

Evaluating the HR practices used in the healthcare industry, The case of a tertiary hospital in Greece

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Abstract: The scope of this paper is the evaluation of HRM practices in the health sector, particularly in 'NIMTS' Hospital. The significance and originality of the research comes from the fact that the problem was considered not through theoretical models but through practical investigation of workers' perceptions about the HRM practices. To fulfil this purpose primary research using and a structured questionnaire was conducted. The final sample was 206 health professionals. According to the main results of the research employee attitudes regarding the HRM practices are not positive. The survey also showed that the demographic characteristics such as gender, age, education, marital status and years of experiences do not influence the perceptions of employees' about HRM practices. Statistically significant differences in the responses were depending on the specialty. Doctors in training, technology staff and nurses have more negative views, from specialized doctors and administrative staff. Also, we proved that there are differences in the views of employees about the HRM practices relating to the possibility for involvement, depending on the position which the respondents have in the hospital. So, supervisors and trainee specialists maintain a more negative attitude, while employees and consultants have more moderate attitude. Finally, the present research proved that there is statistical positive relationship between employees' perceptions about HRM practices and job satisfaction and organizational commitment.

Keywords: Evaluation, HRM practices, Job satisfaction, Organizational commitment, Tertiary hospital.

1. Introduction

The healthcare organizations operate within a very difficult external environment where government, insurance, private financing, national health systems, medicine suppliers, materials and services, many health professions with the corresponding trade unions, and associations of patients and others, create an explosive complex mixture of interests, that causes difficulties to the management of the internal environment by the human resource management HRM (Polios & Yfantopoulos, 2000). It is understood that HRM is an important management task in the field of healthcare and every attempt to reform the health care sector should be based on effective HR practices.

The managers of the healthcare sector are faced with ever greater challenges. The resources needed to cover the needs of the population for health services are often insufficient. The distribution of human resources is generally uneven between urban and rural areas and between different levels (primary, secondary etc.) of healthcare (WHO, 2014). The interventions that focus on treatment of diseases, such as those contained in the Millennium Development Goals, seem to be different from the renewed approach of primary healthcare. Unlike the approach that concentrates on diseases, the primary healthcare approach seeks a greater degree of integration of services, better governance and improved conditions of cooperation structures (UN, 2014). These take place in a complex environment of partners and participants, which also poses new challenges for managers.

An effective health system depends mainly on the efficiency and quality of practices that are applied. The evaluation of these practices is very important because only in this way is possible to manifest if the objectives have been achieved. The importance of the present research stems from the fact that the

evaluation of HR practices which are applied in a hospital will not be based on theoretical models, but through practical investigation of workers perceptions about these practices (Bar-Yam, 2006; WHO, 2010; WHO, 2012). The survey is based on the rationale of Guest (1999) who proposed to investigate workers perceptions about HR practices as a way to identify their knowledge of HR function and specifically those practices which allow them to express personal opinions regarding satisfaction or conflicts.

The main research questions of the study are: What are the HR practices used in the healthcare industry and what are the factors that affect their successful implementation? Do employees' perceptions about the hospital's human resource practices affect their job satisfaction? Do employees' perceptions about the hospital's human resource practices affect their organizational commitment? Is there relationship, between organizational commitment and job satisfaction of health professional?

Research objectives of the study are: To explore the HR management practices used in a healthcare organization and the factors that affect the successful implementation of the HR management practices in a healthcare organisation. To examine if employees' perceptions about the hospital's human resource practices affect their job satisfaction. To explore if employees' perceptions about the hospital's human resource practices affect their organizational commitment. To examine the relationship between organizational commitment and job satisfaction of health professional.

2. Literature Review

The healthcare industry presents unique challenges in HR management due to the highly specialized workforce, the critical impact of services on public health, and the need for continuous operation. Tertiary hospitals, which provide advanced medical care, demand a workforce that is not only technically skilled but also resilient and adaptable. This literature review explores existing studies on HR practices in healthcare and their application in Greece's tertiary hospitals.

The healthcare sector faces unique HR challenges, including high employee turnover, job burnout, and difficulty in retaining specialized professionals (Schmidt, 2017; Waldman et al., 2004). Unlike other industries, healthcare requires continuous staffing to ensure patient care and safety. Furthermore, healthcare employees often experience high stress due to the nature of their work, which can affect job satisfaction and performance (Aiken et al., 2002).

In Greece, the ongoing economic challenges since the late 2000s have exacerbated these issues, leading to budget cuts, reduced hiring, and increased workloads for existing staff in the public healthcare system (Sipsas et al., 2019). Thus, HR practices must be carefully tailored to address these specific challenges.

Effective recruitment and selection processes are crucial to ensuring that hospitals have a skilled and competent workforce. Studies highlight the need for rigorous screening and assessment tools tailored to healthcare competencies (Huselid, 1995; Ulrich et al., 1991). In Greek tertiary hospitals, recruitment practices are often centralized and regulated by government policies, impacting the hospital's autonomy in selecting the best-fit candidates (Kefis, 2015). Furthermore, shortages in specialized positions (e.g., nursing and intensive care specialists) necessitate efficient recruitment to maintain service quality.

Ongoing training is essential for healthcare employees to stay updated with medical advancements and improve patient care quality. Aiken et al. (2002) emphasize that continuous development positively impacts employee satisfaction and patient outcomes. However, in Greece, budget constraints limit the availability of comprehensive training programs (Sipsas et al., 2019). Tertiary hospitals must therefore seek alternative, cost-effective ways of upskilling employees, such as online training or partnerships with academic institutions (Kefis, 2015).

Performance management in healthcare focuses on both individual and team performance, with an emphasis on patient care quality (Waldman et al., 2004). In a Greek context, performance evaluations are often standardized and may lack adaptability to specific roles within tertiary hospitals. Moreover, performance assessments are typically used for compliance rather than as tools for development and growth (Papalexandris & Bourantas, 1999). Studies suggest implementing performance management

systems that integrate feedback mechanisms, encourage goal alignment, and provide constructive feedback (Leggat et al., 2006).

Competitive compensation and benefits packages are vital for attracting and retaining healthcare staff, especially in demanding settings like tertiary hospitals (Franco et al., 2002). However, Greek public hospitals face salary limitations due to national austerity measures, often resulting in employee dissatisfaction (Sipsas et al., 2019). As a result, non-monetary benefits, such as flexible scheduling and professional development opportunities, are increasingly important to enhance job satisfaction.

Employee engagement significantly influences patient outcomes in healthcare settings (Sharma & Dhar, 2016). Tertiary hospitals with higher levels of employee engagement report lower turnover rates and better patient care (Buchan & Seccombe, 1995). Strategies such as regular team meetings, inclusive decision-making, and support programs can improve employee engagement (Kefis, 2015). Greek hospitals are exploring these approaches as they aim to address the morale issues stemming from high workloads and limited career advancement opportunities (Sipsas et al., 2019).

Strategic Human Resource Management (SHRM) is essential for aligning HR practices with the overall goals of healthcare organizations. In the case of Greek tertiary hospitals, SHRM can help create a workforce that is not only skilled but also aligned with the institution's mission of delivering high-quality patient care (Papalexandris & Bourantas, 1999). By focusing on strategic workforce planning, SHRM enables healthcare organizations to anticipate staffing needs, manage talent, and foster a culture of continuous improvement.

