Enhancing Employees’ Organizational Commitment with Perceived Organizational Justice and Organizational Learning Culture in an Indian Healthcare Sector

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[Abstract] The research paper empirically explores the power of Perceived organizational Justice and organizational Learning Culture on employees’ organizational commitment. The investigation was initiated in Indian private hospitals of Delhi-NCR with a capacity of over 300 workers. In this research, the terms health professionals, work force, and human resources are applied, involving physicians, nurses, and paramedics. From a total 630 distributed questionnaire among health professionals, the researcher retrieved 500 valid responses that were employed for analyzing the constructs. The information has been analyzed by using descriptive analysis and inferential statistics. The researcher stated that both Perceived Organizational Justice, Organizational Learning Culture are firmly related to and having significant impact on Organizational commitment. The findings are discussed for their managerial implications in the health care sector.

[Keywords] learning culture, organizational commitment, organizational justice, social exchange theory

Introduction
Healthcare is a labor-intensive services sector that relies on the accessibility of top-notch staff to provide work and bring about overseen quality patient care for its endurance and competitive advantage. In addition, a quality facility that achieves excellence and making patients fulfilled and faithful, contributes to the staff’s outlooks, performance, and conduct. Though the healthcare industry experiences exponential growth and the leaders continue to tackle unrelenting change and uncertainty, the acute shortage of doctors, nursing staffs, and paramedics continues to plague the Indian healthcare system. There is a generally accepted fact: "No health without a Workforce." The accessibility of healthcare laborers is the essential determinant and a fundamental prerequisite for successful health coverage, yet the standards to give quality medical care constantly to individuals all through life require a moral commitment of the employees to their organization and its objectives.

Healthcare systems must ensure their competencies and commitment to make the healthcare improvement process a success. Time and again, personnel behavior is stated (Lee, 1988) as one of the major causes for poor perception of health care services. Therefore, it is true that lack of commitment and engagement in the currently available healthcare talent pool and their non-committal attitude towards patient health have been instrumental in creating problems in the sector. Considering the reality of staffing and retaining healthcare labor force workers in the twenty-first century, the human asset commitment in medical institutions should not be overlooked.

Background of the Study
The engaged and committed human resources strongly affect health care quality (Mosadeghrad et al., 2008; Simmons, 2008; Ingersoll et al., 2002). The low commitment among healthcare professionals can be attributed to perceived lack of fairness in organizational procedures (Elovainio et al., 2002; Laschinger, 2004; Hongoro & Normand, 2006; Chen et al., 2015; Forough et al., 2016; Abuseif & Ayaad, 2018), heavy workloads (Bru et al.1996; Zangaro & Soeken 2007), work stress (Tremblay et al. 2008; Al Makhaita et al., 2014; Hashish, 2017), few opportunities for learning and training (Bartlett, 2001; Bartlett & Kang, 2004; Lavoie-Tremblay et al. 2008; Chan et al., 2015), and institutional resource shortages (Martineau & Buchan 2000; Hughes et al., 2002). These reasons are embedded in failing health services, incompatible pay,
difficult working conditions, and lack of learning facilities for skill development (Hughes et al., 2002).

Hongoro and Normand (2006) have drawn attention to labor markets subject to economic theory in that a healthcare worker will acknowledge work if the advantages of executing it outweigh the opportunity cost. The advantages, tangible or intangible, are the motivators, which fosters a healthcare workforce to maintain loyalty towards the organization. Lowe (2010) in his book, *Creating Healthy Organizations*, stated that a healthy healthcare workplace is one where behaviors are directed by individuals’ focused values, workforce prosperity, commitment and performance are sustained and reinforced by human resource management practices fairly, and one in which professionals’ health and patients’ care quality are equally considered. At present, the researchers are focusing more on the strength of individuals’ employment relationships that are largely rooted in an exchange process (Blau, 1964; Davis et al., 1990; Russell & Mitchell, 2005).

A noteworthy role is played by social exchange in the advancement of the organizational commitment (Neff, 2008). One of the significant themes that emerge from the theoretical work of organizational commitment is an exchange relationship with the organization in which individuals attach themselves to the organization in return for certain payments (monetary or non-monetary) from the organization (March & Simon, 1958; Becker, 1960; Hrebiniaik & Alutto, 1972; Farrell & Rusbult, 1981; Steers et al., 1982; Cohen, 2007; Singh & Gupta, 2015; McBey et al., 2017). These thoughts have flourished in medical services and are advancing.

