

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; Hrebiniak & 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 figure 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.

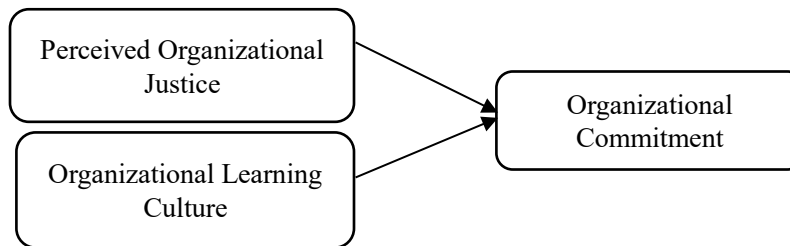


Figure 1. Conceptual Framework

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 & Mishra, 2008; Sweeney & McFarlin, 1993 Konovsky & Cropanzano, 1991; Folger & Konovsky, 1989).

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 quantify 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

Statistics	Perceived Organizational Justice (POJ)		Organizational Learning Culture (OLC)		Organizational Commitment (OCT)	
	Exploratory Factor Analysis					
	Items	Loading	Items	Loading	Items	Loading
	17	.937	13	.941	4	.871
	18	.935	11	.934	1	.867
	19	.935	15	.926	8	.858
	22	.931			7	.848
	25	.928			9	.839
	21	.925				
	23	.922				
	27	.909				
	28	.898				
	29	.822				
	30	.809				
	Total Variance Explained – Rotation Sum of Squared Loadings					
Cum Variance%	94.885					
	Kaiser-Meyer-Olkin KMO and Bartlett's Test of Sphericity					
Sampling Adequacy	0.938					
Approx. Chi-Square	4237.443					
Df	171					
Sig.	.000					
	Reliability Tests - Item Analysis					
Cronbach's Alpha	0.993		0.988		0.984	
Comment	Acceptable		Acceptable		Acceptable	

Source: Author's Computation Using SPSS 26.0 (2020)

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

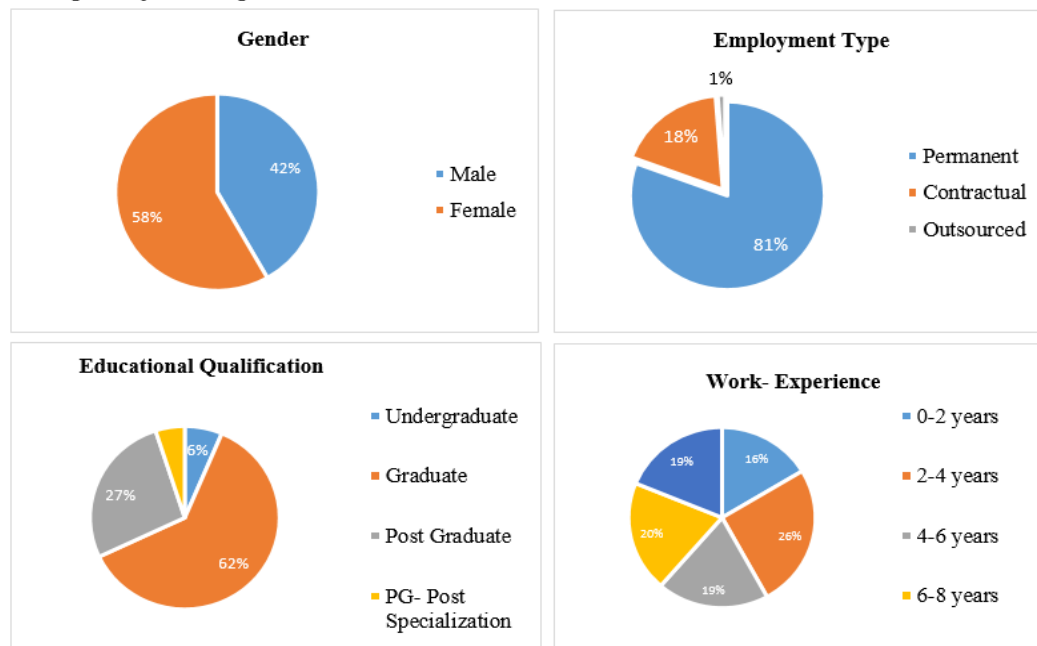
The researcher presents, analyzes, and interprets the data generated from respondents through the questionnaire. This study researched Organizational Commitment and its two predictor constructs, namely, Perceived Organizational Justice & Organizational Learning Culture. The study has a few control variables: 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



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).

