et al., 2025). In Saudi Arabia, studies on HRM in the healthcare facilities remain in the preliminary stage. Though positive relationships between HRM and employee satisfaction have been established in a few studies, there is little empirical research that establishes the relationship between HRM practices and organisational commitment in particular (Sulaeman et al., 2025). Additionally, there is little research that has incorporated the mediating variables including organisational culture and transformational leadership to elaborate how HRM practices can yield into increased levels of employee commitment.

2.4. Organizational Culture

The organisational culture is defined as the values, beliefs, norms and practices that determine the behaviour and attitudes of people in an organization (Zhang et al., 2023). It symbolizes the social and psychological workplace atmosphere and affects how employees conduct themselves with others, make decisions as well as reaction to the organizational policies. Simply define, organisational culture can be termed as the way things are done in an organization (Grover et al., 2022). Organisational culture has been identified as an important component in influencing the behaviour of employees, service quality and overall organisational performance in the medical field especially in Saudi Arabia since delivery of healthcare services is mostly dependent on collaboration, interaction, and shared accountability. The organisational culture is multidimensional and a complex phenomenon that has been categorised in different ways by scholars. The Competing Values Framework (CVF) is one of the most common typologies that classify culture into four categories: clan, adhocracy, market, and hierarchy (Tadesse Bogale & Debela, 2024). A clan culture is based on team work, employee engagement, and familial work environment, which proves to be especially useful in the healthcare setting where teamwork and team support are paramount. An adhocracy culture puts emphasis on innovation, flexibility and risk-taking, in dynamic environment and fosters

creativity and adaptability. A culture of market is competitive and result oriented and puts emphasis on performance, efficiency, and goal achievement (Schneider et al., 2026).

Conversely, a culture of hierarchy is typified by hierarchical structures, a strong adherence to procedures and defined lines of control, as is the case in state-owned medical institutions where control and standardisation are key (Dwiarto et al., 2025).

Organisational culture is at least as relevant to healthcare organisations as it can be. The positive and strong culture will encourage the involvement of employees, decrease stressors and job satisfaction among employees and lead to more organisational commitment. A supportive culture could be very beneficial especially in healthcare settings where employees usually have high workloads and emotional requirements, as it is well known that morale and turnover intentions tend to increase (Sulaeman et al., 2025). One such area is how a culture of open communication and teamwork would make healthcare professionals feel more professional in their jobs and thus provide better coordination and patient care outcomes. In addition, the organisational culture mediates the reforms of HRM practices in the sense that it determines the nature of perceptions and implementation of practices in organisations.

HRM practices that are well designed might not work out the way they are intended to work unless the organisational culture is conducive (Vasumathi et al., 2025). As an example, give the performance appraisal system, it might be a better fit in a culture that ascribes fairness and transparency, training programs are more effective in a culture where learning and development are valued. Therefore, culture is considered to be a contextual filter which employees perceive organizational practices.

Earlier studies have been consistent in revealing that, organisational culture is highly related to employee attitudes and behaviours, such as job satisfaction, performance, and commitment (Sun, 2008). In health industries, the researches have established that hospitals with good and positive culture are less likely to experience turnover and are more likely to be satisfied with their patients. Nevertheless, when working in the environment with strict culture, it is more fragmented or does not suit the values of the employees, negative effects like burnout and disengagement are more probable. Altogether, organisational culture is a critical component, which determines the dynamics within healthcare organisations (Schein, 1990). It determines how employees will view their jobs, the way they relate with the other employees and the reaction towards the management practices. Within the framework of this research, the concept

of organisational culture would be critical in the interpretation of how the practice of HRM can be translated into organisational commitment, especially in the healthcare industry of Saudi Arabia.

2.5. Transformational Leadership

Transformational leadership is a theory of leadership that emerged from Burns (1978) and then expanded by Bass (1985), which focuses on the power of leaders to inspire, encourage and change employees to attain greater degrees of performance and commitment (Homrig, 2001). Transformational leadership is vision centred, inspirational, and follower centred as opposed to transactional leadership that is centred on supervision, rewards and punishments. Transformational leadership is becoming an imperative style of leadership in healthcare organisations, especially in Saudi Arabia because of its role in overseeing complicated work environments, promoting the morale of the employees and appreciation of organisational commitment. Transformational leadership can be defined as having four essential elements, also known as the Four Is (Bass, 2015). The former is idealized influence whereby leaders are role models and command the trust and respect of staff by acting ethically and with powerful values. Such leaders have the tendency of being emulated by the employees; this increases their emotional attachment towards the organization.

The second is the inspirational motivation component where the leaders sound out a clear vision that is appealing and stimulates the employees to go beyond the expected performance levels. This can be converted in a health care setting to a common belief in providing highquality care in the delivery of services to patients (Givens, 2008). The third element is intellectual stimulation, which motivates employees to be creative in their thought processes, question assumptions and finding innovative solutions to the problems at work. This is especially essential in the health sector, where constant enhancement and problem solving is vital in effective service provision. The fourth available element is individualized consideration where leaders consider the individual needs, strengths and development of employees. Such individualized support makes the employees feel loved and valued and this enhances their motivation and dedication (Ghasabeh et al., 2015). The relevance of transformational leadership is that it takes into consideration the establishment of a positive organizational climate that encourages trust, collaboration, and engagement.

Transformational leaders in healthcare organizations have the potential to greatly decrease employee burnout and turnover, as they are able to emotionally support and provide a sense of purpose to employees (Bass & Avolio, 1993). It is also a type of leadership that relates with enhanced job satisfaction, better performance, and increased organisational commitment.

Transformational leadership has over the years been shown to significantly influence the employee attitudes and behaviours positively. Specifically in the healthcare scenario, studies have demonstrated that transformational leaders increase team work, communication, and help to improve patient outcome (Hay, 2006). Nevertheless, organizational factors that may affect the transformational leadership effectiveness are culture and HRM practices meaning that the effects of transformational leadership are not independent but rather, are related to more extended organizational systems. Transformational leadership comes in handy in this study as a mediating variable that describes the impact of HRM practices on organisational commitment (Korejan & Shahbazi, 2016). Leaders are rather important to the translation of HR policies into the everyday operations and the perception of organizational support in the minds of workers. Thus, the concept of transformational leadership is one of the main tools that enable employees to increase emotional attachment and loyalty to their organization.



Figure 2-1: Transformational Leadership

2.6. Organizational Commitment

Organisational commitment is physical attachment, identification and involvement by an employee to an organisation (Yeh & Huang, 2025). It indicates the level of commitment the employees have towards their organization, are willing to put effort on behalf of their organization, and would like to stay at the organization. This is because it has been shown to be closely related to employee performance, turnover, and job satisfaction, which have made the concept to be studied broadly in the field of organizational behaviour. Organisational commitment is of great importance in healthcare organisations since committed employees are directly involved with the qualities of patient care and organisational performance (Panjaitan & Nasution, 2025). The three-component model by Meyer and Allen (1991) is one of the most agreed models of organisational commitment. According to this model, there are three forms of commitment which include affective commitment, continuance commitment, and normative commitment. Affective commitment is a nutrient that is defined as having emotional attachment to the organization (Putri, 2025). A highly affectively-committed employee remains due to his or her choice since he or she associates well with organizational values and organizational goals. Such commitment is viewed as the best possible in the healthcare environment, as it is related to greater motivation and performance.



Figure 2-2. Types of organizational commitment

Continuance commitment is the cost that is perceived to leave the organization. High continuance commitment employees are persistent as they think they have to be and in many situations this is commonly because of financial, professional or practical reasons. Although such commitment could help decrease turnover, it does not always translate into high performance or engagement. Normative commitment is a feeling of moral commitment to stay in the organization (Ranay, 2025). Highly committed employees remain in their jobs because they feel obligated to do so, perhaps they are loyal, have moral values or the company has invested in their welfare.

Organisational commitment plays an important role in healthcare organisations. The degree of commitment is linked to high job performance, less absenteeism, lower turnover intentions, and enhanced teamwork. Within the healthcare industry, as the workers operate in stress and emotional tension, the organisational commitment provides stability and continuity in care as well as the provision of the service. It also helps in patient satisfaction, with dedicated medical practitioners being more apt to offer care of high quality and compassion. Previous studies have continually revealed that organisational commitment is affected by organisational culture, leadership styles, and HRM practices.

Good leadership and supportive HRM practices and supportive organizational environments are likely to enhance affective commitment among employees. But in case employees feel unjustly treated or mismanaged by leaders, or even have a low level of organizational support, their commitment is likely to go down causing them to become highly turned over and with low performance (Alhempfi et al., 2026). In general, organisational commitment is an important outcome variable of organizational research studies and a determinant of organizational success especially in the healthcare contexts. To explain the impact of HRM practices and organizational factors on employee attitudes and behaviours in this research, it is critical to understand its dimensions and importance.

Table 2-1: Summary of Key Theoretical and Conceptual Literature

Author(s)	Focus	Key Contribution / Finding	Relevance to Current Study
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Cook et al. (2013)	Social Exchange Theory (SET) foundation	Explains workplace relationships as reciprocal exchanges based on fairness and support	Theoretical base for HRM–OC relationship
Ahmad et al. (2023)	SET and employee behaviour	Employees reciprocate perceived organisational support with positive attitudes	Supports HRM → Commitment pathway
Alotaibi (2024)	SET in organisational behaviour	HRM influences employee attitudes through psychological processes	Justifies indirect effects and mediation model
Aldhobaib (2025)	Cultural limitations of SET in Saudi context	Workplace relationships influenced by hierarchy and cultural norms	Highlights contextual limitations of SET
Tiwari & Saxena (2012)	HRM practices definition	HRM involves recruitment, training, appraisal, reward, and retention systems	Defines HRM construct in study
Nicolás-Agustín et al. (2022)	Training and development	Training improves employee skills and organisational effectiveness	Supports HRM dimension relevance
Levy & Williams (2004)	Performance appraisal systems	Fair appraisal improves clarity, performance, and accountability	Links HRM to employee outcomes
Dumitriu et al. (2025)	Employee relations in HRM	Employee engagement improves morale and reduces turnover	Supports HRM–commitment relationship
Sharif et al. (2026)	HRM in healthcare	HRM improves service quality and reduces turnover intentions	Contextual support for healthcare sector

Zhang et al. (2023)	Organisational culture definition	Culture shapes values, behaviour, and workplace norms	Defines OCUL construct
Tadesse Bogale & Debela (2024)	Competing Values Framework (CVF)	Identifies clan, adhocracy, market, hierarchy cultures	Theoretical classification of OCUL
Schneider et al. (2026)	Culture types and outcomes	Different cultural types influence performance differently	Supports contextual variation in HRM effects
Sulaeman et al. (2025)	Healthcare organisational culture	Positive culture improves satisfaction and reduces turnover	Supports mediation role of OCUL
Schein (1990)	Organisational culture theory	Culture shapes behaviour, communication, and values	Foundational theory for OCUL construct
Burns (1978); Bass (1985)	Transformational leadership theory	Leadership inspires and transforms employee motivation and behaviour	Theoretical foundation for TL
Bass (2015)	Four components of TL	Idealized influence, motivation, stimulation, consideration	Defines TL dimensions
Givens (2008)	Leadership in organisations	Vision-driven leadership improves employee performance	Supports TL role in HRM outcomes
Ghasabeh et al. (2015)	Leadership behaviour	Individualised consideration improves employee motivation	Explains emotional engagement mechanism
Korejan & Shahbazi (2016)	TL as mediator	Leadership translates HRM practices into employee attitudes	Supports mediation role of TL

Yeh & Huang (2025)	Organisational commitment definition	Commitment includes identification, involvement, and loyalty	Defines OC construct
Meyer & Allen (1991)	Three-component model of OC	Affective, continuance, normative commitment	Theoretical basis for OC measurement
Putri (2025)	Affective commitment	Emotional attachment increases employee performance	Highlights strongest form of OC
Ranay (2025)	Normative commitment	Moral obligation influences employee retention	Expands OC conceptualisation
Alhempfi et al. (2026)	Leadership and commitment	Fair leadership improves commitment, poor leadership reduces it	Links HRM/leadership with OC outcomes

2.7. HRM Practices and Organizational Commitment

The linkage between Human Resource Management (HRM) practices and organisational commitment has been researched wide in organisational behaviour and management literature, most of the studies on the topic affirm that there is generally a positive relationship between the two (Irfan et al., 2025). HRM practices aim at attracting, developing, motivating and retaining employees and when applied in a fruitful manner they will establish a favourable working environment where employees will feel motivated to elicit more emotions and psychological attachment with their organisation. But this is not linear and universal and critical analysis has shown that contextual, perceptual and structural conditions impact a great deal on how HRM practices can be converted into organisational commitment especially in a complex industry like healthcare. Theoretically, HRM practices do affect organisational commitment by how it affects how employees feel about organisational support, fairness and investment in their growth (Mohaimen et al., 2025). These practices, including fair recruitment and selection, opportunities to stay involved in continuous training, clearly structured performance appraisal systems, and fair reward structures, are the indications that the organisation appreciates the value of its employees.

