

Human Resource Management Practices and Organisational Performance of the Healthcare Sector: An Empirical Study in Jordan

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Abstract

This research has investigated the impact of Human Resource Management (HRM) practices on Organisational Performance (OP) in the healthcare sector of Jordan. Within this relationship it has also explored the role of social exchange. The population of this study is all-private and public hospitals (92 in total) operating in Jordan. The survey instrument used for the study has 39 items covering five sets of HRM practices (recruitment and selection, training, performance appraisal, compensation and benefits and internal career opportunity) including social exchange and hospital performance. This study has found that three of the HR practices are significantly related to organisational performance: recruitment and selection, training, and internal career opportunities. With regard to the remainder of the practices of HR (performance appraisal and compensation and benefits), the results are not indicative of any distinctive contributions in terms of their relationship with organisational performance. In addition, the study tested the impact of HR complementarities on organisational performance, and the results concluded that the variance of HR complementarities did not significantly explain more than what the individual HR practices did. The findings confirm that the individual impact of HR practices has a superior effect on OP in comparison with HR complementarities. Hence, such results may reflect the fact that making the emergence of coherent, complementary sets of HR practices associated with developed markets are less likely in the context of Jordan. In addition, findings indicate that social exchange can play an important role in explaining the indirect relationship between HR and OP. The former, to some extent, mediates the relationship between HR practices and OP. This finding partially unlocks the so-called 'black box' in HRM-performance research in which several tenets of OP remain unexplained.

Keyword: HRM practices, organisational performance, social exchange, Jordan, Hospital, emerging markets.

Declaration

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Gloucestershire and is original except where indicated by specific reference in the text. No part of the thesis has been submitted as part of any other academic award. The thesis has not been presented to any other educational institution in the United Kingdom or overseas.

Any views expressed in the thesis are those of the author and in no way represent those of the University.

Signed

Date 27/02/2019

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List of Abbreviations

AJK	Azad Jammu and Kashmir
AMO	Ability, Motivation & Opportunities theory
AQ	Administered questionnaire
AVE	Average Variance Extracted
BPR	Business Process Re-engineering
BSC	Balanced Scorecard
CIA	Central Intelligence Agency
CMV	Common Method Variance
DPADM	Public Administration and Development Management
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
HCM	High Commitment Management
HCO	Health Care Organisation
HHC	High Health Council
HPWS	High-Performance Work Practices
HR	Human Resource
HRD	Human Resource Development
HRM	Human Resource Management
IMF	International Monetary Fund
JAF	Jordan Armed Force
JDOS	Jordanian Department of Statistics
JUH	Jordan University Hospital
KAH	King Abdullah Hospital
LCM	Low Commitment Management
MANOVA	Multivariate Analysis of Variance
MAR	Missing At Random
MCAR	Missing Completely At Random
MCIA	Marine Corps Intelligence Activity
MOF	Ministry of Finance
MOH	Ministry of Health
NHISSC	National Health Information Standards and Statistics Committee
NHPC	National Health Performance Committee

NHRHO	National Human Resources for Health Observatory
NHS	National Health Services
NMAR	Not Missing At Random
OP	Organisational Performance
PHA	Private Hospitals Associations
PPP	Purchase Power Parity
PSOB	Pro-Social Organisational Behaviour
RBV	Resource Based View
RJGC	Royal Jordanian Geographic Centre
RMS	Royal Medical Services
ROA	Return On Assets
ROE	Return On Equity
ROI	Return On Investment
ROIC	Return On Invested Capital
ROS	Return On Sales
SAQ	Administered Questionnaire
SETP	Socio-Economic Transformation Programme
SHRM	Strategic Human Resource Management
SKAs	Skills, Knowledge and Abilities SKAs
SPSS	Statistical Package for the Social Sciences
TQM	Total Quality Management
UAE	United Arab Emirate
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency for International Development
WHO	World Health Organization

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Sincerely Yours,

Chapter One: Introduction to the Study

1.1 Research Background

Today, organisations are coming under an increasing amount of pressure to ensure that their performance enhancement is carried out on a constant basis. The fast paced organisational and environmental changes, technical advancements and globalisation, as well as deregulation, are some of the main causes for such an intense competitive force (Wright and Haggerty, 2005). Additionally, the on-going financial crisis has made things particularly challenging for all those that are engaged in developing business strategies and are therefore compelled to take difficult decisions that are creating problems for all types of businesses as well as those that are working for these businesses (Worrall and Cooper, 2012).

Lately, human resources have emerged as the single most important resource for any business. Allen and Wright (2006) opine that businesses are increasingly looking to decipher the manner in which they can manage their human resources, in order to seek a distinct competitive edge. In the wake of drastic alterations in corporate strategy and economic environment, Human Resource Management (HRM) is altering its own operating practices at a more rapid pace than ever before. Thus, it is important to obtain a better understanding of HRM in ensuring better performance of organisations.

The domain of HRM has come a long way from the time it used to entail simplistic personnel management wherein the role of a personnel manager was restricted to recruitment, job vacancies, monitoring payrolls of employees and promotions, as well as other such pedantic matters (Storey, 1992). Notably, the term HRM represents that aspect of a company's activities which pertains to its employees' recruitment, management and recruitment (Wood & Wall, 2002). In the contemporary context, HRM is attracting an increasing amount of attention owing to its potential effect on an organisation's survival, as well as on its prosperity. According to an increasingly pervasive belief, organisations must recruit, manage and develop, world-class HRM practices and competencies in order to compete in the existing talent-driven worldwide global economy (Darwish, 2013).

Over the past few years, scholars and academicians alike have narrowed their attention to evaluating the relationship between HRM practices and organisational performance. Existing research evidence suggests that the HRM system is clearly emerging as one of the most important components that can enable a company to attain a competitive advantage over its rivals (Becker and Huselid, 1998; Delery and Roumpis, 2017). Correspondingly, Wiggins and Ruefli (2002) observe that competitive advantage denotes capabilities or resources that provide an organisation with a competitive edge over its rivals, which then paves the way for better relative performance. HRM's role in attaining a competitive edge by enhancing organisational performance has never been as evident as now, whereas more conventional underpinnings of competitive advantage are becoming less significant (Pfeffer, 1994).

Several authors have conducted research in order to evaluate the impact of HRM practices on Organisational Performance (OP) based on an empirical and conceptual level. Whilst assessing the extent of impact, all linkage models complement each other through the addition of variables, constructs or relationships. In spite of the differences in approaches, the majority of studies have concluded that in certain combinations and under specific scenarios, HRM does have a positive impact on performance, although the proportion of the impact is comparatively insignificant (Combs et al., 2006; Paauwe 2009; Guest 2011; Jiang et al., 2012; Bratton and Gold, 2017).

The predominant debate relating to HRM pertains to elucidating the linkages between HRM practices and the performance of an organisation. The issues which merit further attention include the following: the manner in which HRM impacts on organisational performance, the functional mechanism of this process, the HRM systems or practices that are specific to organisational performance, and the major factors which are known to impact the efficacy of HRM in organisations. Importantly, the process "black box," which takes place between the development of firm performance and HRM systems, remains unresolved, and hence, is a cause of concern (Boselie, Dietz and Boon, 2005; Bratton and Gold, 2017). Therefore, researchers are required to undertake the development of a particular theoretical proposition which outlines specific mediating processes and systems (Wright and Haggerty, 2003; Almutawa, Muenjohn and Zhang, 2015).

The use of HRM in the healthcare setting to aid the health sector reform would be particularly valuable if it was focused on employee development. Healthcare reform is slightly different for each country; for example, in developing countries it is more difficult to access good-quality healthcare services as there may not be a sufficient number of trained medical staff, or there may be insufficient resources available. Thus, the issue of the migration of healthcare workers would be more relevant in this environment, as losing skilled staff to more affluent regions would further deprive individuals in developing regions of high-quality healthcare provision (Kabene et al., 2006).

Hospitals are becoming increasingly aware of HR policies and practices and how these could be incorporated into the health care system. Academics and practitioners are also becoming more interested in High Performance Work Systems (HPWS) (Applebaum et al., 2000). High commitment and high involvement practices are further attributes receiving growing interest (Wood, 2010). The main idea is an optimal number of HR practices, or an optimal combination of specific practices that will bring the greatest improvement to an organisation's performance (Marchington & Wilkinson, 2008). The latter has been carefully considered within the current empirical research.

1.2 The Problem Statement of the study

Jordan is an average-sized Arab nation situated within the Middle East. Contrary to popular belief concerning the Middle East, Jordan neither possesses any oil reserves nor an abundance of natural resources. Notwithstanding its meagre natural resources, the country does enjoy certain competitive advantages in the form of its hard-working and educated human resources - factors now being acknowledged (Altarawneh & Al-Shqairat, 2010). Notably, the growth rate of employment in Jordan's health sector has been higher than its overall employment rate. Those who were employed in the Jordanian public health sector contributed 22% of the total public sector labour force in the year 2018 (Ministry of Health, 2018). Despite this, there has been a widespread recognition that the nation's workforce does need to improve its skills in order to improve organisational performance and comply with standards of quality improvement (EMRO, 2006). With a view to undertaking the efficacious management of the healthcare workforce, Jordan's Civil Service Bureau (CSB, 2011) opined that

the HRM practices must make the transition from a theoretical perspective to a more practical one.

Like most organisations, healthcare institutions are under an increasing amount of pressure to augment their competitive advantage (Speziale, 2015). Strategies for hospitals must be aligned with their position and objectives in a fast-changing environment (Al-Raggad, 2014). Additionally, healthcare institutions are confronting challenging budget constraints owing to the on-going economic crisis and societal/governmental demands for transparency (MOH, 2015). As a result, hospitals today are in need of adopting practices which would allow them to augment their efficiency/effectiveness levels thus enabling them to attain to a greater degree of competitiveness, something that HRM can play a significant role in by bringing about improvements in employee and institutional performance.

Despite the growing significance of HRM and Strategic HRM, there is a paucity of extant literature on the Jordanian healthcare system in the context of HRM in the country and the wider Middle Eastern region (Saif and Sartawi, 2013). Thus far, research has largely concentrated on “conventional” HRM as opposed to the intersection between strategy and HRM. The term “conventional” here indicates that attention has largely been placed on operational and administrative issues instead of strategic matters. In the recent past, Jordan has witnessed drastic changes with regard to altering the mind-set of organisations as well as HRM practices in the country (Al-Raggad, 2014). With that being said, no research study has been conducted on HRM and/or SHRM in hospitals’ (private and public) performance in the context of Jordan.

Further, determining comparable and measurable criteria of services is necessary to attain the goals of health institutions. An analysis of hospital performance involves a multidimensional structure. For this reason, there is a lack of overlapping criteria to ascertain the performance of all hospitals. For this purpose, a range of yardsticks is considered to evaluate the performance of individuals/institutions across hospitals and similar institutions (Sobolev, Sánchez, & Kuramoto, 2012).

In addition, prior work argued about the effectiveness of whether to deal with the HR practices separately or as a bundle (Darwish et al. 2013; Vermeeren et al., 2014). Thus,

the current study comes to answer the debate between the individual HR practices and HR complementarities. The current research also aims to address the need (Paauwe, 2009; Guest, 2011; Saridakis, Lai, & Cooper, 2017) to develop a conceptual model premised on an empirical and theoretical basis, to evaluate the linkage between HRM practices and organisational performance by considering new mediating variables (social exchange) in an attempt to unlock the black box. The motivation for this study comes from the fact that empirical evaluations of the HRM-OP mechanism will help strengthen the theoretical understanding of the underlying concepts as well as their practice. Therefore, the current work aims to undertake the development and measurement of a conceptual framework within the context of a Middle Eastern emerging market. It attempts to answer this research's main question – as follows: How does HR practices impact on organisational performance within the healthcare sector in Jordan?

1.3 Research Aim, Objectives and Hypotheses

1.3.1 Research Aim

The overall aim of this research is to explore the relationship between HR practices and organisational performance within the Healthcare Sector in Jordan. The idea behind this research is to contribute to our general understanding of the impact of HR practices on organisational performance, and in the process build a theoretical framework to empirically test this relationship in a Middle Eastern emerging market.

1.3.2 Research objectives

The main objectives of the current research are as follows:

1. To determine the best way to measure organisational performance within the healthcare sector in Jordan considering subjective performance data.
2. To examine the impact of HR practices (recruitment and selection, training, performance appraisal, rewards and benefits, and internal career opportunity) on organisational performance within the health sector in Jordan.

3. To explore the impact of HR complementarities and comparing them with the effects of individual HR practices on organisational performance within the Jordanian health sector.
4. To explore the role of social exchange as a mediating variable between HR practices and performance in an attempt to unlock the 'black box' and offer theoretical explanations in HRM-OP research.
5. To establish theoretical and practical implications in relation to the subject under investigation.

1.3.3 Research Hypotheses

The following research hypotheses have been proposed in order to attain the aforementioned aim and objectives:

H₁: There is a positive relationship between recruitment & selection and perceived organisational performance within the health care sector.

H₂: There is a positive relationship between training and perceived organisational performance within the health care sector.

H₃: There is a positive relationship between rewards and benefits and perceived organisational performance within the health care sector.

H₄: There is a positive relationship between performance appraisal systems and perceived organisational performance within the health care sector.

H₅: There is a positive relationship between internal career opportunity and perceived organisational performance within the health care sector.

H₆: There is a positive relationship between the bundles or complementarities of HR practices and perceived organisational performance within the health care sector.

H₇: Social Exchange mediates the relationship between HR practices and perceived organisational performance within the health care sector.

1.4 Statement of Significance

Hospitals are presently operating in a tumultuous ambience underpinned by rising costs and intense rivalry (Taylor & Taylor, 2009). The constantly increasing competition is underscoring the importance of improving the performance of hospitals. As a result, several hospitals have drastically enhanced the implementation of their administrative strategies (McDaniel, 2009), intensified the assessment of resource utilisation, and launched a variety of performance measurement and enhancing systems in order to augment efficiency and effectiveness (Tulchinsky & Varavikova, 2008). Despite the benefits of all such initiatives, effectiveness ultimately depends on the staff's actions and decisions. In turn, such decisions are strongly impacted by HRM practices and their implementation (Chow, Haddad, & Wingender, 2011).

HR scholars have made significant efforts towards underpinning the manner in which HRM practices allow people to develop sound empirical ties with organisational performance (Huselid, 1995; MacDuffie, 1995). In turn, this has paved the way for the emergence of several performance-improving HRM practices in order to enhance their competitive advantage in a global framework (Delaney & Huselid, 1996).

As mentioned earlier, HRM practices entail the linkage of HR with strategic objectives to enhance the performance of companies (Sims, 2007). Notably, it is strongly related to human dimensions and encompasses a range of functions, programmes as well as practices that are carried out to maximize individual and organisational performance (Aswathappa, 2007). Sohail, Tanveer, & Muneer, (2011) argue that the impact of HRM practices in the context of organisational performance assumes significance, something that was also corroborated by Park et al (2003) who pointed out the extent to which HRM practices impact operational performance. Whilst a number of researchers have attempted to decipher the linkage between HRM practices and performance of hospitals, their work has been confined to developed nations (Khatibi, Asgharian, Saleki, & Manafi, 2012). Hence, the current research aims to address the impact of HR practices on organisational performance within an emerging market setting.

This study is also important at the theoretical level; it attempts to unlock the 'black

box' since it has been argued that more empirical examinations are required in relation to the mechanisms connecting HRM practices and OP (see Paauwe, 2009; Guest, 2011; Saridakis, Lai, & Cooper, 2017). Therefore, this study was conducted to foster a more detailed theoretical framework that justifies the mechanism by which HRM influences performance. The current study considers social exchange as a mediating variable with the hope of providing in-depth theoretical clarifications to the HRM-performance link. Also, the study is important in order to clarify whether dealing with HR complementarities would have more impact than the individual practices on OP as this issue has been much debated recently. Notably, the latter would have important implications for the institutional theory and its role in emerging markets.

1.5 Research Rationale

As mentioned earlier, one of the aims of HRM is to improve organisational performance (Guest et al., 2012). Pfeffer (1998) argue that HRM practices can help an organisation gain competitive advantage by improving the performance of its employees in a significant manner. Analogously, Huselid (1995) emphasised the utilisation of an integrated 'bundle' of wholesome HR practices as opposed to disjointed ones. Despite the considerable amount of research that has been undertaken to establish the linkage between HRM practices and actual organisational performance, the precise contour of this linkage remains nebulous in the healthcare sector (Harris et al., 2007). This is a problematic scenario, given the fact that evaluating HRM in the healthcare sector and its impact on performance has academic and practical significance (Kabene et al., 2006).

It may be worthwhile to note that human resources are one of the three primary inputs for the healthcare system; consumables and physical capital are the other two primary inputs. In the context of healthcare, human resources are defined as various types of clinical/non-clinical staff that undertake the responsibility of individual and public health forms of intervention. As potentially the most important of all healthcare system inputs, the benefits and ramifications of human resources strongly depend on the skills, knowledge and motivation of people who are responsible for providing healthcare services (WHO, 2000).

According to the WHO (2006) Jordan is recognised as having one of the most modern healthcare systems in the Middle East. One of the most serious challenges facing hospitals, including those in Jordan, is the paucity of competent, motivated and dedicated workforces. It is important to note that hospitals are essentially 'people-driven' and that labour costs account for most of their primary expenses. Like several developed as well as developing nations, hospitals throughout Middle Eastern countries are realising that human resources are the most significant assets for their organisations, in the absence of which they find it difficult to operate (Kabene et al., 2006). At a systemic level, evidence demonstrates a strong linkage between healthcare providers' availability and health outcomes of the general population (El-Jardali et al., 2007).

There is a growing need for HRM managers to develop effective and proven strategies in order to recruit and retain HR across hospitals. It is held that hospitals require efficacious HRM in order to deliver safe and quality care (Flynn, Mathis, Jackson and Valentine, 2015). As per the available evidence in extant literature, efficacious HRM practices result in higher satisfaction, better health of workers, lower turnover and absenteeism, reduced costs, higher productivity, and improved quality of patient and care outcomes. For this reason, the efficacious HRM strategies implemented by HR managers are becoming imperative for the hospitals' success (Flynn et al., 2015).

Currently, the biggest challenges to HRM include procedures and policies that impede the process and cause delay in recruitment/retention, fragmented and centralised HR management systems; absence of incentives; ineffective use of existing staff and the lack of effective leadership (O'Neil, 2008). Whilst the importance of HRM towards the success of companies is not disputed, very little information is currently available about the nature and challenges of the forms of intervention used (by HR managers) in hospitals; the latter is also inclusive of the competencies and enabling factors which they require. Additionally, the amount of knowledge pertaining to the experience, qualifications and capability of current existing HR managers is insufficient across hospitals (El-Jardali et al., 2007). This truth is applicable in various Middle Eastern countries, including Jordan. According to WHO (2000), apart from maintaining the equilibrium between physical and human resources, it is equally necessary to sustain a feasible proportion of caregivers and health promoters in order to safeguard the long-

term success of a system. In the wake of their obvious differences, it is vital that the management of human capital is different from that of physical capital. This is because the relationship between healthcare and human resources is very complicated, and merits further evaluation.

Over the past couple of decades, a number of studies have been carried out on HRM and organisational performance in the health care industry (El-Jardali et al., 2009; Vasset, Marnburg & Furunes, 2011). Whilst reviewing existing healthcare studies, Harris et al. (2007) observed that HR practices quite often pertain to performance outcomes. However, they recognised the importance of carrying out further research on the issue of ‘black box’ or the mechanism in which HRM impacts on performance, an issue which is largely addressed by the current study.

1.6 Research Methodology

The current study is placed in the paradigm of positivist research. It employs a quantitative methodology and a cross-sectional design in order to test the proposed hypotheses. The target population of this study is all private and public hospitals operating in Jordan that have the information required to achieve the objectives of this study. HR and hospitals’ managers were the targeted respondents, due to their knowledge and experience in designing and implementing HR policies and practices in hospitals, and for their knowledge in relation to the hospitals’ performance.

In order to gather data for this study, a survey instrument was utilised. The researcher distributed 100 surveys (34 public hospitals and 66 private hospitals). It was planned to distribute 115 surveys to all the hospitals in Jordan. However, the researcher excluded the Royal Medical Services (RMS) hospitals due to the restrictions they impose in allowing researchers to gather information from them - these hospitals being under the umbrella of the Jordanian Armed Forces (JAF). Out of all the questionnaires distributed, 92 questionnaires were collected – of these 92, seven were invalid. The reasons they were invalid, and thus unusable, was because five of them had significant amounts of data missing from them; the other two were rejected due to their failure to obtain the completion of the OP section from within the same hospital (i.e. from the

hospitals' managers). Thus, a total of 85 completed questionnaires were useable for analysis (34 from public hospitals and 51 from private hospitals). The research questionnaires had been distributed personally by hand to HR and hospital managers, which greatly helped in reaching a relatively high response rate of 85%.

The data analysis was undertaken by utilising the Statistical Package for the Social Sciences (SPSS 21). To test the proposed hypotheses, the following approaches were adopted. First, factor analysis was used for all constructs in order to test the correlation amongst the factors and thus enabling their subsequent grouping together. Moreover, construct validity was assessed using three indicators: factor loadings, Average Variance Extracted (AVE) and reliability. Discriminant validity was also assessed for the research constructs. The descriptive analysis of measurement scales which includes the standard deviation, mean, correlations, and skewness and kurtosis were used in the analysis. Hierarchical regression analysis was followed for modelling the data.

1.7 Structure of the thesis

The current research is divided into the following seven chapters:

Chapter One – Introduction to study

The introductory chapter provides a succinct overview of the entire thesis in seven sections. To begin with, the first section provides an introduction of the topic and presents a theoretical background of this research study. This is followed by stating the research problem. The third section explains the research aim, objectives and the hypotheses of the study. The fourth section offers a brief backdrop of this study's statement of significance. Meanwhile the fifth section provides insightful details about the rationale of this research, followed by the research methodology. The last section encapsulates a succinct summary of the entire structure of this thesis.

Chapter Two – The Research Context

This chapter begins by presenting a country profile of Jordan, including an overview of the Jordanian geography, society, economy, and government structure and policies.

The chapter moves on to discuss HRM in Jordan and the common practices and procedures that are used to enhance organisational performance. These HRM practises include, but are not limited to, recruiting employees, the training opportunities available to staff, and what motivational attributes are offered to staff including rewards, benefits and appraisals. The final part of this chapter discusses the health care system in Jordan. The healthcare and management structures are outlined in conjunction with how financing works within the public health sector in Jordan and the utilisation of resource development.

Chapter Three – Literature Review

This chapter is to provide a comprehensive review of the key concepts, theories, and prior work associated with the subject under investigation. The first step in executing this is to define HRM. This will be followed by a critical discussion and analysis of the concept of Strategic Human Resource Management (SHRM). The next section discusses and reviews the theoretical perspectives and prior empirical work in relation to the HRM-performance link. The chapter also discusses how organisational performance can be assessed and which indicators would be most advantageous in executing this assessment, particularly in the health sector. Finally, the role of HRM, with specific focus on the health sector, will also be highlighted in the last part of this chapter. This comprehensive review will help in identifying the existing gaps in the literature, and building a theoretical framework to achieve the purpose of this research.

Chapter Four - The Theoretical Framework

Chapter Four commences with a brief elucidation of the theoretical context of the current study. The chapter then develops the research hypotheses and presents a conceptual/theoretical model of this study.

Chapter Five - Research Methodology

Providing an elaborative justification and elaboration of the methodology followed in the study, Chapter Five undertakes a comprehensive evaluation of the methodological challenges confronting the current study as well as a justification of the current

statistical techniques. This chapter outlines the methodological rationale as well as the steps that must be complied with so as to undertake an empirical evaluation of the proposed hypotheses. It begins with the research paradigm concepts and rationale of the study. Meanwhile the second section outlines the research methodology which was used, i.e. a quantitative research methodology. While the third section elaborates on the study's research design/procedures, the fourth section explains the data collection method of the measurement and construct. The two subsequent sections explain the sampling design and description of the sample, whereas the seventh section provides details on the manner in which the techniques of data analysis are selected whilst also elucidating the process of data analysis. Sections eight and nine evaluate the process to evaluate the reliability and validity of the study measures along with the ethical considerations.

Chapter Six – Empirical Analysis and Results

In Chapter Six is presented the data analysis and the statistical techniques employed in this research. This chapter is structured as follows: first, it provides the questionnaire response rate, second, the data preparation and screening that included the majority of preparation tests such as missing data; outlier, normality, linearity, reliability and validity tests of the present research are examined; third, the descriptive statistics are presented and explained. The last two sections explain the hypotheses testing procedures as well as the mediation analysis. Finally, the main findings resulting from the analysis are summarised.

Chapter Seven – Discussion and Conclusions

The primary purpose of Chapter Seven is to provide a summary of the undertakings of this research, a discussion of this study's findings in the context of available literature in addition to other similar research studies. The chapter also presents the research conclusions in terms of research implications for theory and practice, research contributions, research limitations and future directions.

Chapter Two: The Research Context

2.1 Introduction

The characteristics of individual countries around the world are both specific and unique. Therefore, in order to sufficiently understand the implementation and utility of Human Resource Management (HRM) in the country of Jordan, the primary focus must be to generate a comprehensive understanding of Jordan as a country, including the demographic features of its population. Jordan, or formally named The Hashemite Kingdom of Jordan, is located in the Middle East in what is considered to be a prominent location. Most of the landscape is arid; however, the income for the country is considered to be at the lower end of middle income by the World Bank (Aladwan, Bhanugopan and Fish, 2014). Since 8th January 1952, Jordan has had a constitutional monarchy, which entails the King having the majority power in decisions concerning both domestic and foreign policy.

This chapter begins by presenting a country profile for Jordan, including an overview of the Jordanian geography, society, economy, and government structure and policies. The chapter moves on to discuss HRM in Jordan and the common practices and procedures that are used to enhance organisational performance. These HRM practises include, but not limited to, recruiting employees, the training opportunities available to staff, and what motivational attributes are offered to staff - including rewards, benefits and appraisals. The final part of this chapter discusses the health care system in Jordan. The healthcare and management structures are outlined in conjunction with how financing works within the public health sector in Jordan and the utilisation of resource development.

2.2 Country Profile

2.2.1 Geography and Climate

Jordan is a relatively small country of approximately 89,342 square kilometres situated in Southwest Asia between the Asian, African and European continents (Royal Jordanian Geographic Centre (RJGC), 2012). The country of Jordan previously included the West Bank; however, King Hussein relinquished ownership of this region in 1988. The ownership of the West Bank was only ever recognised by a small number of countries, including Pakistan and Britain. The West Bank is an area of land amassing 5,655 square kilometres. In June 1967, there was a war between Israel and three states: Jordan, Egypt and Syria. Since this war, the Israelis have occupied the West Bank.

The territory of Jordan expands to incorporate the Dead Sea, which makes it similar in terms of land mass to countries such as Austria and Portugal. Figure 2.1 illustrates the size of Jordan and its neighbouring countries. The northern border of Jordan is shared with Syria; the Western border is shared with Israel and the West Bank, and the Southern and Eastern borders are with Iraq, the Gulf of Aqaba and Saudi Arabia.

Figure 2. 1 Map of Jordan



Source: Royal Jordanian Geographic Centre, (2012)

The country of Jordan has only one small coastline that spans 26 kilometres along the Southern border between Jordan and the Gulf of Aqaba. This coastline is that of the Red Sea. Geographically, there is a significant divide between the north and south of Jordan. This geological rift is that of Lake Tiberius (Sea of Galilee), the Jordan Valley and the Dead Sea. It is the most striking characteristic of the Jordanian landscape. In terms of the climate in Jordan, it is considered to be of a Mediterranean type. Between November and April it experiences a cool rainy season; however, the remainder of the year is typically dry and hot (RJGC, 2012).

2.2.2 Society

Demographic trends: According to the 2018 assessments by the World Bank and the Jordan Department of Statistics (JDOS), (2017), Jordan is a small kingdom with a high birth rate which reached its highest in 2000 at 31.21/1000, decreasing by approximately 2.3% each year from then until it levelled out to 23.9/1000 by 2017. However, the population is still high and fast growing compared to other countries. The most recent reported growth statistics are 2.6% in 2017. The world average growth was around 1.1 % in 2018, thereby indicating that Jordan is growing much more rapidly than the global average. By 2000, the population was 4.8 million. From this point onwards until 2017, an average per annum rate of increase of 2.6% brought the total population to around 10 million in 2017, which is a significantly high number compared to the size of the country. This figure is also inclusive of non-Jordanian individuals residing in Jordan (Jordan Department of Statistics (JDOS), 2017). There are a large number of refugees living in Jordan that have travelled from Syria, Palestine, Iraq, Libya and Egypt due to political unrest in their respective countries (JDOS, 2017). See the Table 2.1

When the population continues growing it is necessary to improve the health care system as well to provide good services for all the population in different areas in Jordan. For this reason, the number of private and public hospitals was increased from 94 in 2000 to 115 in 2017 - most of them being located in the capital of Jordan (Ministry of health, 2018). In 2017, about 34.6% of the people were below 14 years of age; this is by contrast to 39.63% for the same age range in 2000 – this being reflective

of the high birth rate in Jordan. In addition, people between 15-64 years of age were 57.51% of the total population in 2000, increasing to 61.87% in 2017. The number of people over 65 slightly increased from 3.13% in 2000 to 3.45% in 2017 (JDOS, 2017; World bank, 2018). See the Table 2.1.