Table- 2 Analysis of Descriptive Statistics

Descriptive Statistics							
	N	Mean	Std. Deviation	Skew-ness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
OCT	500	3.7103	.92496	-.092	.109	-.210	.218
POJ	500	3.5137	1.31479	-.196	.109	-.683	.218
OLC	500	3.2323	1.00938	-.120	.109	-.790	.218
Valid N (list wise)	500						

Source: Author's Computation Using SPSS 26.0 (2020)

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

		Correlations		
		OCT	POJ	OLC
Organizational Commitment Construct (OCT)	Pearson Correlation	1	.687**	.624**
	Sig. (2-tailed)		.000	.000
	N	500	500	500
Perceived Organizational Justice Construct (POJ)	Pearson Correlation	.687**	1	.512**
	Sig. (2-tailed)	.000		.000
	N	500	500	500
Organizational Learning Culture Construct (OLC)	Pearson Correlation	.624**	.512**	1
	Sig. (2-tailed)	.000	.000	
	N	500	500	500

** . 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 ($r=0.687$, $p\leq 0.01$) with high level of POJ associated with high levels of OCT & between Organizational Commitment and Organizational Learning Culture ($r=0.624$, $p\leq 0.01$) 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

Model Summary ^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.756 ^a	.572	.571	.63648	1.893
a. Predictors: (Constant), Learning Culture Construct, Organizational Justice Construct					
b. Dependent Variable: Organizational Commitment Construct					

Source: Author's Computation Using SPSS 26.0 (2020)

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

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	269.352	2	134.676	332.441	.000 ^b
	Residual	201.341	497	.405		
	Total	470.693	499			
a. Dependent Variable: Organizational Commitment Construct						
b. Predictors: (Constant), Organizational Learning Culture Construct, Organizational Justice Construct						

Source: Author's Computation Using SPSS 26.0 (2020)

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

Coefficients ^a								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.685	.084		20.109	.000		
	POJ	.340	.023	.498	14.599	.000	.738	1.355
	OLC	.263	.024	.369	10.793	.000	.738	1.355
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 (H_{01} & H_{02}), 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.

$$Y = a + bx$$

$$Y = 1.685 + 0.498(\beta x_1) + 0.369(\beta x_2)$$

Where Y = Organizational Commitment (Predicted Variable);

a = Constant value or Y intercept;

βx_1 = Perceived Organizational Justice (Predictor Variable);

βx_2 = 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

- Abuseif & Ayaad (2018). The relationship between organizational commitment and nurses' turnover intention behavior at tertiary private hospitals in Najran, KSA. *International Journal of Academic Research in Business and Social Sciences*, 8(6), 764-772.
- Adams, J. S. (1963). Towards an understanding of inequity. *The Journal of Abnormal and Social Psychology*, 67(5), 422-436.
- Adams, J. S. (1965). Inequity in social exchange. *Advances in experimental social psychology*, 267-299.
- Alexander, S., & Ruderman, M. (1987). The role of procedural and distributive justice in organizational behavior. *Social Justice Research*, 1, 177-198.
- Al Makhaita, H.M., Sabra, A.A. & Hafez, A.S. (2014). Predictors of work-related stress among nurses