The Social Exchange Theory assumes that, in response to such positive signals, the employees reciprocate by increasing their commitment, loyalty and desire to stay with the organisation. Such supportive practices are particularly relevant in handling the morale and turnover intentions in healthcare environments, where workers are usually exposed to emotional exhaustion and work load. The positive correlation between organisational commitment and HRM practices has always been backed by empirical studies. Studies conducted in many industries such as healthcare have indicated that employees that feel that the HRM practices are fair, transparent and development-oriented experience affective commitment more (Wojtczuk-Turek, 2025). To illustrate, training and development can advance skills and career growth of the employees, which boosts their morale and commitment to the organisation. Equally, performance appraisal systems that would be viewed as objective and constructive help build trust toward management and enhancement of dedication.

Financial and non-financial types of reward systems are also vital in consolidating good behaviour of employees and fostering long organisational commitment. Critical literature however points out that HRM practices may not necessarily result in increased organisational commitment. A huge weakness is the factor of employee perception. The HRM practices can be formalised in an organisation but when the employees feel that the practices are unfair, inconsistent and biased, the positive intentions can fail (Hatipoğlu & Akduman, 2025). At the healthcare setting where hierarchies and resources can be the order of the day, an employee can be inclined to perceive HRM systems as bureaucratic, instead of supportive, which undermines their influence on commitment (Irfan et al., 2025).

The mediating role of organisational and psychological factors is another critical issue. Research studies indicate that HRM practices tend to impact indirectly on organisational commitment as opposed to having a direct effect. The organisational culture and leadership style are some of the factors that influence the interpretation of HRM practices by employees (Genari & Macke, 2022). As an example, HRM practices are more likely to be viewed as authentic investments in employees in a highly positive and supportive culture, which enhances commitment. On the other hand, where the culture is rigid or high control, the same management approaches can be viewed as a mechanism of compliance, as opposed to supportive program and thus less effective. Moreover, transformational leadership has a major role in converting HRM practices to employee dedication (Pinho et al., 2024). Leaders become mediators amid corporate policies and employees, and this affects the ways of communicating

and enforcing HRM practices (Alshibly & Alzubi, 2022). Transformational leaders are able to improve the perceived value of the HRM practices through motivation, support and personal consideration; therefore, improving the emotional attachment of the employees to the organisation.

H1: HRM practices positively affect organisational commitment in the healthcare sector of Saudia Arabia.

2.8. Mediation of Organizational Culture

The organisational culture factors are critical in the mediating effect on HRM practices and organisational commitment (Soomro et al., 2024). Although HRM practices are aimed to directly enhance the employee result, it may be clouded by the values, norms and standard practices by employees within an organisation. That is to say, organisational culture is a kind of interpretive lens that the employees may refer to and assess the HRM initiatives. This renders culture a primary process of converting formal HRM policies into valuable employee attitudes and behaviours most specifically commitment to organisations (Khoso & Pathan, 2023). In the perspective of the Social Exchange Theory, employees do not react to HRM practices in a manner that is isolated but rather they apply the practices to the larger cultural context of the organisation. With a powerful, supportive and people-focused culture, HRM activities, including training and performance appraisal, as well as reward mechanisms, are more likely to be viewed as a true investment in the well-being of employees (Siswadi et al., 2023). It reinforces the perception of reciprocity and employees gain greater amounts of emotional attachment and commitment to the organisation.

A positive organisational culture can have an even greater impact in influencing the response of employees in a healthcare setting where teamwork, trust and shared responsibility are vital factors (Pathan, 2023). On the other hand, where the culture is inflexible, hierarchical and disaligned with employee expectations, these well-designed practices in HRM might not lead to commitment in organisations. This can be seen by the employees as procedural practices and not supportive programs. As an illustration, performance appraisal processes in low-trust culture can also be viewed as punitive, rather than developmental, which undermine the effectiveness of the processes (Moloto et al., 2026).

This shows that organisational culture does not, in any way, just assist HRM practices but is also proactive in determining them and their efficacy. The mediating role of organisational culture in the relationship between HRM and commitment is backed up by empirical studies. Research has indicated that the HRM practices are better used to boost employee commitment levels in a culture that prioritizes trust, collaboration and involvement of employees (Ljungqvist, 2025). A good culture in healthcare organizations would lead to better interactions between the management and employees, less ambiguity of roles and an emphasis on common values of patient care and quality of service. Consequently, organisational culture is also a critical mediating factor in that it defines the manner in which the organisational perception of HRM practices is converted to organisational commitment (Soomro et al., 2024). It elucidates why same HRM practices can yield varied performance in various organisations and as such, it reveals the significance of cultural alignment in human resource strategies.

H4: Organisational culture significantly mediates the relationship between HRM practices and organisational commitment in the healthcare sector of Saudia Arabia.

2.9. Mediation of Transformational Leadership

Transformational leadership is a mediating variable in Human Resource Management (HRM)-organisational commitment relationship (Rojak, 2024). Although HRM practices offer formal systems and policies on how to manage employees, it is through leadership that these practices are understood, communicated and applied at the operational level. Transformational leaders, especially, are most helpful in moulding the perception and feeling of employees towards the organisational initiatives and that way making a difference in how much HRM practices lead to organisational commitment. Social Exchange Theory suggests that when employees believe that the organisation attaches importance to their work and allows them to develop, employees gain a sense of commitment (AlAbri & Alam, 2022). Transformational leaders reinstate this sense by serving as the human face of HRM practices. Through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, transformational leaders enhance employees' sense of trust, respect, and belonging. Consequently, HRM activities including training, performance management and reward systems, when administered by supportive leadership behaviours make more sense and motivate employees. Transformational leadership is of particular importance to healthcare organizations with the high stress and emotionally charged nature of work. Leaders who offer

cloud of hope, appreciation of individual efforts, and sharing of a common vision may go a long way and increase employees psychological attachment to the organisation (Jaya et al., 2024). As an example, transformational leaders guide employees to know the purpose of the new performance appraisal systems and training programs that HRM practices are introducing and reduce resistance and involvement, once they have been introduced. Such a leadership support enhances the inclination of employees to give back by increasing their commitment. There is empirical evidence which indicates that transformational leadership mediates HRM practices to organisational commitment positively (Shayegan et al., 2022). Researchers have established that when leaders support the practices, reinforce them, the HRM practices have been more effective in enhancing employee attitudes (Dewi et al., 2022). On the contrary, weak or transactional leadership can diminish the usefulness of HRM activities because the employees will view the policies as mechanical or strictly administrative.

H5: Transformational leadership significantly mediates the relationship between HRM practices and organisational commitment in the healthcare sector of Saudia Arabia.

Table 2-2: Summary of Literature on Mediation of Organisational Culture and Transformational Leadership

Author(s)	Focus	Key Contribution / Finding	Relevance to Current Study
Soomro et al. (2024)	Organisational culture as mediator between HRM and employee outcomes	Organisational culture shapes how employees interpret HRM practices and strengthens commitment outcomes	Supports mediation role of OC in HRM–OC relationship
Khoso & Pathan (2023)	HRM practices and organisational culture	Culture acts as interpretive lens for HRM initiatives affecting employee attitudes	Justifies cultural influence on HRM effectiveness
Siswadi et al. (2023)	HRM, culture, and employee reciprocity	Supportive culture enhances perception of HRM as employee investment	Explains positive mediation mechanism of OC

Pathan (2023)	Organisational culture in healthcare	Culture improves teamwork, trust, and shared responsibility in healthcare settings	Highlights importance of OC in healthcare context
Moloto et al. (2026)	HRM appraisal systems and organisational culture	Weak culture leads to negative perception of HRM practices (e.g., punitive appraisal)	Shows negative mediation possibility of OC
Ljungqvist (2025)	HRM effectiveness and organisational culture	Trust-based culture improves HRM impact on commitment	Empirical support for positive mediation effect of OC
Rojak (2024)	Transformational leadership as mediator in HRM outcomes	Leadership influences how HRM practices are implemented and perceived	Establishes TL as mediator between HRM and commitment
AlAbri & Alam (2022)	Social Exchange Theory and leadership	Employees develop commitment when leadership enhances perceived organisational support	Theoretical support for TL mediation
Jaya et al. (2024)	Transformational leadership in healthcare	TL improves emotional attachment and vision alignment in healthcare workers	Supports healthcare relevance of TL mediation
Shayegan et al. (2022)	HRM, leadership, and employee attitudes	TL strengthens the effectiveness of HRM practices on employee outcomes	Empirical support for mediation effect of TL
Dewi et al. (2022)	Leadership support in HRM systems	Supportive leadership increases effectiveness of HRM practices	Reinforces positive mediation role of TL

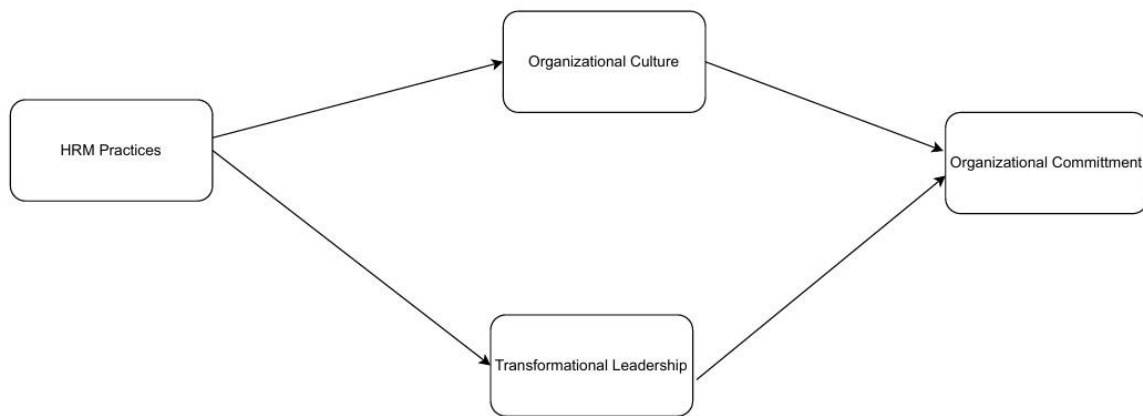


Figure 2-3: Research Model

Source: Author Generated

2.10. Research Gap

Although there has been an increase in literature on Human Resource Management (HRM) practices and effects they have on organisational commitment, there are other crucial research gaps, especially with regard to the medical field in Saudi Arabia.

To begin with, majority of the current research has focused on the direct correlation between HRM practices and organisational commitment with limited focus on the mechanisms underlying the relationship. Even though recent studies have recognised the relevance of mediating variables, further integrated research on both organisational culture and transformational leadership as concurrent mediators within a single conceptual framework, is yet to be completely acted. Secondly, the available literature is highly concentrated in the western or developed or country settings. These results cannot be entirely universalised into developing or culturally remote settings like in Saudi Arabia, where organisational frameworks, management approaches and work ethics vary dramatically. Saudi Arabia, and the healthcare sector, in particular, represent a peculiar combination of the public-sector regulation, cultural demands, and fast implementation of the changes within the framework of the Vision 2030, which is why it serves as a rich yet underrepresented location to consider the relationship between HRM and organisational behaviour.

Third, although the studies on the organisational culture and transformational leadership have been conducted separately on their relation to organisational commitment, there is paucity of empirical research of the joint mediation of these two variables in healthcare organisations. A majority of the studies concentrate on either leadership or culture individually as opposed to understanding the relationship between the two to influence perceptions of employees on HRM practices and the resultant commitment rates. Lastly, the lack of research specific to the sector relating to the area of Saudi Arabia discussing the issue of healthcare professionals is also evident, even though employee devotion is highly important to deliver quality services to patients and improve patient care. Handling burnout, labour shortage, and employee retention also emphasize the necessity of taking research context-specific. Hence, this paper fills these gaps by creating and testing an integrated model helping to explore the effects of HRM practices on organisational commitment by including the dual mediating relationship between organisational culture and transformational leadership in the healthcare industry in Saudi Arabia.