The average age of the population was assessed to be 20 - 22.5 years of age from 2000 to 2017. The fertility rate of women 25 to 29 years of age was about 4.34 children per woman born in 2000, and the average percentage change was reduced by about 1.15% until it reached 3.19 children per woman born in 2017. The infant mortality rate was assessed at 23.93 deaths/1,000 live births in 2000 with a percentage change of 2.5% yearly to reach 14.2 deaths/1,000 live births by 2017. The total death rate was assessed to be 4.2 deaths/1,000 in 2000 with a percentage change of 0.1% yearly to reach at 3.4 deaths/1,000 in 2017. The mean life expectancy of Jordanians from 2000 to 2017 was about 71 -74 years (76.3 years for females and 73.4 years for males). There have been increasing levels of internal migration, where individuals living in rural areas of Jordan are moving to urban areas, typically to seek employment. This is not beneficial for the overall Jordan economy. Statistics also indicate that many Jordanian individuals elect to move abroad for both domestic and employment purposes (Central Intelligence Agency (CIA), 2018; JDOS, 2017). See the Table 2.1

Table 2. 1 The Demographic Indicators of Jordan

Indicator	2000	2005	2010	2015	2016	2017	
Populations (million)	4.8	5,3	6,5	7,6	9.5	10053	
Population growth (annual %	1.6	3.07	3.9	2.4	.83	2.6	
(Private and public) Hospital #	94	98	106	106	106	115	
Median age /year	20 years	21years	22 years	23 years	22.3 years	22.5	
Age structure	0 – 14 Years	39.36%	37.67%	36.69%	35.53%	35.04%	34.6
	15- 64 Years	57.51%	58.89%	59.58%	60.69%	61.02%	61.87
	65 Years and older	3.13	3.44%	3.72%	3.79%	3.94%	3.45
Birth rate/ 1000 people	31.21	29.34	28.4	27.05	25.5	23.9	
Fertility rate (25 -29)/ children born/woman	4.34	3.85	3.59	3.51	3.18	3.19	
Infant mortality rate / deaths/1,000 live births	23.93	21.00	18.35 00	15.8700	14.7	14.2	
Total death rate/ deaths/1,000	4.2	4.0	3.9	3.8	3.8	3.4	
Mean life expectancy/ years	71.78 years	72.64 years	73.44 years	74.18 years	74.6 years	74.8	

Source: World Bank, (2018) and JDOS, (2017)

Current statistics and confirmation from the Embassy of the Hashemite Kingdom of Jordan in Washington (2019) indicate that there is a large Palestinian population in Jordan, accounting for one-third of the total population (United Nations Relief & Works Agency for Palestine Refugees in the Near East – (UNRWA), 2005) Such a large influx of a non-native population has significantly affected the demographics of Jordan, as well as political, social and economic factors within the country. The large Palestinian influx can be dated back to 1948-49 war between Arabs and Israelis; the same war in which ownership of West Bank was transferred. This period coincided with 400,000 Palestinians who resided in the West Bank becoming part of the Jordanian population. Moreover, there were around 500,000 refugees that sought refuge in Jordan during this time, predominantly on the east side of the Jordan River. Large numbers of Palestinian individuals moved east across Jordan between 1949 and 1967. Prior to the war in the 1940's the population of Jordan was only 200,000-250,000.

The overall total of Palestinian individuals relocating to Jordan post the Arab-Israeli war was estimated to be 310,000 - 350,000. The majority of these individuals came from the West Bank - and immigration since this period has continued, but at only a fraction of this post-war level (Marine Corps Intelligence Activity (MCIA), 2009). A second large influx of Palestinians to Jordan was recorded between 1990 and 1991 during the Persian Gulf War. The Palestinians were either expelled or fled from Kuwait, with around 300,000 relocating in Jordan. Throughout the following years it is believed that up to 1.7million Iraqis entered Jordan to escape their own war-torn country. The Iraq war, starting in 2003, also caused Iraqi nationals to flee to Jordan. However, this time, in comparison to the total number of Iraqis who have migrated to Jordan, only 200,000 - 300,000 have decided to remain rather than return to their country of origin. A small proportion of these are refugees, but the remaining Palestinian and Iraqi individuals are now Jordanian citizens working in Jordan (Oxford Business Group, 2015). The UNRWA helps to support Palestine refugees in terms of education, medical and social services. At the start of the 21st century around 1.6 million Palestinians were registered with this organisation (MCIA, 2009).

Languages: The official language recorded by the Jordan Tourism Board (2014) and CIA (2018) is Arabic; however, there are a number of dialects of this language. There

is similarity between these accents and dialects with Levantine Arabic, which is commonly spoken in Palestine, Lebanon and Syria. In Arabic, the spoken and written languages are often different, with the spoken language being more colloquial and the written language being referred to as Modern Standard Arabic. In schools a form of Classical Arabic is taught. There are alternative languages spoken in Jordan including Adyghe, which is a Caucasian language, and Armenian; however, many of these individuals are bilingual and therefore also speak a form of Arabic (MCIA, 2009; Oxford Business Group, 2015).

Religion: Based on information provided by the Jordan Tourism Board (2014) and the Embassy of Jordan in Washington (2019) the religion that the majority of the Jordanian population practices is Sunni Muslim. The second most popular religion in Jordan is Christianity with two thirds of the Christian population practising within the Greek Orthodox Church. There are other Christian denominations, however, including Greek Catholics, or Melchites, Catholics of the Byzantine rite – who accept the authority of the pope. Then, there are Roman Catholics and the Syrian Orthodox Patriarchate of Antioch (Syrian Jacobite Church). Christians in Jordan who are not of Arab origin are predominantly Armenian and are affiliated with churches such as the Georgian or Armenian Orthodox church, or the Armenian Catholic Church. Jordan also has a number of protestant churches for individuals that originate from other Christian sects (Embassy of Jordan in Washington (2019)).

Health and welfare: In comparison to many others nearby countries, Jordan has a relatively low infant mortality rate. Moreover, the majority of infectious diseases known in Jordan are now under medical control (Ministry of Health (MOH), 2013). These two positive health factors are synonymous with the increase in the number of physicians per capita. The government provides and operates a range of good standard health facilities; however, these are restricted solely to large urban cities, leaving those outside the city in a difficult position for health services. There is a national health insurance programme in Jordan, which is reasonably priced, and provides medical, dental and eye care. For individuals who are considered “poor” in Jordan this service is provided free. The government only adopted the responsibility for welfare services in the mid-1950’s, prior to which they were provided by the private sector. The MOH

provides welfare programmes and is also responsible for the provision of social and charitable organisations (Helen Chapin Metz, 1989 & MOH, 2013; 2018).

Education: According to Ministry of Education (2019) and Ministry of Higher of Education (2017) there is a good standard of education in Jordan, with over half of the population completing at least secondary level education, and the majority of Jordanians being able to read and write. There are both private and government schools in Jordan, with a third type of school, UNRWA schools, recently being established to cater for Palestinian refugee children. The education system in Jordan consists of six years of elementary school, followed by preparatory school for three years and then three final years of secondary education. All of the schools in Jordan are carefully monitored by the government. They follow a government approved curriculum and examination programme and teaching qualifications are vetted by the government (United Nations International Children's Emergency Fund (UNICEF) Jordan, 2015). All children in Jordan must attend school until at least the age of 14. The government currently also provides free books to their own schools. There are three public universities in Jordan which are the University of Jordan (1962), Yarmuk University (1976) and Mu'tah University (1981). Then, the number of universities increased significantly during the 1990's to reach 10 public, and 17 private. There are a number of alternative higher educational establishments besides universities, including the Khadduri agricultural training institute, agricultural secondary schools, vocational and labour or social affairs institutes, colleges for nursing, teaching or military training and also a Shari'ah legal seminary (Ministry of higher Education, 2017).

2.2.3 Economy

The diversity in the Jordanian economy is positive despite the relatively small size of the country and the number of obstacles it faces in achieving this diversity (CIA, 2018). Jordan's GDP (Gross Domestic Product) was reported by the IMF as being at 41.87 billion US dollars in 2018, compared to US\$8.461 billion in 2000. The GDP in 2015 was US\$37.52 billion. The average figure for Jordanian GDP between 1965 and 2018 was US\$3270.27 billion; this figure masks a record low in 1968 of US\$1.56 billion, with the already quoted 2018 figure being the highest during the whole of that period. The average GDP across the globe, calculated in the same way, is US\$1.56 trillion;

when the world's economies are ranked by GDP, using current prices in US dollars, Jordan is the 90th largest economy. Jordan's 2015 GDP was higher by 4.86% than it had been in 2014, and the 2016 GDP figure was US\$39.453 billion, thus showing a growth over 2017 to reach \$40.068 billion (World Bank, 2018 and IMF, 2018).

Jordan's economic growth in recent decades has been erratic. In the period 1990 to 1995, when Jordanians were returning from the Gulf, the real growth rate was 8.2%. This however, proved to be short lived and the economy has been growing more slowly since the 1990s. The growth rate was at its lowest in 1996, recording a figure of only 1%, but the last three years have seen a better performance, notwithstanding a number of negative external factors. The strategy that was put in place has seen growth higher than anticipated, an increase in the gross value of official reserves, and a marked reduction in the proportion of GDP represented by public debt – all since 2004. In that year, real GDP grew by 7.5% against a 2000 figure of only 4.1%. Jordan's GDP in 2004 was US\$11.19 billion. The GDP can be divided by sector as follows: 4.5% agriculture, 28.8% industry, and 66.6% services. The growth in GDP for 2015, calculated at constant prices and in the Jordanian currency, was 2.3%. These figures for annual percentage change at a constant price are year-on-year changes, and the base year is specific to the country in question. Jordanian GDP growth in 2018 was at number 151 in the world rankings for GDP growth on this basis (i.e constant price, national currency). Jordan's performance in, 2014, calculated on the same basis had been 3.1%, which meant that 2015 saw a fall of 19.25%. However, in 2016 a GDP growth at constant prices and Jordanian currency was shown as being 2.75%, and in 2017 was 2%, a .75% decrease from 2016 (World Bank, 2018 and IMF, 2018).

The GDP per capita in current US dollars and other Jordanian financial data are available from the World Bank for the years 1965 to 2017. During that period, GDP per capita averaged US\$1,887.33, ranging from a minimum in 1970 of US\$386.47 to reach a high in 2018 of US\$6,185 an increase year on year of 3.2%. The figure for Jordan's per capita GDP in US dollars is arrived at by converting the GDP as measured in the national currency into US dollars, and then dividing that figure by the country's total population. On this basis, Jordan is ranked number 95 in the world, against an average world per capita GDP at current prices and in US dollars of US\$10,714. The Jordanian figure was less than the world average by US\$4,129.8, or 58%. In the 2016

was US\$ 5,7042. The per capita Jordanian GDP in 2017, measured in US dollars at current prices, was US\$5,931. The 2018 figure was a year on year increase of 2.5% (World Bank, 2018 and IMF, 2018).

According to the IMF and the World Bank, the GDP per capita Purchase Power Parity (PPP) for Jordan was last noted at \$13,139 in 2018. The average GDP per capita (PPP) in Jordan from 2000-2018 was US\$ 7974.22. In 2017, the GDP per capita (PPP) was US\$12,709. This places Jordan 126th in the universal ranking of GDP per capita (PPP) in 2017. The universal average of GDP Per Capita (PPP) was US\$16,940; Jordan's was US\$7974.22 lower than the average. In 2014, the GDP Per Capita (PPP) was \$11,970; in 2015 it was \$12,122, it was 0.15% higher than 2014. Two years later in 2016, Jordan saw a higher GDP Per Capita (PPP) - \$12,358, which was a .24% increase. The country's lowest of GDP Per Capita (PPP) in the time period was \$ 6,138.21 which was in 2000 (World Bank, 2018 and IMF, 2018).

Jordan's Gross National Savings in 2018 amounted to 16.401% of GDP. These data are based on the national account statistics of individual countries; for a number of countries, national saving estimates are derived from country data on the amount of gross domestic investment, and from net foreign investment data derived from data connected with the balance of payments. On a world-ranking table for Gross National Savings as a percentage of GDP, Jordan was 165th in 2017. The average Gross National Savings as a percentage of GDP around the world in that year was 24.67%, revealing that Jordan is below the average by 8.2%. Gross National Savings as a percentage of GDP in 2000 was 23.066%, which was the highest rate. In 2014, it had been 14.43%, in 2015, the figure had fallen to 11.42%. The figure reached 16.03% in 2017, an increase to 16.401% in 2018 (World Bank, 2018 and IMF, 2018).

Table 2.2 Gross Domestic Product (GDP) of Jordan

Indicators	2000	2005	2010	2011	2012	2013	2014	2015	2016	2017	2018
Gross Domestic Product, constant prices (%)	4.252	8.136	2.311	2.587	2.651	2.829	3.096	2.383	2.75	2.0	2.3
Gross Domestic Product, current prices (US \$)	8.461	12.589	26.425	28.84	30.981	33.641	35.878	37.57	39.453	40.068	41.87
Gross Domestic Product per capita, current prices (US \$)	1,774.64	2,300.14	4,054.27	4,266.07	4,429.37	4,662.80	4,837.80	4,947.02	5,7042	5,931	6.185
Gross Domestic Product based on Purchasing Power Parity (PPP) per capita GDP	6,138.21	8,180.23	10,227.3	10,324.42	10,432.09	11,677	11,970	12,122	12,358	12,709	13,139
Gross national savings (% of GDP)	23.066	16.102	18.381	12.953	6.474	10.451	14.43	11.42	14.77	16.03	16.401

Sources: World Bank, (2018), IMF, (2017) and CIA (2018)

For many years, and with the help of subsidised fuel, inflation in Jordan was low. Inflation began to rise in 2005, and in 2008, it reached almost 4%. By 2009, however, prices showed a drop (-0.672%). Prices began to rise again in 2010 and the average inflation rate was 4.85%. It averaged about 5% the following year (the last year for which firm figures are available) and was 4.7% in 2018. For many Jordanians, rising food prices are a serious problem. The average change in the consumer price index in 2015 was -0.88%. Inflation figures are given as averages over the full year, and not as a number for the end of the period. Worldwide, the average rate of inflation, or change in the consumer price index, was 4.14% in 2016, so that Jordan, which was below that average by 5.02%, is ranked 174 in the world. Inflation in Jordan during 2014 averaged 2.90%, so that the 2014 figure was more than 130% lower than the 2015 figure. Inflation during 2016 was 0.18%, which is lower than the 2015. The figure reached 3.2% in 2017 and increased to 4.7% in 2018 (JDOS, 2018 and IMF, 2018).

Unemployment rates in Jordan are currently 18.70%. This figure represents the fourth quarter of 2018, and demonstrates an increase in unemployment; this is compared to 14.3% in 2015. Unemployment was previously much lower at 10.8% in the second quarter of 2007. It, however, significantly increased to an average of 12.5% in 2010 and peaked in 2015 at 14.3%. The rate increased to 18.70% in 2018 compared to 18.50% in 2017, which is exceptionally high in comparison to the typical average (JDOS, 2018).

Table 2.3 Inflation Rate and Unemployment Rate of Jordan

Indicators	2000	2005	2010	2011	2012	2013	2014	2015	2016	2017	2018
Inflation rate	0.67	3.49	4.85	4.16	4.52	4.83	2.89	-0.88	-0.525	3.2	4.7
Unemployment rates	13.2	14.84	12.5	12.9	12.2	12.6	11.8	14.3	15.80	18.5	18.70

Sources: JDOS, (2018) and IMF, (2018)

In 2018, figures indicate that the Jordanian economy increased at 2.3% (World Bank, 2018 and CIA, 2018). Predictions are now indicating that the economy will continue to increase and will reach 2.5% at the end of 2019. Jordan has demonstrated that it is a good country for business and is capable of making appropriate economic modifications. The social disorder occurring within Jordan does not influence its

financial capabilities and it therefore presents the world with a creation-operate issue resolve method. The result of a Competitiveness Report in 2018 in the World Economic Forum's publication, 'Global', indicated that Jordan is now ranked at number 73 out of 140 evaluated states. The World Bank 'Doing Business' report also rated 190 nations according to the ease at which they execute business in the World Bank, of which Jordan was placed 104th (World Bank, 2018 and CIA, 2018).

Statistics indicate that the economy in Jordan is predominantly the result of private enterprise; however government spending services actually generate a quarter of Jordan's GDP. Moreover, these services also provide employment to around one third of the Jordanian population and therefore should not be underestimated in terms of their contribution to the economy. Unfortunately, Jordan has faced a large number of economic problems since mid-1990. There has been recession, increased unemployment, large numbers of refugees and debt accumulation, which have all contributed to Jordan's requirement of foreign aid. Agricultural production provides Jordan with stability; however, fluctuations in this can also result in the need for aid, as there is little capital to turn to. Privatisation could help to resolve some of these issues; however, the government is reluctant to execute this move (MCIA, 2009).

As a percentage of GDP, the Jordanian government's general revenue amounted to 27.64% in 2018. Revenue includes taxes, grants receivable, social contributions, and some income from some other sources. The effect of revenue is to increase the government's net worth, the net worth being the difference between government assets and government liabilities. This difference, being at 27.64% of GDP, placed Jordan's world ranking for the total government's general revenue at 124th in the world in 2017. In 2015, the Jordanian government revenue as a percentage of GDP had been 24.99%, so the 2016 figure showed a slight increase of 1.46% over that year. The 2017 figure was 27.21%, an increase year on year of 2.5% (World Bank, 2018 and IMF, 2018).

The Jordanian government's total general expenditure in 2018 was 28.75% of GDP. Total expenditure is calculated by adding together total government expenditure and net acquisition of non-financial assets. Jordan's world ranking for total general government expenditure was 125th, with the average total general government

expenditure around the world being 64.59% of GDP. In 2014, total general government expenditure in Jordan had been 37.855% of the GDP 2015 figure which itself was 6.16% lower than the 2014 figure. In 2016, total general government expenditure in Jordan was 29.64%, an increase of 1.69% from the total for 2015. By the end of 2017, the total general expenditure was 29.25% of GDP. Jordan's total government debt in 2018 was 95.96% of GDP. In 2017 it was 93.96% of GDP. In the years 1988 to 2017, the average percentage of government debt to GDP in Jordan was 110.06%, with a 2000 high of 100.48% and a low in 2010 of 67.113 %. Government debt is calculated by adding together all direct fixed term contractual obligations at a particular date outstanding from the government to others; it includes foreign liabilities as well as domestic liabilities and these include loans, securities other than shares, money deposits, and currency (World Bank, 2018 and IMF, 2018).

Jordan's current account balance in 2018 was negative to the tune of US\$4.03billion. The current account balance includes the sum total of all transactions except capital items and financial transactions. Goods and services, income, and current-account transfers are the main classifications. Based on these figures, Jordan ranks 180th in the world in current account balance in 2017 in US dollars. The average for the world was US\$7.04 billion, and the Jordanian figure is less than this by US\$10.6 billion. In 2015 the balance was negative by US\$3.39 billion. The balance for 2014 had been lower by US\$2.443billion, so the 2015 figure reflected a rise of 39.6%. The 2016 balance was negative by US\$3.69 billion, and in 2017 was negative to to the tune of US\$4.26 (World Bank, 2018 and IMF, 2018).

It would bring great advantage to Jordan if there were greater privatisation, and this has been encouraged by both the International Monetary Fund (IMF) and the World Bank. These establishments have offered to help regenerate the Jordanian economy by cancelling out the external debt owed by Jordan. The first economic reforms started in Jordan in 1999 when Jordan became part of the World Trade Organisation. In conjunction with this, the government started to allow the privatisation of some enterprises that were previously owned by the state (Oxford Business Group, 2015).

Table 2.4 General Government GDP of Jordan

Indicator	2000	2005	2010	2011	2012	2013	2014	2015	2016	2017	2018
General government revenue (% of GDP)	30.034	33.291	24.856	26.439	23.011	24.14	27.876	24.99	26.08	27.21	27.64
General government total expenditure (% of GDP)	33.923	39.504	30.427	33.217	31.905	35.591	37.855	29.07	29.64	29.25	28.75
General government gross debt (% of GDP)	100.48	100.27	67.113	70.729	80.718	86.678	89.049	93.39	94.374	93.97	95.96
Current account balance (US \$)	0.06	-2.272	-1.885	-2.96	-4.718	-3.458	-2.443	-3.392	-3.69	-4.26	-4.03

Sources: World Bank, (2016) and IMF- world economic outlook database, (2018)

Agriculture: According to Ministry of Agriculture (2016) Jordan is limited in terms of arable farming land available and therefore relies heavily on importation of most food items. The uplands in Jordan have sufficient rainfall to grow wheat and barley, and there irrigation has been introduced in the Jordan Valley in order to grow citrus fruits, potatoes, tomatoes, cucumbers and olives (CIA, 2018). The growth of these items has taken over the majority of the pastureland in Jordan. A number of artesian wells have been implemented to attempt to increase the range of pastureland available, however much of the land is too damaged to support livestock. There are a small number of cattle, camels, horses, donkeys and mules kept in Jordan, along with chickens, yet this is not a major industry (MCIA, 2009).

Resources and power: Jordan is fortunate enough to have quite substantial deposits of phosphates, potash, limestone and marble (CIA, 2018). The Ministry of Energy and Mineral resources also specify that the land is rich in dolomite, kaolin and salt. There have been a number of more recently discovered minerals in Jordan where quantities are less known, including barite, which is the ore of barium, quartzite, gypsum that is a product in fertiliser and feldspar. Finally, Jordan is known to have copper, uranium and shale oil, however thus far these resources have not been exploited (RJGC, 2012). The eastern desert of Jordan is also home to some small natural gas reserves; nevertheless, there is no oil in Jordan. Al-‘Aqabah started receiving natural gas from Egypt in 2003 through a new pipeline installed (MCIA, 2009).

Electricity in Jordan is powered by oil fired thermal plants. These use a transmission system to link the power stations. They also have a comprehensive countrywide grid to link the major cities and countryside to the power stations. This was completed in the early 21st century and has proven successful. The main limitation for Jordan has been access to water. This was a particular problem at the end of the 20th century. The Jordan River is a valuable source of water for the country; however, it was being overused, along with the Yarmuk River, and the natural aquifers were also over-exploited. This meant that water in Jordan was sparse, with the surrounding countries also suffering. In order to address this problem, funding was approved in 2000 for Jordan and Syria to build the Wahdah Dam on the Yarmuk River. This is mutually beneficial for the two countries as it provides Jordan with water storage reserves and

Syria with electricity; thus its name means “unity dam” (MCIA, 2009 and Oxford Business Group, 2015).

Manufacturing: The capital Amman is the main hub for manufacturing in Jordan. The main manufacturing industries in Jordan are phosphate extraction, refining of petroleum and cement production. Whilst these industries are the largest manufacturing industries, there are smaller scale manufacturing industries for food, clothing and some consumer goods (RJGC, 2012 and CIA, 2018).

Finance: The national currency in Jordan is the Dinar (Central Bank of Jordan, 2016). There are many other banks within Jordan, both foreign and national. There are large industries in Jordan for mining, industry and tourism (RJGC, 2012). The Jordanian government has helped private enterprises to set up large firms within these industries and has secured a share of these companies. A final financial factor worth recognising in Jordan is that it has one of the largest Arab stock markets: The Amman Stock Exchange, which was previously called the Amman Financial Market (Amman Stock Exchange, 2019).

Trade: In terms of Jordanian exports, the Minister of Industry and Trade in Jordan (2018) states that clothing, chemicals or chemical products, potash and phosphates are the four primary exports. The products predominantly imported into Jordan include machinery, crude petroleum and food products. Jordan currently has strong positive trading relationships with Saudi Arabia, America and the European Union (CIA, 2018). Jordan and the US signed a free trade agreement in 2000, which has been greatly influential. Whilst the level of exports from Jordan is increasing, they have not amounted to a level to date that equates with that of their imports. In order to fill this financial gap, Jordan receives foreign grants and loans. A further factor that helps to offset the trade deficit is the level of tourism in Jordan. Moreover, Jordanians moving abroad continue to send payments back to Jordan and the Jordan Central Bank regularly makes foreign investments which good earnings, and both Arab and non-Arab governments provide subsidies (Oxford Business Group, 2015).

Data measuring the value of the import of goods and services as a percentage of GDP are available from the World Bank for the years 1976 to 2017. During that period, the

average percentage in Jordan was 76.19%, ranging from a 1986 low of 53.54% to a 2005 high of 94.2%. Jordan's imports in 2017 amounted to US\$20.4 billion, and on this basis, Jordan ranks 82nd in a list of world importers by total import value. Jordan's imports over the past five years have increased from US\$17.6 billion (amounting to 69.03% of GDP) in 2010 to US\$20.4 billion (57.05% of GDP) in 2017, a 6.2% annualised rate of increase. The leading imports are mineral fuels, oils, distillation products (16.7% of the total) and vehicles (10.2% of the total). Jordan's negative trade balance – that is, the amount by which imports exceed exports – was US\$10.65 billion with an average percentage of 57.03% in 2017, an increase in the 20 years since 1995 of more than US\$9 billion, considering that the 1995 negative trade balance was US\$2.72 billion.

Data are available from the World Bank, (2018) and CIA, (2018) for the exports of goods and services as a percentage of GDP for the years 1976 to 2017. In Jordan, the average value during that period was 45.07% of GDP, ranging from a low in 1986 of 28.3% to a high in 2005 of 52.7%. Jordan's 2017 exports amounted to US\$7.5 billion, a figure that placed it 100th in the table of the world's largest exporters. In the five years from 2010 to 2017, Jordan's exports have increased from US\$8.12 billion to US\$7.5 billion, an annualised rate of increase of 3.1%. The leading exports are articles of apparel, knit or crocheted (20% of total exports), and fertilizer (8.8% of total exports). World Bank figures indicate that exports of goods and services in 2016 amounted to 32.82% of GDP; in 2017 exports of goods and services increased to 35.5%; this is a measure of the total value of all goods and other market services exported anywhere in the world and includes, as well as the merchandise itself, the cost of freight, insurance and transport, together with license fees, royalties, and travel. Other services that are part of the total figure include government services, business and personal services, communications, construction, financial services, and the export of information.

Table 2.5 Trade Indicators of Jordan

Indicator	2000	2005	2010	2011	2012	2013	2014	2015	2016	2017
Volume of exports of goods and services as a % of GDP	41.84	52.70	48.22	47.65	46.24	42.35	43.33	37.58	32.7	35.5
Volume of imports of goods and services as a % of GDP	68.52	94.20	69.03	73.85	74.26	71.95	69.73	60.49	59.3	57.03

Sources: World Bank, (2018) and CIA, (2018)

Services: Services in Jordan are highly valuable in terms of the economy, with public administration, defence and retail sales being three of the most influential services. These services provide not only financial income for Jordan, but also provide employment opportunities. A large level of expenditure is invested in Jordan's defence system, as it is geographically located in a turbulent region, leaving it continuously vulnerable. This level of expenditure exceeds the average world spending on defence (Government of Jordan, 2018 and Oxford Business Group, 2015).

The tourism industry in Jordan is of great importance, therefore it is heavily promoted and has subsequently seen increasing numbers of tourists arriving since the mid 1990's. The Jordan Valley has many biblical cities and is therefore a significant tourist attraction to Westerners. Moreover, Jordan has a World Heritage site, the ancient city of Petra. Petra is one of the seven famous wonders of the world and is considered as one of Jordan's greatest treasure and the main attraction for tourists. (Jordan Tourism Board, 2014).

Transportation and telecommunications: The Ministry of Transport in Jordan describes three road types in Jordan which are all hard-surfaced: main roads, secondary roads and rural roads. The Ministry of Public Works and Housing is responsible for maintaining all of these road networks. Jordan's travel network is advantageous as it links major cities, the countryside with cities, and Jordan itself with neighbouring countries (Ministry of Transport, 2014). Aside from roads, Jordan has a number of railway services, which are government operated. In terms of airlines, Jordan's official airline is Royal Jordanian which offers flights worldwide. The main airport in Jordan is

the Queen Alia International Airport, which commenced operation in 1983. There are smaller international airports located in Amman and Al-‘Aqabah (MCIA, 2009 & Oxford Business Group, 2015).

Telecommunications in Jordan were privatised in 1997, and this has resulted in exponential growth in terms of mobile phone use. Mobile phones are now significantly more popular than traditional telephones. In conjunction with the increase in mobile communication, the use of Internet services has also increased in Jordan (MCIA, 2009 and World Bank, 2013).

2.2.4 Government of Jordan

Constitutional framework: Executive responsibility has been increased as the result of a number of legislative instruments which were implemented both before and after Jordan became an independent country; however, the 1952 constitution is the most recent of these instruments according to the official site of the Jordanian e-Government (government of Jordan, 2018). According to the constitution, Jordan is a constitutional hereditary monarchy; moreover, it has a parliamentary government. Jordan recognises its official religion to be Islam and considers itself to be an Arab nation. All executive decisions are made by the King of Jordan who is also entitled to elect whomever he chooses to preside over the central government as prime minister. The cabinet is also selected by the king; however, the parliament is required to approve these selections. General policies are established by the cabinet and they are also responsible for managing other government departments (Government of Jordan, 2018; Embassy of the Hashemite Kingdom of Jordan- Washington, 2019).