- working in primary and secondary health care levels in Dammam, Eastern Saudi Arabia. *Journal of Family and Community Medicine*, 21(2), 79-84.
- Atak, M., & Erturgut R. (2010). An empirical analysis on the relation between learning organization and organizational commitment. *Procedia Social Behavior Science*, 2(2), 3472-3476.
- Bartlett, K. R. (2001). The Relationship between Training and Organizational Commitment: A Study in the Health Care Field. *Human Resource Development Quarterly*, 12(4), 335 – 352.
- Bartlett, K. R. and Kang, D. S. (2004). Training and organizational commitment among nurses following industry and organizational change in New Zealand and the United States. *Human Resource Development International*, 7(4), 423–440.
- Bakshi, A., Kumar, K., & Rani, E. (2009). Organizational justice perceptions as predictor of job satisfaction and organization commitment. *International Journal Business Management*, 4(9), 145-154.
- Becker, H. S. (1960). Notes on the concept of commitment. *American Journal of Sociology*, 66, 32-40.
- Blau, P. M. (1964). *Exchange and power in social life*. New York, NY: Wiley & Sons.
- Bru, E., Reidar, J., & Mykletun, S. (1996). Work-Related Stress and Musculoskeletal Pain among Female Hospital Staff. *Work and Stress*, 10, 309–21.
- Buchanan, B. (1974). Building organizational commitment: the socialization of managers in work organizations. *Administrative Science Quarterly*, 19, 533-546.
- Campbell, L., & Finch, E. (2004). Customer satisfaction and organizational justice. *Facilities*, 22(7), 178-189.
- Campbell, J., Dussault, G., Buchan, J., Pozo-Martin, F., Guerra-Arias, M., Leone, C., Siyam, A., & Cometto, G. (2013). A Universal Truth: No Health without a Workforce. *Third Global Forum on Human Resources for Health*, Recife, Brazil.
- Chan, Y.H., Nadler, S.S. & Hargis, M.B. (2015). Attitudinal and behavioral outcomes of employees' psychological empowerment: a structural equation modeling approach. *Journal of Organizational Culture, Communications and Conflict*, 19(1), 24-39.
- Chen, S. Y., Wu, W. C., Chang, C. S., Lin, C. T., Kung, J. Y., & Weng, H. C., et al. (2015). Organizational justice, trust, and identification and their effects on organizational commitment in hospital nursing staff. *Journal of BMC Health Services Research*, 15, 363.
- Cho, D. Y., & Kwon, D. B. (2005). Self-directed learning readiness as an antecedent of organizational commitment: A Korean study. *International Journal of Training and Development*, 9(2), 140-152.
- Cohen, A. (2007). Commitment Before and After: An Evaluation and Re-Conceptualization of Organizational Commitment. *Human Resource Management Review*, 17, 336-354.
- Cohen-Charash, Y., & Spector, P. E. (2001). The role of justice in organizations: A meta-analysis. *Organizational Behavior and Human Decision Process*, 86, 278–321.
- Conlon, D. E., Colquitt, J. A., Wesson, M. J., Porter, C. O. L. H., & Ng, K. Y. (2001). Justice at the millennium: A meta-analytic review of 25 years of organizational justice research. *Journal of Applied Psychology*, 86(3), 425–445.
- Confessore, S.J., & Kops, W.J. (1998). Self-directed learning and the learning organization: examining the connection between the individual and the learning environment. *Human Resource Development Quarterly*, 9(4), 365-375.
- Cropanzano, R., Byrne, S. Z., Bobocel, D. R., & Rupp, D. E. (2001). Moral Virtues, Fairness Heuristics, Social Entities, and Other Denizens of Organizational Justice. *Journal of Vocational Behavior*, 58(2), 164-209.
- Cropanzano, R., & Mitchell, M. (2005). Social Exchange Theory: An Interdisciplinary Review. *Journal of Management*, 31, 874-900.
- DeCarlo, L. T. (1997). On the meaning and use of kurtosis. *Psychological Methods*, 2(3), 292–307.
- De Gieter, S., De Cooman, R., Hofmans, J., Pepermans, R., & Jegers, M. (2012). Pay-Level Satisfaction and Psychological Reward Satisfaction as Mediators of the Organizational Justice-Turnover Intention Relationship. *International Studies of Management and Organization*, 42(1), 50–67.
- Elovainio, M., Vahtera, J., & Kivimaki, M. (2002). Organizational justice: Evidence of a new