Several studies have shown that hospitals with well-implemented SHRM practices achieve better organizational outcomes, such as improved patient satisfaction and reduced staff turnover (Becker & Huselid, 2006). This approach is particularly valuable in the Greek healthcare context, where resource limitations necessitate careful workforce management.

The link between HR practices and healthcare outcomes is well-established in the literature. Effective HR practices contribute to improved patient satisfaction, reduced error rates, and better compliance with care standards (Aiken et al., 2002). Tertiary hospitals with strong HR practices are more likely to achieve high levels of employee satisfaction, which correlates with positive patient outcomes. In Greece, where healthcare resources are stretched, optimizing HR practices could play a pivotal role in enhancing care quality and operational efficiency (Sipsas et al., 2019).

Research suggests that HR practices in Greek hospitals can be enhanced through systematic evaluation and adaptation to the unique challenges of the healthcare environment. Performance metrics, employee feedback, and patient outcome measures are valuable tools for evaluating HR effectiveness (Demo et al., 2012). Some Greek hospitals have implemented performance scorecards to assess and compare departments on metrics such as employee retention, patient satisfaction, and cost efficiency (Kefis, 2015). However, more research is needed to identify best practices for adapting HR strategies to the Greek healthcare context, especially in light of ongoing economic constraints.

In conclusion, HR practices play a critical role in shaping healthcare outcomes, particularly in high-stakes environments such as tertiary hospitals. For Greek tertiary hospitals, effective HR management could help mitigate resource challenges and improve patient care quality. This literature review underscores the need for tailored HR strategies in Greek hospitals, focusing on recruitment, training, performance management, compensation, and engagement practices. Future research could explore specific metrics for evaluating these practices within the Greek healthcare system and develop guidelines for best practices.

3. Relationship between HRM Practices, Organizational Commitment and Job Satisfaction

According to Hiltrop (1994) to evaluate the effectiveness of HRM practices could be done by measuring the extent to which these practices increase job satisfaction and employee commitment. Many studies have moved towards this direction and have shown that there is a connection between the HRM practices that are applied in an organization, the degree of organizational commitment (Mathieu & Zajac, 1990; Mowday & Boulian, 1974; Agarwala, 2003; Kooij et al., 2010; Fiorito et al., 2010) and job satisfaction (Chow et al., 2007; Petrescu & Simmons, 2008). Agarwala (2003) through his research

reaches to the conclusion that perception and attitude of employees for HRM practices affects their commitment to the organization. Additionally, Kooij et al. (2010) show that emotional commitment and job satisfaction are positively influenced by HRM practices. Petrescu & Simmons (2008) reported an important and positive relationship between HRM practices and overall job satisfaction.

Other studies revealed a positive relationship between benefits packages and organizational commitment (Grover & Crooker, 1995). Practical reward could link the level of employee performance to expected rewards. Therefore, top management should apply a rational reward system for forecasting the production and performance of an official commitment of the organization (Gagne & Deci, 2005).

Human resource management has an important role in the performance of an organization and all these arguments are gathered around high-performance work systems. Human resource practices were first used only in industries that focus on providing services instead of products, since from their origins are more people-centered. Issues like the use of technology and innovative practices only have a complementary effect if the organization applies the necessary human resource practices and cannot have a positive effect on their own (Moriones & Cerio, 2000; Ahmad & Schroeder, 2002).

As it happens with human resource management, high performance work systems do not have a commonly accepted definition. Alternative terms that are used to describe the same concept are work systems of high commitment, work systems of high participation and innovative practices of Human Resources (Ahmad & Schroeder, 2002; Moriones & Cerio, 2000). These practices emphasize the selection of employees, based on the culture of the firm, their behaviour, attitude and the necessary technical skills required for work, the possible compensation for performance and the empowering of workers for quick integration in teamwork (Ahmad & Schroeder, 2002; Moriones & Cerio, 2000).

4. Methodology

The first research question of this study is “*What are the HR practices used in the healthcare industry and what are the factors that affect their successful implementation?*”. As it has been found by the literature review, the effectiveness of HRM practices is influenced by both internal and external factors. However, in the present study, HRM practices are evaluated based on perceptions of employees, and thus, whether the demographic characteristics are influencing factors. Additionally, it is also explored whether the demographic characteristics of health professionals affect their views on HRM practices. Based on this, the following research hypotheses have been formulated: **H₁**: *There are differences in health professionals’ perceptions about the hospital’s human resource practices depending on gender*, **H₂**: *There are differences in health professionals’ perceptions about the hospital’s human resource practices depending on age*, **H₃**: *There are differences in health professionals’ perceptions about the hospital’s human resource practices depending on marital status*, **H₄**: *There are differences in health professionals’ perceptions about the hospital’s human resource practices depending on education*, **H₅**: *There are differences in health professionals’ perceptions about the hospital’s human resource practices depending on previous experience*, **H₆**: *There are differences in health professionals’ perceptions about the hospital’s human resource practices depending on specialty*, **H₇**: *There are differences in health professionals’ perceptions about the hospital’s human resource practices depending on position*

The second research question of this study is “*Do employees’ perceptions about the hospital’s human resource practices affect their job satisfaction?*”. The literature review revealed that an association between job satisfaction and HRM practices exists. Based on this assumption, it will be examined whether employees’ perceptions about the hospital’s human resource practices affect their job satisfaction. Based on this finding the following research hypotheses have been formulated: **H₈**: *Employees’ perceptions about Recruitment and Selection practices affect their job satisfaction*, **H₉**: *Employees’ perceptions about Involvement affect their job satisfaction*, **H₁₀**: *Employees’ perceptions about Training, Development & Education affect their job satisfaction*, **H₁₁**: *Employees’ perceptions about Work Conditions affect their job satisfaction*, **H₁₂**: *Employees’ perceptions about Performance appraisal practices affect their job satisfaction*, **H₁₃**: *Employees’ perceptions about Compensation and Rewards practices affect their job satisfaction*.

The third research question of this study is “*Do employees’ perceptions about the hospital’s human resource practices affect their organizational commitment?*”. The literature review also revealed that there is a

relationship between organizational commitment and HRM practices. Based on this assumption, we will examine whether employees' perceptions about the hospital's human resource practices affect their organizational commitment. Based on this finding we will control the following research hypotheses: **H₁₄**: *Employees' perceptions about Recruitment and Selection practices affect their organizational commitment*, **H₁₅**: *Employees' perceptions about Involvement affect their organizational commitment*, **H₁₆**: *Employees' perceptions about Training, Development & Education affect their organizational commitment*, **H₁₇**: *Employees' perceptions about Work Conditions affect their organizational commitment*, **H₁₈**: *Employees' perceptions about Performance appraisal practices affect their organizational commitment*, **H₁₉**: *Employees' perceptions about Compensation and Rewards practices affect their organizational commitment*.

The fourth research question of this study is "Is there relationship between organizational commitment and job satisfaction of health professional?". The literature review revealed that there is a relationship between organizational commitment and job satisfaction. Based on this assumption, it will be examined whether there is relationship between organizational commitment and job satisfaction of health professional. Based on this finding, we will control the following research hypothesis that has been formulated: **H₂₀**: *There is relationship between organizational commitment and job satisfaction of health professional*.