There are currently 12 administrative governorates. Each governorate consists of districts and sub-districts, each of which has an official in charge. This official is selected by the Minister of the Interior. A city or town also has a mayor, as well as partially elected councils (RJGC, 2012).

Justice: The judicial system in Jordan is constitutionally independent; however, judges within the judicial system are selected and removed in accordance with royal decree.

This decree is made by the Justices Council. There are three types of courts in Jordan. The first type being a civil court that deals with criminal and civil issues. The other two courts are Shariah (Islamic) or other non-Muslim religious courts and Special courts. A religious court focuses on personal matters whilst a Special court focuses on land, property, tax and customs (Public Administration and Development Management (DPADM), 2004 and Government of Jordan, 2018).

Political process: The Embassy of the Hashemite Kingdom of Jordan in Washington (2019) states that politics are in place in order to provide change and resolution in accordance with the desires of the public. In Jordan, any individual over the age of 18 is entitled to vote. Jordan previously had only one political organisation between 1971 and 1974, which was the Arab (Jordanian) National Union (Ibrahim Al-Shraah, 2012).

Security: The majority of the Jordanian army is formed by Bedouin individuals, who are traditionally martial desert people. Bedouin army members have key positions in the military; however, they are now less politically influential. A man can enrol to serve in the army once he is 17 years old. There is no compulsory requirement to serve in the Jordanian army. The military consists of both an army and an air force. The air force has been developed from the Arab Legion and has a range of jet aircraft that are of substantive quality. Jordan also has a small navy; however, it is recognised as holding more of a coastguard role. The commander in chief of all of the armed forces in Jordan is the King (Jordan Armed Forces (JAF), 2015).

2.3 Human Resource Management in Jordan

Human Resource Management (HRM) typically refers to the processes and practices involved in recruitment, maintenance and development of employees. The management of human resources should have the intention of helping the organisation to better achieve their targets (Bratton & Gold, 2012). Legge (1995) outlines that when an effective HRM team is in place, it is possible to devise policies and procedures for management of staff that help improve skills and motivation, and thereby enhance performance.

Jordan is a relatively small country of Arabian origin in the Middle East. It is not in possession of any oil reserves and the natural minerals and resources that it does have are minimal. The human resource in Jordan is, however, its largest asset as the Jordanian community is hard working and well educated (Altarawneh & Al-Shqairat, 2010). Jordan currently faces a number of socioeconomic issues; firstly, it imports a larger quantity of products than it exports, thereby it has external debt. Jordan seeks to reduce the poverty and unemployment levels within the country and often faces water shortages. Jordan has now begun to focus specifically on competitive industrial growth and the enhancement its public services so as to render them of greater substantive quality and efficacy (Index Mundi, 2008).

The potential of HRM is not yet recognized in Jordan. Whilst the majority of Jordanian organisations have HRM teams/departments, reports from the Ministry of Industry and Trade suggest that the teams do not perform effectively, with many lacking the initiative to improve the working environment. This has caused a number of issues for organisations in terms of their human capital, as their human resources are often under-skilled for the role or under-motivated. This results in a high staff turnover, which tends to lesser efficiency. There has not been sufficient investment in HRM, training and development. There has been very little research conducted in relation to HRM in the Arab world in general and Jordan in particular. The small amount of research that has been conducted is predominantly anecdotal, rather than empirically sound. This unfortunately makes it difficult to determine the effectiveness of previous HRM strategies in Jordan compared to future practices (see Aladwan, Bhanugopan and Fish, 2014).

Research has, however, outlined that it would be advantageous for Jordan to engage more proactively with their management of human resources, as well as other organisational resources, in order to encourage and sustain future growth (Aladwan et al., 2014). It is important, however, to acknowledge that future projections and plans for growth cannot be executed before a comprehensive analysis is undertaken of the current HRM policies and practices (Abu-Doleh & Weir, 1997). Whilst this area has been extensively researched in many other countries, there is exceptionally little research into HRM in Arab countries such as Oman, Egypt, Qatar, Jordan and Saudi Arabia (Altarawneh, 2009).

The national cultural values in Jordan currently have a significant influence over the policies utilized for HRM. These cultural values are the product of government policies and bureaucratic procedures. Neither the private nor public sector in Jordan show a clear use of HRM in terms of making strategic decisions or in designing HR practices for a company to adhere to (Budhwar and Mellahi, 2006; Aladwan et al., 2014). The first stage in progression for HRM in Jordan is to identify and understand how HRM is currently used and how this can be modified in order to provide a better quality HRM service.

HR departments are not uncommon in Jordan, with many organisations having these departments at both their headquarters and their local branches (Aladwan et al., 2014). The HR department, however, is typically solely in charge of administration; they process employees transitioning from the recruitment process to employee status (Budhwar & Mellahi, 2006). This is typical of the HR departments in many Arab countries. HRM practices are influenced by both social and business factors. HRM practices include selecting and recruiting potential employees, ensuring continued training and development to prosper the company and its employees, conducting performance appraisals and finally implementing rewards and incentives for employees to enhance productivity. These policies are all likely to be influenced by social and environmental factors such as the political environment or cultural values (Jackson & Schuler, 1995; Yeganeh & Su, 2008). The economy in Jordan is influential over both unemployment and business, with culture and political factors influencing the majority of Jordanian regulations (Yeganeh & Su, 2008).

Four HR practices will be discussed in this part of the thesis. These practices are recruitment and selection, training and development, incentive and rewards, and finally, the performance appraisal system.

2.3.1 Recruitment and Selection

There are currently many problems with the manner in which employees are selected and recruited in organisations within Jordan. The businesses in Jordan are very competitive; however, this process requires significant modification in order to represent this competitiveness to potential employees (Aladwan et al., 2014). A key issue with the recruitment process is that, despite job descriptions being created, they

are rarely presented to candidates; thereby many candidates are not aware of the specific job they will be expected to execute. Job descriptions are written solely as part of the administrative process of recruitment; the process would be more effective if these were used past the administrative role and presented to candidates (Budhwar and Mellahi, 2006; Aladwan et al., 2014).

There are further issues associated with the recruitment process in Jordan, as well as many other Arab countries. For example, recruitment is not necessarily the systematic objective selection of the best candidate for the advertised role. There is extensive use of “connections” to secure a job in Jordan which means many valuable and capable candidates have no opportunity to present themselves for the role, and it may simply go to an employee’s friend or family member whose suitability is less remarkable (Budhwar & Mellahi, 2006).

Both tribalism and nepotism are also prevalent in Jordan during the recruitment process. Favoritism, or nepotism is referred to as “Wasta” in Jordan, which literally translates to “to go in between”. This is where relatives or friends are offered opportunities within an organisation regardless of their merit or suitability. This is an effective way for people to gain employment, and is widely used in many Middle Eastern countries; however, it is not beneficial for the organisation, as they will be recruiting employees who may not be the most suitable for the job requirements (Aladwan, et al., 2014).

2.3.2 Compensation and Benefits

The government in Jordan determines the minimum wage for all employment sectors (Al-Husan & James, 2003). The salary and rewards obtained by employees is based on their previous experience, their age, and the position to which they are allocated. For the majority of employees, a basic salary is offered with an incentive of further bonuses, which are subsequently determined in accordance with the employee level in the company, their age, and the work they execute. Rewards and benefits are still heavily influenced by the culture in Jordan, despite the level of multinational and foreign investment the country now enjoys (Budwar & Mellahi, 2006). Reward

systems are usually utilised as an incentive for staff who are competent in their jobs to remain working for the company, or to entice more skilled individuals during recruitment (Al-Husan & James, 2003).

Jordan has the same culture, language, religion and social values as many other Arab countries, and these factors all directly contribute to the way in which management operates within an organisation. The culture in these countries is a product of religion, politics and history (Altarawneh, 2005).

Variations in management styles are typically the product of either culture, or varying levels of understanding of the employees (Altarawneh, 2005). Social beliefs, norms and values will all combine to influence manager culture. For example, as HRM practices from Western cultures are being integrated in developing countries, there have been a number of changes in management. The aim of this integration is to enhance productivity and the quality of management or employee work levels. It is anticipated that this will make employees feel more positive about their role and the organisation they work for. In Jordan there have been many attempts to encourage greater flexibility in management and also a more sympathetic work culture. Methods for achieving this have involved decentralisation and delegation of power (Al-Husan et al., 2009). For example, line managers can be in charge of the everyday work of the employees, whilst HRM practices can be used to improve employee perspectives of the company, such as performance appraisals, rewards and benefits, and better training and development.

Research has indicated that many line managers are daunted by the prospect of having full responsibility for the daily management due to feeling under-prepared or not sufficiently trained (Hakooz, 1997). Multinational companies in Jordan have found it particularly difficult to incorporate Western HRM practices, as they have a wider number of cultural factors to negotiate within the company (see, for example, Cooke, 2004; Edwards & Rees, 2006). A research study case found that Jordanian employees were unhappy with the security they felt they had in their job, and they also felt that managers within the organisation were unresponsive to employee suggestions (Al-Husan et al., 2009).

2.3.3 Performance Appraisal

Recently, there have been significant technological developments, which are continuously changing. It is difficult for many organisations to keep up with these trends; therefore, they have had to turn to alternative resources in order to remain competitive. For many businesses, this alternative resource has been employee productivity and performance standards. Performance appraisals are useful ways to ensure employees remain productive, however this is very much a role for HRM, thus it is currently still facing some difficulties due to technology (Wright, 2002). Performance appraisals and performance management are two key topics in HRM (Abu-Doleh & Weir, 2007). A review of the current literature highlights that these two areas are currently not receiving a lot of attention in Jordan and therefore are not executed well by HR professionals.

Many employees in Jordan do not view performance appraisals in a positive manner. Despite the lack of enthusiasm for these practices in Jordan, they must be recognised as fundamental to the success of an organisation and be especially important for HRM. No other area of management has received such a high level of research (Grubb, 2007; Prowse & Prowse, 2009; Aladwan et al., 2014). Critical appraisals provide a tool to monitor an employee's evolution in their work role. They are completed periodically to allow sufficient time for growth in between. They review the conditions the employee is allocated based on their work, such as potential rewards, promotions or termination. A performance appraisal can also help to identify areas in which employees require further training (Delpo & Nolo, 2005).

Performance appraisals in Jordan are typically conducted on an annual basis (Abu-Doleh & Weir, 2007). There is an allocated appraisal manager who is in charge of executing all of the appraisals. Interestingly, in private sector businesses, appraisals are used as a tool to negotiate promotions, retentions, and terminations and to identify areas requiring training. The public sector shows less use of appraisals. There has been insufficient research conducted into the use of performance appraisals in Jordan; however, it is clear that the current appraisal system requires greater consideration.

2.3.4 Training

The 21st century should bring with it modifications and adaptations from HR scholars, practitioners and specialists in order to ensure that Arab countries continue to develop and manage their valuable human resources effectively (Abu-Doleh & Weir 1997). Some individuals have argued that the most important role an HR department can perform is the continued provision of training and the encouragement of development for employees (Altarawneh, 2009). As employees receive more training, their competence grows and with this, their productivity and value within the company. Employees are able to view their role with a new perspective as a result of greater knowledge.

Training and development are recognized as fundamental in ensuring a company performs to its maximum potential, and therefore large investments are made in training and development programmes. Despite these investments, there is an argument that the programmes being implemented by HR departments are insufficient in the way of amplifying performance, with the result that the competitiveness of the organisation is compromised (Altarawneh, 2009). Many Jordanian organisations consider the time spent on training to be futile and wasteful of valuable time (Redshaw, 2000). When organisations perceive training in this manner, their capacity to provide advantageous results is reduced and therefore little is gained from the training programmes (Aladwan et al., 2014).

The literature produced from Arab countries reflects the view that training and development are viewed as insignificant and fail to have a significant impact on the organisation in terms of productivity and success. Training programmes are viewed as time out from work, almost for leisure purposes, and are therefore given to close friends or relatives of the manager and are thus not employed to their full capacity. There is little evaluation of training programmes depicted in literature, demonstrating that it may not be common practice to make use of evaluations to improve service provision (Altarawneh, 2009; Aladwan et al., 2014). Despite the clear disinterest towards training and development, there are some areas that do see the benefits and attempt to incorporate it into their organisation. Abu-Doleh & Weir (1997) reviewed 28 organisations in Jordan that specialized in either finance or manufacturing operations. They revealed that 66% of the financial organisations have provided formal

management training and offered development programmes. In relation to the manufacturing organisations, the study revealed that less than 33% have offered formal training. This low figure could be reflective of the extent that favouritism is prevalent in these organisations.

2.4 Health Care Systems in the Middle East and Jordan

The healthcare provided in each country is likely to be significantly different to that of another country, particularly if there is variation in terms of economic development or political systems (World Health Organisation (WHO), 2000). The World Health Organisation (WHO) is the authority that coordinates and plans global health within the framework of the United Nations. The WHO specialises in creating health rules and guidelines, and assists nations in highlighting general health issues. The WHO additionally discusses and encourages health studies (WHO, 2007). According to the WHO, health care systems involve all of the organisations, people and actions that come together in order to either maintain, restore or promote the health of individuals. Thus, this illustrates that there is not a simple pyramid of healthcare services; there are a wide range of services and individuals that contribute to the formulation of a healthcare service. This definition is effective as it is able to surmise both developed and developing nations (McKenzie, Pinger & Kotecki, 2011).

There are many factors that can indicate the effectiveness of a country's healthcare, therefore the WHO is assessing various measures in order to successfully rank healthcare systems around the world. It seeks to identify factors that are directly comparable between countries; however, it has received some objections in terms of the selected measures. Thus far the attributes that have been considered are population, fair financial contributions, responsiveness of the system, preventable deaths and affordability (WHO, 2007).

The following three categories of healthcare can be identified in accordance with the WHO definition. Firstly, primary care is the initial point at which an individual has contact with healthcare providers. This can therefore be with a General Practitioner, a dentist, a midwife or a pharmacist. The main role of primary care is to use preventative

measures and provide early diagnosis in order to reduce the likelihood that the individual's ailment will escalate and require hospital treatment. Secondly, secondary care is usually provided by a specialist, to whom an individual is typically referred to by their primary healthcare worker. Thirdly, tertiary care is highly specialised and consultative; individuals will usually require in-patient treatment at tertiary level, or will be referred to this level by their secondary care specialist. Tertiary care is implemented when an individual requires a greater level of treatment or investigation from highly qualified specialists (McKenzie et al., 2011 and WHO, 2008).

As primary care is the initial healthcare service that many individuals will be present at, the effectiveness of this service can often be influential over the overall healthcare a country provides. Moreover, it can help to alleviate the pressure placed on secondary and tertiary care providers. The WHO has made many attempts to measure the effectiveness of the primary care service, however it is highly complex and therefore the improvement of this system is often shown little consideration, despite the obvious patient benefit (WHO, 2008).

Khoja et al., (2017) stated that in the Middle East, there is the Gulf Cooperation Council (GCC), which is made up of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates (UAE). This council is in charge of much of the economic activity that occurs within these states. The populations in these countries are expanding, and life expectancy is also extending, meaning that there are more elderly individuals in need of healthcare. This increases expenditure per capita on healthcare thus requiring the healthcare system to expand. It is expected that the population in the GCC will increase by 5% annually, with expatriates being largely responsible for this increase. Individuals aged 45-65, and 65+ are anticipated to grow at a substantial rate of around 4-5% between 2011 and 2020 (GCC health care sector report, 2015).

The government is continuously seeking to invest more funds in technological development, health awareness and the general improvement of healthcare standards. It is of great importance to expand small clinics to help to reduce the impact the expanding population will have on other larger clinics, and also to develop a strong medical tourism industry (Alpen Capital, 2011 and Ram, 2014).

Healthcare is typically a public sector industry in the Middle East, with very few

private provisions available. Thus, the government is responsible for much of the healthcare requirements. They are faced with the difficulty in terms of providing a way that private sector clinics can be utilised to alleviate the pressure placed on public clinics, as the public clinics and healthcare systems will suffer at times when oil revenues are lower. It is important to increase the level to which private sector healthcare can be utilised. This will, however, require a number of policy changes, incentives, and a complete restructuring of the industry in its current form (Alpen Capital, 2011 and Khoja et al., 2017).

Unfortunately, there are few professionals in the Middle East that meet the high standards required in the healthcare industry. Both nursing and physician roles are predominantly secured by expat communities. Many individuals in countries associated with the GCC are inclined to believe that treatment abroad is likely to be better, therefore it is important that the quality of health care provided in the home countries is improved to prevent people seeking publically funded treatment abroad. Saudi Arabia has recognised this need and has begun to develop five “medical cities”; these cities will offer specialist treatments, specialist knowledge in rare diseases and competence in complex surgery (GCC statistical centre, 2016).

According to the WHO (2006) Jordan is recognised as having one of the most modern healthcare systems in the Middle East. It has public sector healthcare, private sector healthcare and donor care. The Ministry of Health (MoH) provides most of the public healthcare in Jordan. There are other bodies, including the Royal Medical Services (RMS), Jordan University Hospital (JUH) and King Abdullah Hospital (KAH), or private sector bodies that provide primary through to tertiary care; however, the MoH is the largest and most used of all medical bodies (High Health Council (HHC), 2016).

Secondary and tertiary care is typically provided by the RMS in Jordan, which consists of seven general hospitals and five specialist hospitals. Within these hospitals there are sufficient beds to cater for 2439 people; this capacity represents 20% of the capacity of all the hospitals in Jordan. A hospital typically operates at around 79% maximum capacity. The RMS is specifically designed to meet the needs of both military and security personnel in terms of both provision of health service and comprehensive medical insurance. There are several university-based hospitals around Jordan, such as JUH, which is situated in Amman; it has 534 beds (4% of the total beds). Also, the

KAH located in the city of Irbid has 501 beds (4% total beds); the Faculty of Medicine will typically make use of university hospitals as teaching hospitals (WHO and MoH; 2006, HHC and WHO, 2014).

The Ministry of Health and Royal Medical Services are the two main referrals that equate to hospital admissions in Jordan, accounting for up to 85% of total admissions (MOH, 2013). According to the WHO (2016), the total expenditure on health per capita was \$798 million in 2014, and the total expenditure on health as a percentage of GDP was 7.5. The public sector was the biggest beneficiary of health funding (61.95%), followed by the private department (34.42%) and finally, the donors was (3.63%). The financing and delivery systems for healthcare sub-sectors are independent.

There are healthcare provisions specifically for Palestinian refugees in Jordan, provided by the United Nations Relief and Works Agency (UNRWA) and (WHO, 2010). UNRWA provides healthcare in schools, and it also provides education programmes tailored towards specific healthcare issues, and finally it makes provision for environmental health in refugee camps. In total, it has 23 bases through which it provides healthcare treatment. The UNRWA has set up contracts with the Ministry of Health in order to offset the secondary and tertiary healthcare that is required by refugees, as well as contracts with the RMS and some private hospitals (HHC and WHO, 2014).

Delivery System:

Each of the healthcare services has its own delivery system, but these are not integrated with one another; each system executes its own programmes according to the MoH and WHO. This is because there is no single overseeing governing or managing body for the healthcare industry. Whilst the MoH has a lot of responsibility in the healthcare industry in terms of ensuring high quality and standards, and for ensuring that sufficient training and education is provided, it has no influence over the private sector. The government is continuously seeking ways to reduce healthcare costs in Jordan, and has thereby recently developed the Joint Procurement Directorate which is advantageous for purchasing all public health equipment requirements for the MoH, RMS and university hospitals (WHO and MoH, 2006).

Access:

According to WHO and MoH (2006), the healthcare system in Jordan is readily accessible due to the effective delivery system it has incorporated. Moreover, the system is sufficiently large to cater to the population with substantial infrastructure and an appropriate quantity of physicians. There is research indicating that there is an insufficient number of professionals in the healthcare system, however this may relate more to emergency situations (WHO, 2006; HHC, 2016). In terms of non-severe general healthcare interactions, the level of professionals is proportionately appropriate for the small size of the country. The problems arise more specifically in secondary and tertiary healthcare services. Individuals who live in rural areas and who are categorised as being of limited income will face greater difficulty in accessing these services to receive free healthcare. The Royal Court clinics in Amman are a government-sponsored programme that helps individuals who, due to insufficient funds, are without insurance. They refer patients to public hospitals, with the government reimbursing the cost (WHO and MoH, 2006).

2.4.1 Structure and Management of the Healthcare System in Jordan

The general health policy in Jordan is determined by the High Health Council (HHC), which was set up in 1999. The Prime Minister is the head of the Council and is supported by the MoH as the vice chairman. The Council also includes finance, planning, labour and social development ministers, as well as deans from major medical schools, the Director of the RMS, heads of professional associations that are related to healthcare, and finally, various health sector representatives (WHO and MoH, 2006; HHC, 2014).

The government's aim for the healthcare service is to ensure that all locals have easy access to medical services. This can only be attained if the private and public healthcare services work together to provide all levels of health care. This integration will improve the overall quality of the healthcare system by applying the national health services accreditation programme (MoH, 2013).

The Government of Jordan has a number of priorities for the progress of its health

system. Table 2.6 outlines these in terms of short-term priorities, and medium-term priorities. The first consideration for the government is to provide better healthcare services to the poorer individuals in Jordan. They are addressing this issue through the Socio-Economic Transformation Programme (SETP). Jordan has a national agenda, which has the ethos of “We are all Jordan” and this high health council (HHC) strategy is in line with this ethos. The government seeks to use a three-year period between 2013 and 2016 to implement the new action plan for the health sector (HHC and WHO, 2014; WHO, 2006).

Jordan outlined its national agenda in 2005, which depicts the next 17 years of policies and programmes that will be implemented in order to reform both political and socio-economic structures. The national agenda recognises the importance of the private sector in boosting Jordan’s economy, and therefore emphasises that structural reforms are required to allow the private sector greater investment potential, as well as to enhance levels of employment. It also aims to reduce poverty and promote education and health development.

The Public Health Law No.54, in conjunction with other legislations, gives the MoH permission to provide licenses to health professionals and institutions in Jordan. It also places the MoH in charge of regulating the healthcare sector. The MoH receives assistance in regulating and monitoring this sector from a range of professional associations, health councils and independent public organisations, including the Jordan Medical Council, HHC, High Nursing Council, Jordan Food and Drug Administration. The Private Hospitals Associations (PHA) represents the private sector; however this organisation has no involvement in regulating or monitoring the private hospitals (MoH, 2002 and Musa Ajlouni, 2010).

Table 2.6 Priorities for the Health Sector in Jordan

1. Some medical outlets in Jordan are not used to optimal capacity, therefore this use should be amplified throughout the country. Furthermore, primary health clinics should be upgraded so that they are able to offer an appropriate first access to healthcare service.
2. As reforms are made, they should be implemented quickly and successfully in order to achieve this. Capacity building measures are required at the MoH.
3. Improve the communication and harmony between private and public sector healthcare services.
4. Address the restrictions currently surrounding health insurance.
5. Develop a system that is more efficient in providing social and health information.
6. Encourage healthcare institutions to become more self-sustainable and also to have elevated standards across all institutions.
7. Determine an appropriate measuring tool to assess current health services and employees, and address how these standards can be improved.
8. Increase the level of training offered to professionals whilst working.

Source: Ministry of Planning, Social and Economic National Development Plan 2004-06, (2004).

2.4.2 Financing the Public Health Sector in Jordan

According to Jordanian National Health (2009) there are different sources of funding of healthcare in Jordan provided by different organisations such as Ministry of Finance (MoF), the Ministry of Social Development, the Royal Court, and the UNRWA, along with some international supporters. Healthcare coverage is a very important source for the provision of healthcare funding for the people who do not have any insurance and who otherwise would have to pay from their pockets to receive health services (HHC, 2009).

Ministry of Finance: performs an important role in Jordan's public health industry by offering fiscal distribution to guarantee high permanence in the health sector, through providing funds to all Jordanian treatment expenses. Also, the MOF aims to utilise the resources in the best way that helps the health sector specifically (MoF, 2016).

The financing of healthcare services in Jordan does not stem from a specific tax; however, there is financing available for the MoH and RMS, which come from the tax

and other revenue pool in the public budget. Whilst this lack of specific funding is true for many healthcare services in Jordan, the treatment of cancer patients at Al-Hussein Cancer Centre does now receive funding generated by a 6% increase in cigarette and tobacco prices (Jordan Times, 2004 and WHO, 2006).

There are three financial contributors to public programmes in Jordan, which are the premium contributions, general budget, and user fees. The government allocates the budget every year to the MoH, Civil Insurance and RMS. The budgets contain cross-subsidies for public programmes, and there are also contributions from the general army budget, which goes to the RMS. International donors are responsible for the financing of the UNRWA. The financing of private insurance is currently unclear, however it is likely that private firms are important in securing financing for these services (MoF, 2016 and HHC, 2015). According to the WHO in 2015, the total expenditure on health per capita was \$798 million in 2014, and the total expenditure on health as a percentage of GDP was 7.5. As was mentioned earlier, MoF is the major health-financing supporter in Jordan. The total expenditure was JD5059.7 million in the first half of the year of 2016 while it was JD4869.9 million in the same fiscal period of 2015, representing an increase of 3.9%. This rise of total expenditure was due to the rise in current expenditure by 5.1% and a decline in capital expenditure by 4.6% (MoF, 2016).

The Ministry of Health and the Royal Medical Services are in charge of providing resources to a large number of facilities and individual centres, as individual centres are not allocated budgets of their own to manage. The MoH therefore requires a centralised budgeting system in order to ensure sufficient distribution of equipment, pharmaceuticals and salaries across the individual centres. This is also true for the JUH, which receives reimbursement when individuals are not covered through the Jordan University. Reimbursements are also allocated to some private sector facilities in accordance with charge schedules, which vary between programmes; these charges are approved by the MoH (WHO, 2006; HHC, 2015).

Health insurance companies buy the service on behalf of their customers. The government of Jordan has developed a plan to provide a comprehensive healthcare coverage for all Jordanian people. According to the MoH, healthcare coverage in Jordan has increased during the last year to cover 68% of all individuals. But this

insurance does not include those people who receive exemptions from the Non-insured Patients Affairs Unit (High Health Council, 2015; Jordan Times, 2016). The MoH healthcare coverage serves 41% of the population, the RMS covers 38% and private insurance hospitals 12% of the population. The outstanding healthcare insurance is covered by UNRWA, international insurance, university hospitals and other sources (Jordan Times, 2016).

2.4.3 Health Resource Development in Jordan

As indicated by HHC (2015) Jordan is a nation with few natural resources, therefore human resources has been made to stand out amongst the most important resources and key columns for the proficient capacity of the nation's health framework. This requires much consideration in the preparation and administration of these resources with a specific ultimate goal of accomplishing equity in the arrangement of health administrations and of increasing the profitability of the health sector. The Jordanian government has expressed on numerous occasions the significance of human resources for health as a key component in the arrangement of high-quality medical services administration. This has been shown unmistakably in the magnificent discourses of His Majesty King Abdullah II Ibn Al-Hussein on numerous occasions.

According to HHC (2015) Jordan has a good number of healthcare experts. It is obvious that the number of healthcare practitioners has been increased compared with the number of population in the last a few years. However, Jordan, as are numerous different nations, is confronted with a lack in specific classes of specialists, such as in neurosurgery, anaesthesia, psychological as well as cardiovascular surgery. As a reaction to this situation, the government opened up some new nursing schools and urged understudies to gain some expertise in this field by offering incentives for attendants and giving need in work for the Jordanian medical caretakers.

Furthermore, HHC (2016) addressed some issues related to the poor dispersion administration, and a high rate of turnover among therapeutic and nursing staff, particularly in the MoH, which makes for a deficiency in the quantity of human services suppliers. This is because of the absence of a reasonable arrangement of

incentives, and the low wages and pay rates, which are by contrast to those offered in the teaching hospital, the RMS and private organisations as well as those offered by medical establishments in the Gulf States.

As indicated by the national strategy of the health sector in Jordan for (2015 – 2019) by the HHC, the improvement of human resources (HR) approach is one major part of the general health strategy in Jordan. Besides the MoH, some other governmental and non-governmental parties, as well as international organisations, participated in developing the system of HR for the healthcare sector. This caused some contradictions in some policies and in the decision-making. Also, the HR practices in the government seem to be centralised.

Jordan has a special and unique system in educating related to the health sciences in the governmental and private health schools, however, medicine and dentistry specialisations are only provided in the government universities and only those students who get a high grade in the secondary school can be enrolled in those specialisations (HHC, 2015). According to HHC (2016) being a member of unions in Jordan is compulsory for receiving licenses for experts in the healthcare field, while the Jordanian Medical Council coordinates the exam for practitioners, and trade unions participate significantly in conducting and controlling the regulations and rules for each profession.

The management of the health sector can be improved. The first item is to ensure that management has sufficient training, information systems and computerisation in order that it be efficient. Following this, decision-making data need to be developed, these include National Health Accounts, epidemiological information regarding mortality and morbidity. Moreover, underlying risk factors need to be recorded as well as the overall cost expenditure for each of the services. The final improvement at the management level is to outsource some of the decision-making and authority to individual facility managers. It is better for these managers to manage their own facilities, rather than larger organisations heading all of the facilities and making uninformed decisions (MOH, 2006; HHC, 2015).