The accomplishment of this study on social exchange relationship in economics and psychology are incorporated into the current investigation. The two key factors, perceived organizational justice and an organizational learning culture are studied in the process of establishing a social exchange relationship between employee and the organization by exploring the effect of perceived organizational justice and an organizational learning culture on organizational commitment in Indian healthcare. Organizational justice and learning orientation lead to ideal and favorable outcomes in the workplace. Past investigations have commonly not noticed these two significant constructs when examining the development of organizational commitment of the workforces. In recent years, the importance of organizational justice (the way employees are dealt with and should be treated by their organizations) has been studied often and found to be one of noteworthy predictors of Organizational Commitment (Mohammad et al., 2015; Ghimire, 2018). In this era of globalization, organizations are also experiencing an unprecedented wave of change and are characterized by turbulence, velocity, uncertainty, and instability. In the long run, better performance depends on better learning (Senge, 1990). The learning nature of the organization is significant in terms of helping employees maintain membership in the organizations and to make commitments towards the organization (Liu & Wang, 2001; Bartlett, 2001; Tseng, 2010). A number of studies speak about a bond between a workplace learning culture and a workplace commitment that is of critical significance to many organizations. Therefore, this research work focuses on establishing association among workplace learning cultures and organizational commitment, as well as perceived organizational justice and organizational commitment in Indian healthcare, which is missing in the literature.

**Research Questions**

The two questions for this research are as follows: (1) To what degree is perception of organizational justice related to organizational commitment in Indian healthcare professionals? (2) To what degree is the learning culture of an organization related to the organizational commitment in Indian healthcare professionals?

**Literature Review**

**Organizational Commitment**

Based on some renowned research studies, the concept of Organizational Commitment was developed (Becker, 1960; Porter et al., 1974, 1976; Mowday et al., 1979). Organizational/Workplace Commitment is characterized as “an association with the affiliation, described by an objective to continue with it; identification with the morals and objectives of the affiliation; and a capacity to put on an additional endeavor for its advantage” (Boulian et al., 1974; Wu & Liu, 2014; Alipour & Monfared, 2015). It consists of sound recognition, involvement, and faithfulness to the workplace (Buchanan 1974). This
conceptualization of organizational commitment became known as the exchange theory of employee commitment. It emerges when "the personality of the individual is connected to the association" or when "the objectives of the association and those of the individual become progressively coordinated or compatible" (Boulian et al., 1974; Singh & Gupta, 2015; McBey et al., 2017).

It is envisioned as the psychological affection felt by an individual for an establishment, mirroring how much the individual takes on and embraces attributes or viewpoints of the establishment (O’Reilly & Chatman, 1986; WeiBo et al., 2010). In 1991, Allen and Meyer developed a three-component organizational commitment model: the affective commitment, the continuance commitment, and the normative commitment, which has been the prevailing model for organizational commitment for decades. In current writing, organizational commitment has been characterized from numerous points of view, but all the characterizations of organizational commitment center around the willingness of the employees to give their energy and faithfulness to an organization, take pride in the organization, desire to remain in the organization, and acknowledge the principles and objectives of the organization.

It is recommended that when associations can select, train, and hold trained people, the general solidity of the association be kept up, in terms of both efficiency and monetary feasibility (Faloye, 2014). It is a construct of high consideration, as various investigations have revealed positive results concerning employee performance and appropriate work results from workplace commitment (Klein et al., 2012; Bartlett, 2001; Tuna et al., 2016). The more committed a worker is to an establishment, the less likely he or she is to leave that establishment (Steers et al., 1974; Allen & Meyer, 1997; Watson & Papamarcos, 2002; Liou, 2008; Bastos & Solinger, 2016).