The term research approach signified the type and degree of restrictive controls and deliberate interventions that may bring the researcher to meeting the conditions of the survey (Paraskevopoulos, 1993). It consists of all the procedural arrangements and intervention actions in which the researcher shall maximize the validity, interior and exterior, of the findings of research. The efforts of the researcher focused on: The verification of the factors that are both involved and they distort descriptive characteristics, and make it difficult for the researcher to determine whether the relationship between variables is a causal regression or not, Whether the relationship is causal, in determining the timing of two variables, i.e., to decide on what variable is the cause and what is the result.

The research approach selected for this study is the quantitative approach, since the researcher wants to examine the relationship between variables. The purpose of this research is to discover the causes of the change of social phenomena through objective measurement and numerical analysis and seeks to verify the developed hypotheses through numerical data.

The two main types of research data are the primary and the secondary. Malhotra & Birks (2007:94) consider that primary data are collected in order to directly face the question while secondary data have more the character of additional information. For our research, primary data was collected.

5. Implementation

Since a survey will be conducted, the data will be gathered through use of questionnaires, which is the most common tool used in the case of quantitative research (Malhotra & Birks, 2007). Topics to be examined in the questionnaire will be decided after the conclusion of the literature review, in order to address the research questions. The questionnaires will be self-administered (Malhotra & Birks, 2007). The questionnaire was developed based on scales presented on pertinent literature. Specifically, the questionnaire consisting of the following parts: (a) *a cover letter describing the instructions and the aim of the study*; (b) *Social-demographic characteristics*; (c) *Human Resources Management Policies and Practices Scale (HRMPPS)*; (d) *Organizational Commitment Scale (OCS)*; (e) *Job Satisfaction Scale (JSS)*.

The sampling is a very important issue. Roughly the total numbers of NIMTS personnel are slightly over 600 people out of which almost 200 is nursing personnel and 230 other specialty employees, 58 permanent doctors, and 117 junior doctors. Therefore, almost 600 people are the population of research. As a sampling method, stratified sampling will be used. This is a sampling technique in which the whole population of the research is divided in layers (strata) and an independent sample from each stratum elected. The strata which will be used in this case are nursing personnel, other employees, permanent doctors and junior doctors. In each of these strata, random sampling will take place.

The questionnaire distribution included critical and representative departments of the hospital such as Neurosurgery, 1st and 2nd Department of Surgery, Cardiology, Neurology, Cardiac Intensive Care

Unit, General Intensive Care Unit, Microbiology Laboratories, Radiology Department, Nuclear Medicine Laboratories, Emergency Department, Outpatient Facilities, Pharmacy, Central Administration. The sample was divided in strata, where each represents one of the employee categories and then random sampling was taken within each of the strata. The stratification of the sample ensures that there is no bias in the research. Finally, 430 questionnaires were given and 206 were returned properly filled out. Almost 10 questionnaires were excluded because of not acceptable completion. This is the final sample of the research. Therefore, the validity of results is ensured, since the sample has a response rate slightly lower than 50%.

The research took place in one hospital (case study). Especially, for the purpose of the research, the case of the Nursing Foundation of the Army Pension Fund tertiary hospital in Athens, Greece was examined (also called Army Share Fund Hospital, NIMTS). NIMTS Hospital was established in 1941 during WWII, after a decision of the Ministry of Defence. The initial aim of the institution was the hospitalization of the veterans of the war as well as of their families and 1st degree relatives. The hospital opened on January 27, 1942. The initial capability was estimated in 90 beds. Today, 405 beds are available. It is Tertiary Care Hospital and the last two years began to receive more emergency. There is a significant number of experienced staff (doctors and nurses) due to retirement without replacement (recruitment). The Nursing Foundation of the Army Pension Fund (NIMTS) mainly aims at nursing care, laboratory tests and surgeries, of shareholders of the Army Pension Fund (M.T.S.) Officers and Warrant Officers of the Army and of the Greek Police, and retired military personnel of Air Force and members of these families and orphans of those families. Specialization, continuous education and training of doctors, nurses, and other health professionals, the development and implementation of such training programs are also part of the mission of the hospital. NIMTS is a General Hospital and has all the medical specialties, and each year around 15,000 patients are hospitalized and approximately 80,000 patients are tested in the clinics' external offices.

6. Results

The analysis was done using the program SPSS-Statistics. Through the appropriate statistical analysis was investigated the research questions. Pearson Bivariate Correlation was carried out in order to test the relationship between employees' perceptions about HRM practices and job performance and organizational commitment. To check differences in opinions of respondents depending on demographics T-test and One Way ANOVA test was done. Regarding all descriptive measures of the variables and frequencies and percentages were used "Frequencies" command of the statistical program SPSS. The reliability of the scales was checked by Cronbach Alpha coefficient. Demographic profile has been studied based on their gender, age, marital status, education, previous profession experience, specialisation and position.

Table 1.
Demographics of participants.

Gender		
Female	122	59.2
Male	84	40.8
Age		
< 25 years	1	0.5
25-35 years	30	14.6
36-45 years	92	44.7
46-55 years	63	30.6
More than 50 yeras	20	9.7
Marital status		
Married	119	57.8
Unmarried	68	33.0
Divorced / Widowed	19	9.2
Education		

Secondary education	49	23.8
Higher education	106	51.5
Postgraduate	29	14.1
PhD	22	10.7
Previous experience		
Up to 5 years	15	7.3
6-10 years	37	18.0
11-15 years	53	25.7
16-20 years	32	15.5
Above 20 yeras	69	33.5

The Table 1 shows that the majority of the employees (59.2%) belong to the female and only 40.8% to the male. Also, the sample is dominated by those respondents (44.7%) who are in the age group of 36-45 years, showing that middle age group people are more in the sample. 30.6% of the sample is represented by people of the age group of 46-55 years and the 14.6% by those of the age group of 25-35 years. Only 1 participant is until 25 years old and 20 more than 50 years old. The majority of the employees (57.8%) are married. Only the 33.0% of the sample include unmarried respondents while the 9.2% divorced / widowed. More than half of the sample (51.5%) has a higher education. In addition, 14.1% of the total respondents have a postgraduate diploma, 10.7% have PhD, while 87 persons (23.8%) have completed only the secondary education. Therefore, the sample is dominated by people with a good education. 33.5% of the sample has large previous experience (above 20 years). The Figure 1 shows, that 31.5% of the sample belongs to nurses. 24.8% of the sample is represented by specialised doctors, 15.5% by doctors in training, 10.7% by technology staff, 9.2% by administrative staff and 7.8% by something else.