Table 2.3: Summary of Literature Findings

Author & Year	Variables Studied	Findings	Similarity to Current Study	Differences from Current Study
Cook et al. (2013)	Social Exchange Theory, employee–organization relationships	Positive organizational treatment leads to reciprocal employee commitment	Supports use of Social Exchange Theory as theoretical foundation	Does not focus on healthcare or HRM practices specifically
Ahmad et al. (2023)	HRM practices, employee attitudes	Fair HRM practices enhance employee commitment and loyalty	Aligns with HRM → commitment relationship	Does not include mediating variables like culture or leadership
Alotaibi (2024)	HRM practices, employee attitudes	HRM practices influence	Supports indirect effects	Lacks integrated

		psychological processes leading to commitment	of HRM on commitment	mediation model
Tiwari & Saxena (2012)	HRM practices, organizational performance	HRM improves employee performance and alignment with goals	Highlights importance of HRM practices	Does not focus on organizational commitment
Nicolás Agustín et al. (2022)	Training & development, employee skills	Training enhances employee capabilities and performance	Supports HRM dimension relevance	No focus on mediating variables or healthcare context
Levy & Williams (2004)	Performance appraisal systems	Fair appraisal improves employee performance and clarity	Supports HRM → positive employee outcomes	Does not link directly to commitment
Iqbal et al. (2015)	Compensation, motivation	Rewards positively influence employee motivation	Aligns with HRM role in enhancing commitment	Limited focus on healthcare or mediators
Shabane et al. (2022)	Employee engagement, commitment	Positive relations increase organizational commitment	Directly supports dependent variable	Does not consider HRM as antecedent
Wu et al. (2025)	HRM practices, job satisfaction, commitment	Positive HRM practices increase commitment	Strong alignment with study variables	No mediation analysis
Sharif et al. (2026)	HRM practices, turnover, service quality	Effective HRM reduces turnover	Healthcare specific support	Does not include leadership or

		and improves service		culture mediation
Schneider et al. (2026)	Organizational culture, HRM effectiveness	Culture influences HRM outcomes	Supports mediating role of culture	Does not include transformational leadership
Zhang et al. (2023)	Organizational culture, employee behavior	Culture shapes attitudes and workplace behavior	Aligns with mediator role of culture	No focus on HRM practices
Sun (2008)	Organizational culture, commitment	Positive culture enhances commitment	Direct support for mediation hypothesis	Older study, limited healthcare focus
Bass (1985)	Transformational leadership	Leaders inspire higher performance and commitment	Supports leadership as mediator	Does not integrate HRM practices
Ghasabeh et al. (2015)	Transformational leadership dimensions	Leadership improves motivation and engagement	Aligns with leadership–commitment link	No HRM linkage
Hay (2006)	Leadership, healthcare outcomes	Leadership improves teamwork and patient outcomes	Healthcare relevant leadership support	Does not include HRM practices
Korejan & Shahbazi (2016)	Leadership, organizational commitment	Leadership enhances commitment	Supports mediation role	No integration with culture
Yeh & Huang (2025)	Organizational commitment	Commitment linked to performance and retention	Supports dependent variable importance	Does not examine HRM influence

Meyer & Allen (1991)	Commitment dimensions	Identified affective, continuance, normative commitment	Provides theoretical basis for commitment	Does not include HRM or mediators
Irfan et al. (2025)	HRM practices, commitment	Positive HRM practices increase commitment	Strong alignment with main relationship	Limited focus on mediation
Hatipoğlu & Akduman (2025)	HRM perception, employee attitudes	Employee perception influences HRM effectiveness	Supports indirect relationship concept	Does not include culture or leadership
Genari & Macke (2022)	HRM, organizational context	Context influences HRM outcomes	Aligns with mediating perspective	Does not test dual mediation
Pinho et al. (2024)	Leadership, HRM practices	Leadership enhances HRM effectiveness	Supports leadership as mediator	Does not include culture simultaneously
Soomro et al. (2024)	Culture, HRM, commitment	Culture mediates HRM–commitment relationship	Direct support for H4	Does not include leadership mediation
Shayegan et al. (2022)	Transformational leadership, commitment	Leadership strengthens employee commitment	Supports H5	No HRM linkage
Dewi et al. (2022)	Leadership, HRM effectiveness	Leadership improves HRM outcomes	Aligns with mediation role	Does not include culture
Ljungqvist (2025)	Culture, employee commitment	Positive culture increases commitment	Supports mediation of culture	No HRM integration

2.11. Chapter Summary

This chapter entailed an extensive literature review regarding the Human Resource Management (HRM)-based practices and its effects on organisational commitment within the Saudi Arabia health care industry. It started by giving an introduction to the structure of the chapter and followed up by giving the theoretical standpoint of the study that is based on the Social Exchange Theory. This theory was used to explain the effect of HRM practices on employee attitudes in terms of perceived organizational support and reciprocity, along with the importance of the organisational culture and the transformational leadership in the mediating effects. The chapter also discussed significant constructs of the research such as the practices of HRM, organisational culture, transformational leadership, and organisational commitment. Each of the concepts was explained with references to the dimensions, its applicability, and the previous empirical results, specifically in the context of healthcare. The immediate links between HRM practices and organisational commitment were also critically examined in the review, with special attention being paid to the fact that the relationship is rather subject to contextual and perceptual factors. Also, the mediating effects of organisational culture and transformational leadership were studied which proved that both variables have an influence on the perception of employees and enhance the bond between HRM and commitment. Lastly, the research gap was determined, and it lacks integrated studies in the Saudi healthcare sector that would concurrently investigate both the mediators. In general, the chapter provides a good theoretical and empirical basis on the proposed research model and a validity of the necessity of the present study.

Chapter 3

Methodology

3.1. Introduction

Chapter 3 discusses the research methodology to be used in the present research which focuses on exploring the effects of Human Resource Management (HRM) on organisational commitment within the Saudi Arabian healthcare industry, alongside the mediating variables of organisational culture and transformational leadership. This chapter will explain and justify

the overall research process such as the philosophical stance, research approach, research design, strategy, data collection methods, data analysis techniques that will help in answering research objectives. Properly designed methodology is very crucial to the validity, reliability and credibility of research results. Thus, the chapter gives a perfect description as to how the study is structured and implemented in an orderly way. It starts by describing the research philosophy which explains the preconceptions of knowledge and reality used to direct the research. It is then succeeded by a discussion on the research approach which details whether a deductive or inductive approach will be adopted in testing the proposed relationships between the variables. The chapter also explains the research strategy and design where information will be gathered and interpreted to attain the objectives of the research. Moreover, it outlines how the data was collected, target population, sampling method and instrument used to collect the data. The data analysis section talks about the statistical methods that are employed in the analysis of relationships among variables. Lastly, it ends with ethical considerations, and a summary of the chapter to make sure the study is conducted in a responsible and systematic manner.

3.2. Research Philosophy

Positivism is the philosophy of the study, which is based on the assumption that the reality is objective, measurable and is independent of human perceptions (Maksimovic & Evtimov, 2023). Positivism especially comes in handy in research actions that seek to test the association existing among manifestly characterized variables by observing and analysing data empirically. Positivism in the framework of this study, which explores the effects of Human Resource Management (HRM) practices on organisational commitment when the hypotheses are mediated by the intervention of organisational culture and transformational leadership in the Saudi Arabian healthcare sector, offers a solid method of testing the hypotheses in a systematic and objective way (Ikram & Kenayathulla, 2022). Within the positivist paradigm, facts and quantifiable data are used to draw knowledge instead of subjective interpretation. This also concurs with the present study, which aims at measuring employee perception of the HRM practices, organisational culture, transformational leadership and organisational commitment through standard measures like questionnaires.

Data gathered is then statistically explored to identify the strength and significance of the relationship between the variables. Positivism is also advocating a deductive approach, in

which the current theories like Social Exchange Theory are applied to formulate conjectures that are subsequently examined using empirical data. This makes the research objective, systematic and replicable. Through the reduction of researcher bias and concentration on numerical data, positivism helps improve the reliability and validity of the data. Depending on the size and organized nature of health care in the context of Saudi Arabia, positivism is most extensively applicable in the healthcare research since it enables generalization of the findings to formulate policy and managerial decisions. As such, a positivist philosophy will be suitable in this research, because it will allow the creation of a clear, scientific, as well as evidencebased analysis of interrelationships between the HRM practices, organisational culture, transformational leadership, and organisational commitment.

3.3. Research Approach

The type of research which has been applied in this study is deductive type. The deductive method is based on formulation of hypotheses on the basis of known theories and testing of hypotheses on the basis of empirical data analysis (Kumar & Ujire, 2024). The theoretical basis employed in this research is the Social Exchange Theory, and it is through this that the association between Human Resource Management (HRM), organisational culture, transformational leadership and organisational commitment can be explained. This theory and previous literature have developed some particular hypotheses, which will be tested with quantitative data provided by healthcare professionals in Saudi Arabia. This research would be best suited to the deductive approach as it gives the opportunity to conduct a structured and systematic analysis of properly defined variables. As the research paper is intended to quantify the effects of the HRM practices on organisational commitment and evaluate the mediating effect of the organisational culture and transformational leadership, a hypothesis-testing research design is more appropriate than an exploratory research design (Azungah, 2018). This methodology makes the research objective, focused and approximately in accordance with the positivist philosophy. Generalization and replication of the results is also another strength of the deductive approach. The study will have the potential to test whether the hypothesized relationships are true in the context of healthcare sector by employing the standardized measurement tools and statistical tests. Also, the deductive method puts more clarity and accuracy onto the research design since it does not result in creating theory out of observation. Hence, it is the most appropriate method to attain the purpose of this research.

3.4. Research Design

The study research design has a quantitative nature since it intends to test how Human Resource Management (HRM) practices, organisational culture, transformational leadership, and organisational commitment are related to each other in a logical and measurable way (Östlund et al., 2011). The research design adopted should be a quantitative research design since it is aimed at collecting numbers of data that can be statistically analysed to test hypotheses and to state the strength and significance of relationships between variables. Within the framework of the research, a quantitative design would enable measurement of the perception of the employees towards HRM practices, organisational culture, transformational leadership, and organisational commitment in terms of the standardised survey measures, and I would usually take up the employment of Likert-scale questionnaires. This will allow the researcher to transform subjective perceptions to objective numerical information, which can be properly analysed. Since the research is based on positivist philosophy and adheres to a deductive approach, the research is quantitative in nature that guarantees the consistency and compatibility with these methodological decisions.

The ability to make generalizable results is one of the main benefits attributed to the application of the quantitative design. Drawing on the research of an ample size sample of Saudi Arabian healthcare workers, the results may be extrapolated to the entire population being researched. Also, quantitative research is better at reliability and replicability, because the structured instruments and statistics procedures used make the study repeatable under comparable conditions, resulting in similar outcomes. In addition, quantitative design is also specially well adapted to testing aspects of complex relationships with mediating variables (organisational culture and transformational leadership). The both direct and indirect effects can be analysed through the advanced method of statistics, e.g. in regression analysis or structural equation modeling, as the proposed research model. Quantitative approaches are prevalent in healthcare research since they deliver objective, clear and evidence based information that can be used to make policy and managerial decisions. Thus, the presented research design can be defined as quantitative research, which perfectly fits the research objectives of this study as it will assist the researcher in the investigation of causal relationships and get his/her strong empirical data about the influence of HRM practices on organisational commitment among the representatives of the healthcare industry in Saudi Arabia.

3.5. Research Strategy

The research strategy that will be employed in this research is the survey strategy which is a common research strategy used in quantitative research to get standardised data of a great number of the respondents. The strategy would be a survey since it will facilitate the process of gathering data efficiently with health care employees working in various hospitals and other healthcare professionals in Saudi Arabia. The survey approach will offer an efficient and effective means of collecting similar data amongst a diverse population because the study will focus on evaluating the connections among Human Resource Management (HRM) practices, organisational culture, transformational leadership as well as organisational commitment. The first benefit of the survey strategy is that it is able to cover a relatively large sample in a tight resource and time constraint environment.

In the present research, respondents will be measured on their perception of the key variables with the help of structured questionnaires. Such questionnaires often have Likert-scale questions, whereby a participant can indicate the level of agreement or disagreement with given statements. Such a uniform structure provides uniformity in replies and analysis through statistics. The survey approach also improves objectivity, since there is a minimum researcher bias in the data collection. The responses are offered by the respondents themselves thus it assists in making sure that the respondents data used is based on their actual perceptions and experiences. Also, surveys would be appropriate to establish associations between variables, and test hypotheses, which also corresponds to the deductive and positivist character of the research. The suitability of the survey strategy in studies with mediation analysis is another reason why it is a strategy chosen. As in this study, we are looking at the mediating surrounds of organisational culture and transformational leadership, we can use statistical methods to effectively examine a direct and an indirect relationship using a survey dataset. In general, the survey approach best suits the present study due to the fact that this method offers dependable, effective and general surveys, thus facilitating a thorough analysis of the HRM practices and their effects on organisational commitment in the Saudi Arabian healthcare industry.

3.6. Sampling and Population

This study will involve a population of healthcare workers of both public and private healthcare facilities in Saudi Arabia as they include doctors/nurses, administrative personnel, and allied

health workers. The research population would suit the study since these employees are the ones in direct contact with Human Resource Management (HRM) practices, organisational cultures and leadership styles and their perceptions are critical towards measuring organisational commitment by the healthcare sector. Purposive and convenience sampling methods have been incorporated to achieve the desired meaningful and relevant data (Etikan et al., 2016).