**Perceived Organizational Justice**
The concept of organizational justice is taken from Adam’s equity theory (1963, 1965). It is considered to be action that is deemed morally right based on morality, equity or law, religious principles, and fair-mindedness (Pekurinen et al., 2017), and it is outlined as employees’ insight of reasonableness in the organization. It allocates the benefits and processes used in taking decisions, rules, and normal practices that are cultivated through relational applications (Greenberg, 1987; Folger & Cropanzano, 1998; Campbell & Finch, 2004). It has been advocated that employees relate the proportion of their own perceived work outcomes with the respective proportions of their colleagues and their own work inputs. Employer and employee relationships may be perceived as a system of transactions. For instance, the worker exchanges labor for pay (Chen et al., 2002). The justice perceived by the employees establishes the value of the relationship exchanged with the organization. When employees experience fair and appropriate behavior from the organization and its leaders, they, in turn, sense a feeling of gratitude to do work superbly with positive work outcomes (Moorman; 1991; Ghosh et al., 2017).

**Organizational Learning Culture**
One of the most renowned authors, Schein (1992), defines culture as “a configuration of simple conventions, designed, uncovered, or created by a certain group to figures out how to adapt to its issues of external variation and internal integration” (page. 9). Organizational learning culture focuses on the analysis of practices associated with individual and aggregate learning inside associations. For an extensive stretch of time, the academics have exercised the terms “organizational learning” and “learning organization” interchangeably in spite of having different connotations (Islam et al., 2013a, 2014a & 2014b). Workplace learning is the movement and the training by which establishments in the long run accomplish the ideal of a learning organization. Learning organization is "where individuals persistently grow their ability to make the outcomes they really want, where aggregate desire is liberated, where new and extensive examples of reasoning are sustained, and where individuals are continually figuring out how to see the entire together" (Senge, 1990). In 2005, Wang researched the notion of a “learning organization” through cultural perspective and titled it “Organizational Learning Culture.” An organization with a learning culture is a collection of organizational values and practices that encourage its employees to develop knowledge and competence for better performance through continuous learning (Confessor & Kops, 1998; Jo & Joo, 2011; Wong et al., 2012).
Hypotheses Development
The study selected Perceived Organizational Justice (POJ), the Organizational Learning Culture (OLC) as
the independent construct and Organizational Commitment (OCT) as the dependent construct, then tried to
draw a theoretical model based on existing theories.

Figure 1. Conceptual Framework

Perceived Organizational Justice and Organizational Commitment
Perceived organizational equity denotes an exchange between organizations and their workforces (Toth
et al., 1997; Birjulin et al., 1999). For instance, an individual exchanges labor for pay. Organizational justice
is related to the manner in which staffs decide if they are dealt with well in their work and in the ways that
other business-related factors influence them (Moorman, 1991; & Rani et al., 2009). Workers' trust in
administration is created as managers and workers see that the investments in the association are balanced
by returns. It depends on the standard of exchange (Gouldner, 1960; Blau, 1964; Taylor et al., 2005; Meyer
& Maltin, 2010). When allocations of organizational outcomes are viewed as reasonable, the higher
representative degrees of commitment are probably going to be created (Meyer &Allen, 1991; Pillai et al.,
2001; Elovainio et al., 2002; Mohammad et al., 2015, Ghimire, 2012 & 2018). This is upheld by prior
examination by Herriot et al. (1998), who contended that commitment manifestation depends on the
contentment of perceived obligation. In a connected contention, Brockner and Siegel (1996) proposed that
workers' positive perspectives on practices and processes are identified with higher representatives' degree
of faith in the organization.

In 1990, Greenberg reviewed the literature on organizational justice, and his works anticipated that
organizational justice would be tops in organizational practices, as there is a solid connection between
workplace equity and the workplace results. Supervisory related commitment is also strongly related to the
perception of organizational justice (Folger & Konovsky, 1989). Research on fairness perceptions in the
workplace have yielded great consequences, like organizational commitment and job satisfaction
(Alexander, 1987; Colquitt, 2001; Masterson, 2000; Cohen-Charash, 2001; Maltin & Meyer, 2010). As a
precursor to organizational commitment, organizational justice has been a growing field of study (Wong,
2003; Ponnu, 2010). It has major supporting influence on organizational commitment. Lack of perceived
fairness can lead to a decrease in organizational commitment by employees. Numerous studies have been
carried out to scrutinize the relationship between these two constructs. Almost everyone has ascertained
that there is a positive and significant connection between these two constructs (Altindis, 2011; Tiwari &