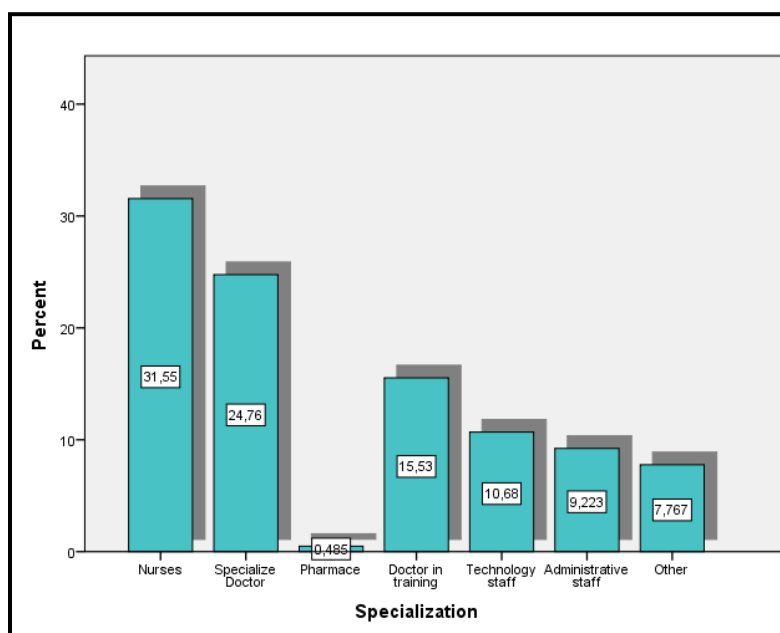


Figure 1.
Specialty of participants.

Finally, according to the position of the participants, the majority of the sample (68.9%) is employee while the remaining respondents are consultants (21.8%), supervisors (8.7%) or trainee specialists (0.5%).

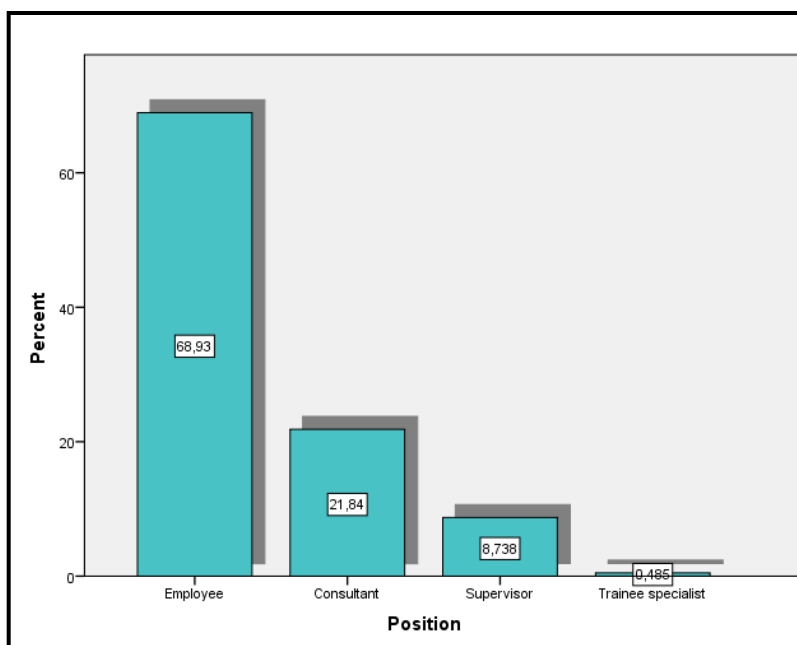


Figure 2.
Position of participants.

Before proceeding to the preparation of the main analysis, in this section it will be checked the reliability of the questionnaire, using the coefficient Cronbach's Alpha. If the coefficient of Cronbach's Alpha is >0.70 then internal consistency exists, while if it is smaller than 0.70 a certain variable or all the items in the questionnaire should not be used for analysis (Suhr & Shay, 2012). In the Table 2, we present the results of the reliability analysis for the entire questionnaire, and for each scale separately. As can be observed the coefficient Cronbach's Alpha for the whole questionnaire is very high ($\alpha = 0.952$), a result which indicates a high reliability of the questionnaire. The same high is also the reliability of separate scales: namely HRMPPS ($\alpha = 0.966$), OCS ($\alpha = 0.730$), JSS ($\alpha = 0.730$).

Table 2.
Cronbach's Alpha of total questionnaire.

N of items	Cronbach's alpha
Total questionnaire	
64	0.952
HRMPPS	
40	0.966
OCS	
18	0.730
JSS	
6	0.810

In the Table 3 on the other, the results of the reliability analysis for the six separate scales of the questionnaire HRMPPS are presented. The results again show high reliability, namely: Recruitment & Selection ($\alpha = 0.857$), Involvement ($\alpha = 0.929$), Training, Development & Education ($\alpha = 0.887$), Work Conditions ($\alpha = 0.832$), Performance Appraisal ($\alpha = 0.900$), Compensation and Rewards ($\alpha = 0.817$).

Table 3.
Cronbach's alpha of HRMPPS.

Name of scale	N of items	Cronbach's alpha
Recruitment & selection	6	0.857
Involvement	12	0.929
Training, development & education	6	0.887
Work conditions	6	0.832
Performance appraisal	5	0.900
Compensation and rewards	5	0.817

Similar are the results for the scales of the OCS (Table 4). For the first scale “Affective Commitment”, the coefficient Cronbach’s Alpha is very high, namely ($\alpha = 0.813$). For the second scale “Continuance Commitment”, the analysis showed that the question 9 should be excluded, since without this reliability increases from 0.504 to 0.645. Similarly for the scale “Normative Commitment”, the question 13 was excluded, since without this analysis increases from 0.634 to 0.678. Although the coefficient of Cronbach’s Alpha for the last two scales is less than 0.70, it will be used in the analysis since the value is close to the acceptable.

Table 4.
Cronbach's Alpha of OCS.

Name of scale	N of items	Cronbach's alpha	Cronbach's alpha if item deleted
Affective commitment	6	0.813	-
Continuance commitment	6	0.504	0.645 (v9)*
Normative commitment	6	0.634	0.678 (v13)*

Note: * The item is excluded from the analysis in order to there is higher reliability.

In this section, is performed a descriptive analysis of the data. Initially, the table presents the descriptive data for the scales of HRMPPS (Table 5). As can be seen from the values of averages for each scale, the views of respondents on HRM practices are moderate to negative. Specifically, the more negative views of respondents are about the reward and compensation HRM practices (Mean = 2.23), as well as for the practices associated with evaluating of the job performance (Mean = 2.36). For the remaining four categories of HRM practices, the values of averages are moderate, namely Recruitment & Selection (Mean = 2.76), Involvement (Mean = 2.91), Training, Development & Education (Mean = 2.73) and Work Conditions (Mean = 2.92).

Table 5.
Scales of HRMPPS (descriptive data)*.

1 = Strongly disagree 5 = Strongly agree			
	N	Mean	Std. deviation
Recruitment & selection	206	2.76	0.809
Involvement	206	2.91	0.791
Training, development & education	206	2.73	0.853
Work conditions	206	2.92	0.756
Performance appraisal	206	2.36	0.883
Compensation rewards	206	2.23	0.788

In the Table 6, the results regarding the three scales that measure the organizational commitment are presented. The values of averaging are again moderate, a result which shows that the commitment of employees to the hospital is low. Lowest is the Normative Commitment (Mean = 2.75) and highest the Continuance Commitment (Mean = 3.49). Emotional commitment is moderate (Mean = 3.20).

Table 6.
Scales of OCS (descriptive data)*.

1 = Strongly disagree 5 Strongly agree		N	Mean	Std. deviation
Affective commitment		206	3.20	0.797
Continuance commitment		206	3.49	0.628
Normative commitment		206	2.75	0.680

Finally, for the scale that measures the job satisfaction (Table 7) the value of the average is also moderate a result that shows limited job satisfaction (Mean = 3.45) (see table 8).

Table 7.
Scales of JSS (descriptive data)*.