Since only certain characteristics of respondents are relevant to the study, purposive sampling will be utilized to ensure only respondents that fit the specific criteria will be included in the study. Moreover, convenient sampling is utilized, ensuring a simple and effective process of data gathering using accessible respondents in reachable health care facilities. The fusion of convenience and purposive sampling increases the relevance as well as practicality of the research. Where a purposive sampling is used to ensure the relevant respondents are incorporated, convenience sampling results in efficiency in data collection against a reasonable number of respondents. The combination of these procedures aids in gathering credible and helpful information in studying the associations between the research variables.

3.7. Data Collection

Data needed in this study will be gathered using a structured questionnaire that can be regarded as the most suitable instrument to use in order to gather quantitative data of a large population of respondents in a systematic approach. To guarantee reliability and validity, the questionnaire will be developed on the validated scales of past research. It will consist of closed-ended questions that will use a five-point Likert scale of strongly disagree to strongly agree. The questionnaire will be broken down into sections that touch on the Human Resource Management (HRM) practices, organisational culture, transformational leadership, and organisational commitment. The respondent of interest will be the professionals in the field of healthcare in hospitals and other healthcare institutions in Saudi Arabia. The questionnaire shall be issued both in hard copy and electronic form (where available and convenient). This technique enables effective institutions of data collection in a short period of time and is also consistent in responses. The participants will be told the aim of the research and they will be assured that their responses will remain confidential to ensure that they are very honest when responding and at the same time be very precise.

Table 3-1: Variables and their sources for number of items

Variable Name	Number of Items	References
Human Resource Management (HRM) Practices	6 items	(Simon & Sagoe, 2018)
Organizational Commitment	6 items	(Al-Fakeh et al., 2020)
Organizational Culture	10 items	(Bagga et al., 2023)
Transformational Leadership	9 items	(Bagga et al., 2023)

3.8. Data Analysis

The Statistical Package of the Social Sciences (SPSS) that is commonly used in the analysis of quantitative data in social science research and management studies will be applied in the analysis of the data collected. The analysis through SPSS will be used to carry out descriptive and inferential statistics. The demographic characteristics of respondents and distribution of key variables will be summarized by the use of descriptive statistics, i.e., frequency, mean and standard deviation. The correlation and regression analysis with the help of inferential statistics will be applied to analyse the connection between the HRM practices and organisational culture to transformational leadership to organisational commitment. Moreover, to examine the indirect effect on the relationship between HRM practices and organisational commitment, mediation analysis will be performed to test the indirect effect of organisational culture and transformational leadership. The SPSS would guarantee the necessary accuracy, reliability and systematic data analysis that will allow the researcher to test where to conclude and make the necessary conclusions with the help of appropriate data analysis and with the objectives of the study in mind.

3.9. Ethical Considerations

The ethical considerations will be a vital component of this study because it will make the research carried out in a responsible and professional way. Before data collection, the ethics committee Thayer Academy will approve the project. The study will be entirely voluntary and the respondents will be made aware of the aim of the research, its goals and purpose of the respondent in the research. All participants will be informed to give their consent before filling in the questionnaire. One of the assurances that the respondents will be given is the right to discontinue with the study in any manner without penalty. Anonymity and confidentiality will be followed and no personal information will be gathered or given out throughout the research.

All the information gathered will be utilized academically and will be kept in a safe place to avoid any access by some unauthorized means. These will be in order to ensure that the study meets ethical considerations besides safeguarding the rights and privacy of all the participants in the research.

Table 3-2: Methodological Summary

Methodological Aspect	Adopted Approach	Summary / Justification
Research Philosophy	Positivism	Focuses on objective measurement of HRM practices, organisational culture, transformational leadership, and organisational commitment using quantitative data and hypothesis testing.
Research Approach	Deductive Approach	Based on Social Exchange Theory; hypotheses are developed from existing literature and tested empirically.
Research Design	Quantitative Design	Uses numerical data collected through structured questionnaires to examine relationships between variables statistically.
Research Strategy	Survey Strategy	Enables efficient collection of standardized data from a large sample of healthcare professionals in Saudi Arabia.
Population	Healthcare Professionals in Saudi Arabia	Includes doctors, nurses, administrative staff, and allied health workers directly exposed to HRM and leadership practices.
Sampling Technique	Purposive + Convenience Sampling	Ensures relevant participants are included while maintaining practical and accessible data collection.
Data Collection Method	Structured Questionnaire (Likert Scale)	Standardized instrument measuring perceptions of HRMP, OC, OCUL, and TL using validated scales.
Measurement Sources	Adopted from Previous Studies	Ensures reliability and validity of constructs using established measurement scales.

Data Analysis Tool	SPSS	Used for statistical analysis including descriptive, correlation, regression, and mediation analysis.
Data Analysis Techniques	Descriptive, Correlation, Regression, Mediation Analysis	Used to test direct and indirect relationships among variables.
Ethical Considerations	Consent, Confidentiality, Voluntary Participation	Ensures ethical compliance, participant protection, and data confidentiality.

3.10. Chapter Summary

The chapter gave a thorough description of the research methodology used in the study investigating the effects the HRM practices raise on the organisational commitment in the Saudi Arabian healthcare sector, the role of organisational culture and transformational leadership as mediating variables. The chapter started with the description of the positivist philosophy of research and deductive method that directs the research toward objective measurement and hypothesis testing. It also validated the application of a quantitative research design and survey approach as the most suitable data collection and analysis technique. Healthcare professionals in Saudi Arabia were identified as the population of the study and the mix of the purposive and convenience sampling was discussed. Data collection process with a structured questionnaire and data analysis process with SPSS including descriptive, correlation, regression, and mediation analysis, were also outlined in the chapter. Lastly, ethical issues were tackled, so that the study is done in an upright way, with privacy and integrity as well as dignity to the participants. Altogether, the methodology offers an articulate and logical process of accomplishing the research goals and guaranteeing the trust and validity of the research results.

Chapter 4

Results

4.1. Introduction

In this chapter, data are presented and extensively analysed with reference to the research objectives and hypotheses. The aim of this chapter is to analyse the relationships between Human Resource Management Practices (HRMP), Organizational Commitment (OC), Organizational Culture (OCUL) and Transformational Leadership (TL). The analysis was performed with 366 respondents. Student's 't' test, one-way ANOVA and square Pearson product-moment correlation coefficient was used to verify the characteristic of the sample, assess the quality of the measurement instruments and test the proposed hypotheses of this study. The chapter starts with the analysis of demographic characteristics of the respondents which includes gender, age, level of education, working experience and job level. This information gives general background information and can be used to make sense of the background of those who participated in this study. Demographic Analysis is conducted to present descriptive statistics that show central tendency and distributional quantifiers of study variables. The following measures are reported: Mean, S_D, skewness and kurtosis to check normality and data characteristics.

Then factor analysis is performed by the Rotated Component Matrix to study the below lying structure of the measuring items and check the inner relationship between the observed variables and the constructs they are supposed to measure. Following this a correlation analysis is used to analyse the relationship in terms of strength and direction between the study variables. This analysis gives a preliminary evidence on the relationship between Human Resource Practices, Organizational Culture, Transformational Leadership and Organizational Commitment. Other tests for the reliability of measurement scales adopted include the internal consistency of the constructs included in the study while Cronbach's alpha coefficient is used for this purpose.

In order to test the hypotheses regression analyses and mediation analyses are conducted after the validity of the measurement instruments have been established. A direct effect of Human Resource Management Practices on the Organizational Commitment is examined, and then an examination on the role of mediators which is Organizational Culture and Transformational

Leadership. Hayes' PROCESS Macro with bootstrapped CI is used for mediation analyses in order to assess indirect effects. In general this chapter contributes empirical evidence about the proposed relations between the study variables and serves as the foundation for the discussion the next chapter. The findings later bring contributions to the understanding of HRMPs, and its influence on OC and TL which is the mediate variables.

4.2. Demographic characteristics of respondents

Table 4-1 and Figure 4-1 show the percentage distribution of the respondents by gender. Among the total 366 participants included in the study, 201 participants (54.9%) were males and 165 (45.1%) were females. The results reveal a slightly higher proportion of the male respondents than the female respondents. Both groups, however, were equally represented since the difference between the two is not significant. The gender split of the sample is more or less equal, which contributes to increasing the representativeness of the sample and minimising the chance of gender-bias in the results. In addition, the number of respondents on both genders equips with an all-round observe concerning perceptions related to Human Resource Management Practices, Organizational Culture, Transformational Leadership, and also Organizational Commitment. Thus, the study results for generalizability and reliability can be supported in the sense that it is based on the demographic composition of the sample that is used in the study.

Table 4-1: Demographic Summary

		Statistics				
		Gender	Age	Qualification	Experience	Job_Level
N	Valid	366	366	366	366	366
	Missing	0	0	0	0	0

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	201	54.9	54.9	54.9

Female	165	45.1	45.1	100.0
Total	366	100.0	100.0	

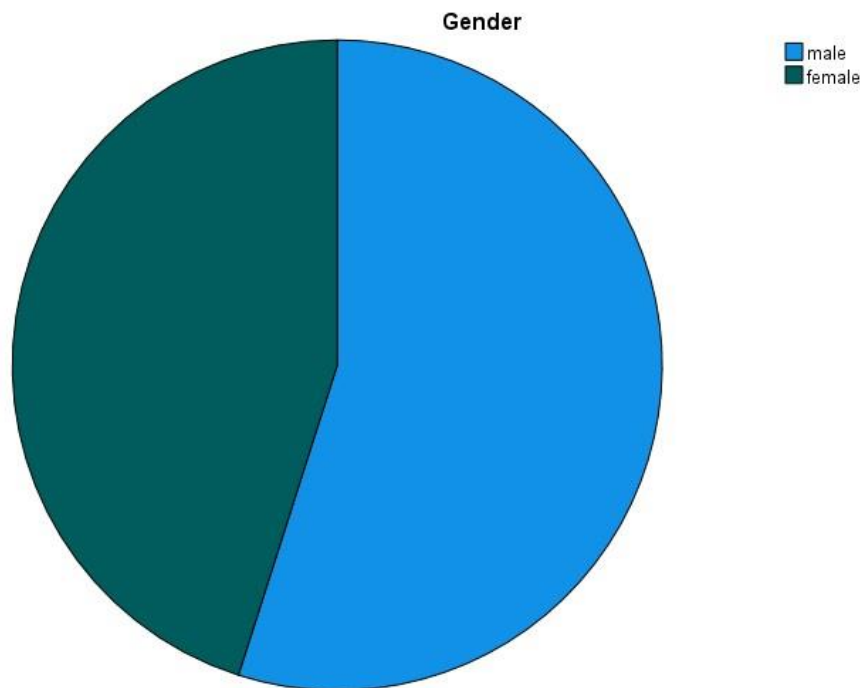


Figure 4-1: Gender of respondents

The respondents' age distribution is illustrated in Figure 4-2. The 31 to 40 year age category had the highest number of participants with 143 respondents (39.1%). The age group 20-30 years old was followed by between 41 and 50 years old with 119 respondents (32.5%). The study had a median age of respondents of 41 years, with 89 respondents (24.3%) aged between 41 and 50 years, and only 15 respondents (4.1%) aged above 51 years. From these results, it can be inferred that most of the respondents have been at the early to middle level stage of their professional career.

The prevalence of respondents for the age group 31-40 suggests that there was relatively high exposure across the organisation and enough organizational experience to have knowledge about managerial practices. Meanwhile, the mix of younger and older personnel ensures diverse points of view and experiences. As such, an understanding of age distribution also helps to better understand the relationships between the variables studied in this project.