The final point is how human resource development can be modified to be more effective as assessments have highlighted gaps in human resource management (The United States Agency for International Development (USAID) and MOH, 2004; WHO, 2006). Areas that require addressing are performance management, better use of job descriptions, the hiring and firing aspects of recruitment, and finally transfers and promotions. Jordan currently does not have a system through which employees can continue to progress educationally within their jobs. This is an important modification to be made as pre-employment training and the subsequent job experience show significant incongruence. There is a marginal budget allocated by the MoH for human resource development (MOF, 2016).

2.5 Summary

This chapter discussed the profile of the country of Jordan. As indicated, Jordan is a small country located in the Middle East and of approximately 89,342 square kilometres with majority of the landscape being arid. The core governance of Jordan is that of its being a constitutional hereditary monarchy with a parliamentary system. The most recent population census was completed in Jordan in 2017, reporting a total population of 10 million. The official language is Arabic and the religion that the majority of the Jordanian population practices is Sunni Islam. In economic terms, the income for the country is considered to be at the lower end of the middle income bracket, and the GDP in Jordan was \$41.87 billion with a growth of 2.3%. Unemployment rates in Jordan are currently at 18.70%. Jordan currently has strong positive trading relationships with Saudi Arabia, America and the European Union.

Also, the chapter discussed HRM in Jordan and how the country began to focus specifically on competitive industrial growth and the enhancement of its public services so as to render them of more substantial quality and efficacy. The potential of HRM is not yet recognized in Jordan. Whilst the majority of Jordanian organisations have HRM teams/departments, reports from the Ministry of Industry and Trade suggest that the teams do not perform effectively, with many lacking the initiative to improve the working environment. With regard to this, some practises were examined - such as recruitment and selection, training, incentive and reward and performance appraisal in

Jordanian organisations in order to discern how these were operated and how they impacted the organisations.

Finally, this chapter addressed the health care system in the Middle East in general and Jordan in particular. Jordan is recognised as having one of the most modern healthcare systems in the Middle East. It has public sector healthcare, private sector healthcare and donor care. The Ministry of Health funds the majority of the public healthcare in Jordan. Also, the structure and management were discussed in this chapter. The High Health Council determines the general health policy in Jordan. The Government of Jordan has a number of priorities for the progress of its healthcare system. Different sources of funding of healthcare in Jordan were discussed. These sources include MoF, the Ministry of Social Development, the Royal court, the UNRWA, along with some international supporters. In terms of healthcare education, Jordan provides high quality specialisations in its public and private colleges, however, dentistry and medical specialisations are only taught in the public universities and they are highly regulated by the government.

Chapter Three: Literature Review

3.1 Introduction

The aim of this chapter is to provide a comprehensive review of the key concepts, theories, and prior work associated with the subject under investigation. The first step in executing this is to outline HRM, which is a process through which policies and procedures are used in conjunction with effective management practices in order to work with employees from the initial stages of recruitment, through to the further development of their skills whilst in work. This use of HRM should aid an organisation in enhancing its productivity and achieving its goals (Bratton & Gold, 2012). This will be followed by a critical discussion and analysis of the concept of Strategic Human Resource Management (SHRM). This chapter will also review and discuss the related theoretical perspectives and prior empirical work in relation to the HRM-performance link. The chapter will also discuss how organisational performance can be assessed and which indicators would be most advantageous in executing this assessment, particularly in the health sector. Finally, the role of HRM within the health sector in particular will also be highlighted in the last part of this chapter. This comprehensive review will help in identifying the existing gaps in the literature, and building a theoretical framework to achieve the purpose of this research.

3.2 Human Resource Management (HRM)

Human Resource Management (HRM) is a concept that originated within the last twenty years in the US (see Fombrun et al, 1984). It has subsequently infiltrated the management networks of the majority of developed countries, with the UK being particularly receptive to HRM. HRM was previously associated as personnel management, however it has now become a firm and distinctive management style that is well received (Storey, 1992; Collings, Wood, and Szamosi, 2018).

HRM has a wide range of definitions, and each definition can be different from one researcher to another. The goal of HRM can be changed depending on the definition that is applied. For example, Armstrong & Taylor (2014), addressing the aim of HRM,

saw its role as being to ensure that a firm has the ability to bring about the success of its employees. However, most of the previous studies in the HRM area have described the meaning in terms of single practices. The HR structure is a mixture of HR practices, processes and policies that indicate diverse stages of the framework and outcomes of SHRM. Noe et al. (2007) indicated that HRM practices and policies impact employees' performance, attitudes and behaviour (Bratton and Gold, 2017). They concentrated on some practices that positively impact the organisational performance. These practices include training and development, recruitment and selection, employee relations and performance administration.

HRM views employees as an active resource that needs to be effectively managed. This includes providing them with sufficient training and development opportunities, as well as incentives, in order to ensure their continued progression and utility within the company (Brewster, 2007). The concept of HRM emerged on this premise as the effective use of the human resource ensures greater organisational success (Hoppas, 2013; Collings et al., 2018). HRM is also able to form successful connections between different departments within an organisation, thereby enhancing communication (Brewster, 2007). When employers invest in their staff and ensure their continued development, they give themselves a competitive advantage (Sutiyono, 2007).

HRM involves using activities and planned HR development strategies in order to motivate employees and tailor their behaviour towards meeting the organisations' goals (Wood, Holman & Stride, 2006). HR activities are the direct product of managers' desires to develop and utilise an organisational strategy (Wei & Lau, 2005). It is a process through which policies and procedures are used in conjunction with effective management practices in order to work with employees from the initial stages of recruitment, through to the further development of their skills whilst in work. This use of HRM should aid an organisation in enhancing its productivity and achieving its goals (Stone, 2008). Competent HRM will be able to recruit, train and develop the staff within an organisation. They are able to identify the strengths and capacities of their employees and tailor these towards the organisations' goals (Bratton and Gold, 2017).

The importance of HRM must be acknowledged in terms of how it can develop a superior workforce within an organisation. Effective HRM strategies ensure that an organisation maintains its competitive edge within its industry as their

employees' performance is enhanced (Richard & Johnson, 2001). Chelladurai and Kerwin, (2017) state that when HRM is used effectively, the knowledge base, skills and attitudes of each employee are known, as well as their personal motivational factors. These can then be utilised to identify the role that is most applicable to each individual and therefore enhance the effective running of the organisation (Lajara, Lillo & Sempere, 2003; Marchington, Wilkinson, Donnelly and Kynighou, 2016).

A further attribute of HRM that is highlighted in this research is to provide links between different departments within an organisation, thereby enhancing communication and pooling human resources and knowledge to achieve the goals of the organisation. HRM is not in place simply to benefit managers; employees directly benefit from improved skills and motivation, and the benefit to the organisation is a convenient by-product. The fundamentals of HRM are sufficient knowledge and functional application. There is an argument that HRM could be viewed as a process of social construction; employee relations are structured using social action (Boselie and Keegan, 2006; Bratton and Gold, 2017). This would imply that the social role of HRM is vital in ensuring that relationships between employee and employer are strong.

Regardless of the size or function of an organisation, HRM can be a highly influential and essential part of it. HRM is now recognised as vital to the success of an organisation, and therefore a large amount of pressure is placed on its effective implementation (Bratton and Gold, 2012; 2017). If an HR department is efficient, it will reduce the necessity for excess expenditure within this department. Consistency and compliance will increase as the HR efficiency increases, this, in conjunction with reduced manual processing will ensure financial advantages such as enabling fixed costs to become variable, and so reduce HR capital investment.

3.2.1 Personal economics and HRM

The definition of personnel economics is the use of basic economic fundamentals in the context of human resources, with an aim to establish the economic principles of HR management approaches in a number of different institutional and competitive situations. Personnel economics is a topic with a growing amount of research focus, and it can act as a guide for practitioners as this can offer robust guidelines, outlooks

and ideas for human resource management. In the last 10-20 years, personnel economics has become a focus for research, and a number of elements have been able to assist in its progression (Lazear and Oyer, 2007).

Personnel economics involves the historic economic sub-discipline of labour economics together with HRM, the latter of which is a historic part of management studies and business administration. Under personnel economics, microeconomic methods are employed to examine HR, and usually from a company's outlook. Other than the methods involved and detailing microeconomics in a more refined and modern approach, personnel economists often involve human capital theory, new institutional economics and econometrics in their work to examine the business operations of staff overall, with a special focus on the link amongst employers and employees. On the other hand, personnel economics limited to a maximum of three concepts of new institutional economics, which are principal-agent theory, transaction costs economics and property rights theory (Ridder, 2009) restricts matters too much, and cannot be explained rationally. On paper, all economic and econometric hypothesising and practise must be employed to produce positive and normative information regarding HR.

Specific disadvantages exist for the traditional and overly specific research into HRM. The focus on traditional HRM was critical for business matters, but the data provided was ambiguous, and would not be entirely helpful. A repercussion of this was that personnel managers usually were not of great importance in high level manager positions, even though modern firms felt that HRM was the most crucial component of their firm as their staff were the critical asset of a firm. Thus, any individuals arriving through HR did not often attain CEO positions, which type of job usually being given to people with a background in finance, marketing, or in almost any other field (Lazear, 1998). An explanation for this is that, usually, HRM was not offered a clear theoretical or empirical basis within which to facilitate the guidelines and ideas of personnel managers, due to ambiguity and a hypothetic nature. On the other hand, personnel economics involves detailed theoretical analyses, and has much more specific details provided, with substantial empirical proof, through sophisticated econometric tools which can pinpoint the specific impact of different human resource policies.

Over the previous ten years, progress has been made in the world of personnel economics, which has brought more attention from researchers when it comes to examining human resource management. Theories that build on institutional and behavioural economics, as well as empirical approaches and data sets, are currently in use. At the moment, there are superior analysis methods to investigate different human resource management practices and their outcomes and explanations, in order to comprehend the motivation of staff, and the reasons why a firm might be successful or unsuccessful. In addition, extensive data sets can be used to evaluate the theories, which can be a number of years old. Also, the proof offered through these new data sets and the methods involved are behind the hypotheses that have been produced by personnel economics (Lazear, 1998).

In order to show the way that personnel economics examines HRM problems and how the theoretical and empirical outcomes are shown, examples are used, but this would be beyond the scope of this work. Thus, it is advised that further literature should be consulted for this purpose by the reader (Lazear and Oyer, 2007). Personnel economics theories encouraged by Backes-Gellner and Werner (2004) state that if a start-up is to be more creative than a traditional firm, there should be no earlier history of similar production or business processes, and as a result of there not being so, their ex ante default risk is greater than that of traditional enterprises, and no reputation exists because of company history or earlier ties. Thus, innovative start-ups, and their respective market partners, need to deal with serious issues arising from information asymmetry. Backes-Gellner and Werner (2004) concentrate on the question of if, and how, entrepreneurial signalling is able to assist, or alleviate, these information issues, can thus boost an innovative start-up's success rate. When it comes to the standard labour market-signalling model created by Spence (1973), the focal point is education aims, taking into account that employees' as well as entrepreneurs' reliably display their qualities through specific educational properties. On the other hand, Spence states that these educational characteristics should be within specific conditions, in order to stand as a trustworthy and usable indication.

The most obvious benefit of personnel economics is the straightforward theoretical and methodological basis involved. Namely, the basis is economics, involving hypothetical and practical approaches used to create and evaluate new (hopefully general and

interrelated) results. Its scientific development is somewhat substantial, when compared to any other HRM advancements. Personnel economics shows in-depth academic detailing, as well as what is practically important, and is related in a number of ways to economics as well as other aspects of business administration, particularly those with an economic outlook involved, including finance or business economics in general. Furthermore, other academic areas such as mathematics law or sports or even psychology and sociology are connected to it. With no national restrictions involved, the application of personnel economics can be widespread, but the topics can be national specific as well, e.g. labour law or co-determination in Germany. Lastly, the results provide widely usable and teachable practices and outcomes, allowing personnel economics graduates to be respected by employers (for other advantages for graduates and their employers (see Backes-Gellner and Werner, 2004).

It is important to note that personnel economics has examined and brought to light one crucial part of HRM again, which is personnel costs. Various other methodologies concentrate on human behaviour to a larger extent, but these have not engendered as much interest, due to the fact that costs do not come under any behavioural or psychological aspect, and instead are clearly economic or simply commercial. It is clear that personnel costs are of greater value for business practice and administration – this being shown in almost all cases. (Backes-Gellner, Bessey, Pull and Tuor Sartore, 2008), put forward the idea that one-sided considerations of costs are not as beneficial as personnel economics, which instead consider costs alongside yield and performance. The work of Staffelbach (1997) is of interest in this regard, where the author believes that the cost side should be the responsibility of accountants only, as they are superior when it comes to calculating personnel costs rather than the performance and value added by employees. The important target for commercial firms is to maximise the difference between revenue and costs, while minimal costs are able to be achieved without difficulty by the firm's closure. Maximal performance or productivity without respect for costs is not economically sound, and can bring ruin as well.

3.3 Strategic Human Resource Management (SHRM)

Strategic Human Resource Management (SHRM) seeks to ensure that the staff employed by an organisation are utilised in a manner that is conducive to achieving the goals and mission statement of the organisation (Schuller, 1992). This concept was first presented in the 1990s and has increasingly leaned towards promoting proactivity and the importance of values in the management of human resources (Schuller, 1992; Hoppas, 2013; Bailey, Mankin, Kelliher and Garavan, 2018). There are many factors that SHRM considers, such as how HRM practices can be better tailored to meet the goals of an organisation, how HRM can be effectively integrated to run successfully in conjunction with the organisational goals. It considers a more strategic approach to the recruitment of employees and also gives line managers greater human resource management responsibilities, and finally, it deals with the incorporation of performance appraisals and how these can add value to the organisation (see Bowen and Ostroff, 2004; Wright and McMahan, 1999). This reflects the difference between HRM and SHRM; HRM focuses on developing practices, whilst SHRM involves linking these and implementing them strategically and effectively within the organisation. This includes both vertical and horizontal integration.

SHRM is a research area that examines the extent that human resources are able to contribute strategically to the success of an organisation (Allen & Wright, 2006). This research can be viewed as the point at which HRM and strategic management merge (Boxall & Purcell, 2008; Boxall, 1998; Mankin et al., 2018). SHRM has been referred to as the way in which human resources are deployed and the activities undertaken that have the eventual aim of achieving the goals of the organisation (Wright & McMahan, 1992; Guest, 2011; Singh et al., 2012). There is little distinction between human resource management and human resource strategy (Hoppas, 2013; Darwish, 2013). To distinguish between the two, human resource strategy implies involving long-term planning, whilst human resource management implies a daily task and involves implementing policies. An organisation will have a competitive advantage if their long-term HRM strategy is effective. As employee performance is increased, value is added to the organisation. HR managers must carefully consider what strategies they can use to improve efficiency within their human resource and therefore their organisational performance. In addition, Darwish (2013) stated that HRM focused on

the individual practices while SHRM considers the HR practices as a bundle or system of practices. He also mentioned that the reasoning behind SHRM theory is that the system of HR is the suitable level of examination when scholars aim to analyse the influence on organisation-level performance.

In the past thirty years, SHRM has become increasingly influential in management research and subsequent practice (Boxall & Purcell, 2011). It specifically considers the strategic value that can be added to an organisation through the use of HRM policies. SHRM recognises that employees are a powerful resource in terms of an organisation's success. If HRM can be successfully integrated into the strategy an organisation uses, then the management of employees will be amplified and the performance of the organisation will be enhanced. This will ensure greater competitive success (Farnham, 2010; Nankervis, Baird, Coffey and Shields, 2016).

There is a fundamental assumption in SHRM that when employees are more committed to their company, they will work harder or more effectively as they are more willing to adapt or adapt themselves to the companies' requirements. Loyalty to the company increases and with this, so does the spirit of the employees to work hard for the company (Becker & Huselid, 2006; Storey, 2007). HRM is, in conjunction with this, valuable in ensuring that the employees are provided sufficient development opportunities to consider themselves proficient in their job roles, whilst also providing specific motivators to enhance performance. When an organisation has an efficient and productive workforce, they will be more competitive in their market (Storey, 2007; Hoppas, 2013).

The relationship between organisational performance and strategic management has also been considered. Strategic management is particularly influential in company decision-making (Grant, 2003). There are two levels of strategic alignment - firstly external alignment, which is the alignment between the strategy an organisation utilises and the external environment, and secondly, internal alignment, which is the alignment between the organisation and the strategy it chooses to use. Internal alignment will depend on a range of factors within the organisation, such as the structure, the management systems it has in place; the culture among employees, the style of leadership that it adopts and also the human resource it has (Boswell, et al., 2006).

Employees are more likely to execute behaviour that benefits the organisation if they can understand why strategies have been implemented and how they are relevant within this strategy (Boswell et al., 2006; O'Reilly et. al., 2010). There are a number of antecedents involved with employee alignment. Firstly, employees must have clear communication of the company objectives, the employees are required to be committed to the organisation, and employees need to acquire strategic knowledge (Gagnon, Jansen & Michael, 2008; Bratton and Gold, 2017).

All organisations have strategic plans. Strategic vertical integration is the process through which an organisation is able to integrate HRM into its strategic plan; horizontal integration is ensuring that the aspects of HRM cohere (see Schuler & Jackson, 1987; Boxall & Purcell, 2008; Armstrong, 2010). HRM, organisational strategies and the external environment are all closely associated with one another. The alignment of HRM practices will maximise the extent that HRM is able to contribute successfully to an organisation (Delery, 1998; Boxall & Purcell, 2008).

Researchers have described SHRM as lacking in a central approach or unified direction; it has been referred to as highly diverse (Boxall & Purcell, 2000; Swart, Hansen, and Kinnie, 2015). There is a wide range of literature available regarding the analysis of SHRM and its relation to organisational performance; however there are three readily accepted approaches in which to explain the effectiveness of SHRM. These are: universalistic, contingency, and configurational approaches (Jackson et al., 1989; Delery & Doty, 1996; Alcazar et al., 2005; Bailey et al., 2018). The main focus of SHRM research has been on identifying which perspective has superiority, or, which is the best, rather than considering how the perspectives could possibly complement one another (Youndt et al., 1996; Alcazar et al., 2005). It is possible that the most effective approach to SHRM is to merge the various policies and present them as a coherent perspective (Becker & Gerhart, 1996; Guest et al., 2000). The following section will provide more explanations on each perspective.

Universalistic perspective: Miles and Snow (1984) and Pfeffer (1994) stated that universalistic or “best-practice” is those independent and dependent variables that are shared amongst the whole organisation. Also they mentioned that HR practices under the universalistic perspective are those practices that constantly impact the

organisational performance positively regardless of the surrounding context or circumstances. For instance, benefit sharing training methods, voice mechanisms, and job description.

According to Gerhart & Milkovich (1990), work in the generic perspective is commonly an incurious with communication influences between organisational factors and thus implicitly presumes that the influences of HR Factors are supplementary. Such a reductive - an organisational structure view, disregards the concept of system-level resources— a significant aspect in the RBV. That does not mean the visions afforded by such methods are not appreciated; rather, they are just narrow. Delery and Doty (1996) discovered resilient experimental sustenance for the universalistic standpoint for certain hypothesised variables. Investigation in this standpoint has been valuable in recognising separate HR practices that are commonly functional, but it has not been considered in the strategic sense of the HRM. Practices that are collectively accepted would have similarity rather than discriminating outcomes on competing companies. In this context, Baum (1996) stated that the organisation theory that best structures the best-practice style is the institutional theory.

Contingency perspective: According to Schuler & Jackson (1987) the contingency standpoint is more complicated than universal theories and permits for communication impacts and changing relationships based on the existence of a dependent variable— mostly organisation strategy. The job of the scholar is to choose a model of organisation strategy and then stipulate how separate HR practices will intermingle with that strategy to lead for greater organisational performance. HR practices' effectiveness depends on how well they connected with other organisation characteristics (e.g., what distinct HR policies would be most suitable if an organisation were to follow a low-cost approach or would like to support the innovation of new products). A contingency perspective has a fundamental line from HR practices and policies to the organisational performance measurements. The main concern is with vertical fit rather than horizontal fit. Basically, vertical fit is alignment with strategy and horizontal fit is HR practices working together as a consistent system (Schuler & Jackson, 1987).

Configurational perspective: Meyer, Tsui, & Hinings (1993) mentioned that the configurational approach in organisation researches uses a comprehensive standard of analysis and is apprehensive with how forms of various symbiotic variables communicate to given dependent variables. Scholars collect various measurements of organisations, such as cultures, processes, and strategies, placing them into classifications of supreme kinds and then considering the kinds as independent variables. Meyer et al., (1993) stated that this approach is more advanced than the contingency approach, in which scholars have been absorbed with theorising a specific set of structural perceptions— formalisation and centralisation, for instance—and determining their relations with a specific set of preoccupied situational perceptions, such as technological and size insecurity. The main advantage of the configurational approach is that it recognises system communication effects—that the whole could be more or less than the sum total of its slices. On the other hand, the disadvantage of this approach is the inability to hypothesise and examine more than limited configurations, which devalues the real-life complication of organisational structures.

3.4 The Concept of Organizational Performance

The previous studies show that researches into the HRM performance have not come up with a precise and particular definition for the organisational performance concept. Some researchers have employed subjective measures to assess firms' performance, such as customer satisfaction, employee satisfaction, managers' perceptions about the firm's performance, employee commitment, absenteeism and other behaviour qualities. Other researchers have applied different objective measures for assessing organisations' performance, such as market and monetary indicators. Consequently, there is no universal theory about organisational performance, and examiners develop different variables or factors to gauge this construct. Therefore, there is also a need for a specific theory of organisational performance (Janssens and Steyaert, 2009) and HRM scholars and specialists may offer critical and extraordinary attention to fill this gap (Guest, 2011; Saridakis, & Cooper, 2016).

Barney (2002) outlines that organisational performance is the positive relationship between physical, human and capital resources and how these progress towards a

shared purpose. Commitment to an organisation is contingent on returns, therefore an asset will only be provided to an organisation if the returns the investors receive in time are of sufficient value. The most essential measure of company performance is the creation of value. Research, therefore, has focussed on how companies create this value. SHRM promotes the use of employees as a resource to improve company performance. It outlines that HRM policies and practices, when successfully integrated with the strategy of the organisation, can help to manage employees more effectively. This will result in enhanced individual performance which in turn equates with overall increased success within the organisation (Farnham, 2010; Hoppas, 2013). The performance of an organisation can be measured in various ways, for example financial outcomes such as the output of the organisation, its market share, profit and market value, can all reflect the effectiveness of HRM policies. Non-financial outcomes can also reflect this, such as the number of days of absence, staff turnover and the level of motivation and satisfaction among employees (Delery & Shaw, 2001; Croonen, Grünhagen & Wollan, 2015).

Much of the research into HRM strategies has elected to focus on financial indicators. This is likely to be because they are clear and easy to determine (Boselie & Paauwe, 2000). Moreover, these are concrete, readily accepted measures of organisational success (Becker & Gerhart, 1996; Hoppas, 2013). These “hard” financial indicators, however, are vulnerable to the effects of “soft” indicators, such as the non-financial factors outlined above. This is consistent with the idea that greater employee well-being can subsequently affect overall organisational performance as they are more motivated (Boselie & Paauwe, 2000; El-Ghalayini, 2017). Further non-financial social factors such as the culture, working conditions and general work atmosphere can contribute to overall organisational success (Bowen & Ostroff, 2004; Dirani and Hamie, 2017).

SHRM emphasises the notion that maximisation of the success of an organisation is paramount within any business sector, with particular emphasis on financial performance (Wright, 1998). A literature review was executed by Rogers & Wright (1998) concerning 80 papers related to SHRM. They assessed the dependent variables used in these papers and determined that over 50% focussed on accounting measures, including stock price and marker value. Similar findings were presented by Boselie et

al. (2005) following a review of 104 articles, with profit being the most common dependent variable, followed by determinants of sales performance.

According to Janssens & Steyaert, (2009) emphasis on economic factors in determining success has been widely criticised in recent research. This approach is only providing a small insight into the larger picture of HRM practices, as social, moral and political aspects are also relevant. Financial measures only apply to management, rather than the general ethos within a company. It results in the human aspect of HRM being side-lined. Janssens & Steyaert (2009) argue that the human element should be returned to the assessment of HRM (Paauwe, 2008). This argument is further continued to state that greater emphasis is required on underlying conflicts, reviewing how new work can be implemented under the assumption that not everyone shares the same interests, and also the political-economic factors involved in the management of the workforce. This consideration will present opportunities for greater theoretical development in HRM (Paauwe, 2009; Hoppas, 2013). Employees' perspectives should be given greater consideration when researching organisational success, particularly in terms of motivation, job satisfaction and psychological well-being.

Dyer & Reeves (1995) present further ways in which HRM outcomes can be assessed (see table 3.1). They recognise financial outcomes, such as profits, sales and market share, but then consider organisational outcomes, such as productivity, quality and efficiency, as well as HR-related outcomes which include the attitudes among employees, their level of job satisfaction and their commitment to the organisation, and finally how they recognise employee outcomes, such as their level of absenteeism, their performance and the turnover rate. Becker and Gerhart (1996) argue that dependent variables can be selected from any one of these four categories to measure performance. The type of research being completed will affect the variable; for example a business unit-level research analysis will be concerned with productivity of research and personnel development. If a firm uses a differentiation strategy they may be interested in turnover, whilst cost leadership strategies can be evaluated through staff productivity.

Table 3. 1 HRM outcomes classifications

HRM performance outcomes	Indicators
1. HR-related outcomes	Includes the attitudes among employees, level of job satisfaction and commitment to the organisation, level of absences, turnover rate.
2. Organisational outcomes	Productivity, quality and efficiency.
3. Financial outcomes	Profits, sales and return on investment,
4. Market – related outcomes	Growth, Tobin’s q, stock price, market share.

Sources: Dyer & Reeves (1995)

3.5 HRM and Organizational Performance

This study is centred on the impact of a specific set of HR practices on organisational performance within an emerging market setting. It was held that specific HRM practices are likely to serve as a major source of competitive advantage (see Pfeffer, 1994, 1998; Schuler and Jackson, 1999, 2008; Moideenkutty et al., 2011). This belief has led to research into the impact of HR practices on organisational performance. Nevertheless, in practice, there is considerable debate as to what specific practices are likely to enhance organisational performance (Paauwe, 2009; Guest, 2011; Singh et al, 2012), and how performance may best be measured (Paauwe & Boselie, 2005; Darwish, Singh, and Wood, 2015). Moreover, it has been argued that it is a mutually supportive bundle of HR practices that enhance organisational performance, with one practice encountered on its own not having the same result when encountered in combination with others (Darwish et al., 2015). HRM is a practice implemented in order to elevate the level of performance achieved by an organisation; therefore research has focussed on the correlation between the use of HRM and performance outcomes (Paauwe, Guest & Wright, 2012).

It is possible to view the HRM-performance linkage models that are being developed as complementary to one another. These models are designed in order to analyse how HRM affects organisational performance, and each model is useful in expanding the constructs, including the assessment of new variables, or considering new relationships (Alcazar, Fernandez & Gardey, 2005). There is, however, a deficit in the causal understanding between HRM and its effect on organisational performance. Whilst

researchers can see a positive influence, they are not able to outline why this occurs, which has resulted in this area of research being referred to as a “black box” (Gerhart, 2005; Vermeeren et al., 2014). It is thought that there will be a number of intermediary steps through this causal process and these too must be carefully outlined in how they affect the end point variables (Becker & Gerhart, 1996).

Research has indicated that there are large differences in how individual studies analysing the HRM-performance relationship have approached the “black box” scenario (Boselie, Dietz & Boon, 2005; Vermeeren et al., 2014). The most popular theory for this issue is the “contingent framework.” This framework postulates that contingent factors such as business strategies are involved in the way that HRM influences performance (Schuler & Jackson, 1987). A second theory for the “black box” issue is the resource based view, which indicates that human and social capital are the tools through which HRM influences performance (Barney, 1991). Another theory is AMO theory, which proposes that HRM strategies affect employees Ability, Motivation and Opportunity (AMO) to improve themselves and therefore the organisation (Appelbaum et al., 2000).

Previous research has focused on individual HRM practices, however there has now been a change in focus to consider more how the HRM policies combined are influential in terms of organisational performance (Muhammad, 2010; Bamberger, Meshoulam and Biron, 2014). Despite the lack of complete understanding of the mechanisms of HRM and its effect on performance, it is widely recognised to offer the organisation a competitive advantage (Wright, Dunford & Snell, 2001; Marchington et al., 2016). When a resource is unique, it becomes more valuable and difficult for others to directly compare to, which therefore provides a competitive advantage. Whilst it is possible to copy many resources, it is very difficult to copy the way in which the human resource works within an organisation. This therefore makes it a highly competitive tool to use (Wright, Dunford & Snell, 2001). Competitive advantage is often recognised as the use of a resource or competency that results in an organisation setting itself apart from its competitors.

There is an argument that the various studies conducting research in this field are not comparable due to their using differing HMR practices, policies and systems (Boselie

et al., 2005; Wright et al., 2005; Lepak, Chung & Harden, 2006). A HRM checklist would be beneficial, and attempts have been made to create this, however the authors of the relevant studies have all sought to use differing HRM contexts or concepts, which thereby means thus far there is no mutually agreed upon HRM checklist. Three of the HRM-outcomes are usually used as mediating variables. These are: employee skills (competence and cooperation), employee attitudes (satisfaction level, motivational factors and commitment) and employee behaviour (retention) (Paauwe, 2004; Lepak et al., 2006). Causation in relation to HRM outcomes as mediating variables has been incredibly mixed, therefore making conclusions difficult to draw (Wright et al., 2005).