- psychosocial predictor of health. *American Journal of Public Health*, 92, 105–108.
- Faloye, D. O. (2014). Organizational commitment and turnover intentions: Evidence from Nigerian paramilitary organization. *International Journal of Business & Economic Development*, 2(3), 23-34.
- Folger, R., & Cropanzano, R. (1998). *Foundations for organizational science: Organizational justice and Human Resource Management*. Sage Publications, Inc.
- Forough, R., Nasrabadi, A. N., & Forooshani, S. D. (2016). Expectation of fairness: A turning point in the professional satisfaction of Iranian Nurses. *Electronic Physician*, 8(6), 2524-2530.
- George, D., & Mallery, P. (2010). *SPSS for Windows Systematically: A Simple Guide and Reference 17.0 Update*. 10th Edition, Pearson, Boston.
- Ghimire, B. (2012). *Organizational Justice and Its Impact with Reference to Nepal*. Germany: Lap Publishing.
- Ghimire, B. (2018). Relationship among Trust, Justice and Organizational Commitment at Hospitals in Nepal. *Pravaha Journal*, 31-38.
- Ghosh, D., Sekiguchi, T., & Gurunathan, L. (2017). Organizational embedded-ness as a mediator between justice and in-role performance. *Journal of Business Research*, 75, 130–137.
- Greenberg, J. (1990). Organizational justice: Yesterday, today, and tomorrow. *Journal of Management*, 16, 399–432.
- Hashish, E.A. (2017). Relationship between ethical work climate and nurses' perception of organizational support, commitment, job satisfaction and turnover intent. *Journal of Nursing Ethics*, 24(2), 151-166.
- Hicks, C., & Adams, O. (2001). Pay and Non-pay Incentives, Performance, and Motivation. *Paper prepared for the World Health Organization's December 2001 Global Health Workforce Strategy Group*, World Health Organization, Geneva.
- Hongoro, C., & Normand, C. (2006). *Health workers: building and motivating the workforce*. In: Jamison DT et al., eds. Disease control priorities in developing countries, 2nd edition. Washington, DC, the World Bank Group: 1309– 1322.
- Ingersoll, G.L., Olsan, T., Drew-Cates, J., DeVinney, B.C., Davies, J. (2002). Nurses' job satisfaction, organizational commitment, and career intent. *Journal of Nursing Administration*, 32, 250-263.
- Islam, T., Khan, S., Ahmad, U.N.U. & Ahmed, I. (2013b). Organizational learning culture and Leader-member exchange: the way to enhance organizational commitment and reduce turnover intentions. *The Learning Organization*, 20(4/5), 322-337.
- Islam, T., Khan, S., Ahmad, U.N.U. and Ahmed, I. (2014a). Exploring the relationship between POS, OLC, Job satisfaction and OCB. *Procedia-Social and Behavioral Sciences*, 114, 164-169.
- Islam, T., Khan, S., Ahmad, U.N.U., Ali, G. and Ahmed, I. (2014b). Organizational learning culture and psychological empowerment as antecedents of employees' job related attitudes: a mediation model. *Journal of Asia Business Studies*, 8(3).
- Jeong, S. H., Lee, T., Kim, I. S., Lee, M. H., & Kim, M. J. (2007). The effect of nurses' use of the principles of learning organization on organizational effectiveness. *Journal of Advanced Nursing*, 58(1), 53–62
- Jo, S., & Joo, B. (2011). Knowledge sharing: the influences of learning organization culture, organizational commitment and organizational citizenship behaviors. *Journal of Leadership & Organizational Culture*, 18(3), 353-364.
- Joo, B., & Lim, T. (2009). The impacts of organizational learning culture and proactive personality on organizational commitment and intrinsic motivation: the mediating role of perceived job complexity. *Journal of Leadership and Organizational Studies*, 15(4), 48-60.
- Karami, A., Farokhzadian, J. & Foroughameri, G. (2017). Nurses' professional competency and organizational commitment: Is it important for human resource management? *PLoS One*, 12(11), 1-15.
- Khan, M. A. (2012). An empirical study on effects of learning organizational culture on employees' job related outcomes. *Actual Problems of Economics*, 135(9), 230-237.