1 = Strongly disagree 5= Strongly agree			
	N	Mean	Std. deviation
Affective commitment	206	3.45	0.737

In the Table 8, the results which examined whether the demographic characteristics of the respondents affect their views on the HRM practices are presented. As can be observed from the results, there are no statistically significant differences in opinions according to gender, age, education, marital status and years of work experience, since in all cases the value of significance "p" is higher than 0.01. Statistically significant results, however, were observed depending on the specialization of the respondents regarding the following HRM practices: Recruitment & Selection ($F = 4.414$; $p < 0.01$), Involvement ($F = 3.980$; $p < 0.01$), Work Condition ($F = 2.544$; $p < 0.05$), Performance Appraisal ($F = 4.060$; $p < 0.01$) and Compensation Rewards ($F = 3.755$; $p < 0.01$). Similarly, there is statistically significant differences on the views of respondents on the scale Involvement ($F = 3.980$; $p < 0.01$) according to their position in the hospital.

Table 8.
Relationship between HRM practices and demographics of participants.

	Gender*	Age**	Marital status*	Education**	Work experience**	Specialization**	Position**
Recruitment & selection	-0.252 (0.801)	0.116 (0.951)	0.264 (0.792)	0.462 (0.631)	0.227 (0.877)	4.414 (0.002)	1.542 (0.217)
Involvement	-1.024 (0.307)	1.296 (0.277)	0.017 (0.987)	0.239 (0.787)	1.134 (0.337)	3.980 (0.004)	3.240 (0.041)
Training, development & education	-0.958 (0.339)	1.466 (0.225)	0.430 (0.668)	0.249 (0.779)	0.444 (0.722)	1.908 (0.111)	2.742 (0.067)
Work Conditions	0.162 (0.872)	0.287 (0.834)	0.890 (0.374)	0.460 (0.632)	0.794 (0.498)	2.544 (0.041)	1.167 (0.313)
Performance appraisal	0.773 (0.440)	0.621 (0.602)	0.527 (0.599)	2.013 (0.136)	1.676 (0.173)	4.060 (0.004)	0.328 (0.721)
Compensation rewards	1.584 (0.115)	0.543 (0.653)	0.875 (0.383)	3.110 (0.047)	0.427 (0.734)	3.755 (0.006)	0.200 (0.819)

Note: * Independent – Samples t-test
** ANOVA One – Way

6.1. In Parentheses Is Presented the Value of Significance

In the Table 9, we show in detail the differences on the views of employees on HRM practices depending on the specialization that they have in the hospital. Specifically, regarding the recruitment and selection practices, the doctors in training have an average to negative responses (Mean = 2.34).

Here are the technology staff (Mean = 2.71), the nurses / pharmacists (Mean = 2.78), while the specialized doctors (Mean = 3.04) and the administrative staff (Mean = 2.92) maintain moderate attitude. About the practices that relate to the possibility of involvement, the technology staff (Mean = 2.73), the doctors in training and the nurses / pharmacist (Mean = 2.74) show an average more moderate response. Specialized doctors (Mean = 3.14) and administrative staff (Mean = 2.33) have moderate to positive attitude.

Table 9.

Relationship between HRM practices and specialization of participants (Descriptive data).

		N	Mean	Std. deviation
Recruitment & selection	Nurses/Pharmacy	66	2.78	0.735
	Specialized doctor	51	3.04	0.813
	Doctor in training	32	2.34	0.672
	Technology staff	22	2.71	0.859
	Administrative staff	19	2.92	0.665
Involvement	Nurses/Pharmacy	66	2.76	0.794
	Specialized doctor	51	3.14	0.859
	Doctor in training	32	2.74	0.699
	Technology staff	22	2.73	0.668
	Administrative staff	19	3.33	0.523
Work conditions	Nurses/Pharmacy	66	2.84	0.672
	Specialized Doctor	51	3.04	0.957
	Doctor in training	32	2.61	0.620
	Technology staff	22	2.98	0.646
	Administrative staff	19	3.18	0.598
Performance appraisal	Nurses/Pharmacy	66	2.40	0.837
	Specialized Doctor	51	2.60	0.974
	Doctor in training	32	2.04	0.733
	Technology staff	22	1.94	0.640
	Administrative staff	19	2.63	0.888
Compensation & rewards	Nurses/Pharmacy	66	2.36	0.696
	Specialized Doctor	51	2.19	0.975
	Doctor in training	32	1.86	0.627
	Technology staff	22	2.11	0.548
	Administrative staff	19	2.62	0.783

The doctors in training again are less satisfied with the practices relating to working conditions (Mean = 2.61). For the other categories, answers are near to the moderate position, namely technology staff (Mean = 2.98), nurses / pharmacists (Mean = 2.84), specialized doctors (Mean = 3.04) and administrative staff (Mean = 3.18).

Concerning the HRM practices relating to the assessment of the performance, the more negative responses have given by the technology staff (Mean = 1.94) and the doctors in training (Mean = 1.94). For the other categories, the answers are close to the moderate on average, namely nurses / pharmacists (Mean = 2.40), specialized doctors (Mean = 2.60) and administrative staff (Mean = 2.63). Finally, for the practices regarding the reward and compensation, the answers of all the categories are negative, except the administrative staff (Mean = 2.62), who indicate a more moderate attitude.

In the Table 10, we show in detail the differences on the views of employees about the HRM practices relating to the possibility of involvement, depending on the position which the respondents have in the hospital. As is evidenced by the values of averages, the category of supervisor/trainee specialist (Mean = 2.51) maintains a negative attitude, while the categories of employees (Mean = 2.91) and consultants (Mean = 3.06) have a more moderate attitude.

Table 10.

Relationship between HRM practices and position of participants (Descriptive data).

		N	Mean	Std. deviation
Involvement	Employee	142	2.91	0.782
	Consultant	45	3.06	0.783
	Supervisor/Trainee specialist	19	2.51	0.788

6.2. Based on the Above Results, the Following Research Hypotheses are not Confirmed:

H₁: There are differences health professional' perceptions about the hospital's human resource practices depending on gender

H₂: There are differences health professional' perceptions about the hospital's human resource practices depending on age

H₃: There are differences health professional' perceptions about the hospital's human resource practices depending on marital status

H₄: There are differences health professional' perceptions about the hospital's human resource practices depending on education

H₅: There are differences health professional' perceptions about the hospital's human resource practices depending on previous experience

6.3. On The Other, the Following Research Hypotheses are Confirmed

H₆: There are differences health professional' perceptions about the hospital's human resource practices depending on specialty

H₇: There are differences health professional' perceptions about the hospital's human resource practices depending on position

In the Table 11, we examine the relationship between HRM practices and Organizational commitment. According to the results, it is observed statistically a significant relationship between the two variables. The only commitment scale that is not related to the views of employees on HRM practices is the "Continuance Commitment Scale". Specifically, there are statistically significant positive relationships between the Affective Commitment and all scales that measure HRM practices, namely Recruitment & Selection ($r = 0.351$; $p < 0.01$), Involvement ($r = 0.402$; $p < 0.01$), Training, Development, Education ($r = 0.402$; $p < 0.01$), Work Conditions ($r = 0.398$; $p < 0.01$), Performance Appraisal ($r = 0.284$; $p < 0.01$) and Compensation Rewards ($r = 0.210$; $p < 0.01$).