Whilst the quantity and therefore quality of research into HRM policy relationships with employee attributes and firm outcomes is increasing, there is still an insufficient level of understanding regarding how to draw firm conclusions. There is definitively no outlined relationship between HRM policies and performance (Harter, Schmidt, & Hayes, 2002; Purcell & Kinnie, 2007). It is possible to observe a positive influence on organisational performance when HRM policies are used, however greater research is required to expand the contextual knowledge of this influence (Gerhart, 2007; El-Ghalayini, 2017), for example in emerging markets or transitional economies, as thus far these contexts have been underrepresented (Ahlstrom, Foley, Young, & Chan, 2005; Zupan & Kase, 2005). The United Kingdom and the United States have dominated this research field; therefore research now needs to be conducted away from these pioneering countries so as to obtain a more holistic understanding of HRM (Huselid, 1995; Guest, Michie, Conway, & Sheehan, 2003).

As Darwish (2013) argued, there are two streams of research in HRM-OP studies - the direct and the indirect link. For example, there was previously a large emphasis on attempting to identify which HR practice was the “best” or the most successful. Many strategies have been put forward for this position, including selective hiring, employment security, increased training, compensation based on the performance of the organisation, and decentralisation of decision-making (Pfeffer, 1994; Huselid, 1995; Paauwe, 2004, 2009; Boxall, 2012). Research has indicated that “high performance”, “high commitment” or “high involvement” which are all advanced HR practices, have a positive association with the overall performance of an organisation

(Paauwe, 2009). A meta-analysis executed by Subramony (2009) indicated that the use of HRM bundles, rather than individual practices, relating to empowerment-enhancing, motivation and skill-enhancement, were much more successful. This finding reflects that combining individual HR practices is more effective than implementing singular practices.

Becker and Huselid (1998) established one of the comprehensive models of the correlation between HR practices and organisation performance. Essentially, this model proposes that strategies shape the scheme of the HR system. The HR system influences worker skills and incentive and the design and structure of work directly. These elements affect employee behaviour, which leads into superior performance. Ultimately, this increases profits and development, which in turn lead to better market position.

On the other hand, there are some studies which have discussed the indirect relationship between the HRM and OP. Delery & Doty (1996) argued that this relationship is linear in that HRM policies have an additive effect on organisational performance and that there is no interdependence among the different HRM policies (Becker & Gerhart, 1996; Delery and Gupta, 2016.). The predominant goal in HRM research has been to identify the relationship between policies and subsequent performance. Research is drawing progressively closer to answering this question; however there are still knowledge deficits in this area. Whilst correlations may be identified, causation is currently vague or unknown in terms of how HRM is affecting performance (Purcell, Kinnie, Hutchinson, Rayton, & Swart, 2003; Wright, Gardner, Moynihan, & Allen, 2005).

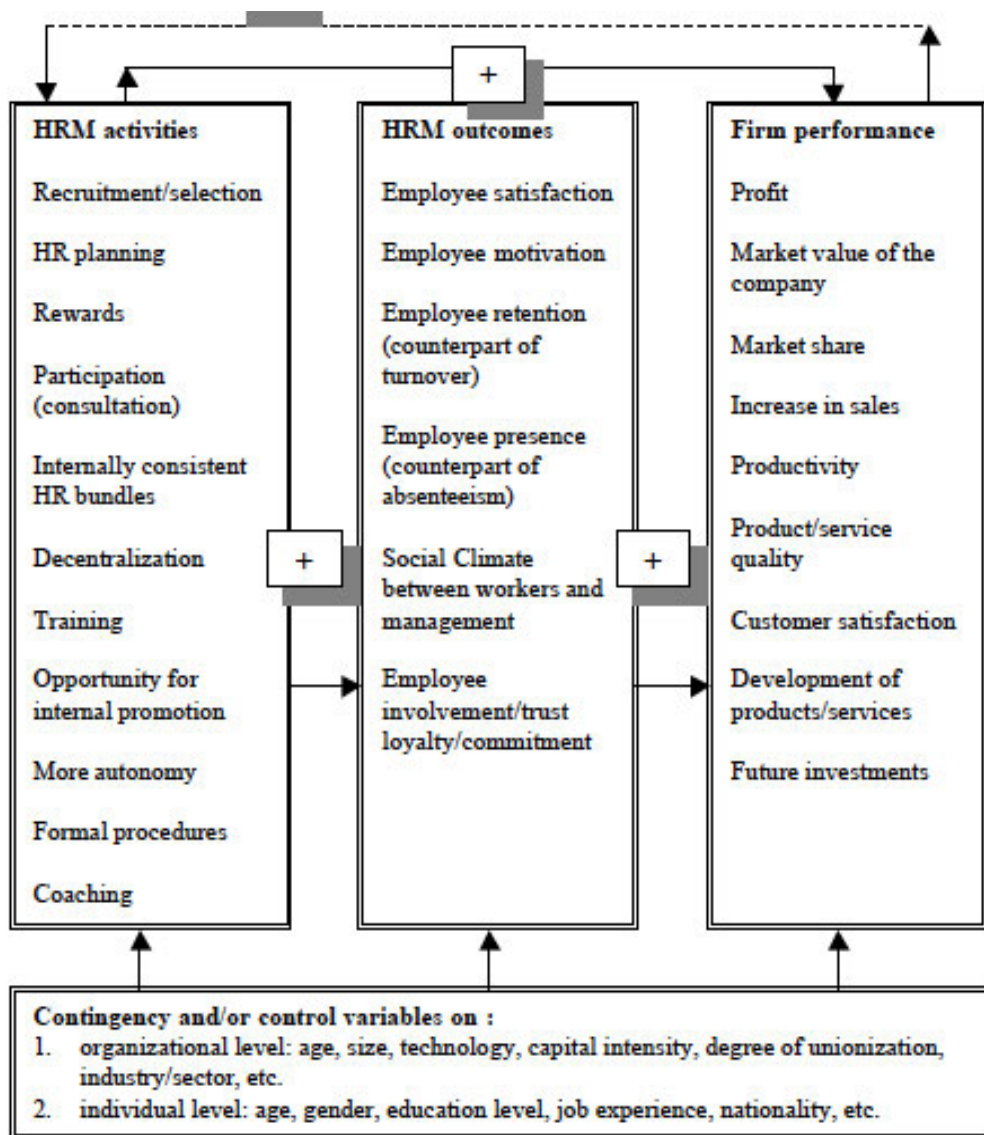
According to Edgar and Geare (2009), there is some research into the way in which these relationships develop to form an HRM-performance chain. Intermediate steps in this chain are being highlighted during the mapping process, with some researchers terming the process as a “black box.” Figure 3.1 outlines a model, which is adapted from Paauwe & Richardson (1997). The model presents the argument that the relationship between HRM policies and firm performance is mediated by HRM outcomes. Furthermore, the connection between HRM policies and business performance is made by HRM outcomes (Katou & Budhwar, 2006). The model also

views HRM policies as independent of each other, as well as business strategies being likewise so. The model makes use of previously outlined theories, including contingency, resourced based view and AMO, and combines these to provide a comprehensive and inclusive theory of HRM (Boselie et al., 2005).

It is known that a number of factors can affect how well business strategies and HRM policies are adopted, including the size of the organisation, its capital intensity, the industry it operates within and the intensity of the union. These can all influence HRM outputs and also the performance of the organisation (Paauwe & Richardson, 1997). It would be illogical to assume that an organisation in a vacuum immune from other influences; these controls will all affect how well business strategies or HRM policies can be implemented within an organisation. This influence can be either positive, or negative; therefore performance can be affected in either direction (Huselid, 1995).

If the HRM policies an organisation wishes to use are congruent with the other business strategies it regularly implements, then the HRM policies are more likely to be successful (Gomez-Mejia & Balkin, 1992). This progression would imply that business strategies should be designed first, and will have more influence than HRM policies over company performance. This is consistent with the contingency perspective. In light of this, it could be argued that cost reduction, quality enhancement and innovation are effective business strategies to help achieve a competitive advantage (Porter, 1985). Research has indicated that there is an ambiguous influence of a cost business strategy on the relationship between HRM policies and the performance of an organisation (positive, zero, negative), whilst a quality business strategy has been shown to have a directly positive influence. Finally, an innovation business strategy also has this positive influence (Schuler & Jackson, 1987).

Figure 3. 1 An operational model linking HRM to organisational performance.



Source: Paauwe and Richardson (1997)

Discrepancies may arise between differing theories on the best HRM practices; however there is a common denominator among them all which is the idea of enhancing the employee skill set. This can be achieved through HRM activities, such as selecting and recruiting the most appropriate staff for a job, providing staff with continued and appropriate training, and offering knowledge broadening activities such as job rotation. Youndt et al. (1996) outline two theories that summarise how HRM practices lead to increased performance. Firstly, human capital theory proposes that Skills, Knowledge and Abilities (SKAs) are valuable assets for employees within a firm to have. Therefore, if the implemented HRM policies enhance SKAs, the overall

performance of the organisation is likely to increase.

A resource-based view of this scenario is that HRM policies are able to develop the human resource. Employee attitudes are directly influenced by HRM policies, and these attitudes are the HRM outcomes that are assessed in order to determine if organisational performance has increased (Boxall & Steenveld, 1999; Otoo and Mishra, 2018.). The resource-based theory fundamentally acknowledges that the employees are a fundamental asset in the effective functioning of an organisation; therefore, they are the factors that will influence its competitive edge (see Wright & McMahan's 1992;Youndt et al., 1996). It was also held that the human resource will not be weakened by globalisation and environmental changes in the same way that technology or financial capital would be (Ulrich & Lake, 1991; Wright et al., 1992; Pfeffer, 1994; Barney, 1995; Crane and Matten, 2016). There is a limitation to this theory, however, as external factors could become influential. HRM policies will only influence an organisation's performance if the organisation takes a business approach that recognises and uses the employees' skills (Youndt et al., 1996). As previously outlined, the contingency perspective stipulates that HRM policies must be in line with the business policies within an organisation in order for them to be influential.

HRM has been researched in both a theoretical and empirical sense (Purcell et al., 2003; Lepak et al., 2006). The AMO perspective ties the many factors together. Firstly, the use of an HRM system focusing on improving employee ability to perform, such as selecting appropriate candidates for the job role, providing training and performance appraisals, will subsequently influence the skills they have, thereby increasing competence and cooperation. The use of an HRM system tailored to increase motivation to perform, such as providing compensation, promotion opportunities and other incentives, will affect the attitudes of the employees and make them more motivated and committed to their role. Finally, using HRM strategies tailored towards opportunity to perform, such as encouraging participation and involvement, and allowing communication of opinions, the employees behaviour will be affected, increasing the likelihood of them remaining in their role and being more present (Boxall and Purcell (2011); McDermott, Conway, Rousseau and Flood, 2013).

The AMO theory states that HRM policies can be implemented and create a

subsequent mediating change in employees, whether this is in their abilities, their motivation or their opportunity to participate. If these are positively influenced as mediating factors, then the organisation will see a positive effect in overall performance. The AMO perspective is therefore able to quantify the activity within the “black box” to reflect how HRM policies are related to performance (Boselie et al., 2005; Purcell & Hutchinson, 2007). What is important to acknowledge, however, is that this effect will only transpire if there are enough employees with knowledge and skills that can drive the benefits for the organisation. Unskilled or unknowledgeable employees will not demonstrate this improvement as effectively (Appelbaum et al., 2000). Employee motivation, commitment and satisfaction are three variables that will directly influence the long-term sustainable positive effects for the organisation (Paul & Anantharaman, 2003; Paauwe, 2004). Employee retention is also fundamental to the success of HRM policies as if employees are provided training and then elect to leave the organisation, the positive effects will not transpire (Boselie, Paauwe & Jansen, 2001). The discussion has indicated that the performance of an organisation is most likely to be influenced by HRM policies through indirect means of HRM outcomes. It has not, however, reviewed any direct effects (Katou & Budhwar, 2007).

There is a lack of HRM research in the Middle East countries. But, HRM research in the Middle East, especially in Jordan and the Gulf region, have started to appear in studies more recently (Al-Hamadi and Budhwar, 2006; Budhwar and Mellahi, 2006). Another study was done by Farouk et al., (2016), to investigate the effect of HRM practices on OP in the banking sector in the UAE in the Middle East, to examine the mediating influence of organisational innovation on the HRM-OP link, and to examine HRM practices as mediator of the link among innovation strategy and organisational innovation. They found that the organisational innovation mediates HRM-OP relationship in UAE companies. In addition, Darwish et al., (2016) tested the effect of the specific group of HRM practices on OP within an emerging market setting specifically in Jordan. It seeks to investigate which HRM practices are extreme closely connected with best OP within the fiscal services business in Jordan, this depends on the viewpoint of managers and the annual financial reports of the industries covered by the research. They found positive relations among HRM practices in the Middle Eastern companies and organisational performance.

Figure 3.1 presents the operational model's causal pathway, and this reflects that HRM outcomes act as an indirect link between HRM policies and the performance of an organisation. These links, however, do not need to be present at the same time. As there is no direct link between HRM policies and performance, it may be that some HRM policies intervene to produce an effect on business performance. The same can be said for the reverse with business strategies impacting on HRM policies. Organisational level controls may moderate these interactions (Paauwe & Richardson, 1997).

3.6 Theoretical Perspectives on HRM and Organisational Performance

Whilst research has derived some specific factual information regarding how HRM influences organisational performance, the remaining information has to be deduced using theories. Theories provide an explanation for how and why something acts in the way it does. More specifically, a theory in sociology will explain the reason why a community undertakes a particular activity, and how this is influential.

A theoretical model provides a structure to which factual information can be compared. They are used in many social sciences including psychology, sociology and economics. As more facts become known, the theory may require modification. If theories were not used there would simply be a presentation of trends or evaluations of human behaviour, but no explanation as to why or an effective system for the behaviour. Theories are advantageous as they allow us to use certain actions or assessments to view ideas in a structured way. This research will briefly cover the three major theories in HR theories, which are the resource-based views of the firm, behavioural perspective, institutional theory and emerging markets.

3.6.1 Theoretical Perspectives in relation to the HRM-Performance link

HRM is the process through which the human resource in an organisation is moulded and motivated in a direction that is consistent with the aims of the organisation (Hellriegel et al., 2008). This may involve techniques and policies such as effective

selection of individuals in accordance with the job description and the provision of adequate training and appraisals to ensure competence (Dessler, 2007).

A theory will seek to form a logical progression through a specific component of the empirical world. When the theory created is accurate, it will be empirically supported and demonstrate how two variables are, for example, related. The following section discusses a number of core theoretical perspectives in relation to the HRM-performance link.

3.6.1.1 Resource-Based View of the Firm

The resource-based view (RBV) has been used to explain how competitive advantage can be attained in organisations that have a large number of valuable resources (Penrose, 1959; Wernerfelt, 1984; Conner, 1991 and Peteraf, 1993; Nason and Wiklund, 2018). These resources at the company's disposal must be the key driving force in sustainability; ensuring that the gains achieved make it competitive in the long run, not just in the short-term. There are a number of steps to execute when using the RBV, which are to firstly select a resource that has potential to be valuable and secondly to decide to what extent it is valuable, rare, inimitable and non-substitutable.

Valuable –

A valuable resource is one that will allow the organisation to create greater value, either by being more successful than other competitors in the market, or by surpassing any weaknesses it currently has. HRM, for example, is most valuable when an organisation has heterogeneous labour requirements, in that different levels within the organisation require different job skills.

Rare –

Rarity will always add value to a resource. The more skilled a worker is, the rarer they are in the industry; therefore, HRM should seek to select rare highly skilled workers. The organisation must also appear attractive to these high skilled workers, which will allow them to systematically select a successful workforce.

Inimitable –

A key way to ensure a competitive advantage is to have a resource that is not possible to imitate. Moreover, this competitive advantage will remain sustainable if it can't be replicated by other organisations (Peteraf, 1993). The term inimitable was coined by (Rumelt, 1984) and was isolated from mechanisms. Causal ambiguity can be advantageous in this scenario, as it means that other organisations are not able to specifically identify what factor is giving the competitive advantage. This therefore is inimitable. For HRM, causal ambiguity is possible; the human resource is idiosyncratic to the one particular organisation.

Non-substitutable –

The inability to substitute the resource is possibly the most important factor as this will result in zero economic profits (Dierickx & Cool, 1989). In light of this, the resource must be carefully protected and regularly evaluated in order to ensure it remains non-substitutable and successful; evaluations and performance appraisals can be beneficial to achieve this purpose.

Resource-based view hypothesises that human resource system leads to enhanced competitive advantages since it facilitates advancement of capabilities that are specific to a firm and that results in challenging social relationships; the latter is entrenched in an organisation's history and traditions and create implicit organisational knowledge (Wright and McMahan 1992; Barney 1992). As pointed out by Barney (1991), RBV hypothesises that organisations create sustainable competitive advantages by using strategies that capitalise on the internal competencies through reacting to opportunities present in the environment while at the same time managing the external strengths and averting internal weaknesses. On the other hand, it can be pointed out that in order for competitive advantage to be established, the resources present in competing organisations have to be different between the competitors even though such resources are not easily accessible.

According to Schuler and MacMillan (1984), Pfeffer (1994), Ulrich (1991) and Wright and McMahan (1992), organisations are able to have a competitive advantage by embracing programmes that inspire people working for the organisation. According to Becker and Gerhart (1996) an HRM system is an intangible asset that aims to bring

value, and, when it is entrenched in the functional systems of a firm, it improves the organisation's competencies. Significantly, an HRM system in the organisation can create a competitive advantage that cannot be used as it is due to the unique mechanisms by which organisation specific - HRM systems that create high value are hard to imitate. On the other hand, according to Wright and McMahan (1992), RBV of competitive advantage is normally different from the classical approach paradigm since the focus of the RBV of competitive advantage is on the relationship between the organisation's strategy and its HRM strategy where firms can establish competitive advantages that are difficult to imitate (Almada, and Borges, 2018).

As far as firm resources are concerned, Barney (1991) noted that they are comprised of the competencies, assets, organisational procedures, company features, knowledge, and information that is managed by an organisation and makes it possible for the organisation to envisage and embrace strategies that enhances the effectiveness and efficiency of the organisation. In addition to that, Luthans et al., (2007) have also expounded that firm resources can be grouped into four main groups that are comprised of human capital, physical capital, social capital, and organisational capital. However, it is also important to note that in the last few years, psychological capital has surfaced as the fifth group of capital.

As far as organisational capital is concerned, Dess and Picken (1999) explained that it entails the insubstantial assets that are comprised of the reporting structure in place in a given organisation, the formal as well as the informal planning in an organisation, its administration, managing systems, and the informal connections between the various stakeholders. Moreover, the major role of organisational capital is to relate the resources of the organisation together into procedures that establish value for customers and at the same time results in a sustainable competitive advantage being in place.

In view of the social capital, it refers to the precise elements of insubstantial assets that are founded on the capability as well as ability to create and sustain networks of strong common relationships between the organisation and the different stakeholders (Nahapiet and Ghoshal, 1998). In the perspective of human capital, Barney (1991)

discussed that it entails training, knowledge, opinion, intellect, relationships and insight of individual leaders as well as employees in an organisation. Even though all the four resources have the potential to create competitive advantages, firm resources have to have four traits which are value, rarity, inimitability and non-substitutability since it is from the four traits that the a sustained competitive advantage can be established and at the same time sustained (Shaw, Park and Kim, 2013).

From another perspective, as mentioned by Lepak and Snell (1999), the resources of a given organisation tend to add value when it capitalises on the strengths of the company while at the same time averting threats that are present in the business environment that the company operates in. Moreover, it is also important that the resources are not easy to imitate so that other competing organisations are unable to easily imitate these resources. Lastly, Sullivan (2002) has emphasised the need for a resource to be imperfectly sustainable so that other firms cannot adopt the capability of using their resources to create and even implement various strategies that would pose a threat to the company. Sullivan (2002) has however explained that intellectual capital that is comprised of human capital, social capital and organisational capital may be a source of competitive advantage. Thus, even though HRM might not have the value, rare, inimitable, and non-substitutable aspects, various human resources practices can at times be good sources of critical resources.

Moreover, Barney (1991) noted that in human capital, the capability of establishing and sustaining competitive advantage, since it is likely to rely on distinct historical aspects, social complexity, and even causal vagueness, which are the three main characteristics that result in the resources becoming difficult to imitate. Even though there is the likelihood of technological or even procedural alternatives for human capital as pointed out by Bamberger and Meshulam (2000), it is vital to also point out that there are boundaries pertaining to the extent to which human capital can be substituted.

Psychological capital as explained by Luthans et al., (2007) entails the individual motivation tendency that emanates from positive psychological construct - for instance effectiveness, hopefulness, hope, and resilience. On the same note, they have mentioned that positive psychological capital is attained when the staff has the

necessary self-confidence to take on and put into practice the required effort to accomplish difficult assignments, makes positive recognition regarding succeeding in the short term and even in the long term, endeavours towards an achievement and when possible changes direction to ensure that the specified goals and objectives are achieved, and when faced by challenges, is persistent and is not deterred by those challenges (Luthans et al., 2007).

Moreover, latest researches have offered insight on novel concepts as well as likely constructs of enhanced organisational performance. Venturing in psychological contact together with the staff motivates the firm with more vibrant human capital in order to deal with the persistently changing business environments, thus offering major advantages over competitors that have less psychological capital.

Barney (1991) has explained that the main focus of the RBV of the firm is mainly on how the intensity of intellectual capital that organisations have or gain can result in high returns in the perspective of enhanced performance of the organisation. Scholars using this assumption propose that the level of intellectual capital and human capital are influenced by the HRM practices that are targeted towards hiring and developing the employees (Wright et al., 2005). Even though the resource-based view of the firm has acknowledged the significance of the intellectual capital, the level of human capital is important when used in strategic human resource management due to the fact that human capital that encompasses the competencies of the employees as well as their SKAs are a means through which strategy implementation is carried out and performance objectives are attained.

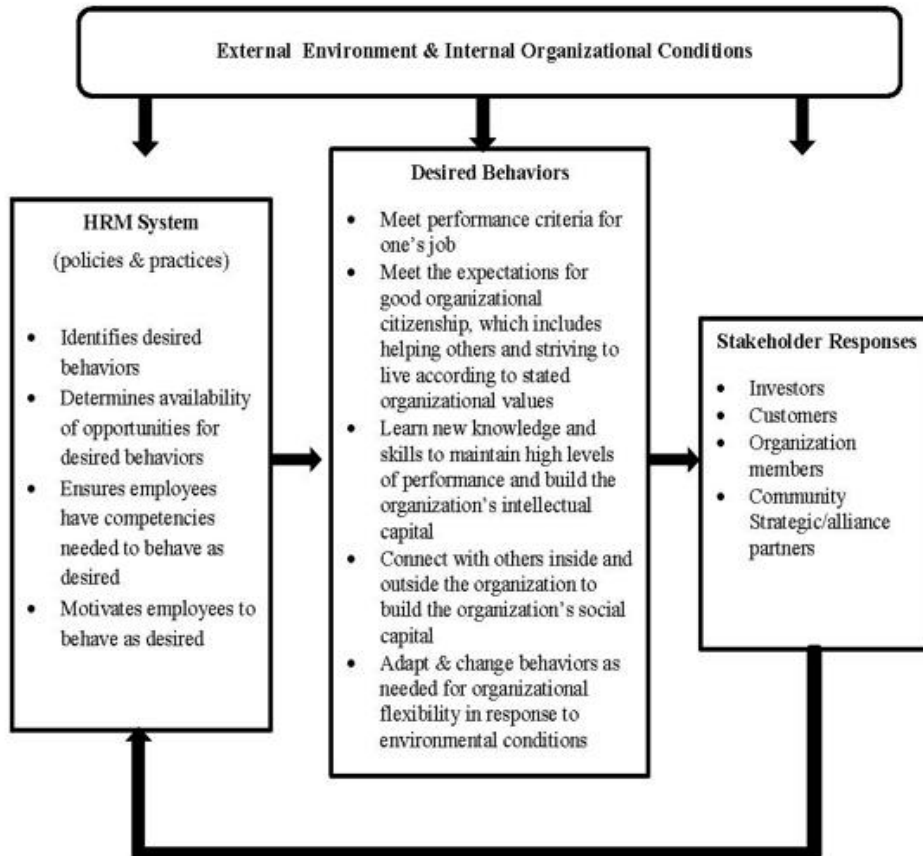
MacDuffie (1995) mentioned that HR practices that are innovative are probable to have improved economic performance when the three provisions are met. The three provisions are a) employees having intellect and skills that the managers do not have, b) employees are inspired to use this intellect and skills through unrestricted attempts, and c) when the business of the firm or the production strategy can only be attained when the employees add to such unlimited attempts (Levine and Tyson 1990; Bailey 1992). Even though that is never an issue as far as physical and organisational capital is concerned, it is important to note that the attitude of the employees is always an important issue as far as human capital is concerned (Coff, 1997).

The fact that organisational knowledge encompasses the total of knowledge of the individual employees and the joint knowledge amongst its members, studies conducted in the past have concluded that managerial application of different human resource management practices might have contradicting types of impact on the individual, collective knowledge, skills and capabilities of the firm (Zhao et. al., 2009).

3.6.1.2 The Behavioural Perspective and Social Exchange Model

Human resource theories seek to provide a logical pathway between administration practices or structures, and how these subsequently are able to affect the work of employees. The behavioural perspective explains how the performance of the organisation is affected by employee behaviour. Each organisation will have different forms of behaviour that they wish to encourage and suppress. The behavioural perspective of HRM provides researchers with a framework through which they can assess how the policies and practices at management level can be carefully manipulated in order to enhance the effectiveness of the organisation (Jackson et al., 1989; Allen and Wright, 2006). This depends on the way that the organisation is set up internally, as well as its specific work environment. Worker behaviour comprises structural mechanisms, including ethnicity, as well as group mechanisms such as the quality of leadership. Personnel are also important, including their morals and personality, and human mechanisms such as the level of fulfilment the job provides in terms of learning opportunities (Wright & McMahan, 1992; Kessler, 2013). The behavioural perspective is illustrated in Figure 3.2.

Figure 3. 2 An overview of the behavioural perspective



Source: (Kessler, 2013, p. 19).

One of the most referenced perceptions for elucidation of contingency relationships in the content of SHRM entails the behavioural viewpoint hypothesising that various forms of role behaviour are needed for various types of strategies that are implemented by different organisations (Jackson et al., 1989; Schuler and Jackson, 1987). On the other hand, any strategy that is fit for the firm has to contemplate the types of employee behaviour needed to effectively implement the strategy, and the types of abilities vital to show those types of behaviour (Allen and Wright, 2006). Accordingly, the achievement of these specific strategies is mainly reliant, at least in part, on the aptitude of the organisation to bring forth these qualities from the individuals working for the organisation (Wright and Snell, 1998).

Literature that has covered the topic of enhancing performance highlights the significance of learning organisations. On the other hand, the fact that human resource management mainly focuses on the employees as well as the environment that they work in implies that it is reasonable to state that HRM plays a major role in enhancing the learning behaviour of the employees. According to Pettigrew and Whipp (1991), organisations that have competitive advantage will develop human resource management policies that encourage constant learning, collaboration, and involvement and flexibility which are all characteristics that undoubtedly are present within the ideal human resource managed practice ranges. In that perspective, it can be explained that the ultimate result of enhancing employee learning attitude is that the organisation ends up becoming a learning organisation. The notion encompasses thoughts of flexibility, suppleness, evasion of constancy, trailing, remodelling means and ends, attainment of human potential for learning for strategic and personal advancement purposes (Theriou and Chatzoglou, 2007). It is evident that HRM has widened its classical responsibility of managing employees, to managing attitudes, relationships and even the organisational intellect.

Even though it is beneficial in conceptualising the responsibility of the employee attitudes and behaviour, its only prominence on employee attitudes might be unsophisticated as the behavioural point of view normally ignores the degree of human capital. It is unsophisticated since it presupposes that the only reason for different employment practices is to bring forth and manage employee attitudes (Wright and McMahan, 1992) but never takes into account the impact of the level of human capital that organisations obtain and even at times develop. In addition, human resource practices even though not perceived to be a good proxy to gauge the concept of employee behaviour, are, nevertheless, regularly used as such, with the supposition that the execution of a policy mechanically leads to the preferred employee attitudes. Nevertheless, it is also important to point out that there are other emerging appropriate factors (Lepak and Shaw, 2008) that could impact attitudes away from HRM practices.

When investigating staff attitudes and behaviour as well as their impact on staff performance, the social exchange model is a vital perspective. Social exchange model concentrates on the motivational element of relationship between the staff and the employer and offers insights pertaining to the effects of the match between the

anticipated incentive and contributions offered in an exchange involving the employee and the employer (Tsui et al., 1997). Particularly, it can be noted that social exchange theorists such as Gouldner (1960) studies the exchanges that take place between the staff and their employers pertaining views of reciprocity at a personal level of analysis. The importance of the social exchange model is the idea of a routine of reciprocity that advances and makes employees feel compelled to react justifiably to action from others. Wayne et al., (1997) expounded that workers aim to strike a balance in their exchange relationships with organisations by adopting attitudes as well as forms of behaviour equal to the level of employer dedication to them as individuals. According to Blaus (1964), social exchange is intermediate between pure calculation of external benefit and pure expression of internal affection. Providing interests might lead to links among peers or superiority over others, based on exchange relation.