In 2016, Henry et al. studied a comparative analysis on the commitment of healthcare workers in Ghana
and established that healthcare workers' commitment can be increased by ensuring compatible
compensation, fairness in allocating resources, and offering reasonable job designs. Quality healthcare has
been empirically confirmed to be positively connected to organizational commitment of healthcare workers
(Henry et al., 2016; Khan & Jan, 2015; Bonenberger et al., 2014; Akanbi & Itiola, 2013; Hicks & Adams,
2001). A lack of fairness in organizational surroundings in the area of professional interactions and in
getting professional remunerations affect the commitment levels of healthcare professionals (Henry et al.,
2016, & Forough et al., 2016). It is called the universal predictor of organizational outcomes.
Therefore, the current research paper hypothesized the following: \( H_{a-1} \). There is a statistically significant effect of perceived organizational justice on Organizational Commitment of healthcare employees. \( H_{0-1} \). There is no statistically significant effect of Perceived Organizational Justice on organizational commitment of healthcare employees.

**Organizational Learning Culture & Organizational Commitment**

To improve workforces’ commitment and their obligation to their organization, the significance of organizational learning culture (OLC) can’t be overlooked. Despite the fact that work has been carried out to assess the association between the workplace learning culture and the workplace commitment, a positive connection among organizational learning culture and organizational commitment has been acknowledged by the scholars (Joo & Lim, 2009; Maryam et al., 2010; Atak & Erturgut, 2010; Jo & Joo, 2011; Tsai, 2014). There were normal but noteworthy connections among sub-constructs of organizational learning and affective organizational commitment that has been recognized (Bartlett, 2001; Fang et al., 2002; Lim, 2003; Vandenberg et al., 2006). The learning engagement of employees is influenced by the organizational learning environment, which, in turn, improves and enhances their commitment (Jeong et al., 2006; Maurer & Lippstreu, 2008; Khan, 2012; Cho & Kwon, 2005; Tseng, 2010).

Learning characteristics of an organization reinforce employees’ attachment to their organization psychologically, which leads to the highest level of work outcomes from human resources (Islam et al., 2013a, 2014a, & 2014b). Organizational commitment of health professionals was predicted by perceived opportunities for learning and development (Bartlett & Kang, 2004; Chan et al., 2015; De Lange et al., 2016; Salminen & Miettinen, 2019; Saadeh & Suifan, 2019). The statistically significant and positive correlation was established between the organizational learning culture and the organizational commitment as significant (Ali et al., 2018). Therefore, the current research paper hypothesizes the following: \( H_{a-1} \). There is a statistically significant effect of the Organizational Learning Culture on Organizational Commitment of healthcare employees. \( H_{0-1} \). There is no statistically significant effect of Organizational Learning Culture on Organizational Commitment of healthcare employees.

**Methodology**

**Sample**

The survey was initiated from August 2019 to December 2019 in Indian private hospitals in Delhi-NCR with an employee strength of more than 300 employees. The researcher has signed a confidentiality agreement with the hospitals to keep the names and particular locations of the hospitals confidential. Convenient sampling of non-probability sampling was applied to collect the data for the research. Without centering on any specific type of worker, a total figure of 630 questionnaires was maintained for distribution, and data was collected from the workforce from all departments of the hospitals. The participation of the respondents in the study was voluntary. Out of 630 distributed questionnaires, the researcher received 500 questionnaires; those that were found valid were used for the study. Bearing in mind the importance of the employees’ high level of occupancy at workplace, the response return rate of 79.36% was reasonable. The questionnaires were kept anonymous and employees were contacted to fill out the survey forms. After the survey, no distinctions were made among departments and all the collected and valid responses were put together to analyze.

**Data Collection**

Primary sources of information will be utilized in the investigation. This information was obtained the utilization of the questionnaire. The instrument used for gathering information in this study is a structured questionnaire. The questionnaire consists of two sections. Section A contains demographic characteristics, with four (4) questions; in Section B, Organization, employees responded using a scale as follows: (1) Perceived Organizational Justice (Neihoff & Moorman, 1993); (2) Organizational Learning Culture (Yang et al., 2004) (3) Organizational Commitment (Mowday et al., 1979) adapted from a review of extant literature. A five-point Likert-type scale going from strongly agree (5) to strongly disagree (1) is utilized to quantity the
perceptions of the targeted participants regarding organizational commitment in organizations and its predictor variables; Perceived Organizational Justice and Organizational Learning Culture.