Similarly, there are statistically significant positive relationships between the Normative Commitment and all scales that measure HRM practices, namely Recruitment & Selection ($r = 0.492$; $p < 0.01$), Involvement ($r = 0.379$; $p < 0.01$), Training, Development, Education ($r = 0.417$; $p < 0.01$), Work Conditions ($r = 0.411$; $p < 0.01$), Performance Appraisal ($r = 0.397$; $p < 0.01$) and Compensation Rewards ($r = 0.342$; $p < 0.01$). This result shows that so the Affective and the Normative Organizational Commitment increase, as the more positive are attitudes and opinions of employees about the HRM practices that are applied in the hospital.

Table 10.
Relationship between HRM practices and organizational commitment.

		Affective commitment	Continuance commitment	Normative commitment
Recruitment & selection	Pearson correlation	0.351**	-0.004	0.492**
	Sig. (2-tailed)	0.000	0.953	0.000
Involvement	Pearson correlation	0.402**	-0.033	0.379**
	Sig. (2-tailed)	0.000	0.636	0.000
Training, development, education	Pearson correlation	0.372**	-0.069	0.417**
	Sig. (2-tailed)	0.000	0.325	0.000
Work conditions	Pearson correlation	0.398**	0.059	0.411**
	Sig. (2-tailed)	0.000	0.403	0.000
Performance appraisal	Pearson correlation	0.284**	-0.080	0.397**
	Sig. (2-tailed)	0.000	0.254	0.000
Compensation rewards	Pearson correlation	0.210**	-0.089	0.342**
	Sig. (2-tailed)	0.002	0.205	0.000

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

6.4. Based on the Above, the Following Research Questions are Confirmed

H₁₄: Employees' perceptions about Recruitment and Selection practices affect their organizational commitment

H₁₅: Employees' perceptions about Involvement affect their organizational commitment

H₁₆: Employees' perceptions about Training, Development & Education affect their organizational commitment

H₁₇: Employees' perceptions about Work Conditions affect their organizational commitment

H₁₈: Employees' perceptions about Performance appraisal practices affect their organizational commitment

H₁₉: Employees' perceptions about Compensation and Rewards practices affect their organizational commitment

Table 11.
Relationship between HRM practices and job satisfaction.

		Job satisfaction
Recruitment & selection	Pearson correlation	0.294**
	Sig. (2-tailed)	0.000
Involvement	Pearson correlation	0.367**
	Sig. (2-tailed)	0.000
Training, development, education	Pearson correlation	0.366**
	Sig. (2-tailed)	0.000
Work conditions	Pearson correlation	0.323**
	Sig. (2-tailed)	0.000
Performance appraisal	Pearson correlation	0.225**
	Sig. (2-tailed)	0.001
Compensation rewards	Pearson correlation	0.165*
	Sig. (2-tailed)	0.018

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

*. Correlation is significant at the 0.05 level (2-tailed).

In the Table 12, we examine the relationship between HRM practices and Job satisfaction. According to the results, we observed a statistically significant relationship between the two variables. Specifically, there are statistically significant positive relationships between the Job Satisfaction and all the scales that measure HRM practices, namely Recruitment & Selection ($r = 0.294$; $p < 0.01$), Involvement ($r = 0.367$; $p < 0.01$), Training, Development, Education ($r = 0.366$; $p < 0.01$), Work Conditions ($r = 0.323$; $p < 0.01$), Performance Appraisal ($r = 0.225$; $p < 0.01$) and Compensation Rewards ($r = 0.165$; $p < 0.01$).

This result shows that so the Job satisfaction increase, as the more positive are the attitudes and the opinions of employees about the HRM practices that are applied in the hospital.

6.5. Based on the Above, the Following Research Questions are Confirmed:

H₈: Employees' perceptions about Recruitment and Selection practices affect their job satisfaction

H₉: Employees' perceptions about Involvement affect their job satisfaction

H₁₀: Employees' perceptions about Training, Development & Education affect their job satisfaction

H₁₁: Employees' perceptions about Work Conditions affect their job satisfaction

H₁₂: Employees' perceptions about Performance appraisal practices affect their job satisfaction

H₁₃: Employees' perceptions about Compensation and Rewards practices affect their job satisfaction

Finally, in the Table 13, we examine the relationship between Organizational Commitment and Job Satisfaction. According to results, it is observed a statistically significant relationship between the two variables. The only commitment scale that is not related to the views of employees on HRM practices is the "Continuance Commitment Scale". Specifically, there are statistically significant positive relationships between the Job Satisfaction and the two scales that measure the Organizational Commitment, namely Affective Commitment ($r = 0.526$; $p < 0.01$) and Normative Commitment ($r = 0.390$; $p < 0.01$). This result shows that so the job satisfaction Affective increase, as the affective commitment and the normative commitment are also increased.

6.6. Based on the Above, the Following Research Question is Confirmed:

H₂₀: There is a relationship between organizational commitment and job satisfaction of health professional

Table 12.

Relationship between job satisfaction and organizational commitment.

		Job satisfaction
Affective commitment	Pearson correlation	0.526**
	Sig. (2-tailed)	0.000
Continuance commitment	Pearson correlation	-0.032
	Sig. (2-tailed)	0.647
Normative commitment	Pearson correlation	0.390**
	Sig. (2-tailed)	0.000

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

7. Discussion

The aim of this essay was to evaluate the human resource practices used in the health care industry. This issue has been decided to be investigated because of its great significance both on literature and managerial basis. In addition, the intense economic crisis has an impact on employees' behaviour and perception on working conditions and, although not investigated in this survey, could have a significant even non clear influence on the completion of research. In addition, as it has already been noted, other scholars have emphasized the great concerns in balancing the human resource practices in the health-care industry.

The first research question of this study was "*What are the HRM practices used in the healthcare industry and what are the factors that affect their successful implementation;*" which also led to the creation of first seven specific hypotheses. The first part of the research question, which examines the HR practices

that are used in the health-care industry was initially analysed in the literature review and helped in the creation of the questionnaire.

Again through the literature review it was pinpointed that the factors that affect the successful implementation of the above-mentioned practices could be both internal and external. Since the aim of this research is to investigate the evaluation on the HR practices used in health care systems, based on employee perceptions, it was considered best to use the demographic characteristics as different and internal factors that could influence the employee perceptions and thus as shown in the indicative analysis it has been shown whether they play a significant role in the views that employees have on the HR practices used.

The survey results revealed that the initial position of workers in the hospital regarding the HRM practices is not positive. This perhaps highlights that it is not given much emphasis in this direction. In other words, the importance of these practices is not recognized as it should be or whatever, steps regarding those responsible for the administration of human resources are not perceived by the employees as effective. The biggest problem seems to be treated about the practices related the reward, the compensation and the evaluation of employee performance. In fact, the views of workers as to whether the payment method is based on a fair system are almost entirely negative.

From the above results, it is understood that in the hospital under consideration, the emphasis is not on HRM practices which focus on employee motivation, although as evidenced by the literature (Ali & Akram, 2012; Beltramini & Evans, 1988; Ghasemi-Nejad et al., 2004; Sharma & Jyoti, 2006; Shipley & Kiely, 1988) this is absolutely necessary. It is not enough therefore to there is only efficient selection of workers, but also continuous improvement through motivation, since as was reported by Ahmad et al. (2011, p. 2) “*if employees are motivated to work and feel satisfied with it will perform their duties diligently and actively increasing their performance*”.