Wasta is argued to be a vital factor of how economic events are planned and resources are allotted in the Arab Middle Eastern region in general (Gold and Noufal, 2012), and specifically in Jordan (Cunningham and Sarayrah, 1993). However, even economists who concentrate on investigating the Middle East have yet to adequately discover the influence of wasta upon business practices in countries of this region (Hutchings and Weir, 2006; Weir et al., 2015). The use of social theory as a method to study wasta is debated to be beneficial in revealing both the potential positive and negative consequences of wasta, providing existing studies with a more universal view of this practice (El-Said and Harrigan, 2009). The demand of social theory comes from its capability to bring in and return on the significance of both formal and informal institutions (Burt, 2015). Therefore, social theory helps us to obtain the deep thoughtfulness of wasta-based informal institutions that the institutional theory perspective offers, while still allowing us to obtain a more balanced evaluation of possible positive and negative outcomes of this practice (Ali, 2016).

Despite the fact that the precise attention of social exchange theorists differs, a common premise is that the professed equilibrium among organisational enticement and worker contributions impacts on performance. For example, Wayne et al., (1997) discussed the use of human resource management practices that were developmental in nature and noted that they were certainly connected to supposed organisational support. Professed organisational support on the other hand, has been established as

being strongly linked with affective organisational dedication - (Eisenberger et al., 1990), constructive suggestions (Eisenberger et al., 1990) and citizenship attitudes (Wayne et al., 1997). Moreover, professed organisational support is unconstructively linked with non-attendance (Eisenberger et al., 1990) as well as high employee turnover rates (Guzzo, Noonan and Elron, 1994). Various variables encompassing professed organisational support such as leader-member exchange (Liden et al., 1997; Wayne et al., 1997), organisational dedication (Shore and Wayne, 1993; Shore et al., 1995), and organisational citizenship attitudes (Masterson et al., 2000), have all in the past been used to expound on the concept of social exchange.

Similarly, Guest, together with other researchers at the Institute of Personnel and Development (2000) carried out a study that comprised of 610 companies in the United Kingdom; their findings indicated a strong correlation between human resource management and performance even though they noted that the connection was not direct. Moreover, another study by Martins and Coetzee (2007) and Richardson (2014), established that there was a positive connection between employee behaviour, organisational culture, human resource management and company performance. As a result, they concluded that employee dedication as well as a satisfied workforce are important in enhancing performance.

Boselie, et al., (2005) noted that professed organisational support symbolises a social exchange model of human resource management. Indeed, it can be pointed out that HRM policies that make certain suppositions and ascriptions from employees that will develop the organisational support are quite likely to be treasured and shared in kind with added attempts on behalf of the workers. On the other hand, Snape and Redman (2010) concur with the perception that HRM practices are considerably linked with professed organisation support, hinting that these forms of practice are professed by workers to be showing that the organisation is positive about their well-being and that it values their contribution.

Extraordinary focus should be paid to employee views of the inspirations underlying HRM practices due to the fact that these can strongly impact on attitudes as well as behaviour and eventually output at work. As noted by Allen, Shore and Griffeth, (2003), suppositions as well as the different comprehension of practices can be a

foundation of either negative or positive attitudes. The importance lies in the implication that employees affix to HRM policies that are in place at their respective workplace. Studies carried out in the last few years concur that the professed reasons why administrations select a set of HRM practices are connected to employee satisfaction, dedication and job attitude. The insinuation of employee attitude relies considerably on the personal attributions behind the function of the practices (Nishi, Lepak and Schneider, 2008). Furthermore, the workers' reactions to HR practices is reliant on the appraisal of positive or negative inferences that HR practices will have. Apart from that, it can also be noted that according to Nishi et al., (2008), expressly developed employee surveys could end up enlightening more than management reports could. Thus, it can be explained that there is sufficient evidence to show that HR practices can impact enhanced employee performance as well as the perceptions of the employees.

Snape and Redman (2010) carried out a study a few years ago, and examined the connection between HRM practices that are conceptualised at the workplace and personal employee attitudes. In their study, these scholars focused on two possible clarifications of correlation between social exchange and job influence. Professed job influence is explained as the nature of the freedom of choice that employees recognise that they have over significant factors of their work - for instance, variety of tasks carried out, the speed of work, how work is carried out, and the working hours among others. In this study, high level of perceived job prudence is considered to boost the sense of responsibility for the work of the employees.

Clinton and Guest (2007) who have also discussed the topic and explained that the model hypothesises that employee attitudes and behaviour are normally meditational variables in the correlation between HRM and organisational performance (Patterson et al., 1997; Wright et al., 2005). As a go-between, worker behaviour is impacted by the experience of human resource policies and practices, and the consequent constructive change in behaviour results in the enhancement of individual and organisational performance. Studies have shown a strong connection between constructive work behaviour, business and unit results (Harter et al., 2002).

From an organisational context, it can be explained that the workers can be perceived to be stakeholders in the social exchange relationships. To begin with, assuming that the firm originally acts in such a way as to offer the workers something of social value, the workers then assume that the company has offered something that is of social value to them. It is only at that point that the employees will get to feel that they are obliged to give in return to the company something that is similar to or of greater value. Even though scholars such as Schuler and Jackson (1989) among others have not expressed the exact variables entrenched within the behavioural standpoint, the variables that have been used in earlier studies in organisational behaviour research are comprised of leader-member-exchange, organisational fairness, professed organisational support, psychological pact, organisational dedication, and work performance - among others. In conclusions, it can be argued that the behavioural perspective provides HRM researchers a chance to elucidate how people participate to accomplish the organisational goals in certain situations and, it helps to determine techniques that expand by modern and significant means (Ericksen and Dyer, 2004). In addition, it can also be explained that the social exchange model offers perspective pertaining to the specific intervening elements that probably account for the connection between human resource management and performance.

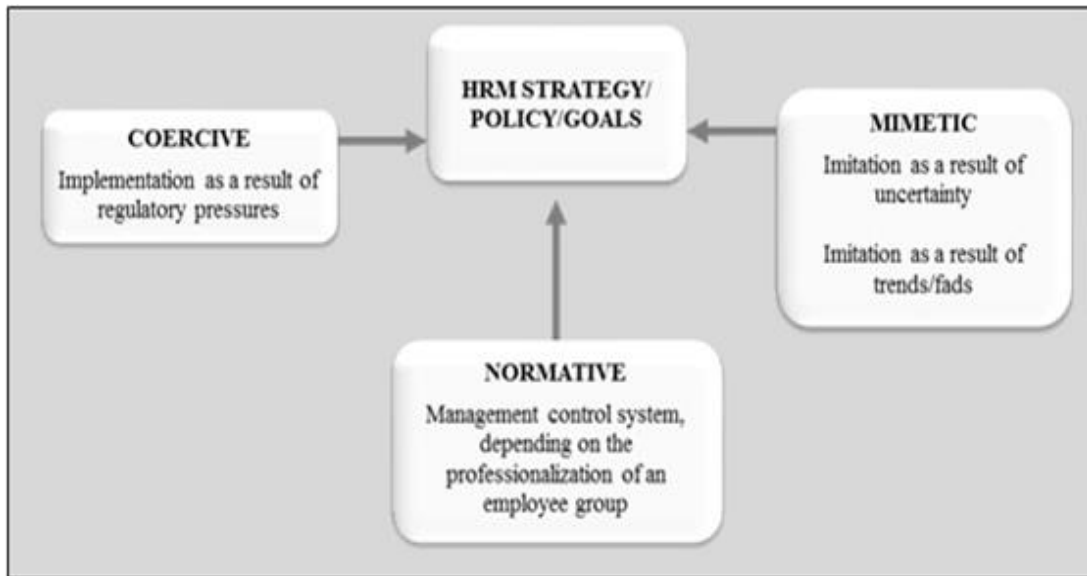
3.6.1.3 Institutional Theory and Emerging Markets

Institutional theory has become increasingly popular in recent years. It has been very useful in developing a better understanding of the determinants of HR practices, specifically within the setting of emerging markets. Organisational activities are restricted by the institutional environment, and some of the people management practices are also derived and influenced by the environment. The early 1900's saw the first application of institutional theory to HRM (see, for example, Purcell, 1989, 2014; Wright & McMahan, 1992; Oliver, 1997; Wilkinson, Wood, & Deeg, 2014; Budhwar & Mellahi, 2016).

Figure 3.3 illustrates the institutional mechanism for HRM by Paauwe & Boselie (2003). Current literature has greatly focussed on Western institutional arrangements; hence, the current study is exploring the application of HRM in Jordan, a Middle-Eastern country, and will therefore enrich our general understanding of the interplay

between HRM and institutions in emerging markets in general, and the country of Jordan in particular.

Figure 3. 3Institutional mechanisms and HRM



Source: (Pauwe & Boselie, 2003, p. 61)

According to Pauwe and Boselie (2003) and Scott, (2008) institutional isomorphism consists of three forms: coercive, normative and mimetic. Each one of these forms has specific implications for HRM. Coercive isomorphism emerged as a result of informal and formal forces exercised on companies by other companies, which informed by cultural beliefs (DiMaggio & Powell 1983, 2012). These forces are mostly entrenched in governing practices, which can mark themselves in numerous methods, and vary in their level of implementation (Pauwe & Boselie 2003). Coercive isomorphism associated to HRM includes the effect of social partners, work legislation and governmental policies. These factors can be observable at diverse levels (worldwide, domestic and industry). Worldwide-level forces may comprise numerous conventions; domestic-level regulatory forces comprise work laws; and industry-level regulatory forces comprise agreements, as well as bargaining (Pauwe & Boselie, 2003 and Budhwar et al., 2018).

Companies may have to modify their HRM practices and policies to react to coercive isomorphism (Tsai, 2010). Normative mechanism consists of the relations between the

management policies and the employees' background in terms of job experience, professional associations and educational level (Paauwe & Boselie 2003). The level of professionalisation of employee impact on the management control system should be considered (DiMaggio & Powell 1983). Beliefs and values which professionals perceive from education and past experience enhance the likeness of the abilities and experience of the workforce in a particular organisational field (Boon et al. 2009). Mimetic isomorphism comes from the organisational reaction to ambiguity. DiMaggio and Powell (1983) mentioned that when technologies in any company are weakly implied, goals are unclear, or when the atmosphere creates ambiguity, companies may face some problems.

The global market is becoming increasingly integrated, which presents complexities for organisations trying to maintain institutional diversity. In countries that have markets that are progressing, there are significant periods of growth occurring in both the society and the economy; these are growths that organisations must monitor and respond to.

For several years the issue on *wasta* has only contained a handful of studies (e.g. Cunningham and Sarayrah 1993; Abdalla, et al. 1998), which have investigated the practice of *wasta* in diverse Arab countries; in some cases the researchers have tried to generalise this to the rest of the region (Brandstaetter, 2013). However, these researches lacked either methodological accuracy or experimental data, and occasionally both. The interest in the matter has increased in recent times, and this has encouraged more in-depth examinations of this social phenomenon. This has served to construct researches concentrating on *wasta* from several theoretical perspectives such as Institutional Theory (e.g. Barnett et al., 2013; Brandstaetter et al., 2015).

Cunningham and Sarayrah (1993) debate that the institutional role of *wasta* as a technique to achieve and control the allocation of resources is not limited to solely historical use by tribes in Jordan. Although official governing institutions are more advanced in Jordan today, these are often incompetent. As such, *wasta* works as a parallel method or unofficial institution to control these resources (Loewe et al., 2007). However, most researchers who investigated *wasta* are criticised for concentrating on the negative influences of *wasta* on social and corporate practice while ignoring any

possible positive consequences. This is clear in the descriptions and expression used by institutional academics to define *wasta*. For example, Sidani and Thornberry (2013) defined it as nepotism, while Loewe et al., (2007) described it as favouritism, and Barnett et al., (2013) and linked it to cronyism.

As Peng, Wang & Jiang, (2008) indicate, developing markets are advantageous for research as they provide scope for advanced exploration of current theories, whilst also providing an opportunity to develop new more appropriate theories for this context. The research conducted thus far has already identified differences between emerging markets. Transitional markets, for example, appear to be different to traditional developing countries. Transition markets involve a country transitioning from what was previously a centrally planned economy to becoming a market economy. This often occurs in conjunction with increased privatisation and reduced government responsibility (Hoskisson, Eden, Lau, & Wright, 2000).

There are a number of other differences between emerging and advanced markets. A market that is emerging and therefore developing quickly is more appealing for exports and manufacturing, however they may be restricted by a lack of technological advancement or infrastructure. It is, therefore, the role of HR to address these limitations (Hitt, Dacin, Levitas, Arregle, & Borza, 2000). Emerging markets will also have significantly different political, legal, socio-cultural and technological factors when compared to already developed countries (Douma, George, & Kabir, 2006). For organisations to be successful in the long-term they must be able to assess and understand the socio-cultural environment in the context in which they operate. Neglecting to do so will render them non-competitive. Socio-cultural bridging strategies are useful for organisations when reviewing the socio-cultural and demographic issues that they may be facing in their current market; they may then use these to subsequently develop their competitive environment (Peng et al., 2008).

Demographic and socio-cultural concerns are far greater and more important to assess in emerging markets. The demographic issues in emerging markets include a low supply of skilled workers, a predominantly younger workforce and also the issue of urbanisation. The HRM practices that are used by an organisation will therefore be contingent on these limitations, with greater focus being on training and development,

thereby reducing the likely impact of the restrictions. As firms become known for having a successful workforce, they will attract more highly skilled workers during their recruitment processes, which will result in a more qualified human resource pool overall (Ready, Hil & Conger, 2008).

Therefore, the power of the global workforce within a broad variety of jobs establishes an exceptional atmosphere challenging existing ideas and theories on learning processes, leadership, innovation and absorptive capacity. Furthermore, the fast economic and social change has shaped a huge demand for expatriate workers. For example, as a result of the fast emerging economy of the UAE and its demographic and social features, associations provide very different types of jobs to a wide berth of foreign workers (Haak-Saheem and Brewster, 2017; Haak-Saheem et al., 2017).

3.7 HRM and Organisational Performance: Previous Studies

Jackson, Schuler and Rivero (1989) studied the variation in compensation performance appraisal, and training within diverse strategic sets. Outcomes gathered from a questionnaire for 267 companies were presented to companies employing a modernisation approach as a way of differentiation versus other companies which were less likely to focus on incentive compensation and more likely to provide work security. Also, these companies were more likely to offer more training for current as well as future skills.

One of the earliest studies on the relationship between HRM and organisational performance was conducted by Arthur (1994). HRM practices including control and commitment were used to create an empirical taxonomy. Arthur (1994) used 30 US steel mini-mills which were renowned for using scrap steel. The HRM practices within these organisations were divided into either control or commitment systems. Following this, factors of organisational performance such as scrap rate and labour hours were assessed. The conclusion drawn from this research was that when an organisation uses commitment HRM practices they have greater organisational performance, identified by reduced labour hours per ton and a lower scrap rate in comparison to those that use control HRM practices.

Workers can receive a more central role when it comes to the production system if an organisation takes on a flexible or lean production strategy (MacDuffie, 1995). Workers will also receive a range of skill acquiring opportunities, including job rotations, extensive training, and broad job classifications. MacDuffie (1995) argued that employees would only be inclined to offer any problem solving contributions if they felt that the company was interested in them and their personal wellbeing, or if the company had interests in common with employees. In order to test this argument Macduffie, (1995) conducted a study using 57 automotive assembly plants from around the world to identify the influence of integrating HRM systems and manufacturing policies; it was found that the outcomes were more effective when integrating HRM systems and manufacturing policies from the contingency perspective. The study concluded that a flexible production approach was the most effective, with enhanced performance in comparison to a mass production approach.

Most of the studies did not find a positive relationship between SHRM and employee performance. Youndt et al. (1996) found no clear link between HR practices and organisation performance. The study had assessed the relationship between HR practices and productivity in 97 manufacturing companies in the US. The researcher had evaluated two different views including contingency and universal HR approach and their relationship to organisational performance. There was no relationship between universal HR practices and organisational relationship, and a limited relationship between contingency HR approach and performance. Guest and Hoque (1994) conducted a similar study by that examining HRM practices in the UK Greenfield manufactures. The study had divided the HR practices into two sets. The first set included high HR practices while the second set included low HR strategies. The study did not find significant differences between high and low HR practices

Further research has considered the effect that HRM policies have on the performance of an organisation. For instance, Huselid (1995) has found that employee outcomes are significantly affected by HRM policies, with turnover reducing and productivity increasing. In another study, Delery and Doty (1996) recognised seven specific practices that are regularly deliberated to be strategic. These practices were profit sharing, training systems, job definitions, internal career opportunities, appraisal systems, work security, and voice mechanisms. The study outcomes show that profit

sharing, oriented appraisals, and work security were positively linked with organisational performance. A weak link was found for the configurational and contingency styles. In addition, Huselid et al. (1997) conducted a study on 293 U.S. companies to assess the influence of HR managers' abilities on HR performance and its impact on the financial performance. The study concluded that the effectiveness was linked with qualities and proficiencies of HR employees and that there was a relationship between HR management effectiveness and the financial outcomes.

Wood and De Menezes (1998) had examined 1,693 workplaces in the UK and ranked four different kinds of HR practices using a scale that ranged from Low Commitment Management (LCM) to High Commitment Management (HCM). HCM practices are employee related and associated with monthly salary, appraisal, information disclosure, and communication. The study had examined four progressive styles of HCM. It was found that companies with a medium level of HCM practices were high. Also, HCM was not related to non-union companies. While the study found some effects on organisation performance, there were no significant differences among the different types of HR practices.

A further study reviewed 190 American petro-chemical refineries to determine how HR practices such as selection, training, compensation and appraisal were influential over financial performance (Wright et al., 1999). This study concluded that training and compensation directly correlated with motivation, but this was limited to highly participative systems only. HR practices such as selection, compensation and appraisals were shown to increase firm performance. Hoque (1999) investigated HRM practices and a variety of variables from a survey of 200 hotels. The result indicated two main types: "HR outcomes" and "performance outcomes". He recognised that the commitment, quality enhancers, job satisfaction, service quality, work quality and financial performance were all greatly correlated to the usage of HRM practices.

HRM research has been conducted in Korea using 138 organisations to determine how organisational strategic variables regarding HRM can be used to develop a competitive advantage (Bae & Lawler, 2000). The performance was greater in the organisations that used high-involvement HR strategies. One hundred and ninety four organisations in Singapore have also been examined by Khatri, (2000) which again demonstrated

that HR practices are influential over the profitability of an organisation. This positive affect currently appears to be secondary; however the HR practices are becoming more synonymous with the overall strategy of the organisation and therefore are being implemented more effectively.

Fey et al. (2000) had examined the HR effects in a different context. The study focused on HR practices in 101 Russian firms; the study was related to employee promotion, internal recruitment, and training. The study had not found a strong relationship between most of the HR practices and performance of the firms. However, a significant relationship was established between job security and promotion on merit and employee productivity. Moreover, HR practices were found to have a profound effect on organisational performance when they were aligned with the strategic objective of the company.

Bartlett (2001) has also conducted a study on 337 nurses in the US and found that training has major positive relations with organisational commitment. This research was extended by Wan et al. (2002). One hundred and ninety one Singaporean companies were examined in relation to six HR practices (training, staffing, empowerment, performance appraisal, job design, and performance-based pay). These variables were then assessed in terms of their impact on firm performance, as well as their effect when bundled together. The study found that when the HR variables were implemented effectively, there were positive organisational outcomes in terms of HR performance, employee productivity, commitment to the organisation and the level of job satisfaction. Performance appraisals, staff empowerment and successful training were three important characteristics which were addressed by HR in order to boost organisation performance.

The relationship between HR policies, the rate at which employees quit the organisation, and the overall performance of the organisation in the service sector, based on sales growth, was analyzed by Batt (2002) using a sample of 52 multinational corporation subsidiaries based in America. There was increased performance and a lower number of employees leaving the organisation when employees were invited to participate in decision-making, when employees had secure, well paid jobs, and when the skills within the organisation were high. Positive effects are seen in work

satisfaction in the UK when HRM policies are incorporated into an organisation, such as active participation in decision making processes, the sharing of information within an organisation, providing staff with equal opportunities and family friendly practices, and also incorporating anti-harassment practices (Guest, 2002). Whilst 19 out of 25 studies are showing this positive relationship, they are not separating systems from individual policies, therefore caution in their interpretation is required (Wiggins & Ruefli, 2002).

Another study conducted by Way (2002) studied small US firms and found empirical and conceptual evidence of HPWS and organisation performance. It was also found that HPWS does not significantly result in outcomes that exceed labour costs related to implementing such a system. In addition, Cappelli and Neumark (2001) examined HR practices in US manufacturing firms. The study assessed the impact on established outcomes of high-performance work practices (HPWS). The study found that HPWS did not in any way make a significant impact on the productivity of the employee.

The causal model has been explored to link between the performance of the organisation and its HRM policies. A direct effect on performance was seen as the result of policies that provide staff training, offer compensation and incentives, and also focus on job design (Paul and Anantharaman, 2003). A relationship between HR orientation and performance is also reflected in Indian organisations (Singh, 2003). HR orientation refers to the HR policies when they are consistent with the general strategies outlined by the organisation. Thus when planning, selection, evaluation, compensation, development and staffing practices outlined by HR are consistent with those of the organisation, there will be positive effects.

A study conducted by Guest et al. (2003) had made use of subjective and objective organisational performance measures to find out the impact of HR practices on organisation performance in the UK. The study had examined 366 firms related to the manufacturing and service sectors. The study examined a large number of HR practices and found that use of HR practices was related to lower employee turnover and higher employee productivity, with regard to subjective performance measures. However, there was no significant impact on employee productivity. Making use of objective performance measures, the study had found a clear link between financial

performance and productivity. While the study had found a clear relationship between employee performance and HR practices, it failed to show that HR practices resulted in improved performance.

A comprehensive review examined the various HRM practices explored in over 30 research studies, and their subsequent outcomes (Paauwe & Boselie, 2003). The outcomes considered included satisfaction, motivation, turnover, level of absence and commitment to the company. Further outcomes were considered that are generalised and have greater focus on the organisations' success rather than the employees, such as productivity, quality, R&D, satisfaction of consumers, sales, profits and the organisations' market value.

Gould-Williams (2004) conducted a study on 206 local workers in England and he concluded that there is a positive relationship between employees' satisfaction and training. Also, he found that the relationship between supervisors and workers has a positive impact on employees' satisfaction. It is debatable that workers in the public sector with great organisational commitment and job satisfaction, and low levels of intention to leave the organisation are typically more eager to achieve their organisations' objectives and offer their help enthusiastically to their companies and customers. Research results disclose that these attitudes have been found to have notable relations with some other significant job-related variables, such as work engagement, mental health, occupational commitment, job involvement, work motivation, life satisfaction, and work stress. Overall, these attitudes influence both workers and organisational performance (Kim, 2005).

Wright et al. (2005) had conducted a study in which the association between employee commitment, HR practices, and performance of 50 US companies related to the US food sector were examined. The findings of the study suggest that HR practices are not related to employee productivity. However, they were found to be related to business profits. Another study conducted by Wood et al. (2006) had examined HR practices related to 145 call centres in the UK. The study had found a weak link only for certain dimensions of the strategic HR practices. Also, the study found no significant direct relationship between HR practices and organisation performance.

There appears to be a strong link between training satisfaction and overall job satisfaction. Schmidt (2007) gathered information on 552 American and Canadian customer technical service employees' job satisfaction and training satisfaction, and found a strong correlation between the two. In the UK, job satisfaction has been associated with autonomy of employees, the level of involvement employees are allowed within an organisation, and the training and learning opportunities provided (Petrescu & Simmons, 2008). Based on data collected from 178 manufacturing organisations in Greece (Katou & Budhwar, 2010), employee commitment is positively influenced by job evaluation, compensation, opportunities for promotion, incentives to work harder, and benefit opportunities.

More recent research in Thailand has also examined the relationship between organisational performance - with variables including sales, profits and liquidities - and HR strategies (Wattanasupachoke, 2009). Statistics derived from a meta-analysis of 92 studies reflect that a one standard deviation increase in high performance work practices results in a 4.6% increase in the return an organisation receives on its assets (Crowther & Lancaster, 2008). Gould-Williams et al. (2010) also presented data indicating that when high commitment HR practices were used, effective commitment increased. There also appears to be a mediating relationship here of civic duty.

Gardner et al. (2011) found the affective commitment of employees has been shown to be positively influenced by a wide range of factors, including communication within the company and between departments, evaluations, pay bonuses based on merit, opportunities for promotion, clear processes to log complaints and formal participation programmes. The only HR strategies identified as effective were the opportunity for extra pay and profit sharing. It is important to acknowledge that whilst there is evidence of a correlation between HRM and performance, this has to be viewed as circumstantial (Wilson, 2010) as the study designs have failed to carefully consider the distinction between systems of HRM practices and the individual practices themselves. Yang (2012) has also conducted a study on Taiwanese employees and he found that great involvement HR practices had a meaningful positive impact on effective commitment, which in turn had obvious positive impact on their behaviour. Similarly there is a 4.4% decrease in turnover. This demonstrates that the use of HR high performance practices should be carefully considered by management as they could

have a phenomenal impact on the performance of the organisation. Gould-Williams et al. (2013) also presented data indicating that when high commitment HR practices were used, effective commitment increased. There also appears to be a mediating relationship here of civic duty.

Darwish, Singh, and Wood (2015) investigated the impact of a particular set of HRM practices on organisational performance in the financial services industry in Jordan. Training was the only HR practice seen to regularly influence both objective and subjective performance. Although contradicted by objective organisation performance data, a lot of respondents thought that the wide use of money and promotion had more positive impact on the performance. This underlines both the limitations of trusting managerial reported performance data in investigating the effects of specific HR practices, and the insufficient perception of the HR best practices within emerging market settings.

Trivedi and Raval (2015) studied 50 previous researches conducted by numerous scholars in the area of HRM practices and organisational performance in different fields. Since the organisational performance relies mainly on the employees, HRM is a main area of emphasis for scholars. Most of the researches included in their study focused on training, compensation and benefits, recruitment and selection, and performance appraisal in a way to foster an interaction with organisational performance such as profitability, effective HR outcome, fiscal outcome, and operational cost. They concluded that numerous HR practices have a positive impact on financial and operational performance.

More recently, Dierendonck et al., (2016) investigated the link between HRM practices and employee turnover by considering the impact on the socioeconomic environment. Data was gathered at firm level with a global sample of 830 businesses from 12 different countries. Four bundles of HR practices are presented: communication, well-being, remunerative, and developmental practices. The effect on the socioeconomic environment was investigated by considering the institutional setting at country level. The outcomes showed that turnover is associated to both a country's institutional factors and company HR practices.

In addition, El-Ghalayini, (2017) explored the relationship between HRM and OP and their study has concentrated on private sector institutions and found that there had been very limited research on international governmental organisations (IGOs). This study concentrated on the relatively understudied global governmental associations. On the basis of a huge organisation-wide analysis, the research assesses the consequences of HRM practices on employees' behaviour by using employees' survey and follow-up interviews conducted on a cross-section of one of the biggest IGOs. The association has a quasi-governmental function, delivering fundamental public services including healthcare, education, and social aids. The experimental evidence has revealed that the impact of particular HRM practices, such as training and development, has stronger significance compared with other practices, such as recruitment and selection. The findings also implied that HRM practices have strong complementary impact on each of the employees' behaviour that surpass their individual impact. The study shows that although there are major positive effects of some bundles of HRM practice and employees' behaviour outcomes, there are other elements that may positively or negatively control the effectiveness of these practices, raising thus the question of reverse causality.

Humayon et al., (2018) conducted a study to investigate the elements affecting organisational performance in South Punjab Hospitals. The aim of their research was to examine the organisational performance and the aspects that impact the performance in three of the regions public hospitals (Vehari, Lodhran, and Khanewal). The investigator used three factors of employees' motivation, innovation, and management involvement to explore the organisational performance in hospitals. The analysis collected data from a sample of 90 workers in the hospitals. The findings revealed that there was a substantial positive connection among variables. The multiple regression findings stated that innovation and management involvement were significant predictors of OP. However, employees' motivation was not a significant predictor of OP.

Table 3.2 mainly summarises studies that have focused on the effect of HRM on organisational performance. In brief, this includes the author(s) of the article, the country that the research was conducted in, the sample size, the measures used and finally the findings that were presented in the article.