**Instrument Validation and Reliability**

Prior to data collection, a questionnaire survey to study the effect of Perceived Organizational Justice and Organizational Learning Culture on Organizational Commitment was developed. The instrument was validated using pilot data ($\alpha = 0.977$) on a sample of 100 healthcare professionals who had more than two years work tenure in the hospitals. Reliability of the scale was evaluated through Cronbach’s Alpha. For purposes of ensuring content and construct validity, the questionnaire for this study was evaluated using factor analysis. Table 1 portrays the rationality and dependability of the instrument.

**Table 1 - Rationality and Reliability of the Instrument**

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Perceived Organizational Justice (POJ)</th>
<th>Organizational Learning Culture (OLC)</th>
<th>Organizational Commitment (OCT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items</td>
<td>Loading</td>
<td>Items</td>
<td>Loading</td>
</tr>
<tr>
<td>17</td>
<td>.957</td>
<td>13</td>
<td>.941</td>
</tr>
<tr>
<td>18</td>
<td>.935</td>
<td>11</td>
<td>.934</td>
</tr>
<tr>
<td>19</td>
<td>.935</td>
<td>15</td>
<td>.926</td>
</tr>
<tr>
<td>22</td>
<td>.931</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>25</td>
<td>.928</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>21</td>
<td>.925</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>.922</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>.909</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>.898</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>.822</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>.809</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cum Variance%</td>
<td>94.885</td>
<td>Kaiser-Meyer-Olkin KMO and Bartlett’s Test of Sphericity</td>
<td></td>
</tr>
<tr>
<td>Sampling Adequacy</td>
<td>0.938</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approx Chi-Square</td>
<td>4237.443</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Df</td>
<td>171</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig.</td>
<td>.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cronbach’s Alpha</td>
<td>0.993</td>
<td>Acceptable</td>
<td></td>
</tr>
<tr>
<td>Comment</td>
<td>Acceptable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.988</td>
<td>Acceptable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.984</td>
<td>Acceptable</td>
<td></td>
</tr>
</tbody>
</table>

In Table 1, the factors extracted together account for 94.885% of the total variance, and the communalities are generally respectable and indicated a good fit; therefore, it was assumed that the model represents the data. In addition, the KMO index (or sampling adequacy) was 0.938, which displays that the sample size was enough to describe the factors. The Bartlett’s test of Sphericity was likewise got noteworthy ($\chi^2 (171) = 4237.443, P< 0.001$), implying that the factors were distinct. It was considered to be very good for further analysis and provided support for the factorization. The reliability of all scales exceeded the conventional recommended cut-off of .70 for Cronbach’s Alpha (Nunnally, 1978). These levels of Cronbach’s Alpha were considered good indicators of the reliability of the instrument. The Statistical Package for the Social Sciences (SPSS), version 26, was used for data analysis.

**Data Presentation and Analyses**

The researcher presents, analyzes, and interprets the data generated from respondents through the questionnaire. This study researched Organizational Commitment and its two predictor constructs, namely, Perceived Organizational Justice & Organizational Learning Culture. The study has a few control variables: gender, employment type, educational qualification, and work experience. Data collected through the
questionnaire were determined for empirical analysis using the Likert scale. For data analysis, the researcher employed correlation and the regression method and has identified the level of predictability caused by Perceived Organizational Justice and Organizational Learning Culture on Organizational Commitment.

**Descriptive Statistics**
First, the researcher gives describes the sample and then analyzes the characteristics of the variables of the study.

### Description of the Sample

![Graph showing gender distribution](image)

- **Gender**: 58% Male, 42% Female

![Graph showing employment type distribution](image)

- **Employment Type**: 81% Permanent, 15% Contractual, 1% Outsourced

![Graph showing educational qualification distribution](image)

- **Educational Qualification**: 62% Undergraduate, 27% Graduate, 11% Post Graduate, 10% PG-Post Specialization

![Graph showing work experience distribution](image)

- **Work Experience**: 49% 0-2 years, 14% 2-4 years, 19% 4-6 years, 18% 6-8 years, 0% more than 8 years

*Source: Author’s Computation Using SPSS 26.0 (2020)*

The graph above depicts that the sample population constitute 58% female, higher than that of the male portion (42%) in the survey. The permanent employees constitute 81% of the total respondents. As far as educational qualification is concerned, the majority of the participants are graduates and constitute 62% of the total population. In terms of work experience at their current hospital, 26% of the respondents had worked there for 2-4 years, 20% for 6-8 years, and 19% for 4-6 years and had more than 8 years of work experience.