Positive was the fact that for the other HRM practices and specifically recruitment and selection, involvement, training, development, education and work conditions, the responses were slightly more positive. Although, these highlights again that these practices need to be improved since the views of employees were moderate. Examining the influence of demographic factors on employee attitudes to HRM practices at the hospital under consideration, it was found that most examined factors have no influence. Therefore, the research hypotheses H_1 , H_2 , H_3 , H_4 , H_5 were rejected, meaning that gender, age, education level, marital status and years of experience of employees at the hospital does not affect the way in which they evaluate HRM practices.

On the other hand, it was revealed that the specialization of employees differentiates attitudes and therefore the research hypothesis H_6 was confirmed. Specifically, the study found that doctors in training, technology staff, and nurses perceive HRM practices as less effective than specialized doctor and administrative staff. This result could show probably an unequal management of human resources according to the hierarchical level. Employees at higher levels such as specialized doctor and managers/administrative staff express higher satisfaction in terms of practices related to the selection, participation in education, but also in relation to working conditions. It is noted, however, that the HRM practices associated with motivation, reward, remuneration, the inequality is limited since all categories of workers show low satisfaction.

The second research question of the study was “*Do employees’ perceptions about the hospital’s human resource practices affect their job satisfaction?*”. Initially, it is important to be noted that this research showed that health professionals answered the survey are mildly satisfied with their job. Khan & Jan (2015) in recent research also describe low job satisfactions of employees in health sector. The results revealed that exist a statistically significant relationship between HRM practices and job satisfaction, which is positive. This means that the more positive perceptions of employees on HRM practices increase their satisfaction by the job. Based on this result the research hypotheses H_8 , H_9 , H_{10} , H_{11} , H_{12} and H_{13} are confirmed. So, workers who feel satisfaction from their job at the hospital tend to evaluate more positively HRM practices regarding selection, training, opportunity for participation, evaluation and reward.

Specifically, regarding the research hypothesis H_8 , the survey results revealed that employees’ perceptions about recruitment and selection practices affect their job satisfaction. This agrees with the

findings of other investigators (Katou & Budhwar, 2007). The recruitment and selection process determines the decisions of the organizations regarding human resources. The purpose of these practices is to help the adaptation between employee and organization and generally to create a better working environment.

Regarding the research hypothesis H_9 , the survey results revealed that employees' perceptions about involvement practices affect their job satisfaction. This means that as employees perceive that they are given the opportunity to participate in decisions, the greater the job satisfaction. This result is demonstrated by other studies (Ali & Akram, 2012) and is the positive consequence of the fact that if the opportunity for participation is given, the employees feel more important or in other words feels that their ideas, opinions and perceptions are taken into account and contribute to increase performance of the organization. The research hypothesis H_{10} was also confirmed. This result reveals that employees' perceptions about training, development & education practices affect their job satisfaction. This agrees with the findings of Absar et al. (2010) and Garcia (2005). The authors consider that training and development positively influences employees' job satisfaction. Moreover, Hang and Buyens (2008) proposed that training and development increase knowledge, improves skills, change attitudes and behaviour of employees that ultimately enforce the performance of the organizations.

Regarding the research hypothesis H_{11} , this was confirmed which mean that employees' perceptions about work conditions affect their job satisfaction. This result agrees with that of other research studies. Baron and Greenberg (2003) claim that working conditions should be related to comfort and convenience in order to make workers feel more satisfied. In addition, indicative as highlighted by the research of Takahashi (2006), work conditions have a significant impact on job satisfaction. In particular, the author notes that knowledge and skills which are required by the position, but also the opportunities for development and promotion exercise significant influence. Similarly, Ali & Akram (2009, 2012) argue that job satisfaction depends on the circumstances in which the individual works, but also from the fees that it receives.

Hypothesis H_{12} was confirmed. This means that employees' perceptions about performance appraisal HRM practices affect their job satisfaction. This is confirmed by other studies such as that of Absar et al. (2010). The author defines performance appraisal as a progressive and continuous process able to critically evaluate the performance of an employee during a certain period of time.

Finally, the research hypothesis H_{13} was also confirmed. So, employees' perceptions about compensation and rewards practices affect their job satisfaction. This relationship has been demonstrated in many other research studies. Compensation is the main reason that the majority of people work. It has been found that the level of compensation someone receives from the job influences other factors including the social status of the worker, the productivity (Aswathappa, 2008) and the job satisfaction (Ting, 1997). Khan et al. (2010) found that the salary is highly correlated to job satisfaction. The researchers point out that the increase or decrease in salaries brings a corresponding change in satisfaction and stimulation. In similar results were leaded Kingir & Mesci (2010) who state that salaries in terms of the amount and consistency pay significantly affects the job satisfaction.

The third research question of this study was "*Do employees' perceptions about the hospital's human resource practices affect their organizational commitment?*". Initially, it is important to be noted that this research showed that health professionals answered the survey are mildly committed to the hospitals. Low commitments among employees in health sector have showed also other studies such as that of Khan & Jan (2015). The survey results revealed that there is statistically significant relationship between HRM practices and organizational commitment, which is positive.

Specifically, we found statistically significant positive relationships between the emotional commitment and all scales that measure HRM practices, namely recruitment and selection, involvement, training, development, education, work conditions, performance appraisal and compensation rewards. Similarly, we found also statistically significant positive relationships between the normative commitment and all scales that measure HRM practices. So, this result shows that so the affective and the normative organizational commitment increase, as the more positive are the attitudes and the opinions of employees about the HRM practices that are applied in the hospital.

More specifically and regarding the H_{14} a positive relation was observed between recruitment and selection and normative and emotional commitment. Indeed, it has been indicated that the investment that the hospital makes in people through its recruitment and selection practices can lead to a competitive advantage, since selecting the right candidate for the right job will lead into more positive attitudes and increased satisfaction, as shown above and thus, to organizational commitment. In few words, as the perception of the employees concerning recruitment and selection practices used in the hospital becomes better, their organizational commitment is also increased. This observation remains in line with prior research of several investigators. (Bhatti et al., 2011; Baptiste, 2008). Employee involvement in the hospital also affects organizational affective and normative commitment (H_{15}). This means there is a significant positive correlation between employee involvement in the NIMTS hospital and the organizational commitment of its workers, or else that as the involvement of the NIMTS workers increases, so does their organizational normative and affective commitment.

Employee organizational commitment can also be enhanced through training (H_{16}). As it has been pointed out that “*Most successful training programs result in some intangible benefits*” (Phillips & Stone, 2002). It has also been shown that one of these intangible benefits is organizational commitment (Phillips, 1997; Phillips & Stone, 2002). This is the case for the people who work in the NIMTS tertiary hospital. It has been revealed that there is a positive significant relationship between training and development and organizational commitment, meaning that as training and development opportunities in the ‘NIMTS’ tertiary hospital are increased, so will the organizational affective and normative commitment of its health care workers.

Working conditions also affect normative and emotional commitment (H_{16}). It has previously been argued that organizations should create a working environment that increases the commitment to the organization as well as motivation and thus productivity (Brenner, 2004). This is also the case of the ‘NIMTS’ tertiary hospital where, as the perceived work conditions of the health care professionals increases, so does their organizational commitment.