Table 3. 2 A Summary of empirical studies on the link between HRM and OP

Author(s)/Year	Sample / Country	HRM and performance measures	Findings
Jackson et al. (1989)	267	Studied the variation in compensation performance appraisal, and training within diverse strategic set. The performance measures such as cost, quality, affective commitment, customer services, productivity, innovation and technology.	Major relationship between companies follows high or low innovation strategy and HR practices.
Arthur (1994)	30 in USA	Used HRM systems including training, minim supervision, innovation, high salary to determine how labour efficiency and scrap rate were affected by the use of a resource strategy focusing on high commitment. The performance measures: Productivity and turnover.	When commitment HRM practices are used, organisations have greater overall performance in comparison to control organisations. Both productivity and quality were elevated in organisations using HRM strategies to achieve high commitment from employees.
Guest and Hoque (1994)		Examining HRM practices in the UK Greenfield manufactures such as Internal promotion, Job review, the use of behavioural questionnaire, Formal appraisal, Employees selection, Flexible job description, Staff involvement, Quality control circle, Communication with managers, Job design. Performance measures: Staff productivity and attendance.	The study did not find significant difference between high and low HR practices
Macduffie (1995)	57 in USA	The study focused on (performance-related pay, training, selection) and quality role, participation, teams. The performance measures such as Productivity and quality are increased through the use of HRM systems.	Using a flexible production strategy was regularly demonstrated to be more effective in terms of performance than mass production approaches.
Huselid (1995)	968 in USA	Reviewed how HRM policies influence the performance of an organization skill & structures (training, communications, grievance procedures); & motivation (promotion on merit, performance appraisals). The performances measures focused on productivity, turnover, Tobin's	Determined that employee outcomes, specifically turnover rate and level of productivity, are significantly

		Q & GRATE for subsequent year	influenced by HRM policies.
Delery and Doty (1996)	216 in USA bank	They tested seven practices: Job specification, internal promotion, profit-sharing, performance appraisal, participation, training, security and two performance measures: return on equity and return on assets. .	The study outcomes show that profit sharing, oriented appraisals, and work security were positively linked with organisational performance. Weak link was found for the configurational and contingency styles.
Youndt et al. (1996)	97 in US	The study had assessed the relationship between HR practices and productivity. The HRM practices such as technical training, Soft training, Employees selection, Attitude evaluation, rewards plan, Skills-based compensation. The performances measures focused on Customer relationship, machine productivity and effectiveness, simultaneous and subsequent average.	There was no relationship between universal HR practices and organisational relationship, and a limited relationship between contingency HR approach and performance
Huselid (1997)	293 in USA	Reviewed the extent that the competency of HR managers is able to influence the effectiveness of HR and the extent it affects financial performance. Technical HRM (recruitment, training) and strategic HRM (teamwork, empowerment). The performance measures were productivity, GRATE & Tobin's Q.	HR manager competency does affect productivity, cash flow and market value.
Wood and De Menezes (1998)	1693 in UK	The study had examined four progressive styles of HCM practices are Training needs analysis, Low status differences, performance-related pay, Quality control circle, Profit sharing, Teamwork, Multi-skilling, Evaluation. The performance measures were Productivity and financial performance improvement	The study found some effects on the organisation performance, but there were no significant differences among the different types of HR practices.

Wright et al. (1999)	190 in USA	A review of how financial performance can be impacted by multiple HRM practices, including selection & training, compensation and appraisal. The performance measure was participation of (subjectively) financial performance (sales growth and profit margin).	Firm performance is positively influenced by HRM practices of selection, compensation and appraisal in highly participative systems only.
Hoque (1999)	200 in UK	Investigated HRM practices (recruitment, training, team work, services quality, job description, appraisals, incentive and rewards, employee involvement and a variety of variables. The result consisted of two main types: “HR outcomes” and “performance outcomes”. The performance measures such as, subjectively financial performance, quality, productivity.	He recognised that the commitment, quality enhancers, job satisfaction, service quality, work quality and financial performance were all greatly correlated to the usage of HRM practice
Bae and Lawler (2000)	138 in Korean	Examined how organisational strategic variables can affect the organisation and what competitive advantage they can offer. HRM practice, including performance-related pay, selection, broad job design, and training. The performance measures: return on invested capital(ROIC), diversity of product, services quality, job satisfaction and employee commitment.	When HRM strategies were high involvement, these organisations had better performance.
Khatri (2000)	194 in Singaporean	The manner in which OP is affected by HRM practices job design, selection, training, self-managed and self-directed teams, quality or problem-solving, participation and involvement, internal career opportunities, performance appraisals, performance related pay, high salary, teamwork, The performance measures: market value, quality, Return On Investment (ROI), productivity and turnover.	Firm profitability is directly influenced by HRM practices.
Fey et al. (2000)	101 in Russia	Examined the HR effects on a different context such as training, Performance-based promotion, Competitive wages, Performance-based pay, Delegation, Internal career opportunity, career planning. The performance measures: Employees qualities improvement.	Significant relationship was established between job security and promotion on merit and employee productivity
Bartlett (2001)	337 in USA	Discovered the relationship between (benefits of training and organisational commitment). The performance measures: affective commitment, Job satisfaction and Job involvement, benefit of	The study found that training has major positive relations with organisational

		training, motivation, access to training,	commitment.
Cappelli and Neumark (2001)	US	Examined HR practices in manufacturing firms such as training, Job rotation, Self-managed employees, Quality control circles, Profit sharing, Employee involvement in decision-making, Teamwork, skill-based compensation. The performance measures : Employee effectiveness and productivity.	The study found that HPWS did not in any way make a significant impact on the productivity of the employee.
Wan et al. (2002)	191 in Singaporean	Six strategic HR variables were tested: training, staffing, empowerment, performance appraisal, job design and performance-based pay, and then considered how putting these variables into systems, rather than reviewing them individually, affected performance. The performance measures were productivity, commitment and job satisfaction, services quality, reputation and profit,	Organisational outcomes were positively affected by implementing the individual strategic variables. The study also highlighted two areas of specific importance for management to address, which were performance appraisal and empowerment.
Batt (2002)	52 Japanese multinational corporation subsidiaries in USA	Examined how organisational performance is affected by human resource practices and employee quit rates. The HRM practices including high salary, training, communication, Participation, Teamwork, Job discretion, Self-managed teams. The performance measures sales growth (higher performance) and quit rates.	Quit rates were lower in firms that actively emphasized the importance of a skilled workforce, invited employees to participate in decision making and offered human resource incentives such as high pay or job security.
Way (2002)	500 in US	Examined how HPWS impact on organization performance, upward communication, Job rotation, Self-managed employees, Job rotation, Training, Team-based compensation, Staff involvement .The performance measure: Staff Productivity	Found that HPWS does not significantly result in outcomes that exceed labour costs related to implementing such

			system.
Paul and Anantharaman (2003)	1200 response from 45 different companies in India	Used the causal module to link organisational performance to HRM such as teamwork, customer orientation, organisational commitment and employee competency. Training, job design, incentive. The performance measures: quality, cost, productivity, employee retention and speed of delivery.	The study found that specific HRM practices have direct impact on the organisational financial performance. However, all other HRM practices have indirect impact on the financial performance.
Guest et al. (2003)	366 in UK	Explored many HRM practices and how these affected organisations, including Self-managed employees, Flexible job description, Quality control circle, Communication with managers, Job review, Cross functional teams, Selection, Training need analysis, Profit-based compensation, rewards, Employment security, Internal career opportunity. The performance measures were Employee productivity and profits in the period before and after measuring the independent variable.	Found that use of HR practices was related to lower employee turnover and higher employee productivity, as regards to subjective performance measures. The result showed failed to show that HR practices resulted in improved performance.

Gould Williams (2004)	206 in UK	Reviewed many HRM practices, including working as a team, training provision, variety in the job role, pay based on performance, selection, job security, improving the employee-superior relationship and allowing employees greater decision-making involvement. The performance measures: job satisfaction, communication, turnover, productivity, profitability and employee retention, Organisational commitment, and intention to quit.	These factors all positively influenced job satisfaction.
Kim (2005)	2000 in Korea	Examined how these attitudes impacted both employee and organisational performance. Work engagement, mental health, occupational commitment, job involvement, work motivation, life satisfaction, and work stress. The performance measures: job satisfaction, motivation, Affective commitment, fairness, Efficiency and Effectiveness.	Research results disclose that these attitudes have been found to have notable relations with some other significant job-related variables. Overall, these attitudes influence both workers and organisational performance
Wood et al. (2006)	145 in UK	Examined HR practices on organizational performance such as job description, Training, Job discretion, Selection exams, Formal performance appraisal, Quality control circles, internal promotion opportunities, Cross functional groups. The performance measures: Employees retention and absenteeism.	The study had found a weak link only for certain dimensions of the strategic HR practices The study found no significant direct relationship between HR practices and organisation performance.
Schmidt (2007)	552 in USA and Canada	Reviewed how training can impact job satisfaction. The performance measures: satisfaction of pay, monitoring, promotion, incentive and rewards, communication, employee satisfaction.	Training positively influenced job satisfaction.

Petrescu and Simmons (2008)	2 data sets, sample sizes 1518 & 19890 in UK	Explored the effect of many HRM policies on employee. They used recruitment and selection, job autonomy, supervision, Work organization, training, salary. The performance measures: subjectively (satisfaction of pay and Job satisfaction).	Job autonomy, employee involvement, improved training and use of supervision particularly influenced Job satisfaction.
Wattanasupachoke (2009)	124 in Thailand	Examined the relationship between organisational performance (performance measures including sales, profits and liquidites) - and HR strategies .The only HR strategies identified as effective were the opportunity for extra pay and profit sharing	The financial performance of the company, such as sales, profits and liquidities, was significantly positively correlated with extra pay and profit sharing.
Katou & Budhwar (2010)	178, response rate 30% in Greece	Reviewed a large number of HRM strategies to determine how these affected employee commitment. Flexible work arrangements, recruitment and selection, communication, performance appraisal, training, job evaluation, monitoring, incentives and benefits, participation, job design, involvement, and health and safety. Performance measures: quality, efficiency and effectiveness.	The most significant effect on employee commitment was seen using HRM policies of job evaluation, compensation, promotion, and incentives.
Gardner et al. (2011)	1748 in USA	Reviewed many HRM strategies that target affective commitment from employees such as formal performance evaluations, reimbursement, formal participation programs, merit pay, group bonuses and promotion opportunities. Performance measured: involvement commitment and total turnover	Positive relationships were seen between employee affective commitment and: Formal performance evaluations, merit pay, individual or group bonuses, company-wide bonuses, promotion opportunities, complaint processes, cross-department and company communication, and formal

			participation programmes.
Yang (2012)	172, response rate 43% in Taiwan	Explored how the HR involvement impacts the commitment, which, in turn participate in changing the employees' behaviour in term of their contribution, loyalty, and the delivery of service. HRM such as Competence development, fair rewards, Recognition, empowerment, and information sharing. Performance measures: affective commitment, turnover.	The study found that great involvement HR practices had meaningful positive impact on affective commitment, which in turn had obvious positive impact on their behaviour.
Gould-Williams et al. (2013)	1755, response rate 27 in UK	Explored the effect of various HRM policies on affective commitment. Training and development, rewards, job security, communication, involving staff in decision-making, selection, promotion. Performance measures: Affective commitment, intentions to quit and job satisfaction.	The use of HR practices seeking to develop high commitment was positively associated with subsequent increased affective commitment. Civic duty appeared to act as a mediator between these HR practices and subsequent affective commitment.
Darwish et al.(2015)	104 financial sector in Jordan	Training, internal career opportunities, performance appraisals, recruitment and selection, and incentives and rewards. Financial performance (Return on Equity and Return on assets).	Training was the only HR practice seen to be regularly influencing both objective and subjective performance. Although contradicted by objective organisation performance data, a lot of respondents thought that the wide use of money and promotion had more positive impact on the performance.
Trivedi and Raval	50 studies	Training and development, performance appraisal, compensation and benefits, recruitment and	They concluded that numerous HR

(2015)		selection, financial performance, increased profitability and efficient HR result.	practices have positive impact on financial and operational performance.
Dierendonck et al. (2016)	830 in 12 countries	Investigated the link between HRM practices and employee turnover by considering the impact of socioeconomic environment. Four bundles of HR practices are presented: communication, well-being, remunerative, and developmental practices. The effect of the socioeconomic environment was investigated by considered the institutional setting as a country level. The performance measure was turnover	The outcomes showed that turnover is associated to both a country's institutional factors and firm HR practices.
El-Ghalayini (2017)	234 private sector	Explored the relationship between HRM and OP. HRM measured (recruitment and selection, reward and compensations, performance appraisal and training and development). Organisational performance measured (satisfaction, motivation, intention to quit and employee commitment).	The results showed that training and development has stronger significance compared with other practices. also implied that HRM practices have strong complementary impact on each of the employees' behaviour that surpass their individual impact.
Humayon et al., (2018)	90 employees in Pakistan	The aim of their research was to examine the organisational performance and the aspects that impact the performance in three regions public hospitals. Used three factors employees' motivation, innovation, and management involvement to explore the organisational performance in hospitals.	The findings showed that innovation and management involvement were significant predictors of OP. However, employees' motivation was not a significant predictor of OP.

Source: This table is developed by the author. All studies are cross-sectional

3.7.1 Summary of HRM-performance research

This summary highlights gaps and comments emerging from the review of the HRM-performance research in the previous sections:

1. There is strong and consistent evidence that HRM impact on performance is lacking in agreement. There is still some argument regarding the necessity of developing more comprehensive evidence regarding HR practices and how these are specifically causing the positive outcomes (e.g., the mechanism in which HRM may impact organisational performance). There is still, however, some ambiguity concerning the relationship between HRM and organisational performance.
2. There is a little attention being paid to the Health sector in this research stream as most studies have been conducted in banking, hotels and manufacturing sectors.
3. Most studies have been conducted in Western contexts and there is a need of more work to be done in new contexts - mainly in the developing world. Due to this deficit in research outside of Western countries, it is clear that further research is required to determine the extent that the relationship between HRM policies and employee attributes or organisation outcomes can be translated to other countries.
4. The majority of studies have used different set of HR practices but there was no agreement on a standard list or even semi-standards of practices. This is why we do not have a clear theoretical articulation in relation to HRM theory. Also, the same applies to performance measures and performance theory.
5. Most studies have relied on subjective performance measures; hence future research could shift the focus towards investigating the objective measures and their relation to HR practices.
6. Some studies used individual practices and some used bundles of practices. It

has been claimed in the literature that HR bundles or complementarities would be more effective. There was no compelling or strong evidence that an integrated bundle of HR practices could be more effective; hence this needs further investigations. HRM has started to be perceived as a system, rather than individual practices; therefore, research has started to review how these systems can influence organisational performance. Existing research has, however, failed to review similar systems, which has resulted in a lack of uniformity in the various constructs emerging from this research.

7. Most studies have employed a universalistic or behavioural perspective to investigate this link - yet there was a lack of attention paid to the institutional theory---perhaps because little research was conducted on emerging markets where institutional arrangements could have a significant impact on the effectiveness of HRM practice.

3.7.2 HR practices: Individual Practices vs. HR complementarities

There is an increasing competition and instability in the business world, which requires many organisations to develop a strategy to maintain a competitive edge over other organisations. Many manufacturing-based companies are subsequently turning to HRM practices as a potential form of competition (Sparrow, Schuler & Jackson, 1994). HRM practices are commonly referred to as processes that aim to develop the workforce, whilst motivating and maintaining them. A motivated and skilled workforce will ensure the company's success (Schuler & Jackson, 1987). HRM policies aim to encourage employees to think and behave in a manner that is consistent with, or can promote the achievement of the company's business objectives (Delery & Doty, 1996). Further definitions have interpreted HRM as managing people by improving their competencies in directions that are firm specific, that are socially interactive and that increase the knowledge of the organisation as ways of strengthening the competitive advantage. The overall purpose of HRM is to implement policies and practices that seek to advance the organisation towards long-

term success and competitiveness, specifically through the use of the human resource (Minbaeva, 2005).

Earlier literature appeared to focus predominantly on HRM practices individually and how each of these contributes towards the performance of the organisation (Gerhart & Milkovich, 1990; Terpstra & Rozell, 1993; o Jiang, Lepak, Han, 2012). The focus has, however, altered to now consider how these practices can be used as a system or a bundle when they are complementary to one another (Ennen & Richter, 2010). There are two phrases commonly used in HRM literature which are “internal fit” and complementary. Whilst an internal fit is less precise, they are used interchangeably (Baird & Meshoulam, 1988; Arthur, 1994; Gabriel, Cheshin, Moran and van Kleef, 2016). The phrases “systems” and “bundles” are also interchangeable (Subramony, 2009; Jiang et al., 2012).

Two approaches have thus far emerged which are to use an interaction approach, or a systems approach (Ennen & Richter, 2010). The interaction approach is more consistent with older research, focussing specifically on the effects of a small number of practices (Capelli & Neumark, 2001). In contrast, the systems approach reviews how a collection of variables has an effect on performance (Ichniowski et al., 1997; Laursen & Foss, 2003). The systems approach has become the most common approach, which may be a by-product of the large number of policies that can be used and the difficulty in assessing each of these in a mutually exclusive manner. It is however limited as it is an indirect association with more variables (Jiang et al., 2012; Gabriel et al., 2016).

The independent variable in HPWS also presents complications, much the same as the dependent variable does (Boxall & Macky, 2009). There are two ways in which to view HRM practices; as either a cohesive bundle of practices that reinforce each other and integrate successfully, or as individual practices that have no interrelation (Boselie et al., 2005). Studies have elected to either research HRM from a “practices” stance as individual policies and evaluate the number of policies used, or instead review the clusters of HR policies in a “systems” approach. Out of 104 studies reviewed, 58 elected to use a “practices” approach, indicating that there is currently no outstanding preference (Boselie et al., 2005). There are however many inconsistent

definitions regarding a HPWS (Hyde, Boaden, Cortvriend, Harris & Marchington, 2006).

The variety in definitions of HPWS in American studies is highlighted by Becker & Gerhart (1996). For example, the minimum number of practices considered by the studies was four; however, an alternate study considered as many as 11 practices. Moreover, the practices selected by each study were inconsistent. The effect on performance for some variables, such as variable pay, has been discrepant between the studies; therefore there is no final conclusion on their effect. Harries et al. (2007) have also highlighted this issue in consistency, with many different HRM practices, policies and systems being used. Thirteen HRM practices were reviewed in Combs et al., (2007) study, whilst ten were reviewed in Hyde et al., (2006) study. The lack of consistency in HRM-performance literature makes it difficult to draw sound conclusions.

SHRM is the process of using the human resource within an organisation to achieve a competitive advantage. It involves using specially designed organisational systems (Pfeffer & Veiga, 1999). HPWP's concern HR practices in bundles; such as selection, performance appraisals, provision of training and development, and the offer of rewards. Positive influences have been observed when these practices are applied together (McGlynn et al., 2003). HPWP's are also used within the healthcare industry and follow a theoretical model founded by Garman, McAlearney, Harrison, Song & McHugh (2011). The model emphasises that the purpose of HPWPs is to enhance the outcomes of the organisation by amplifying its human resource in terms of both quality and efficiency. There are four areas that HPWP's focus on which are firstly, employee involvement, secondly offering support for managers, thirdly securing talented individuals to work within the company, and finally authorising the front line. There are a variety of HPWS theories, based predominantly on a universalistic view, a contingent view or a resource-based view. Researchers predominately select one of these views as their research focus; however, some incorporate multiple theories when deciding on the measurement model they will use for an HPWS.

MacDuffie (1995) argued that the pattern or interactions between management and employees is dependent on the bundling of work practices rather than on individual

practices. This view is also supported by Ichniowski et al. (1997) and Applebaum et al., (2000). HR practices become mutually reinforcing in terms of their effect on organisational performance - and therefore complement one another (Macky & Boxall, 2007). For most ideas of HPWS, this is the underlying assumption.

Boxall & Macky (2009) also support the idea of a systemic approach to the study of HPWS and highlight that reading a HPWS proposition must involve the synergistic effect emerging from the HR practice cluster. The extent that HPWP systems were used was assessed in 38 studies according to Combs et al. (2006). Within these HPWP systems, some used two practices, whilst others used 13. On average, 6.2 practices were used, with a mean of five practices. It is clear that HPWP systems are considerably more valuable with the result that it is becoming central to SHRM. Research is now more inclined to consider HPWP systems rather than individual practices. Individual HPWP show a correlation of 0.14; however, HPWP systems have a correlation of 0.28 (Combs et al. 2006). The way in which HRM is measured can heavily influence the results (Van der Voorde et al., 2012). It appears that when an HRM system is assessed, its influence on the organisation is greater than when individual HR practices are assessed (Combs et al. 2006).

Boselie et al. (2005), however, highlights a limitation to working with HRM systems, which is that each study will use a different “system” - therefore they cannot be directly compared without a consensus on what “systems” are being researched. Consistency will not be attainable if researchers are able to formulate any “system” of HRM they desire. HRM must have a clear theoretical operationalisation to resolve this issue.

3.9 HRM in the Health Sector

The relationship between professionals and other employees is fundamental in the service process. In healthcare, this relates to the interaction between patients and healthcare service providers (Benbassat & Taragin, 1998; Sasongko, 2018). The patient role is an important consideration within the process of providing healthcare; it is fundamental in ensuring high quality service (White, 1999; Elarabi and Johari,

2014). The healthcare service should aspire to meet the needs and expectations of patients. Employees are also fundamental in the achievement of high service quality; therefore, Health Care Organisation (HCO) management must address this. A strong cooperative relationship between employees and management staff is important to achieving quality care. There are often restrictions placed on service provision by cost containment and managed care; however, this communication will reduce the effect of this. Progressive HRM practices may be worth considering by management, specifically those promoting service-orientated behaviour and elevated concern for organisational and personal needs (White, 1995).

There have been reforms undertaken within the health sector over the last 25 years, with the majority being around structure, cost containment and introducing market mechanisms to the service. Consumer choice has been emphasised more within this reform; however, the management of HR has been neglected. HR is in charge of many of the new developments; however, it has not been reviewed itself (Buchan, 2000). The majority of HR departments are still managed under the traditional administrative model. The literature is clearly optimistic about HR and its importance; however, many organisations have viewed it as a bureaucratic barrier that must be addressed, but, they have recognised this too late. The success of HR programmes is highly applicable within the healthcare service as there are many skilled employees. With the improved management of HR function, service delivery could be improved within hospitals (Wranik, 2008).

The service provided by the healthcare system will be improved if there is better management of healthcare providers. The health sector reform highlights core objectives and benefits it wishes to attain. HRM methods could help to accomplish these (PAHO, 2001).

3.9.1 The significance of HRM in the Health Sector

The healthcare system receives great benefit from HRM, despite the complexity in the HRM and healthcare relationship. The cost of healthcare can be increased by consumables, in terms of both the cost of the consumable, and also the number required. The workforce supply can be better balanced with the practitioner's ability

to provide efficient and effective care using HRM practices in both government and employer-paid systems (Hunter, 2013a). The quality of service provided to patients is part of the health sector reform and can be achieved through better use of its human resources (Kunnanatt, 2013).

The use of HRM in the healthcare setting to aid the health sector reform would be particularly valuable if it were focused on employee development. The healthcare reform is slightly different for each country; as for example in developing countries it is more difficult to access good-quality healthcare services as there may not be a sufficient number of trained medical staff, or insufficient resources. Thus, migration of healthcare workers would be more relevant in this environment, as losing skilled staff to more affluent regions would further deprive individuals in developing regions of high-quality healthcare provision (Kabene et al., 2006; Cania, 2014).

The human resource is involved in almost all aspects of an organisation; therefore, HRM can be integrated in a wide range of areas. One of the first considerations for HRM is to ensure that legal requirements are met in terms of employee benefits. This is particularly important during the termination process, as it can be a financially difficult time. The overall purpose of the healthcare service is to provide high quality care to patients. If employees are not motivated or sufficiently trained, they could risk the well-being of their patients. Motivation is a product of the environment that people work in. HRM can be affected by many factors, including diversity increasing within the workforce, healthcare becoming globalised, the involvement of technology within the healthcare system, and also the application of teamwork and emphasis on quality care. Globalisation can cause increased diversity among both patients and employees in the healthcare industry (Niles, 2013; Sasongko, 2018).

3.9.2 HR Practices in Hospitals

Hospitals are becoming increasingly aware of HR policies and practices and how these could be incorporated. Academics and practitioners are also becoming more interested in high performance work systems (HPWS) (Applebaum et al., 2000; Tzafrir and Gur, 2007). High commitment and high involvement practices are further attributes receiving growing interest (Wood, 2010). The main idea is an optimal

number of HR practices, or an optimal combination of specific practices, that will bring the most improvement in an organisation's performance (Marchington & Wilkinson, 2008). This is worth considering within the hospital sector and therefore the idea has been carefully considered within this empirical research.

Five strategic HR practices will be discussed in this part: recruitment and selection, training systems, incentive and rewards, internal career opportunity, and finally, performance appraisal systems.

3.9.2.1 Recruitment and Selection

Bratton & Gold (2007) emphasise that the recruitment process is one that creates a sample of potentially capable individuals who wish to be employed by an organisation. The policy used for recruitment within an organisation is crucial, as it communicates their general strategy. Recruitment can be influenced by internal factors, such as the policy that the organisation follows, or the image it portrays, as well as external factors such as trade union restrictions, the government and any restrictions they apply, and finally, labour markets (Nel et al., 2008; Argue, 2015).

The next stage is to select which candidates will be employed by the organisation. Various tools and instruments can be utilised to identify which candidates are most suitable for the advertised role. These can be contingent on the goals of management or any legal requirements. Internal factors influencing selection include the size of the organisation, the type of organisation recruiting, the applicants that have applied and the methods chosen for selection. There are also external factors that can influence selection, such as the labour market and legislation (Nel et al., 2008). Many organisations will interview the pool of applicants using both structured and unstructured techniques. This provides the organisation with a greater awareness of each candidate that cannot be communicated through a paper application (Macky & Johnson, 2003; Ekwoaba, Ikeije and Ufoma, 2015).

Recruitment and selection for hospitals is the essential move of establishing the desired cultural of healthcare. Selection of the best applicants who best fit with any given organisational culture, determines the standards for staff attitudes, staff

communication with customers and staff to staff interaction. If there is no match between culture and employees, hospitals are going to encounter employees' retention problems over long-term periods. Employees' retention for who fits with any given organisational culture is something significant in the way of improving the outcomes (Fried and Gates, 2008 and Gilmore, 2013; Zirra, Ogbu & Ojo, 2017).

Recruitment and selection have become more vital as firms progressively consider their staff as a competitive advantage foundation. It is often asserted that selection of labour results in the correct placement of employees such as those who can work effectively at higher levels; this is in preference to merely replacing the departing employees or employing more workers (Haak-Saheem & Festing 2018). This role of HR is considered as a pre-meditated logical action made up of specific consecutively associated stages within procedures resourcing the workers, which itself could be found in a broader HR management strategy. The practice of recruiting and selecting might go through four main stages: outlining requirement, recruitment planning, attracting potential applicants and selecting the best job applicant (Ballantyne, 2009; Armstrong, 2010; Vermeeren et al., 2014).

Always, it is essential to understand that recruitment and selection choices cannot be taken immediately. The recruitment role comprises gathering and categorisation of the C.Vs according to the announcement published - whether online or printed advertisements; The conducting of the interviews is usually completed by the HR Manager and the Nursing Manager for the employment of the nursing staff such as ward attendants and nurses. Conducting the interviews for the medical staff is done by the Medical Manager and the Hospital Manager with the HR department's support. After this procedure, the offer letter will be prepared by the HR department according the interview and indicating the benefit that the employee will receive after accepting the offer. Then, the new employees start in the designated department. If the selection decision is taken quickly it will most likely lead to higher turnover due failure in selecting the right candidate. Thus, adequate selection procedures from HR recruitment can directly influence labour productivity. (Singh and Negi, 2013).

3.9.2.2 Training System

Training is an important aspect of any organisation and specifically refers to activities undertaken to improve understanding of the values and standards relevant to the organisation (Pareek and Purohit, 2018). Most employers will be able to apply general training; however, specific training is available to enhance the SKAs of a particular employer (Garavan, 1997). A study was conducted by Haak-Saheem & Festing (2018) highlighting the importance of training in Dubai city; the study addressed the role of the government in sponsoring the local people in ways of educating them in the direction of developing their competencies.

The literature has indicated that training is one of the most fundamental aspects of HRM. Training ensures that employees are provided with adequate opportunities to enhance their knowledge and performance, as well as a better understanding of what the organisation expects of them. Based on the literature, it appears appropriate to incorporate a sub-question to gather further information on HRM practices, including those in training and development. Training and development will improve SKAs for employees within the professional area they work in (Birdi et al., 2008). Staff are employed on the basis that they have appropriate skills or qualifications; however, these can be amplified through appropriate training opportunities, to ensure the skills are specifically applicable to the organisation (Cunningham, 2007).

Providing workers with training and development opportunities will help to highlight deficits within the organisation's skill set. This can then be addressed and the skills can be nurtured to ensure performance is optimal (Holland & Cieri, 2006). As staff become better trained, HR needs are met by management, with the market value of the organisation likely increasing (Nel et al., 2008; Pareek and Purohit, 2018). Employees become more valuable as their skills increase, which subsequently adds value to the organisation. Moreover, the organisation can achieve a competitive advantage through having a unique and skilled workforce (Burke & Hsieh, 2005). Training improves overall competency. Competency links with SKAs and therefore the performance of the organisation, and these can be evaluated, and even improved, through the provision of training (Berge, Verneil, Berge, Davis & Smith, 2002).

Due to the shortage in healthcare labour, training and development programmes become vital. These programmes decrease the employees' turnover and positively influence the level of service quality in the organisations; this has become something valuable for the patients (Frenk, Bhutta, Cohen, Crisp, Evans, Fineberg, Garcia, Kelley, and Kistnasamy, 2010; Elarabi and Johari, 2014).