The researcher presents, here, descriptive elements, i.e., the mean, standard deviation, skewness, and kurtosis of the independent variable (Perceived Organizational Justice, Organizational Learning Culture) and dependent variable (Organizational Commitment) used in this study. By calculating skewness and kurtosis, the researcher established whether the data follows normal distributions. Skewness is the extent to which a dispersion of values differs from the symmetry around the mean. The data follows a normal distribution if the estimation of skewness and kurtosis values are between +1/-1 to +2/-2 (George & Mallery, 2010; Field, 2009). We get this value by dividing the value of skewness and kurtosis by their respective standard errors. In addition, with a sample size of more than 300, numerous parametric tests are still consistent even for non-normal data; this is known as robust use, tried at 0.05% level of significance. This implies that even deviations away from normality do not affect Type I error rates (Samuels, 2017).
The Table 2 shows the results of the mean, standard deviations, and normality of the data relating all of the items as follows: Dependent Variable; Organizational Commitment (OCT: mean =3.7103, standard deviation =.92496, skewness = -0.84; kurtosis = -0.96) Independent Variables; Perceived Organizational Justice (POJ: mean = 3.5137, standard deviation = 1.31479, skewness = -1.79; kurtosis = -3.1) and Organizational Learning Culture (OLC: mean = 3.2323, standard deviation = 1.25159, skewness = -1.1; kurtosis = -3.6). As values of 3 construct, are within the given range; the data is normally distributed and the total number of the respondents was 500.

**Inferential Statistics (Hypothesis Testing)**

Here, the researcher tests the affiliation among the Dependent variables; Organizational commitment and independent variable; Perceived Organizational Justice and Organizational Learning Culture and analyzed the correlation (or association) among them. The researcher also performed a linear regression analysis to evaluate how solid the linear relationship is, between two factors, and is intensely depended on by scholars when leading trend analysis.

**Correlation Analysis**

In order to find the strength and bearing of the connection between the dependent and the independent factors, the researcher conducts a Pearson- product moment correlation analysis.

**Table 3 Pearson’s Correlation of the Variables, studied in the Research**

<table>
<thead>
<tr>
<th>Correlations</th>
<th>OCT</th>
<th>POJ</th>
<th>OLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Commitment Construct (OCT)</td>
<td>Pearson Correlation</td>
<td>1</td>
<td>0.687**</td>
</tr>
<tr>
<td>N</td>
<td>500</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Perceived Organizational Justice Construct (POJ)</td>
<td>Pearson Correlation</td>
<td>0.687**</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td>500</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Organizational Learning Culture Construct (OLC)</td>
<td>Pearson Correlation</td>
<td>0.624**</td>
<td>0.512**</td>
</tr>
<tr>
<td>N</td>
<td>500</td>
<td>500</td>
<td>500</td>
</tr>
</tbody>
</table>

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

**Source:** Author’s Computation Using SPSS 26.0 (2020)

Table 3 illustrates that there are statistically certain correlations between organizational commitment and Perceived Organizational Justice (r=0.687, p<0.01) with high level of POJ associated with high levels of OCT & between Organizational Commitment and Organizational Learning Culture (r=0.624, p<0.01) with high level of OLC associated with high level of Organizational Commitment.

**Regression Analysis**

A multiple regression analysis is performed to evaluate the ability of the independent measure (POJ & OLC) to predict levels of commitment & test the hypothesized model. Initial analyses are directed to guarantee that the assumptions of normality, linearity & multi-collinearity are not omitted. It details a discussion of
the regression coefficients estimates and the regression diagnostics tests. The diagnostic tests include:
model summary, the analysis of variance (ANOVA) tests, and collinearity statistics. The coefficient of
determination is an estimation used to give details how much variability of one factor can be brought about
by its relationship to another connected factor. The outcomes of these evaluation are displayed in Table 4,
5 and 6.