Performance appraisal also affect normative and emotional appraisal (H_{17}). It cannot be doubted that employee attitudes, such as types of organizational commitment, are affected by the HR department practices (Edger & Geare, 2005, Rayton, 2006). If employees perceive that the organization is not fair towards them (something which usually happens through performance appraisals), they tend to believe that there is a high degree of politics within the organization and thus decrease their commitment (Vigoda-Gadot, 2007).

It is important to be noted that the reasons of how HRM practices have effect on commitment is still not clearly understood, while the relationship is affected from different factors. However, as it has been stated by Guzzo & Noonan (1994), the type of interpretation of HRM practices by the employees could change their commitment to the company. In conclusion, as confirmed by this study, HRM practices that are aimed at recognizing the work of workers are positively correlated with the binding. This result agrees with the findings of other researchers (Agarwal & Ferratt, 1999; Pare & Tremblay, 2007). It is also showed that HRM practices aimed at education and training is also positively correlated with organizational commitment.

The fourth research question and *hypothesis 20* of this study was “*Is there relationship between organizational commitment and job satisfaction of health professional*”. The survey results revealed that there is a statistical significance between job satisfaction and organizational commitment, which is positive. This means that as the job satisfaction increase, so greater is the organizational commitment. It is important to note that this result is in line with large prior research conducted which found positively significant relationship between organizational commitment and job satisfaction. (Aydogdu & Asikgil, 2011; Dirani & Kuchinke, 2011; Ahmad & Oranya, 2010; Khan & Jan, 2015; Knoop, 1995; Al-meer, 1995; Lu, Chang & Wu, 2007)). It is therefore very important to analyse these findings, since high job satisfaction of the employees will lead them to low turnover and absenteeism, thus showing maximum effort for organizational commitment.

8. Conclusions

Organizations have to take drastic measures to deal with several issues and threats related to the workplace considering the globalization of the market and the increased competitiveness in the business. In this new reality, the Human Resource Management should play an important and dominating role in the modern business presenting the same importance as other business functions of an organization. Modern organizations should therefore have the interest not only of people employed in the personnel department, but also of the other workers at the top pyramid down to the lower layers of the hierarchy. The study of Organizational Psychology and Behavior, gives the HR department the ability to understand that the reduced performance of an employee may not be due necessarily to the lack of qualifications, but due to the lack of a leader, the lack of motivation or dissatisfaction towards certain situations, or even may be due to low organizational commitment. If the problem is diagnosed and is solvable, there arises the matter of the transfer process or dismissal, which automatically implies compensation and coverage vacancy.

The issues of organizational commitment and job satisfaction were examined with regards to specific Human Resource practices that are used in health care organizations since both are important elements of increased job performance. They are a means to profit since they are the ones and often the first that face the customers and they are the ones who drive the direct public acceptance of the organization itself. So, considering their essential role in the work environment, several theories have been developed about their seamless performance and ways to promote corporate strategy through them. In this environment, therefore, and given the application of restrictive measures even in the business world, the commitment of workers to the health care organization and its objectives has become the means of achieving these objectives.

Fairly, bound workers to the hospital are a guarantee that it will continue to have the positive results it has set itself. When the workers are committed, they assimilate the strategy and objectives of the hospital, and are ready to provide full support in a way that even in periods characterized by difficult decisions and choices, as when the sustainability of the hospital begins to be threatened, they still remain there. 'NIMTS' hospital should keep in mind that a person chooses to join in its active workforce not only for financial reasons, but also for the satisfaction received from the work process itself. An active worker enters the professional arena to secure the necessary capital for living as well as moral satisfaction as a participant in something collective, such as corporate results and objectives.

Engaged employees participate with enthusiasm in their tasks, they have a strong feeling of confidence in what they do, while they act in a manner that promotes the interests of the company at every level. The above conducted research has indicated only some of the methods and practices that can be used in order to have satisfied and committed workers. Various activities and programs within the organizations exist in order to increase commitment. However, career opportunities for each employee individually and the creation of a personal career within the company, has been and remains one of the most efficient ways to achieve employment commitment.

When a company has a satisfied workforce, this is followed by a high sense of commitment. In any event, the acquisition and maintenance of personnel that is committed and dedicated, personnel that have embrace the strategic purpose and trust the organization, distinguishes the practices within the working environment that tend to predispose employees to further strive to achieve the desired goals both on a personal level but also at corporate level, thus helping for the sustainable or growing evolution of the company.

In conclusion, it is understood that the primary purpose of the organization is to recruit the best workforce, but also in being able to maintain it. This can be achieved by developing and implementing effective HRM practices that respect the specificity of each employee and have as primary objective the satisfaction and commitment to the organization.

The main conclusion of this study was that the health sector needs significant improvement in terms of HRM practices. Perceptions of health professionals as to how they manage the issues related to human resources were not positive. The main problem that needs immediate resolution is concerning the practices relating to remuneration, evaluation and reward. In other words, the health professionals at the hospital examined do not feel motivated significantly from their work.

Finally, this investigation has shown that there is a relationship between job satisfaction, organizational commitment and employee perceptions on HRM practices. The more positive perceptions of employees on practices relating to the management of human resources are, the higher the job satisfaction and commitment. This result is particularly important since it highlights the importance of proper management of human resources and in particular the development of effective practice, since HRM can ensure satisfied and dedicated employees and thus contribute to increasing the efficiency of the hospital. The research that has been conducted has offered important results to the body of knowledge, since it has examined the perceptions of the health care workers in a tertiary hospital regarding HR practices and the link that this evaluation has to the job satisfaction and the organizational commitment of these workers. However, it has some important limitations.

Firstly, the quantitative research that has been chosen, does provide some insights to the perceptions of the employees, however, it is considered that since the personal opinions of employees are asked, more in depth results would be provided through other data collection techniques, for example through semi-structured interviews, where employees would have the opportunity to elaborate on their opinions. Although more information might have been revealed through interviews, qualitative techniques were not considered to be appropriate, especially due to time constraints, but also due to the limited numbers of employees who would participate in the research and who would not provide an accurate result.

Another very important limitation is that the data was collected only from the 'NIMTS' hospital which was the place of the case study. This is a tertiary hospital in Athens, and thus the opinions of employees of larger hospitals both from the public and private sector, as well as from other places across Greece have not been included in the survey. This means that the research results cannot be generalized and does not allow comparison between different working conditions, although the results remain in line with what has been found in prior research.

The above-mentioned limitations lead to specific recommendations for future research. For example, new research that links the evaluation HR practices with organizational performance, apart from organizational commitment and job satisfaction could also be made. In other words, it could be examined how organizational commitment and job satisfaction are indicators for organizational performance within hospitals. Furthermore, as it was suggested above, the sample that was used for the research was adequate and provided statistically significant results, however, more research should be made in public and private organizations, so as to take into account more opinions from different environments. Surveys with larger samples may add more information to the research results.

Emphasis could also be given to the relationship of each of the HR practices examined to the various aspects of commitment and to the employee behaviour within the organization. It is believed that the examination of this issue under the light of psychology and behavioural sciences would provide useful information regarding the HR practices that the hospitals should use in order to obtain the desired behaviour from the employees, a fact that would also have a positive effect on their psychology, and then examine these factors in relation to organizational commitment and job satisfaction.

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