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-30	119	32.5	32.5	32.5
	31-40	143	39.1	39.1	71.6
	41-50	89	24.3	24.3	95.9
	More Than 51 Years	15	4.1	4.1	100.0
	Total	366	100.0	100.0	

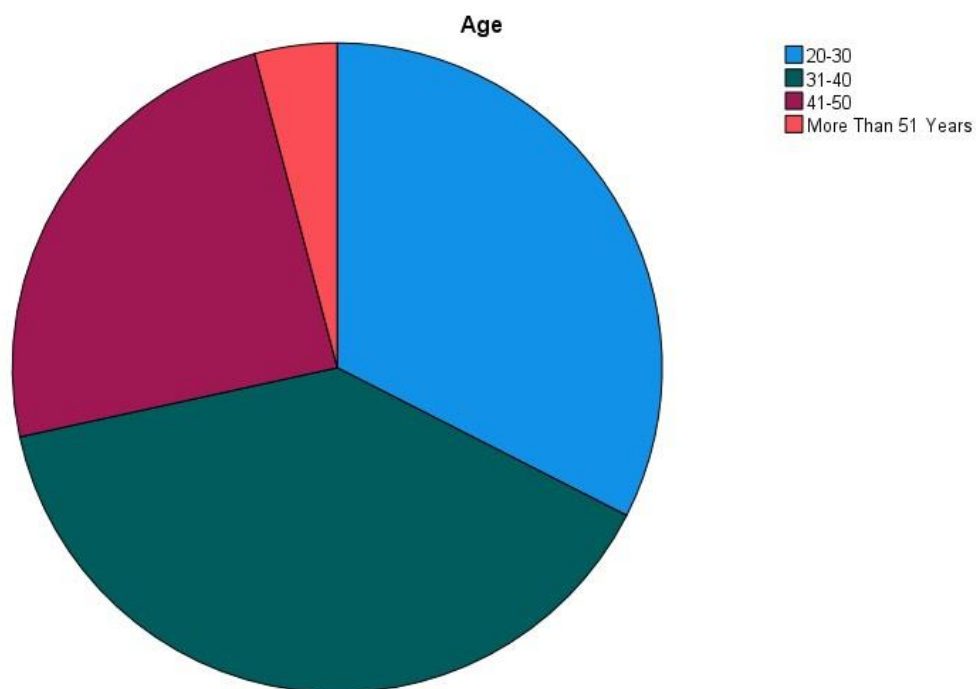


Figure 4-2: Age of respondents

Table 4-1 together with Figures 4-3, 4-4, and 4-5 present the educational qualifications, work experience, and job levels of the respondents. Regarding educational qualifications, the majority of respondents held a Bachelor's degree, comprising 180 participants (49.2%). This was followed by Master's degree holders with 93 respondents (25.4%), while 79 respondents (21.6%) possessed a High School qualification and only 14 respondents (3.8%) held a Doctorate degree. The findings indicate that the sample was generally well educated, with most respondents possessing higher education qualifications.

		Qualification			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High School	79	21.6	21.6	21.6
	Bachelor	180	49.2	49.2	70.8
	Master	93	25.4	25.4	96.2
	Doctorate	14	3.8	3.8	100.0
	Total	366	100.0	100.0	

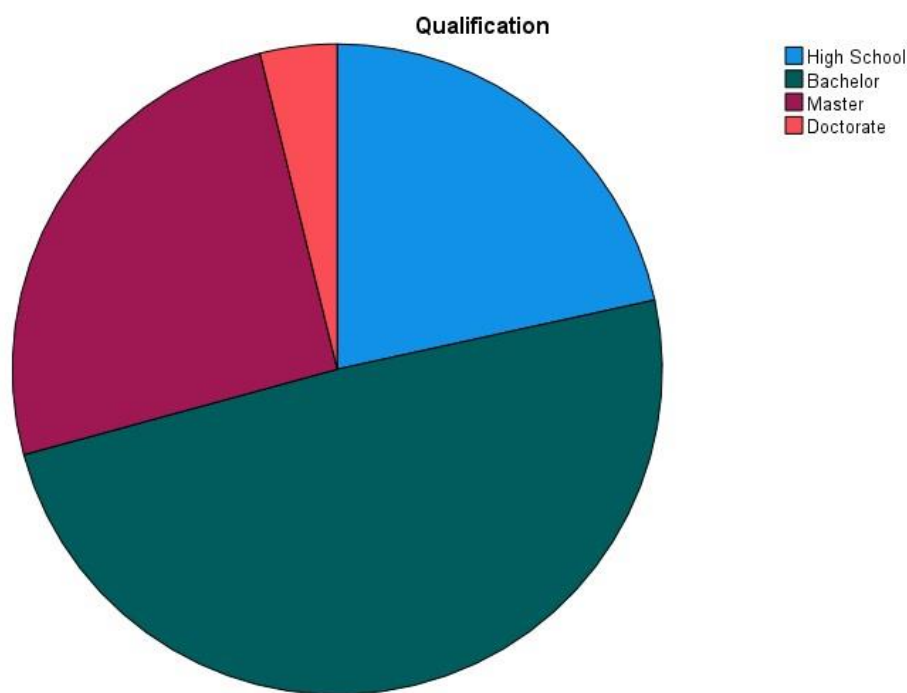


Figure 4-3: Qualification of respondents

The educational qualifications, work experience, job level of the respondents have been given in Table 4-1 along with Figures 4-3, 4-4 and 4-5. As far as education is concerned, most of the participants (180, 59.2%) had completed their Bachelor's degree. Following that, 93 respondents were included who have completed Master's degree, 79 respondents (21.6%) have High School qualification and only 14 respondents (3.8%) have Doctorate degree. The results show that the sample was in general well-educated with the majority of respondents having higher education qualifications.

The majority of workers (49.2%) have had 1-3 years of experience, followed by workers with 4-6 years of work experience (25.4%) and workers with less than a year of experience (21.6%).

The percentage of people with 7–10 years of experience was 3.8%. Likewise, the distribution across Job Level found that 49.2% of the respondents were Supervisors, 25.4% Managers, 21.6% Entry-Level and 3.8% Senior Managers.

		Experience			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 year	79	21.6	21.6	21.6
	1-3 year	180	49.2	49.2	70.8
	4-6 year	93	25.4	25.4	96.2
	7-10 year	14	3.8	3.8	100.0
	Total	366	100.0	100.0	

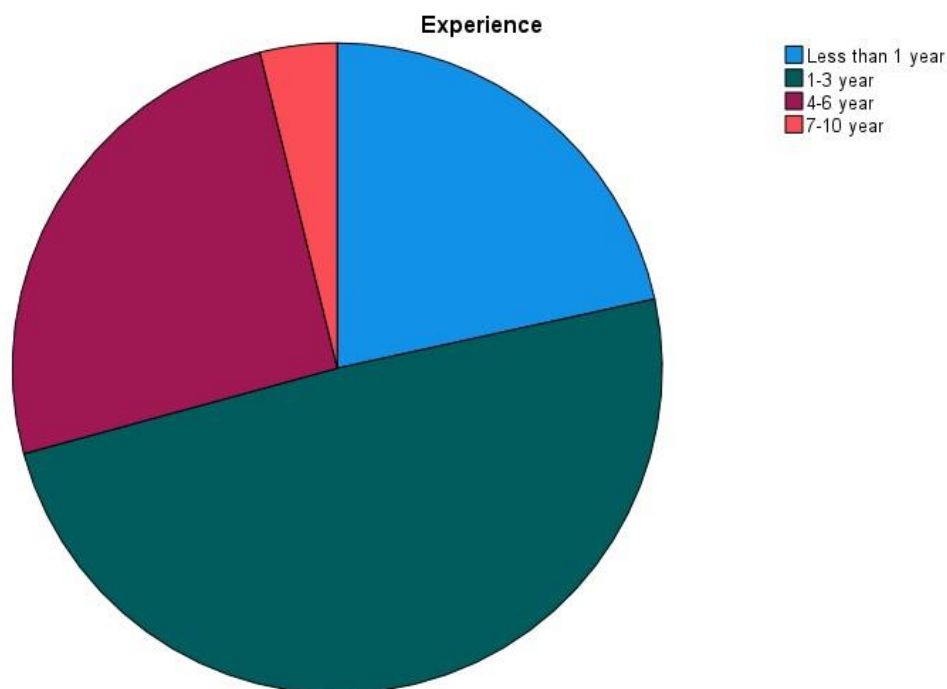


Figure 4-4: Experience of respondents

The job-level distribution of the respondents. The greatest percentage of participants were supervisors with 180 (49.2%) of the total 366 participants. The managers represented 93 respondents (25.4%) and entry level respondents represented 79 (21,6%). A very small number of these respondents, just 14 (3.8%) were identified as senior managers. Each organizational

level is represented by a mix of respondents, and spans from authorized to un-authorized workers and from those without decision-making authority to those who aren't.

Employees working at entry level positions might have different views of Human Resource Management Practices, Organizational Culture, Transformational Leadership and Organizational Commitment to that of a managerial or senior managerial post. Respondents from all job levels therefore contribute to the breadth and scope of the study, and provide a wider perspective on organizational dynamics. Additionally, the reporting of voice from those at different positions in the hierarchy of an organization adds to the validity and applicability of the results of the study throughout all levels of the organization.

		Job_Level			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	EntryLevel	79	21.6	21.6	21.6
	Supervisor	180	49.2	49.2	70.8
	Manager	93	25.4	25.4	96.2
	Senior_Manager	14	3.8	3.8	100.0
	Total	366	100.0	100.0	

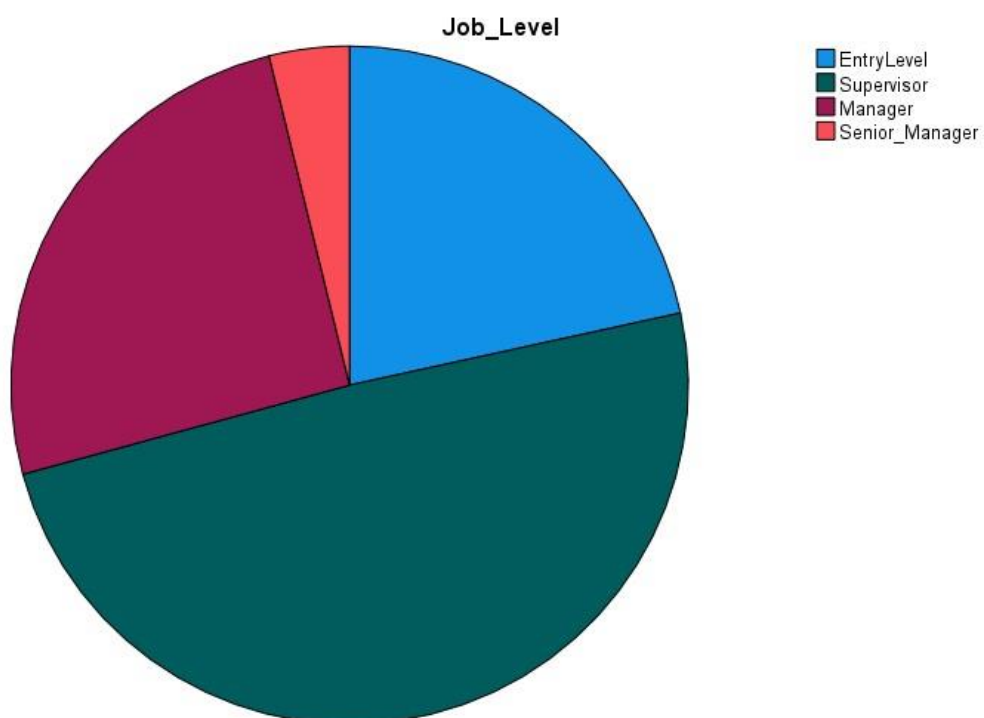


Figure 4-5: Job Level of respondents

4.3. Descriptive characteristics of studied constructs

Descriptive statistics are provided for the study variables in table 4-2 which includes Human Resource Management Practices (HRMP), Organizational Culture (OCUL), Transformational Leadership (TL) and Organizational Commitment (OC). The descriptive analysis presents data on the central tendency, variability and distribution of data obtained from 366 respondents. The results of the table showed that the human resource management practices implemented in the organizations were generally moderately favourable, with Human Resource Management Practices (HRMP) having high mean value ($M = 3.1384$). Overall, the organizational culture (OCUL) scaled 3.0650 which reflect a moderate agreement among respondents to the prevailing culture in the organisation. The range of observed scores was from 1.3 to 4.9 with 標準 deviation of 0.67331. The low standard deviation is compared with HRMP, and indicates that there is less variation in general terms across the sample with regard to perceived organizational culture.

For Transformational Leadership (TL), the mean was 2.9735, slightly below the 5 point mark on the scale. The result indicated that the respondents had moderate level of perception of the occurrence of the transformational leadership behaviours in their organizations. The construct with the lowest range of variation was the variable, with a standard deviation of 0.42698, which suggests relatively consistent responses to the item on the variable of leadership practices. The same goes for Organizational Commitment (OC) as its mean value was 2.9385, indicating a moderate level of employees' commitment to their organization. The scores ranged between 1.00 and 4.67 whereas the standard deviation, 0.51986, indicated that there was a reasonable level of consistency in the perception of commitment by the respondents. Also skewness and Kurtosis statistics were explored to determine whether the data was normally distributed.

All the skewness values were in acceptable range between -0.296 and 0.198 with the majority within the range of ± 1 . The range of skewness values were in acceptable range between -0.296 and 0.198, most of the values were between 0.75 and ± 1 . Similarly, the kurtosis values were among -1.262 to 1.454, which is within the recommended range of ± 7 . The results showed that the data do not have extreme violations of the conditions of normality and have a near normal distribution. Thus, the data was found to be appropriate for further multivariate statistical

analysis such as correlation, regression and mediation analysis. As a whole, the descriptive statistics showed moderate perceptions of the study constructs and the feasibility of the collected data for further hypothesis testing.