**Table-4 Model Summary**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
<th>Durbin-Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.756*</td>
<td>.572</td>
<td>.571</td>
<td>.65648</td>
<td>1.893</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Learning Culture Construct, Organizational Justice Construct

b. Dependent Variable: Organizational Commitment Construct

Table 4 shows an R Square value of .572 with an Adjusted R Square value of 0.571, which is statistically
noteworthy. A proportion of variance greater than 25% is considered adequate (Heiman, 1998). The R²
value of 0.572 signifies that the total variance illustrated by the predictive model (POJ & OLC) is 57.2%
variance in Organizational Commitment. There are other constructs that account for 42.8% of variance in
the construct. The difference between the R² and Adjusted R² in our data model is 0.001%, which is
considerably less. This signifies the variables included in the data model are fit and useful. A Durbin Watson
test was also applied to check the problem for auto correlation. This test obtained the value (d = 1.893),
which is a conclusive evidence regarding the absence of auto correlation between the variables and, hence,
the results are likely to be reliable.

**Table-5 ANOVA (Analysis of Variance) for Regression Analysis**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>269.352</td>
<td>2</td>
<td>154.676</td>
<td>332.441</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>201.341</td>
<td>497</td>
<td>.405</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>470.693</td>
<td>499</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: Organizational Commitment Construct

b. Predictors: (Constant), Organizational Learning Culture Construct, Organizational Justice Construct

In this test, the ANOVA, Table 5, generated also presents a significant probability value (P = 0.000), which
is way below 0.05 and signifies that both POJ and OLC explain Organizational Commitment significantly.
The F-test (F = 332.441, sig. = .000) is significant and indicates a linear fit between Organizational
Commitment and the predictor constructs. Consequently, we can infer that R-squared isn’t equivalent to
zero, and the connection between the model and dependent variable is factually important.

**Table-6 Predictors of Organizational Commitment**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
<th>Collinearity Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
<td>Tolerance</td>
</tr>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.685</td>
<td>.084</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>POJ</td>
<td>.340</td>
<td>.023</td>
<td>.498</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>OLC</td>
<td>.263</td>
<td>.024</td>
<td>.369</td>
<td>.000</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Organizational Commitment Construct

Source: Author’s Computation Using SPSS 26.0 (2020)
From the coefficient in Table 6, it is quite evident that the value of $p$ is $0.000 < 0.05$ at 95% of confident interval; hence, the relationship is statistically significant. POJ’s Value of $t = 14.599$ and OLC’s value of $t = 10.793$ demonstrates that there is a significant impact of both Perceived Organizational Justice and Organizational Learning Culture on Organizational Commitment. The beta value of POJ (.498) and that of OLC (.369) also indicate the statistically significant effect of both on OCT. It means that each change in one unit of the organizational justice ($x_1$) and Organizational Learning Culture ($x_2$), the average change in the mean of Organizational Commitment ($Y$) is about 0.498 & 0.369, respectively, if all other variable are unchanged/ fixed. Hence, both the above null hypotheses (H01 & H02), there is no statistically significant influence of Perceived Organizational Justice and Organizational Learning Culture on Organizational Commitment of healthcare employees respectively, cannot be acknowledged.

As per absence of multi-collinearity is concerned, we have used a variance inflation factor and tolerance. A variance inflation factor (VIF) detects multi-collinearity in regression analysis. Variance inflation factor (VIF) is less than 5, and tolerance is greater than 0.10 that indicates no evidence of multi-collinearity in the data (Hair et al., 1995, 2013). The following regression equation is derived from Table 6.

$$Y = a + bx$$

Where $Y =$ Organizational Commitment (Predicted Variable);
$a =$ Constant value or $Y$ intercept;
$\beta_{x1} =$ Perceived Organizational Justice (Predictor Variable);
$\beta_{x2} =$ Organizational Learning Culture (Predictor Variable).

**Findings**

This section talks over the outcomes of the empirical study on Organizational Commitment in the Indian healthcare context. The study sought to find out the effect of Perceived Organizational Justice on Organizational Commitment and the effect of Organizational Learning Culture on Organizational commitment respectively of healthcare employees. The calculated Cronbach’s Alpha of POJ’s items was 0.993 and that of the OLC’s items was 0.988. This means higher reliability of the research instrument and data. The respondents’ perceptions of POJ and OLC were generally high.