- Kivimaki, M., Elovainio, M., Vahtera, J., & Ferrie, J. E. (2002). Organizational Justice and Health of Employees: Prospective Cohort Study. *Occupational and Environmental Medicine*, 60, 27–34.
- Klein, H. J., Molloy, J. C., & Brinsfield, C. T. (2012). Re-conceptualizing workplace commitment to redress a stretched construct: Revisiting assumptions and removing confounds. *The Academy of Management Review*, 37(1), 130–151.
- Konovsky, M. A., & Cropanzano, R. (1991). Perceived Fairness of Employee Drug Testing as a Predictor of Employee Attitudes and Job Performance. *Journal of Applied Psychology*, 76, 698-707.
- Laschinger, H. K. S. (2004). Hospital Nurses' Perceptions of Respect and Organizational Justice. *Journal of Nursing Administration*, 34(7/8), 354–64.
- Lavoie-Tremblay, M., Wright, D., Desforges, N., Gélinas, C., Marchionni, C., & Drevniok, U. (2008). Creating a Healthy Workplace for New-Generation Nurses. *Journal of Nursing Scholarship*, 40, 290–297.
- Lee, T.W. (1988). How job dissatisfaction leads to employee turnover. *Journal of Business and Psychology*, 2, 263–271.
- Lim, T. (2003). The relationship among organizational commitment, learning organization culture, and job satisfaction in one Korea private organization. *Ph.D. thesis*. St. Paul, MN: University of Minnesota.
- Lowe, G. (2010). *Creating Healthy Organizations: How Vibrant Workplaces Inspire Employees to Achieve Sustainable Success*. Toronto, ON: Rotman/UPT Publishing.
- Martineau, T., & Buchan, J. (2000). Human Resources and the Success of Health Sector Reform. *Human Research Health Development Journal*, 4, 174-183.
- Masterson, S., Lewis, K., Goldman, B., & Susan, M. (2000). Integrating justice and social exchange: The differing effects of fair procedures and treatment on work relationships. *Academy of Management Journal*, 43, 738-748.
- Maurer, T. J., & Lippstreu, M. (2008). Who will be committed to an organization that provides support for employee development? *Journal of Management Development*, 27(3), 328-347.
- McBey, K., Karakowsky, L. and Ng, P. (2017). Can I make a difference here? The impact of perceived organizational support on volunteer commitment. *Journal of Management Development*, 36(8), 991-1007.
- Mosadeghrad A. M., Ferlie, E., Rosenberg, D. (2008). A study of the relationship between job satisfaction, organizational commitment and turnover intention among hospital employees. *Health Service Management Research*, 21, 211-27.
- Meyer, J.P., & Allen, N.J. (1991). A three-component conceptualization of organization commitment. *Human Resource Management Review*, 1(1), 61-89.
- Moorman, R. H. (1991). Relationship between organizational justice and organizational citizenship behavior: do fairness perceptions influence employee citizenship? *Journal of Applied Psychology*, 76(6), 845-855.
- Mowday, R. T., Steers, R. M., & Porter, L. W. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior*, 14, 224-247.
- Neff, J. F. (2008). Workplace social exchange network: Effects of its relationship with job satisfaction and organizational commitment. (*Doctoral Dissertation*).
- Niehoff, B. P., & Moorman, R. H. (1993). Justice as a mediator of the relationship between methods of monitoring and organizational citizenship behavior. *Academy of Management Journal*, 36(3), 527–556.
- Ng, T. W. H., Butts, M. M., Vandenberg, R. J., DeJoy, D. M., & Wilson, M. G. (2006). Effects of management communication, opportunity for learning, and work schedule flexibility on organizational commitment. *Journal of Vocational Behavior*, 68(3), 474–489.
- Nunnally, J.C. (1978). *Psychometric theory, 2nd Edition*. McGraw-Hill, New York.
- O'Reilly, C. A., & Chatman, J. (1986). Organizational commitment and psychological attachment: The effects of compliance, identification, and internalization on pro-social behavior. *Journal of Applied Psychology*, 71(3), 492–49.