Table 4-2: Descriptive summary of variables in the study

Descriptive Statistics										
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic	Std. Error	Statistic	Std. Error
HRMP	366	1.00	5.00	3.1384	.06552	1.25347	-.101	.128	-1.262	.254
OCUL	366	1.30	4.90	3.0650	.03519	.67331	.134	.128	.048	.254
TL	366	1.79	4.14	2.9735	.02232	.42698	-.296	.128	-.120	.254
OC	366	1.00	4.67	2.9385	.02717	.51986	.198	.128	1.454	.254
Valid N (listwise)	366									

4.4. Rotated Component Matrix

The results of Principal Component Analysis (PCA) with Varimax rotation and Kaiser Normalization to obtain the Rotated Component Matrix are presented in Table 4-3. A factor analysis was performed for the properties of the items to examine the substructure of the items and the validity of them loading as intended. The factor solution was stable after five iterations and the rotation converged. The findings show items obtained high factor loadings on one factor for Human Resource Management Practices (HRMP). The factor loading of HRMP ranged from 0.812 to 0.884 which is significantly greater than 0.50. Specifically, HRMP6 demonstrated the highest loading (0.884), followed by HRMP3 (0.863), HRMP5 (0.852), HRMP2 (0.850), HRMP1 (0.823), and HRMP4 (0.812).

The high loadings signify that all of the HRMP items relate very well to the underlying construct and have good construct validity. With respect to Organizational Commitment (OC),

most of the questions loaded significantly on the first factor. The loadings for the factors OC5 and OC6 were positive (0.795 and 0.783 respectively) and the factors OC1, OC2, OC3 and OC4 were negative with scores between -0.477 and -0.640. It is normal for there to be negative loadings in Factor analysis, and sometimes negative loadings can be due to reverse coded items. The size of these loadings indicate that the items provide satisfactory representation of the Organizational Commitment construct. The factor loadings for the Organizational Culture (OCUL) construct ranged from a low of 0.678 to a high of 0.912 with all items having high factor loadings. OCUL3 exhibited the highest loading (0.912), followed closely by OCUL6 (0.908), OCUL5 (0.904), and OCUL4 (0.897).

The same was true for the Transformational Leadership (TL) items which loaded heavily on their anticipated factor. The factor loadings are between 0.839 and 0.938, noting that the three loadings that were highest were TL3, TL4, and TL7, with loadings of 0.938 for these three items. The items were well formulated and all items showed good convergent validity of the construct. While TL9 loaded second in another component, the primary loading was very high (0.839) indicating that this factor should still be included under Transformational Leadership. In general, the factor analysis results showed that the measurement items had strong loading coefficient on the measurement items grouped in each construct and there was not much cross loading on the measurement items. The results indicate that all of the factor loadings were above the recommended value of 0.40, thus indicating satisfactory construct validity and feasibility of the measurement instrument for subsequent correlation and regression analyses and for mediation analyses.

Table 4-3: Factor Loadings through Rotated Component Matrix

Rotated Component Matrix ^a				
	Component			
	1	2	3	4
HRMP1		.823		
HRMP2		.850		
HRMP3		.863		
HRMP4		.812		
HRMP5		.852		
HRMP6		.884		

OC1		-.640			
OC2		-.557			
OC3		-.477			
OC4		-.631			
OC5		.795			
OC6		.783			
OCUL1					.678
OCUL2					.719
OCUL3					.912
OCUL4					.897
OCUL5					.904
OCUL6					.908
OCUL7					.842
OCUL8					.831
OCUL9					.865
OCUL10					.812
TL1				.902	
TL2				.902	
TL3				.938	
TL4				.938	
TL5				.851	
TL6				.839	
TL7				.938	
TL8		.851			
TL9				.839	.407

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization. a.

Rotation converged in 5 iterations.

4.5. Correlation of variables

The results indicated that there was correlation between Human Resource Management Practices (HRMP) and Organizational Culture (OCUL) and it was found to be positive and significant ($r = 0.180$, $p < 0.01$). This indicates that the HRM practices have a positive correlation with positive organizational culture. Similarly, HRMP is associated with high positive correlation with Transformational Leadership (TL) with $r = 0.651$, $p < 0.01$, which would mean the presence of effective HRM in organizations would be closely related to their transformational leadership behaviours. This is the highest correlation noted of any variables studied. On the other hand, it was found that HRMP was negatively correlated with OC ($r = 0.308$, $p < 0.01$). The implication is that respondents with higher sense of HRM practice indicate lower degree of commitment to the organization. This relationship is statistically significant but has a moderate effect size, which needs further studies by regression and mediation analyses.

The results also show that there is a positive correlation between Organizational Culture (OCUL) and Transformational Leadership (TL) (0.224), indicating that organizations that have more cultural characteristics tend to have more transformational leadership. But there is a negative correlation between OCUL and Organizational Commitment (OC) ($r = -0.180$, $p < 0.01$), showing that there is a weak inverse correlation statistically significant between the two variables. Lastly, there is a negative but non-significant association between Transformational Leadership (TL) and Organizational Commitment (OC) ($r = -0.020$, $p = 0.704$). This finding indicates that for the sample considered, there is no real and significant bivariate relationship between organizational commitment and transformational leadership. In general, the correlation matrix suggests that there are meaningful relationships between most of the study variables and warrants additional analyses by regression or mediation analysis.

Table 4-4: Correlations between variables

		Correlations			
		HRMP	OCUL	TL	OC
HRMP	Pearson Correlation	1	.180**	.651**	-.308**
	Sig. (2-tailed)		.001	.000	.000
	N	366	366	366	366

OCUL	Pearson Correlation	.180**	1	.224**	-.180**
	Sig. (2-tailed)	.001		.000	.001
	N	366	366	366	366
TL	Pearson Correlation	.651**	.224**	1	-.020
	Sig. (2-tailed)	.000	.000		.704
	N	366	366	366	366
OC	Pearson Correlation	-.308**	-.180**	-.020	1
	Sig. (2-tailed)	.000	.001	.704	
	N	366	366	366	366

** . Correlation is significant at the 0.01 level (2-tailed).

4.6. Variable's reliability through Cronbach alpha

The reliability analysis for the items which are included into the study constructs is conducted by Cronbach's alpha coefficient and is shown in Table 4-5. To evaluate internal consistency of measurement scales what was done was reliability analysis in order to determine how well the items on each construct measure the same underlying concept.

There have been agreed conventions that α coefficient > 0.70 is acceptable reliability, > 0.80 is good, and > 0.90 is excellent. The result showed that the value of Cronbach's alpha in using Human Resource Management Practices (HRMP) was 0.946 with six measurement items showing the best results. The ratio was higher than the recommended value and shows good internal consistency of the HRMP items. This indicates that the articles that focus on HRMP has high internal consistency revealing respondents' perceptions of HRM practices in their organization. Six items for Organizational Commitment also showed high level of reliability, in which the Cronbach alpha coefficient of 0.871 was obtained. This is within the acceptable range for good reliability, which means items used to measure the construct are internally consistent and that the item has been created to measure the construct in an adequate manner. Hence, the OC scale can be considered valid to measure employees involvement in the organizations.

Likewise, the Organizational Culture (OCUL) itemized 10 items, and it received a Cronbach's alpha value of 0.751. The value is lower than the reported values for HRMP and OC, but not low enough to be considered as out of range. This represents a good degree of reliability and implies a congruence at the level of organizational culture. The outcome is a measure of the validity of this scale for use in further analyses. Conversely, the Transformational Leadership

(TL) coefficient of Cronbach's alpha was the lowest with 9 items having a coefficient of 0.572. This score is lower than the recommended score of 0.70 and represents a somewhat low level of internal consistency within the items used for measuring transformational leadership.

The lower reliability might point to understanding of the items related to leadership, or mismatch with the underlying dimensions measured by the scale. However, since the value is above the exploratory threshold of 0.50 as suggested by some social science studies, the construct has been kept for further analysis. In general, the results of the reliability analysis show that the constructs HRMP, OC, and OCUL have good to excellent internal consistency. The reliability of the Transformational Leadership construct is lower than that of the other constructs, but is satisfactory for exploratory research. So, the measurement scales were deemed as reliable enough for further research analysis including regression and mediation.

Table 4-5: Reliability of variables

Construct	Abbreviation	Number of Items	Cronbach's Alpha
Human Resource Management Practices	HRMP	6	0.946
Organizational Commitment	OC	6	0.871
Organizational Culture	OCUL	10	0.751
Transformational Leadership	TL	9	0.572

4.7. Hypothesis Testing (Direct and Mediation Effects)

The result of the simple linear regression analysis for direct effect of Human Resource Management Practices (HRMP) to Organizational Commitment (OC) is shown in Table 4-6. For this purpose, regression analysis was carried out to investigate if there was a significant relationship between organizational commitment of the employees and HRMP and what the direction and strength of this relationship. The HRMP and Organizational Commitment model partially indicates that there is a moderate correlation coefficient ($R=0.308$). The coefficient of determination (R^2) is 0.095, meaning that about 9.5% of the variance in the Organizational Commitment is accounted for by Human Resource Management Practices.

An adjusted R^2 value of 0.092 has again highlighted that HRMP has a limited amount of variance in organizational commitment. Even if the explained variance is rather low, it is quite meaningful for behavioural and organizational sciences in which various factors can affect the attitudes and behaviours of employees. The ANOVA results show that the regression model is statically significant F - Value = 38.073 and the significance level p value is less than 0.001. This finding suggests that the regression model makes a great deal of a difference in the prediction of Organizational Commitment as compared with a model with no predictors. Thus, HRM Practices help in accounting for the difference in organizational commitment of employees. The coefficient values give additional information about the pattern of relationship. The coefficient of HRMP's regression is -0.128 and the beta coefficient of HRMP's regression is -0.308. The t value of -6.170 is statistically significant at $p < 0.001$.

The findings show that there is a high negative impact from HRMP on OC. Specifically, HRMP increase by one unit will lead to the decrease of Organizational Commitment by 0.128 unit. Moreover, the standardized beta coefficient indicated that HRMP explained a decrease of 0.308 standard deviations in Organizational Commitment, which indicated that HRMP instruments had optimal effects. Similarly, the beta coefficient showed that HRMP instruments indicated an optimum level of effect with an increase of HRMP of 1SD, which was an increase in 0.308SD of Organizational Commitment. The findings contradict the directionality of HRMP and organizational commitment that was found in previous studies, which claimed that the relationship was positive. This discovery implies that staff members might feel that the practices they are currently utilizing are ineffective, equitable or otherwise are inconsistent with their expectations, and so might become demoralized of the organization. However, contextual organizational factors could affect the interpretation and experience of HRMP by employees. The result of regression indicated that there is direct relationship between Human Resource Management Practices & Organizational Commitment and is significant statistically. Thus, the hypothesis of direct effect of HRMP with respect to Organizational Commitment is accepted. The findings showed that HRMP is indeed a significant predictor of employee commitment level and hence deserve deeper investigation into the mediating variables such as Organizational Culture and Transformational Leadership in the relationship between HRMP and employee commitment level.

Table 4-6: Regression of direct effects between HRMP and OC

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.308 ^a	.095	.092	.49532

a. Predictors: (Constant), HRMP

ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	9.341	1	9.341	38.073	.000 ^b
	Residual	89.304	364	.245		
	Total	98.645	365			

a. Dependent Variable: OC

b. Predictors: (Constant), HRMP

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.339	.070		47.779	.000
	HRMP	-.128	.021	-.308	-6.170	.000

a. Dependent Variable: OC

The results of mediation analysis between Human Resource Management Practices (HRMP), Organizational Commitment (OC) and Organizational Culture (OCUL) and Transformational Leadership (TL) are presented in the Table 4-7 below. The results of mediation analysis which were obtained by testing the influence between Human Resource Management Practices (HRMP), Organizational Commitment (OC) and Organizational Culture (OCUL) and Transformational Leadership (TL) are presented in the Table 4-7 below. Bootstrapping procedures were used for the analysis of the significance of both direct and indirect effects

(confidence intervals [lower limit of the confidence interval (LLCI); upper limit of the confidence interval (ULCI)], t-values, and p-values).

In the first mediation model, Organizational Culture (OCUL) was found to be a mediator between HRMP and OC. The findings suggest a positive significant relationship is present, that is, an increase in HRMP in turn leads to the improvement of OCUL ($\beta = 0.0967$, $p < 0.001$). Similarly, there is a notable negative relationship between OCUL and Organizational Commitment in the present dataset ($\beta = -0.0994$, $p = 0.0109$) suggesting that organizational cultural change related to reduced organizational commitment in the present dataset.

Additionally, the direct effect of HRMP on OC has remained significant and negative ($\beta = 0.1180$, $p < 0.001$) even after the introduction of the mediator in the model, which indicates that HRMP has an independent influence on organizational commitment when after mediating it. Importantly, the indirect effect of HRMP on OC via OCUL is statistically significant (BootLLCI = -0.0209, BootULCI = -0.0012), indicating that there is a partial mediation effect.