**Perceived Organizational Justice and organizational Commitment**

The results of inferential analysis revealed that there is a statistically significant linear connection among Perceived Organizational Justice and Organizational Commitment, with a Pearson correlation coefficient of 0.687 with a regression analysis report of $\beta = 0.498$, $t = 14.599$, $p = .000$. This implies that an improvement in fairness lifts workplace commitment. The fairness expectations of the employees is a prime issue in organizations. Patterson (2001) suggested that it is not only the employees that serve as resources for organization, but the organization should serve as platforms for employees, also.

The rationale behind this relational statement depends on the way the individual is dealt with. Improving organizational equity can directly affect employees’ positive work mindset and actions (Budhwar et al., 2002; Bakshi et al., 2009; Ponnu & Chuah; 2010; Chen et al., 2015; Suifan et al., 2017). Conlon et al. (2001) has done meta-analytical assessment of organizational justice writings and found that distributive and procedural fairness are noteworthy predictors of organizational commitment. Workplace equity and reasonableness are connected to higher levels of organizational commitment of healthcare professionals (Hicks & Adams, 2001; Elovainio et al., 2002; Ferrie et al., 2002; Laschinger, 2004; Lowe, 2010; Mohammad et al., 2015; Chen et al., 2015; Forough et al., 2016; Pekurinen et al., 2017; Ghimire, 2018).

**Organizational Learning Culture and Organizational Commitment**

The results of inferential analysis revealed that there is a statistically significant linear connection between
Organizational Learning Culture and Organizational Commitment, with a Pearson correlation coefficient of 0.624 with a regression analysis report of \( \beta = 0.369, t = 10.793, p = .000 \). This implies that learning and development opportunities lead to an increase in Organizational Commitment. The regression analysis results revealed that OLC is significantly related to Organizational Commitment of healthcare workers. Some other scholarly works, likewise, have established that the organizational learning culture was remarkably connected to the organizational commitment of healthcare professionals (Bartlett, 2001 & 2004; Jeong et al., 2007; Joo & Lim, 2009; Lowe, 2010; Khan, 2012; Islam et al., 2013b, 2014a, & 2014b; Tsai, 2014; Karami et al., 2017). Consequently, the more employees see that an organization reinforces training initiatives, promotes constant learning, and encourages knowledge and information sharing, the more they are psychologically committed to their organization.

Conclusions & Managerial Implications

The importance of perceived organizational justice and an organizational learning culture in boosting organizational commitment of Indian healthcare professionals has been clarified in this study. The implications of the research can be applied by the managers and the directors both in the medical-care industry. Bearing in mind the importance of commitment in healthcare workers, fairness in hospitals needs more attention. The key indicators of performance, like patient well-being, worker feelings of anxiety, and turnover are directly related to the connection between the attitude towards reasonableness, fairness, and the learning environment and organizational commitment. However, focusing particularly on organizational commitment, managers need to emphasize other management practices that would impact the level of commitment of healthcare professionals and the behavioral consequences of it. Employees, preferably, see their membership in an organization as an investment – one in which their status level will be raised and in which they can add to everyone's benefit. Working in the medical-care area, consequently, guarantees that employees are adding to a more noteworthy goal by helping other people.

The distinction here is that they, at this point, don't feel that they are doing so. In order to make them feel committed towards the institution, employees should be helped to remember the good that they do. This should be possible through fairness in organizational procedures, acknowledgment of accomplishment, expanded obligation, openings for development, and different issues related to the inspiration of the person in his/her work.

Limitations & Future Directions

The research was limited to healthcare professionals of Delhi-NCR and, as a result, any generalizations made should be done carefully. Since POJ and OLC emerged as the best predictors of organizational commitment in this sample, the researcher suggests that future studies investigate factors that enhance POJ and OLC in similar contexts and use structural equation modelling techniques to understand the influence each variable has. Table 4 shows that a modest amount of variance \( R^2 = .572 \) was explained using the current model. Without a doubt, future research is expected to explore other different factors that foresee the commitment of Indian healthcare professionals and to learn more about the influence of POJ and OLC on organizational commitment; data must be collected from many different environments in the field.

References