- Patterson, F. (2001). Developments in work psychology: Emerging issues and future trends. *Journal of Occupational and Organizational Psychology*, 74(4), 381–390.
- Pekurinen, V. M., Valimäki, M., Virtanen, M., Salo, P., Kivimäki, M., & Vahtera, J. (2017). Organizational justice and collaboration among nurses as correlates of violent assaults by patients in psychiatric care. *Psychiatric Services*, 68, 490–496.
- Ponnu, C. H., & Chuah, C. (2010). Organizational Commitment, Organizational Justice and Employee Turnover in Malaysia. *African Journal of Business Management*, 4(13), 2676-2692.
- Porter, L. W., Crampon, W. J., & Smith, F. J. (1976). Organizational commitment and managerial turnover: A longitudinal study. *Organizational Behavior & Human Performance*, 15(1), 87-98.
- Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, 59(5), 603.
- Saadeh, I., & Suifan, T. (2019). Job stress and organizational commitment in hospitals: The mediating role of perceived organizational support. *International Journal of Organizational Analysis*, 10.1108/IJOA-11-2018-1597.
- Safi, M.H., Mohamadi, F., Arshi, S. H. (2015). The Relationship between Perceived Organizational Justice and Organizational Commitment with Job Satisfaction in Employees of Northern Tehran Health Care Center. *Community Health*, 2(3), 172-81.
- Schein, E. H. (1992). *Organizational culture and leadership*. Jossey-Bass Publishers, San Francisco, CA.
- Simmons, J. (2008). Employee significance within stakeholder-accountable performance management systems. *The TQM Journal*, 20(5), 463-475.
- Senge, P. (1990). *The Fifth Discipline: The Art and Practice of the Learning Organization*, Doubleday Currency, New York, NY.
- Singh, A., & Gupta, B. (2015). Job involvement, organizational commitment, professional commitment, and team commitment. *Benchmarking: An International Journal*, 22(6), 1192-1211.
- Suifan, T.S., Diab, H., & Abdallah, A.B. (2017). Does organizational justice affect turnover-intention in a developing country? The mediating role of job satisfaction and organizational commitment. *Journal of Management Development*, 36(9), 1137-1148.
- Sweeney, P. D., & McFarlin, D. B. (1993). Workers' evaluations of the "ends" and the "means": An examination of four models of distributive and procedural justice. *Organizational Behavior and Human Decision Processes*, 55(1), 23–40.
- Tekleab, A. G., Takeuci, R., & Taylor, M. S. (2005). Extending the Chain of Relationships among Organizational Justice, Social Exchange and Employee Reactions: The Role of Contract Violations. *Academy of Management Journal*, 48(1), 146-157.
- Tiwari, S., & Mishra, P. C. (2008). Work stress and Health as predictors of Organizational Commitment. *Journal of the Indian Academy of Applied Psychology*, 34(2), 267-277.
- Trochim, W.M.K. (2006). *Types of Reliability*. Research Methods Knowledge Base.
- Tsai, Y., (2014). Learning organizations, internal marketing, and organizational commitment in hospitals. *BMC Health Services Research*, 14, 152.
- Tseng, C. C. (2010). The effects of learning organization practices on organizational commitment and effectiveness for small and medium-sized enterprises in Taiwan. *Doctoral dissertation*, University of Minnesota.
- Tuna, M., Ghazzawi, I., Tuna, A., & Catir, O. (2016). Perceived External Prestige and Organizational Deviance: The Case of Turkey's Hospitality Industry. *International Journal of Contemporary Hospitality Management*, 28(2), 366- 396.
- Van der Heijden, B. I. J. M., Gorgievski, M. J., & De Lange, A. H. (2016). Learning at the Workplace and Sustainable Employability: a Multi-source Model Moderated by Age. *European Journal of Work and Organizational Psychology*, 25(1), 13–30.
- Wang, X. (2005). Relationships among organizational learning culture, job satisfaction, and organizational commitment in Chinese state– owned and privately owned enterprises. *Unpublished Doctoral Dissertation*, University of Minnesota, Minneapolis, St. Paul.

- Wasti, S. A., & Can, Ö. (2008). Affective and normative commitment to organization, supervisor, and coworkers: Do collectivist values matter? *Journal of Vocational Behavior*, 73(3), 404–413.
- Watson, G.W., & Papamarcos, S.D. (2002). Social Capital and Organizational Commitment. *Journal of Business and Psychology*, 16, 537–552.
- WeiBo, Z., Kaur, S., & Jun, W. (2010). New development of organizational commitment: A critical review (1960-2009). *African Journal of Business Management*, 4(1), 12-20.
- Wong, P.S., Cheung, S.O., Yiu, R.L., & Hardie, M. (2012). The unlearning dimension of organizational learning in construction projects. *International Journal of Project Management*, 30(1), 94-104.
- Maryam, Y., Ahmad, R., Mina, A., Mohammad, Y., Akbar, H., & Marzieh, J., & Maryam, A. (2010). The relationship between learning organization and organizational commitment among nursing managers in educational hospitals of Isfahan University of Medical Sciences in 2008-9. *Iranian Journal of Nursing and Midwifery Research*, 15, 83-9.
- Yang, B., Watkins, K.E., & Marsick, V.J. (2004). The construct of the learning organization: dimensions, measurement, and validation. *Human Resource Development Quarterly*, 15(1), 31-55.
- Zangaro, G. A., & Soeken, K.L. (2007). A Meta-Analysis of Studies of Nurses' Job Satisfaction. *Research in Nursing and Health*, 30, 445–58.