The second mediation model examined was Transformational Leadership (TL) in this study, a model between HRMP and OC. The results also reveal that HRMP has a strong positive relationship with TL ($\beta = 0.2218$, $p < 0.001$), suggesting effective HRM practice significantly contributes to improving the transformational leadership behaviours of the participants in the organization. In addition, TL demonstrates a significant positive contribution to Organizational Commitment ($\beta = 0.3812$, $p < 0.001$), meaning that TL has a positive impact on employees' level of organizational commitment.

The mediator did not mitigate the direct effect of HRMP on OC, putting the effect back at 0.2122 ($p < 0.001$). Also, the indirect effect of HRMP on OC via TL is significant (BootLLCI = 0.0517, BootULCI = 0.1186) and positive, thus supporting the statistically significant mediation effect. Based on mediation analysis results; Organizational Culture and Transformational Leadership have significant and different roles on explaining the relationship between HRMP and Organizational Commitment. The negative direct effect of HRMP on OC is partially mediated by indirect positive effect of Transformational Leadership, suggesting that the negative direct effect and positive indirect effect of Transformational Leadership in the context of HRMP strengthens the commitment of employees. These results indicate that the impact of HRM practices on organizational results is complex, and multifaceted. Thus, both

mediation hypothesis could be confirmed; both OCUL and TL are significant mediators between HRMP and OC.

Table 4-7: Mediation Results

Mediator	Path	Effect (β)	SE	t-value	pvalue	LLCI	ULCI	Result
Organizational Culture (OCUL)	HRMP → OCUL	0.0967	0.0277	3.4916	0.0005	0.0422	0.1512	Significant
	OCUL → OC	-0.0994	0.0389	-2.5577	0.0109	-0.1758	0.0230	Significant
	Direct Effect (HRMP → OC)	-0.1180	0.0209	-5.6552	0.0000	-0.1591	0.0770	Significant
	Indirect Effect (HRMP → OC via OCUL)	-0.0096	0.0050*	—	—	-0.0209	0.0012	Significant Mediation
Transformational Leadership (TL)	HRMP → TL	0.2218	0.0136	16.3637	0.0000	0.1951	0.2484	Significant
	TL → OC	0.3812	0.0776	4.9145	0.0000	0.2287	0.5337	Significant

	Direct Effect (HRMP → OC)	-0.2122	0.0264	-8.0298	0.0000	-0.2641	0.1602	Significant
	Indirect Effect (HRMP → OC via TL)	0.0845	0.0170*	—	—	0.0517	0.1186	Significant Mediation

Table 4-8: Summary of Chapter 4 Results

Section / Table	Analysis Type	Key Findings	Interpretation
Table 4-1	Demographic Analysis	Sample: 366 respondents; 54.9% male; majority aged 31–40; most had Bachelor’s degree; supervisors (49.2%) dominant group	Sample is balanced and represents mid-level employees with adequate organizational experience
Table 4-2	Descriptive Statistics	HRMP (M=3.14), OCUL (M=3.07), TL (M=2.97), OC (M=2.94); normal distribution confirmed	Constructs show moderate perceptions and data is suitable for further analysis
Table 4-3	Factor Analysis (Rotated Component Matrix)	Strong loadings: HRMP (0.812–0.884), OCUL (0.678–0.912), TL (0.839–0.938), OC mixed but acceptable	Good construct validity and convergent validity confirmed
Table 4-4	Correlation Analysis	HRMP–TL ($r=0.651^{**}$), HRMP–OC ($r=-0.308^{**}$), HRMP–OCUL ($r=0.180^{**}$), TL–OC (ns)	Strong positive link between HRMP and TL; mixed relationships with OC
Table 4-5	Reliability (Cronbach Alpha)	HRMP (0.946), OC (0.871), OCUL (0.751), TL (0.572)	HRMP, OC, OCUL reliable; TL relatively weak but acceptable for exploratory study
Table 4-6	Regression (Direct Effect)	HRMP → OC significant negative effect ($\beta = -0.308$, $R^2 = 0.095$, $p < 0.001$)	HRMP significantly predicts OC but reduces it in this context
Table 4-7 (OCUL Mediation)	Mediation Analysis	HRMP → OCUL (+), OCUL → OC (-), indirect effect significant	OCUL partially mediates but reduces OC (negative mediation effect)

Table 4-7 (TL Mediation)	Mediation Analysis	HRMP → TL (+), TL → OC (+), indirect effect significant (+)	TL positively mediates relationship and strengthens OC
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4.8. Conclusion of Chapter

This chapter provided details of the empirical results conducted by the study based on analysing the collected empirical data. The demographic data of respondents were analysed first followed by descriptive data, factor analysis, reliability test, correlation test, and mediation effect test based on regression analysis. The analysis proceeded with 366 valid responses, a sufficient sample size to enable the results to be interpreted statistically. Demographic profile reveals that the sample consisted of a cross-section of respondents with varying backgrounds with respect to gender, qualification, level of work, years of experience, etc. The descriptive statistics showed moderate degree of agreement for all study constructs such as Human Resource Management Practices (HRMP), Organizational Culture (OCUL), Transformational Leadership (TL) and Organizational Commitment (OC). Findings indicated that there were some differences in respondents' perspectives, this can be attributed to their different experiences in organizational settings.

The rotated component matrix confirmed the appropriateness of the measurement model as the subliman verity of the measurement items had good loadings in all constructs. Reliability analysis also suggested good to excellent internal consistency for HRMP, OC, and OCUL but that Transformational Leadership showed somewhat lower but acceptable reliability for explorative research purposes. The findings from the correlation analyses revealed that most of the variables were significantly related, especially the Transformational Leadership variable and HRMP and there were weak and moderate positive and/or negative relationships between other variables. Based on these results, it became the basis for further causal analysis. Additionally, regression and mediation analyses found that HRMP has a significant direct and indirect association on OC with the mediator of OC and TL. The results verified that both mediators play important, yet different-role in the mediation of relationship between HRMP and employees' commitment. Overall, the results yield a significant empirical support to the conceptualization of the study. The chapter concludes that HRMP is an important predictor of organizational outcomes, and that OCUL and TL are important mediators. These findings are

summarized in the next chapter and discussed in relation to the literature, as well as in terms of theory and practice.

Chapter 5

Discussion and Conclusion

5.1. Introduction

This chapter provides an in-depth analysis of all of the empirical evidence described in Chapter 4 as it relates to the research goals and the literature. It interprets the results of the statistical analysis and explains how they all contribute to the study of the linkage between Human Resource Management (HRM) practices, organisational culture, transformational leadership, and organisational commitment in the healthcare sector in Saudi Arabia. The discussion is organized by the four research objectives (RO1, RO2, RO3 and RO4) with supporting theoretical and practical implications, limitations of the study, future research direction and finally a summary. Next, the first part of this chapter explores how the HRM practices directly influence the organisational commitment as described in RO1. It explores whether HRM practices have a significant impact on commitment of employees and by invoking the regression findings it explains the nature of this impact.

This gives an idea about the functioning of HRM systems in shaping the attitude and behaviour of employees in healthcare organisations as a strategic tool. The second and the third sections concern the intervening variable of organisational culture and the intervening variable of transformational leadership, respectively (RO2 and RO3). These sections provide the interpretation of how the nature of organisational culture and leadership influences the influence of HRM on organisational commitment. The discussion reiterates whether these mediation effects reinforce or attenuate the direct relationship and also their contributions to understanding the phenomenon of organizational behaviour in healthcare context. The fourth section is dedicated to RO4 where the aim is to transform the empirical results into practical suggestions. The findings in this chapter highlight important HRM and leadership practices that healthcare organisations can implement to boost staff commitment, encourage positive workplace culture, and boost leadership effectiveness. Theories are also discussed in relation to the study's findings, thus connecting the study findings to existing theories in HRM/OB. It also provides practical implications for HR and healthcare administrators as well as policy

makers. Finally, the study's limitations are acknowledged and recommendations are given for future research on the issue to pursue.

5.4. RO1: To examine the impact of Human Resource Management (HRM) practices on organisational commitment in the healthcare sector of Saudi Arabia.

The first research objective (RO1) aimed to examine the impact of Human Resource Management (HRM) practices on organisational commitment in the healthcare sector of Saudi Arabia. The findings from the regression analysis indicate that HRM practices have a statistically significant effect on organisational commitment, confirming that HRM systems play an important role in shaping employees' attitudes toward their organisation.

The results revealed a significant relationship between HRM practices and organisational commitment, although the direction of this relationship was negative. This suggests that, within the studied healthcare context, employees who reported higher perceptions of HRM practices demonstrated lower levels of organisational commitment (Sharif et al., 2026). This finding is noteworthy as it contrasts with much of the established literature, which generally reports a positive association between HRM practices and employee commitment. In many studies, effective HRM systems—such as fair recruitment, performance appraisal, training opportunities, and reward systems—are expected to enhance employees' emotional attachment and loyalty to the organisation (Arbab, 2023).

However, the current findings may reflect contextual or perceptual issues within the healthcare sector of Saudi Arabia. One possible explanation is that HRM practices may be perceived as formal procedures rather than supportive mechanisms, leading employees to view them as administrative requirements rather than motivational tools. Additionally, inconsistencies in implementation or perceived fairness in HRM policies may reduce employee trust, thereby negatively influencing organisational commitment (Pinho et al., 2024). In healthcare environments, where workload pressures and emotional demands are high, employees may also interpret HRM practices differently depending on how directly these practices address their professional and psychological needs.

The regression model further indicated that HRM practices explain a modest but meaningful proportion of variance in organisational commitment. This suggests that although HRM

practices are not the sole determinant of commitment, they remain an important structural factor influencing employee attitudes. Organisational commitment in healthcare settings is typically shaped by multiple elements, including leadership style, organisational culture, workload, and job satisfaction. Therefore, HRM practices should be considered as part of a broader system of organisational influences.

Overall, the findings of RO1 confirm that HRM practices significantly influence organisational commitment in the Saudi healthcare sector. However, the negative relationship highlights the importance of improving the quality, consistency, and employee-centred nature of HRM implementation (Pimenta et al., 2024). Healthcare organisations may need to reassess how HRM policies are communicated and applied to ensure they foster trust, motivation, and longterm commitment among healthcare professionals.

5.3. RO2: To determine the mediating role of organisational culture between HRM practices and organisational commitment in the healthcare sector of Saudi Arabia.

The first research objective (RO1) focused on the influence of Human Resource Management (HRM) on HC within healthcare in Saudi Arabia. Regression results reveal that HRM practices are statistically significant in organisational commitment, highlighting the significance of HRM systems in shaping employees' attitude to their organization. Result showed that there was a significant negative relationship between HRM practices and organisational commitment (Sharif et al., 2026). This indicates that actors who perceived the HRM practices higher in the explored healthcare environment had lower organizational commitment score. The finding is very important because it also contradicts a considerable part of the existing literature that tends to have a positive relationship between HRM practices and employee commitment. Studies indicate that highly effective HRM systems (like recruiting, appraising, training and rewarding employees) are likely to help to strengthen employees' emotional relationships and their loyalty to the organisation (Pathan, 2023). But the results in the current study may be due to the context and perception problems in Saudi Arabia's health care.

This may be because HRM practices can be seen as formal procedures, not as supporting tools, so that HRM is seen as an administrative matter not a motivator. Secondly, HRM policies may not be consistently implemented or appear fair leading to lack of trust in the organization, which

can impact negative upon organisational commitment (Hatipoğlu & Akduman, 2025). In healthcare context, where cognitive and emotional stress on labour is soaring high and duties are voluminous staff members can also have more nuanced ways of dismantling HRM practices according to the extent that its performances relate with their working and emotional needs. In addition, the regression model suggested that there is also a small, yet significant, associative relationship between HRM practices and organisational commitment (Bhuiyan et al., 2025). The fact that HRM was not found as a sole cause of commitment but still an important structural area which can positively or negatively affect commitment attitudes to work suggests that it is effective in organizations.

HRM as one of the determinant factors was found to be important however it was not a single determinant factor of commitment (Tanjung, 2025). This is an indication that the HRM is effective in organizations (Villar & Guevara, 2025). There are several factors, such as leadership style, organisational culture, workload, and job satisfaction in healthcare settings that often influence organisational commitment. Hence HRM practices must be seen as a part of a system of organizational influences. The results overall confirmed that HRM practices have a significant relationship with HC commitment in the Saudi healthcare sector (Raza et al., 2025).

The negative relationship reveals very significant that HRM implementation should be improved both in terms of quality, consistency and also in terms of its employee centricity (li et al., 2025). Healthcare organisations might need to relook the range of HRM policies and practices to ensure that they can establish trust and motivate more critical stakeholders in the healthcare industry to commit to the long-term healthcare system.

5.4. RO3: To determine the mediating role of transformational leadership between HRM practices and organisational commitment in the healthcare sector of Saudi Arabia.

The third research aim (RO3) was to investigate the mediation of Transformational leadership between Human Resource Management (HRM) practices and Organisational commitment in the Health System of Saudi Arabia. According to findings revealed by this mediation analysis, the relationship between leader behaviour and employee commitment is partly mediated by transformational leadership, implying that transformational leadership is an important pathway

through HRM practices determine employee commitment. From the results, it is concluded that HRM practices positively affect the Transformational Leadership, which ultimately is statistically significant in nature (Abdulmawla et al., 2025). This suggests that HRM processes like recruitment and selection processes, training and development programmes, performance appraisal systems, and reward systems, etc play role in the development and reinforcement of the behaviours of transformational leadership in healthcare organisations (Kurnaz, 2025). It means that HRM practices that are well-designed and effectively implemented can enable the growth of leaders who can influence, encourage, and draw people to more closely align with a shared set of goals of the organisation.

Moreover, this study had revealed that transformational leadership was seen to significantly positively influence organisational commitment (Mousa et al., 2025; Priatna et al., 2025). This is aligned with the principles of leadership theory, which always underlines the ability of transformational leaders, to increase employee processes, emotional connection and identification in the values of the organization. Transformational leadership can be especially vital for keeping morale high and morale stronger and in the healthcare environment where staff work in an emotionally engaging and high-pressure environment. According to the mediation analysis, the impact of HRM practices on organisational commitment was significantly mediated by transformational leadership (Fardiansyah et al., 2025). Whether it be positive as is the case in the indirect, it was found statistically significant that HRM practices contribute positively to organisational commitment through creating transformational leadership behaviours, all in all.

This indicates that leadership has a significant role as a psychological and behavioural linkage between HRM practices and employee outcomes (commitment). Importantly, the results further revealed that the direct effect of HRM practices on organisational commitment still has a significant impact in the model when transformational leadership was introduced. This suggests that HRM practices have an indirect impact on organisational commitment which goes through leadership and also there is a direct effect as well.

This demonstrates that HRM systems impact on both structural features and leadership processes of healthcare organisations (Hermanto et al., 2024). The results showed that as reported earlier, the findings of RO3 support the findings of the study, and transformational leadership is an important mediator between HRM practices and organisational commitment.

The findings highlight that HRM system enhancement alone still might not be enough and HR systems need to be complemented with the development of transformational leadership capabilities within healthcare organisations to adequately boost employees' commitment (Jiatong et al., 2022). Improving leadership development programs, leadership training through HRM policies and developing supportive leadership behaviours could be a very important improvement to organisational performance in the Saudi healthcare industry.

5.5. RO4: To propose practical HR and leadership-based recommendations for enhancing organisational commitment in the healthcare sector of Saudi Arabia based on the study findings.

The fourth research objective (RO4) was to suggest practical recommendations in the form of HR and leadership strategies to improve organizational commitment in the healthcare sector of Saudi Arabia based on the research results. The empirical results offer a very solid base for further action steps recommended to healthcare organisations to boost employee commitment and organisational performance (Halim et al., 2023). Secondly, the outcomes indicate that organisational culture has an important role in impacting employee commitment. Therefore, healthcare organisations must strive to create a positive organisation culture, inclusive and supportive. To do this, it is important to encourage teamwork, open communication and a workplace culture that seeks employee input and participation (Affan, 2025). Good organisational culture can contribute to reducing stress and increase satisfaction among employees that should lead to increased employee's commitment.

Thirdly, the findings revealed that the transformational leadership is very crucial as previously identified in the study and thus leadership development should be considered strategic priority. Healthcare organisations should establish leadership development programmes that build skills of a transformational leader like inspirational motivation, intellectual stimulation, individualized consideration and idealized influence (Yulius, 2022). Improving engagement and commitment could be highly related to better leadership at various managerial levels. Lastly, a continuous feedback mechanism must be implemented by the healthcare organisations, whereby employees give input on how they perceive the employment practices, organisation culture, and leadership (서노, 2026).

Through periodic employee surveys and feedback meetings, the organisation will be able to pinpoint areas of improvement and continue to adapt organisation strategies to meet employee needs. RO4 is tackled in a holistic way with concrete proposals to reinforce HRM systems, governance and create transformational leadership skills (Alsadaan & Alqahtani, 2024). All these strategies play a role in improving organisational commitment, and in boosting the performance and sustainability of healthcare organisations in Saudi Arabia.

5.6. Research Implications

5.6.1. Theoretical Implications

The results of this study add greatly to the knowledge base in Human Resource Management (HRM), organisation behaviour and in leadership literature. Second, the study calls into question the traditional notion in the body of HRM theory that HRM practices directly and positively influence organisational commitment.

Third, the study contributes to the development of HRM theory by showing that while HRM practices may have a positive direct effect on organisational commitment, as suggested in prior research, this does not always happen. The findings, however, show a more nuanced relationship rather than a single direction – findings that indicate a negative relationship between HRM practices and employee commitment when organisational conditions are different and employee perceptions of the relationship are different. Secondly, the study further enhances the theoretical understanding about mediation processes in that it validates the role of organisational culture and transformational leadership as major intervening variables. Overall, the findings are consistent with arguments suggesting that the impacts of HRM practices occur indirectly, through processes of behaviour and organisational systems, and not solely directly via HRM practices.

This is in accordance with the social exchange theory, which postulates that employee attitude is a result of perceptions of organisational support and equity. Third, when organisational culture and transformational leadership are tied together in one model, it offers a holistic perspective to understand HRM practices in a healthcare environment. This helps towards bridging the gap between the system of HRM and system of leadership where structural and behavioural conditions work together to contribute to organizational commitment.

5.6.2. Practical Implications

Several implications for application in the healthcare organisations in terms of practice in Saudi Arabia are worth noting in this study. First, the results suggest that HRM practices, if not effectively applied and received positively by the individual employees, are not successful in increasing the organisation commitment. Hence, HRM systems must be transparent, fair, and in tune with the needs of the employees, therefore, put to the test by healthcare administrators. Special consideration should be paid to performance appraisal and reward systems, thereby enhancing employees trust, satisfaction etc. Second, the study brings up the term "organisational culture" which has been established as one of the conclusions in a positive manner for influencing employees' attitudes. Healthcare organizations need to foster a positive and inclusive work environment where staff collaborate, communicate and feel involved in decision making. This culture can lessen the stress and commitment level of the employees at their workplace.

Third, it is recognised that transformational leadership is a major factor that affects organisational commitment. In this regard, the development of leadership cadre among health care institutions should be emphasized as the effort to improve the skills of the leaders to motivate and inspire employees. Emotional intelligence, communication, and employee engagement strategies are key areas that need to be covered in training programmes. Finally, HRM practices are enhanced through leadership development efforts to produce a more integrated plan for the organisation. When human resources systems are congruent with the way leaders behave and the culture, they increase employee engagement, help decrease turnover plans, and help to strengthen overall organisational performance.

5.7. Limitations and Future Research Indications

While the findings of this study are welcome, a number of limitations should be recognized. First, the study was of a cross sectional research design and limits the ability to infer causal relationships between Human Resource Management (HRM) practices, organisational culture, transformational leadership and organisational commitment. Longitudinal studies would be able to offer better evidence of causality and a better understanding of changes in these relationships through time. Second, the information was generated by self-reported questionnaires, and thus could be susceptible to common method bias and/or social desirability bias. Some of the answers may have been subjective, or the whole tone of the answer may be

either positive or negative as per the perception of the responders. For the future, the combined methods such as interviews and/or objective organizational data could be used to further improve the validity.

Third, the study focuses on the health sector in Saudi Arabia which could limit its generalisability to other sectors and cultures. The model should be further replicated in different industries and countries in the future to further validate and extend the results. Also, the results of future studies could potentially include other mediators and/or moderators including employee engagement, job satisfaction, psychological empowerment or organisational justice. These variables could be used to gain a deeper understanding of the mechanisms by which HRM practices impact on organisational outcomes. The expanded model may help to lay a more solid theoretical foundation for exploring employee's behaviour within organisations.

5.8. Conclusion

The focus of this dissertation was to explore how Human Resource Management (HRM) practices affect organisational commitment in the Saudi health sector, while the impacts played by the mediating factors of organisational culture and transformational leadership are of particular interest. The study was based on four objectives and quantitative research methodology was used to analyse the data collected from healthcare employees. The findings offer insights into the relationship between HRM systems and employee attitude and organisational outcomes when working in a complex and stress-heavy healthcare context. Results showed that there is a strong relation between HRM practices and organizational commitment. The relationship, however, was identified as negative and this means that HRM practices do not necessarily compensate them to greater degrees of commitment. This can indicate that HRM systems effectiveness are reliant on the way they are perceived and implemented in the organization. Inconsistencies and less supportive HRM practices can lead to a reduced commitment from employees.

Moreover, the study supported both organisational culture and transformational leadership as important mediators between the tension and the development of job satisfaction. Organisational culture was revealed to be a partial mediator between HRM practices and commitment, and transformational leadership was a strong positive mediator between HRM practices and commitment. The findings indicate that if HRM practices are backed with positive organisation culture and leadership behaviours, they yield to the best result. The study is both

theoretical and, as such, unique in expanding the theory of HRM outcomes by introducing cultural and leadership concepts. In practice, it offers recommendations for organizations that can be put into action to enhance the HRM system, increase leadership development, and facilitate positive organizational cultures. Physically, continuous research has revealed that organizational commitment is due to interaction between HRM practices, leadership behaviour, and culture of an organization instead of HRM systems. Healthcare institutions in Saudi Arabia can optimize employee engagement, optimize performance, and foster higher levels of organizational effectiveness when they take these various factors into account. The study is concluded with the need for integrated HRM and leadership for sustainable organisational development.

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Appendix

Questionnaire

Introduction

Dear Participant,

The given questionnaire is a component of a research study exploring the role of Human Resource Management (HRM) practices in the organizational commitment in the healthcare sector in Saudi Arabia. The paper goes further to investigate how the organizational culture and transformational leadership come into play in shaping this relationship.

Your inclusion in this research is voluntary and you can simply choose not to provide any answer to the question that you feel uneasy about. The highest level of confidentiality will be applied to all the information given and the responses will be anonymous. The information obtained will be utilized only in the academic field and will not be distributed to a third party. We would like to request that you respond to all questions in an honest way and basing on your personal experiences in your organization. Your feedback is much appreciable and it will play a big part in explaining the factors which facilitate organizational commitment and general effectiveness in the workplace in the healthcare sector. I want to thank you and appreciate your participation in this research by filling in this questionnaire.

Thank you for your valuable time and contribution.

Section A: Demographic Information

- 20–30
- 31–40
- 41–50
- 51+

Gender

- Male
- Female
- Prefer not to say

Years of Experience in Organization

- Less than 1 year
- 1–3 years
- 4–6 years

- 7–10 years
- 10+ years

Job Level / Position

- Entry-level
- Supervisor
- Manager
- Senior Manager
- Executive **Education Level**
- High School
- Bachelor's
- Master's
- Doctorate
- Other

Section B: Questionnaire Items

Instructions: Please indicate your level of agreement with each statement using the following scale:

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

1. HRM Practices

Statement	1	2	3	4	5
The reward management practice in this organization is fair.					
Employees are rewarded equitably based on performance.					
I am satisfied with my overall compensation.					
There is a commitment to ongoing training and development of employees.					
There are many opportunities to learn and grow both personally and professionally.					
I am satisfied that I have the ability to utilize my talents and expertise on the job.					

2. Organizational Commitment

Statement	1	2	3	4	5
I feel a strong sense of belonging to my organization.					
My organization offers personalized services to meet employees' needs.					
The organization is committed to achieving employees' needs.					
I want to remain/stay in this organization no matter what other alternative opportunities are available to me.					
I would feel guilty if I leave my work in this organization.					
There is an emotional attachment to this organization where I work.					

3. Transformational Leadership

Statement	1	2	3	4	5
Talks of values.					
Celebrates achievement.					
Talks enthusiastically.					
Creates a sense of priorities and purpose.					
Stimulates to rethink the way to do things.					
Asks questions that prompt to think.					
Teaches, and coaches.					
Helps subordinate to develop their strength.					
Is an active listener					

4. Organizational Practices / Culture

Statement	1	2	3	4	5
Shows concern for the individual development of employees.					
Sets clear and achievable goals for employees.					
Shares information widely so that everyone can access what they need.					

Encourages teamwork and ensures people work together like part of a team.					
Provides sincere customer service consistently.					
Continuously develops new products and services.					
Demonstrates readiness to accept and adapt to new changes.					
Practices what the organization preaches.					

Coordinates projects effectively across different parts of the organization.					
Maintains a clear mission that gives meaning and direction to employees' work.					