According to Singh and Negi, (2013) the health system provides a significant amount of training sessions every year — both compulsory (like those for confidentiality, compliance, medical skill development, etc.) and non-compulsory (like those continuing health education, managerial development, teamwork, problem solving, etc.). Running many training sessions every year could be an overwhelming task; though, there are limited best practices that confirm any provided training programme achieves its objectives without over-reaching the resources of a healthcare system. For instance, training programmes should encompass techniques that work for numerous learning styles: visual, verbal, practical, etc. Training in hospitals usually focuses on the technical skills; however, it has become essential to include some training related to the soft skills, such as customer service and communication skills. In addition, the training programmes must not contradict with the employees' responsibilities and tasks, so the time of training sessions must be selected carefully. Lastly, hospitals should continuously evaluate the usefulness of their training programmes by using surveys and examining new skills. Therefore, training sessions that do not upgrade the various skills can be wasteful of money of the hospitals and the time of the workers (NHS, 2011 and Lansley 2012; Elarabi and Johari, 2014).

3.9.2.3 Compensation and benefits

Rewards systems can be useful tools in the workplace. They help the organisation to maintain control, whilst forming a relationship with their employees (Kerr & Slocum, 2005). Reward systems also help to demonstrate to employees what the organisation expects from them if they are to be rewarded. They single out forms of behaviour that are deemed positive by workers and so help the organisation to implement its strategy and achieve its goals (Lawler, 1995; Kerr & Slocum, 2005; Sasongko, 2018). There are six ways that reward strategies can influence the strategy implementation within

an organisation (Lawler, 1995). The first is by enticing employees into the organisation and subsequently keeping them. Secondly, reward systems can motivate employees to perform better. Skills and knowledge development can also be promoted using rewards, and a corporate culture can thus be nurtured. The company structure is reinforced and defined by the rewards and pay costs are determined based on these. A further attribute stemming from rewards is compensation - what employees receive and how will reflect the values and priorities of the organisation (O'Neil, 1995).

Armstrong (2007) and Isimoya, Olajide and Onafalujo, (2018) presents rewards in two groups: monetary or non-monetary rewards. Base pay, merit pay, various incentives, the commission received, any bonuses or health allowances are all incorporated into financial rewards. In contrast, recognition within the organisation, decision-making abilities, promotions, working hours with increased flexibility, and finally, uniforms are all considered to be non-monetary rewards. The level of contribution an employee gives to the organisation, as well as their market worth, skill and competence, will determine the level of reward they receive (Harunavamwe, and Kanengoni, 2013). Financial gain is a strong motivator and is therefore likely to improve performance (Stajkovic & Luthans, 2001). Monetary reward is relevant to most employees as they are then able to apply it to anything they wish outside the workplace (Peters, 2011). Research has indicated that there is a strong correlation between job performance and financial reward; therefore efficiency and improved performance are attainable through rewards.

A reward is an outcome that employees can actively strive to achieve and value. It is a way in which an organisation can demonstrate that their employees are of value to them, and it also provides employees with feedback on their performance (Langton & Robbins, 2007). The relationship between rewards and motivation is currently ambiguous for many organisations. Langton & Robbins (2007) however highlight that there are conditions attached to rewards that must be met to ensure motivation is achieved. Firstly, the reward must be relevant or important to the employees individually and secondly it should be directly associated with their work performance. Financial rewards must, therefore be significant enough to be of value to the employees and therefore motivate them to perform well. Thus, a high performer

should receive significantly more than a lower performer or lower skilled worker, or else there is no motivation to increase performance.

Alternative incentives can be used that work in a similar way to reward systems, and these incentives will influence employee behaviour (Baker, Jenson & Murphy, 1988). Locke (1968) defines external incentives as factors that are external to the employee. If the correct incentive is offered within an organisation, employees will be more motivated and the organisation will benefit. Incentives have three roles within an organisation (Kadefors & Badenfelt, 2009). Incentives firstly should be a means of extrinsic motivation for employees, therefore having a direct effect. They should secondly have a symbolic purpose; therefore not only are they creating extrinsic motivation, they are also reflecting trust and collaboration. If the incentive is perceived well, these factors will all increase. The third and final role of an incentive is incentives as process generators, meaning they should influence the processes of the organisation (Kadefors & Badenfelt, 2009).

Alternatively, incentives have been grouped into three categories, which are material, solidary and purposive (Clark & Wilson, 1961). Incentives that are tangible are material rewards, such as salaries and bonuses, as these can be used to obtain items of monetary value. Solidary items typically do not have a monetary value, therefore this constitutes entertainment and fun, socialising or being a member of a group. These though may not necessarily have a direct link to the purpose of the organisation. The final incentive type, purposive, is also intangible; however, they have a relationship with the organisation, as they are consistent with the organisation's goals.

It was considered that there could be a relationship between consciously set goals and subsequent task performance. Locke (1968) researched this and determined that performance that was not associated with the individual's personal goals and intentions could not be influenced by incentives. Incentives can however, affect the actual goals and intentions individuals adopt for themselves. The incentives assessed in this study included instructions, money, and illustrations of staff scores, time limits, participation, and use of competition, and finally praise. The individual will evaluate the incentive they are offered and will base their subsequent goals on this assessment (Locke, 1968).

The majority of studies have exhibited the significance of HRM on improving the service quality of hospitals' services (Hernandez, 2009; McKinnies et al., 2010) and realised that the implementation and use of the bonuses system in terms of competencies strengthen the individuals' performances in hospitals and thus can achieve obvious differences between hospitals with good performance and hospitals with poor performance (Edgar and Geare, 2005).

Ozcan and Hornby (2005) found that one of the most important indicators of poor performance in Turkish hospitals was the lack of interest by the management in developing good incentives systems and improving conditions for the staff of hospitals. The recommendation of study was to offer incentives in the hospitals and pay bonuses for those workers who perform effectively. Also, the study recommended selecting a group each month as a good example to encourage their colleagues. (Elarabi and Johari, 2014) stated that good reward and incentives systems increase the individuals' performance noticeably.

3.9.2.4 Internal Career Opportunity

All employees will have their own career interests and goals. They will therefore assess the level that assignments or job opportunities are in line with these aspirations. This is the internal career opportunity. Thus, employees will consistently be assessing opportunities presented to them based on their personal career goals. For some individuals this will involve promotion or moving up within the company, but for others it may not. Therefore, it is important to recognise that each individual will interpret career opportunities offered by the organisation in a different way. These views may also change in accordance with employee personal goals changing. Work history, self-management such as career planning and the level of exposure they receive to the potential career options will all influence their views. Furthermore, key organisational representatives will give suggestions on where they believe the individual should be in the company - and this will affect their view of the opportunity (Kraimer, Seibert, Wayne, Linden & Bravo, 2011).

Internal career opportunities are important as many individuals have self-directed careers with no boundaries, which is the product of the “new employment relationship” (Mirvis & Hall, 1994, p. 368; Arthur & Rousseau, 1996; Kakui, 2016). Employees no longer expect their career to be managed by an organisation, but instead choose to manage it themselves. They are also happy to move across multiple employers, therefore making the career devoid of boundaries (Roehling, Cavanaugh, Moynihan & Boswell, 2000; Pearce & Randel, 2004; Rana and Malik, 2017). Individual employees will now have their own criteria that define whether their career is successful, and this criterion is not solely centered on promotions and salary (Heslin, 2005; Amin et al., 2014). For some individuals, the acquisition of specific skills, whether technical or managerial, may be their specific aim. For others, they may wish to have a work role that accommodates family commitments. Alternatively, they may wish to work overseas or be self-employed. Therefore, opportunities presented within an organisation will be interpreted differently by each individual in terms of what they wish to achieve.

3.9.2.5 Performance Appraisal

Performance management is a systematic manner that is used to enhance the performance of the organisation through the human resource (Armstrong, 2012). The formal assessment of the employees by their management staff is referred to as a performance appraisal (Armstrong, 2012).

A performance appraisal can be either formal, which is systematic, or informal which is non-systematic. If an organisation adopts the informal appraisal strategy, they are continuously assessing the work of the employees (Armstrong, 2012). In contrast, a formal appraisal approach follows a formal and systematic process in which the expected performance is compared to actual performance – this may be accomplished on either a group or individual basis. There are multiple phases in a formal appraisal and each appraisal area will use a different method (Giangreco et al., 2012).

An organisation will typically elect to use a performance appraisal programme - firstly to have a means of monitoring the performance of the employees, but also as a means of motivation for employees. Within a hospital setting a performance appraisal

will require documentation, typically using a performance appraisal form (Kumar and Sinha, 2011). A performance appraisal is an opportunity for employees to highlight potential attributes that warrant reward (Nelson & Quick, 2008; Al-Zawahreh and Khasawneh, 2013; Ssozi, 2018). Employee performance is often improved as a result of performance appraisals, due to the clarity in the opportunity for reward as a product of improved performance (Stephan & Dorfman, 1989; Al-Zawahreh and Khasawneh, 2013). When appraisals are based on accomplishing goals that were priorly set, there is a positive relationship with personnel planning. Formal appraisals are commonly used for deciding on rewards. One British study has emphasised that feedback from patients could be valuable in influencing the routine practice of medical staff (Hearnshaw, Baker, Cooper, Eccles & Soper, 1996).

Hospitals make use of performance management and performance appraisals in order to improve and maximise the efficiency and quality of work conducted within the health system. Fitness for purpose may define quality in some cases (Acute Care Hospitals, 1991).

3.9.3 Measurement of Organisational Performance in Hospitals

The performance measurement system is made up of multiple components. Performance is referred to as the capacity for an individual or group to generate results that are appropriate in relation to a specific objective (Laitnen, 2002; Lebas & Euske, 2004). Performance is a quantifiable output produced by a specified entity. Thus, performance is measureable achievements that are produced by individuals (Harbour, 1997; Phillips, Davies & Moutinho, 1999). Measurement, on the other hand, is a process though which activities and events can be quantified (Morgan, 2004). Performance measurement therefore uses both of these concepts to develop a process of determining how well or how efficiently an action is performed (Neely, Gregory & Platts, 1995).

Initial research into performance management elected to focus predominantly on financial indicators. The focus has now developed in conjunction with the complexity of the performance management system. Now both financial and non-financial indicators are assessed in performance management. Researchers moved to consider

non-financial indicators in the late 1980's. Kaplan & Norton (1993) and Ittner & Larcker (2003) have both identified financial and non-financial indicators to measure performance managers. Many studies have also reviewed how performance management impacts the performance of an organisation. The aim was to determine which way of measuring performance was the best to determine organisational performance. Bourne et al. (2005) conducted research that showed that business success could be positively influenced by the performance measurement process. Researchers have since argued that financial measures alone are not sufficient for measuring organisational performance (Atkinson et al. 1997).

The National Health Performance Committee (NHPC, 2001) is a structure that can be used to provide a measure of performance and thereby evaluate and better understand the health system. The NHPC firstly considers health status and outcomes, followed by determinants of health, and finally health system performance. These three tiers can be advantageous in identifying performance indicators that could be useful or that could be used in conjunction with one another to give a greater depth of understanding. The provision of hospital services indirectly relates to the first tier, therefore indicators such as hospital data would not be useful. Tier three, however, specifically focuses on assessing how hospitals or other healthcare services are provided.

According to NHPC (2001) there are six dimensions of the Health System Performance domain, designed to assess how well hospitals and other services provide healthcare. These are:

1-Effectiveness:

The extent that the service provided, whether it be care, intervention or action, is appropriate and proportional to the needs of the client and achieves the desired outcome in line with established standards.

2- Safety:

The minimisation of actual and potential harm from healthcare management or alternative factors in the environment to within acceptable limits.

3-Responsiveness:

A client orientated service that emphasises dignity and confidentiality. Clients are encouraged to actively be involved in their own care.

4- Continuity of care

The continuous and uninterrupted care provision harmonising various programmes, practitioners and organisations.

5- Sustainability and Efficiency:

Cost-effective use of resources to achieve results outlined as desirable, whilst also adapting the service to remain sustainable within changing environments and to meet the needs of clients.

6- Accessibility:

Timely ease of access to healthcare for all individuals regardless of personal variables including income, location or culture.

There are many organisational performance dimensions that a researcher could be familiar with to better understand organisational performance measurement, such as efficiency, quality and effectiveness.

Organisational performance is typically measured in terms of effectiveness and efficiency (Bounds et al., 1995; Bartusevicienė & Sakalytė, 2013). For many professionals such as managers, suppliers and investors, the terms effectiveness and efficiency are interchangeable. Mouzas (2006), however, emphasises that they are actually two distinctly different types of measurement. Performance is often measured by an organisation in terms of effectiveness, as all organisations wish to achieve effective performance. Other organisations however may site efficiency as the most important value as this reflects resources having been used optimally for allocated outputs (Chavan, 2009).

Hospitals that concentrate on effectiveness are typically focused on high output, high sales, and adding value. They also stress innovation and reduction of costs. Effectiveness places a value on the extent an organisation has been successful in meeting its goals or the extent that outputs meet the target environment. Policy

objectives are typically defined on the basis of effectiveness, or, alternatively, an organisation will decide the extent it has met its outlined goals based on effectiveness (Zheng, 2010). Organisational commitment has been used to measure effectiveness of an organisation (Meyer & Herscovitch, 2001). Organisational commitment from employees is difficult to quantify, and it could relate to the relationship between staff and managers, the extent employees are able to identify with the organisation, the level of involvement employees are allocated in decision making, or the extent an individual feels attached to the organisation.

Measuring organisational effectiveness will demonstrate to the organisation how accurately they are achieving their goals or missions outlined (Heilman & Kennedy-Philips, 2011). Organisational effectiveness can be increased if management use better communication or interaction with their employees, enhanced leadership and direction, and finally, if they create a more positive environment with greater adaptability. Research has indicated that there is an association between lower patient mortality and bundles of HR practices such as performance appraisals, provision of training, increased employee involvement and greater security (West et al., 2002, 2006). Further research has focused on acute hospitals and considered patient mortality and its association with HR function. HR practices help to attract and retain better qualified nursing staff - and these hospitals, called “magnet” hospitals” are more likely to have lower mortality rates in the US (Aiken et al., 1994, 2000).

Clinical performance is important within all hospitals. The organisational-level performance can be influenced by HRM processes and thus be improved upon. Management is a context that HRM processes can be applied to, as well as information management, health and safety processes, the continued achievement of quality patient care and the effective functioning of HRM (Hunter, 2013b). These processes will all help to improve continuity of patient care. Strategic and operations management processes have a relationship with health and safety processes and the continuity of patient care. These two can be moderated using effective HRM processes (Yuan, 2013). When reviewing the effectiveness of various HRM policies on the performance of a hospital organisation, it is important to consider that multiple processes are being used and could thus have simultaneous or interdependent influences (Bacalu, 2013; Townsend, Lawrence & Wilkinson, 2013). When there is a

high level of task interdependence in a service, it is important to consider Pro-Social Organisational Behaviour (PSOB) (Sanchez de Madariaga, 2013). PSOB is also useful in scenarios that involve complex or uncertain tasks. The use of value-driven human resources can be a useful approach to ensuring that altruistic and conscientious use of PSOB continues. This is particularly important in healthcare sectors (Hyde, Harris & Boaden, 2013).

The successful output that is derived from input in an organisation is their efficiency (Low, 2000). The Porter's Total Productive Maintenance System outlines ways in which to maximise output, and does so through six eliminations. These firstly reduce yield, secondly, they eliminate any process defects, thirdly, they eliminate slow production, fourthly, they prevent any minor stops or idling during production, penultimately they eliminate adjustments and finally, they prevent failure of equipment. When a smaller number of inputs are required, the efficiency to output will be greater.

Recent research has sought to distinguish between business efficiency and organisational efficiency (Pinprayong & Siengtai, 2012). The ratio from input to output is identified by business efficiency, whilst the internal processes within the organisation such as culture or community, and the improvement of these, is referred to as organisational efficiency. If an organisation has good organisational efficiency, they are more likely to see positive management, productivity, profitability and quality within their organisation. The NHS Executive Document (1998) defines efficiency as the way in which the NHS makes use of resources within its possession in a cost effective way.

The level to which an organisation meets the expectations of customers is referred to as the quality of the organisation (Deming, 1986; Saner & Wijkman, 2005). In a hospital setting there are many different types of quality that can be addressed. Research in this setting can focus on the quality of medical care individuals receive in terms of meeting their medical requirements, or it could alternatively focus on the overall service quality.

Employee satisfaction and the rate of employee retention are two factors that

managers can use to enhance patient care. The overall performance of the healthcare system is contingent on the quality of staff employed, whilst staff is encouraged to perform better in a good quality-working environment (Fost, 2013). Employee abilities increase when employees are engaged in their work (Cremers, 2013) and, when being so, will therefore help move the organisation towards its goals. Patient care and non-clinical services are assessed by healthcare organisations for quality purposes using multiple tools. To improve the quality of a healthcare service, the level of engagement among employees is a key solution. There will be reduced turnover, which therefore reduces costs in this area, whilst patients will also benefit. Therefore, all healthcare organisations should strive to strategically achieve an engaged workforce. One of the fundamentals in developing a more engaged workforce is to increase the level of trust between employees and managers, as every interaction within the organisation requires trust, this, leading up to the organisation as a whole being considered generally trustworthy by its employees (Prager, 2012; Nicolaescu, 2013b). When staff view the organisation in a positive light, and have good experiences, their performance is better, especially when appropriately supported by their supervisor and provided with appropriate equipment for their role (Lowe, 2012).

Despite effectiveness and efficiency having two distinct definitions, this does not mean that they are mutually exclusive; each heavily influences the other, so both must be considered by management.

3.9.4 Hospital Performance Indicators

Organisational performance is a continuum that can be measured, and organisational performance indicators highlight specific time points along this continuum. The indicators are given to various individuals for interpretation, including those involved in making policies, other professionals or practitioners within the service, and patients. It is important that these individuals all see the performance indicators as they have relevance beyond end users and may help with social or economic needs being addressed (Ware et al., 1981; Tatian, 2016).

The health sector is perceived to have a different HRM organisational context to that of many other organisations (Manjrekar, 2009). Measuring organisational

performance within the health sector also requires specialised tools that are sector-specific. Sector-specific indicators include ways to measure clinical activity, such as the number of staff available for each bed occupied, or patient acuity, as well as measures of output, such as how many patients have been treated, and finally, measures of outcome such as mortality or complications following surgery.

In 1859, Florence Nightingale first attempted to measure the mortality and morbidity rates in hospitals in order to better understand the quality of healthcare services. Other later research focused on readmission rates to quantify hospital performance (Lewin & Minton, 1986; Che Rose et al., 2004). Resources supplied to hospitals are not infinite, and therefore many hospitals in Jordan experience a shortage in their resources, which is true for many other hospitals worldwide. A particular difficulty experienced in Jordan has been the acquisition of new patient beds; therefore, alternative strategies have been required to better utilise the beds available. These strategies have included both attempting to treat patients more quickly, and treating them without the requirement of a bed (Harrison & Prentice, 1997).

Hospitals make use of many performance indicators, specifically associated with efficiency, quality or effectiveness. Some examples of indicators for effective organisational performance include: the survival rate in breast cancer, mortality rates, the number of children receiving immunisations, and the level of staff turnover (Clarke & Rosen, 2001; NHISSC Executive, 2009). Alternatively, an example of quality organisational performance includes readmission rates (Jones, 2000; NHISSC Executive, 2009).

For a large number of organisations throughput, or the rate at which something can be processed, is determined as a good measure of performance. This, however, is not applicable to the healthcare service as it would result in poorer service quality (Duckett, 1995). HRM is an effective tool, but it requires greater understanding to determine how this is associated with continuity of quality patient care. This care quality must start when a patient arrives and continue across various departments until their treatment is complete and they are discharged. The researcher presents the assumption that continuity of quality care will be far greater if the HRM system processes are performing efficiently. For example, HRM systems can be used to

recruit high quality staff who have applicable skills to the job role. HRM systems can also be used to ensure the staff receive adequate support and are continuously developing their skills and competencies with training. They can also use performance management processes, which collectively, will all enhance the continuity of quality patient care (Townsend, Lawrence & Wilkinson, 2013).

Management that is highly involved within the healthcare service is typically more influential in improving the workforce. It is clear that intermediate outcomes are affected by HRM practices in the health sector (Patterson et al., 2010). HRM has, however, not infiltrated all possible health-related activities (Fallon and McConnell, 2013). The relationship between employees HR system perceptions and patient satisfaction is affected by employees' courtesy towards patients. When staff are courteous and respectful to patients, patients will be more satisfied. Moreover, this also is negatively influenced by the intention to leave an organisation among its employees. In general, when the employees are planning to leave their job, they deal in less courteous ways with patients (Baluch, Salge & Piening, 2013).

A subjective assessment of every targeted Jordanian hospital in comparison to other hospitals in Jordan was implemented to measure this construct. It was decided to apply this approach because considering a hospital's performance against its competitors is more important than assessing its success at a financial level. Scholars have recommended the necessity to use subjective measures as a substitute for objective measures, and the original research for these thoughts is that of Dess and Robinson (1984).

Singh et al. (2016) studied the limitations of both objective and subjective measures of OP. They determined that subjective measures could effectively be conducted to assess OP on the proviso that it was planned well, as these measures could be reliable and consistent. As an exaggerated OP measure could be validated with the secondary data, leaders have less enthusiasm to report such statistics. Hence, when tested over the particular performance measures of their firms or against their rivals, managers completely assess and respond to inquiries on their hospitals' performance. This view was supported by using an empirical investigation across four different developing countries, namely: Jordan, Saudi Arabia, Brunei and India (Singh et al. 2016).

The hospital performance measurement that has been applied in this research consists of five items, which are (holding market share, growth in sales, profitability (after tax), staff productivity, quality of medical products and services). The scale used in this research was akin to that developed by Delaney and Huselid (1996), Yang and Lin (2009) and Singh, Darwish and Potocnik (2016) for measuring organisational performance.

3.9.5 HRM and Institutions in Hospitals

In order to develop new policies within the healthcare sector, a wider amount of research is needed on human resource management. This research will help to inform more effective human resource management strategies, which will increase access and outcomes within the healthcare industry. HRM has the potential to influence both overall patient health outcomes as well as to how the healthcare service delivers patient services. It is important to distinguish between factories that use these policies, and the healthcare service. The healthcare service cannot be treated in the same way as a factory (Manjrekar, 2009; Cania, 2014). The healthcare service is heavily dependent on both knowledge and the service provision they offer. Therefore, the healthcare service requires different HR policies to factories in order to progress. Social behaviour in a formal structure is established through institutionalisation. It presents a concrete image of legitimacy for the organisation (Meyer and Rowan, 1977; Sasongko, 2018).

Legitimacy is where actions are deemed acceptable, appropriate or desirable within the constraints of expected social norms (Tolbert & Zucer, 1983; Suchman, 1995). Legitimacy therefore is enhanced through institutionalised behaviour, and organisations will increase their likelihood of survival within the industry if they are deemed appropriate. There is, however, indication that alternative approaches may be beneficial in maintaining an efficient organisation. Moving away from institutionalisation could present a risk to legitimacy, however, this can be resolved by ensuring gaps between actual activity and the formal structure are closed (Meyer & Rowan, 1977).

Becoming institutionalised reduces the overall organisational efficiency, as there is greater emphasis on conforming to expectation, rather than autonomy (Meyer & Rowan, 1977). Institutional isomorphism functions through mimetic, coercive, and normative mechanisms (DiMaggio & Powell, 1983; Budhwar et al., 2018). Mimetic isomorphism is the process of perceiving a quality of another organisation to be positive, and therefore attempting to copy it (DiMaggio & Powell, 1983). This is reflected in the continuous quality improvement used in hospitals as a management programme (Flood & Fennel, 1995). Coercive isomorphism, alternatively, is when an organisation has to adopt a particular structure as a requirement of a second organisation that it depends on, such as in American hospitals; the Joint Commission for Medicare will only reimburse hospitals using the practices it stipulates. Normative isomorphism, on the other hand, is where organisational norms are diffused through a process of training and socialisation. Professionals and their networks are developed through education and practice, such as physicians completing a fellowship in critical care; these physicians will now have common knowledge and similar strategic approaches. Alternatively, the Leapfrog Safe Practices are adhered to by hospitals, as these are professional levels of acceptable clinical care. Institutionalised structures are conformed to through these three isomorphic mechanisms, and legitimacy is perceived.

3.10 Summary

This chapter discussed eight main sections. The first section explained the concept of HRM. There are various approaches and concepts of contemporary HRM in firms. Some authors defined HRM by concentrating on sharing relationships that exists between workers and the firm. The second section was in relation to the concept of Strategic HRM, which is a process that contains the use of overarching approaches that supports long-term business goals and outcomes with a strategic context. Then the concept of organisational performance was discussed in depth including the complications surrounding its theoretical ground and measurement. After that, the relationship between HRM and organisational performance was addressed carefully in this chapter including the theoretical and empirical challenges in relation to the HRM-OP link, and the nature of the direct and indirect relationship. The latter was further

supported by a comprehensive review of prior empirical work conducted within this research path. Also, this chapter critically discussed the theoretical perspectives in relation to the interplay between HRM and performance. These theories are the resource-based view of the firm, the behavioural perspective, and the institutional theory.

Finally the chapter discussed HRM in the Health Sector. Five strategic HR practices were discussed in this part, as well as their potential impact on the healthcare service performance, based on the existing literature. The five practices that were discussed were: recruitment and selection, training systems, incentives and rewards, internal career opportunity and finally, performance appraisal systems. Also, within this part, the measurement of organisational performance in hospitals and what are the most important indicators that can be used were also considered. HRM and the role of institutions in hospitals have also been highlighted given the importance of the potential impacts of the institutional arrangements in emerging markets in general and the health sector in particular.

Extensive research has transpired in the last ten years to highlight how HRM policies can be beneficial within the health sector. The human resource is valuable and can be used in order to improve performance outcomes as well as the quality and productivity of the healthcare sector. The health sector reform would see great benefit in focusing on the human resource in developing and developed countries. Moreover, this chapter discussed how HRM can aid strategic planning, help to strengthen relationships between employees, increase employee engagement and subsequently enhance the performance of the organisation. These have been specifically considered within the healthcare context.

Chapter Four: The Theoretical Framework

4.1 Introduction

This chapter aims to provide a rational justification for the research theoretical framework and the related proposed hypotheses. The theoretical framework plays a significant role in controlling the whole process of the study. The theoretical framework explains the variables relationships, explicates the theory underlying these interactions, and defines the direction and description of the relations. The main issues under consideration here are the hypotheses in relation to HRM practices (e.g. recruitment and selection, training, rewards and benefits, performance appraisal, and internal career opportunities) and their potential impact on organisational performance. The HR complementarities hypothesis is then discussed to determine its impact on the operation of the organisations within the health sector. Social exchange theory is then presented and discussed as a potential mediator variable between HRM practices and organisational performance. Control variables will also be considered in the proposed theoretical framework, e.g. the size and age of the organisation due to their potential impacts on the proposed relationships. Finally, based on the research hypotheses developed in this chapter, the link between the different theoretical models in relation to the HRM-organisational performance link will be established.

4.2 Hypotheses Development

It is necessary to classify firms into significant categories in relation to the HR systems in order to be able to evaluate the strategic perspectives concerning human resources. Several classifications have been proposed by various authors employing the strategic perspective such as (Miles & Snow, 1984; Schuler & Jackson, 1987 and Dyer & Holder, 1988). The differences that arise between firms on their intentions in dealing with their employees basically arise from utilisation of the classifications discussed above. The intentions of the firms are mostly described with regard to the preferred employee qualities and attitudes; they should be selected based on the general performance objectives of the organisation. Such plans by the organisation are regulated by both internal and external factors (Schuler, 1992; Wright & McMahan, 1992). No assessments have been made on these business classifications; therefore, their legitimacy has not been approved yet.

At present, researchers (see, for example, Pfeffer 1998; Rogers and Wright, 1998) have concentrated mainly on the organisational outcomes and administrative practices. Their suggestion on these issues is that the performance of the workers and the business in general can be improved by corporate HRM practices (Hiltrop, 1996). The major target of HR managers these days is to determine the most suitable approaches and to get rid of the three main paradoxes suggested by Fitz (1997): the need to solve a big business problem using a simple technique, the issue of generalisation and using the past to predict the future. According to Lau and Ngo (2004), the main emphasis of some HR practices is on financial outcomes, whereas others concentrate more on employee retentions. We are therefore going to formulate a number of research hypotheses concerning HRM practices in this chapter in order to determine if they affect the organisational performance, either positively or negatively in the health sector.

4.2.1 Recruitment and Selection

According to Daniel & Metcalf (2001), recruitment is part of the overall duties of management, which actively takes part in ensuring implementation of the

organisational policies. As suggested by Spencer (2004), the employment process in an organisation involves the processes of inviting and selecting the most suitable abilities of prospective employees to satisfy the needs of the organisation. Being the first step of the HR process, it is considered the most important step. The role-played by the recruitment and selection process in an organisation is very important as it strives to ensure positive organisational performance. It has been suggested on numerous occasions that the main reason why an organisation may decide to select employees is to obtain get workers who are dedicated to their work and who are not just filling positions that have been left vacant. (Ntiamoah et al. 2014). At present, more emphasis has been given to the recruitment and selection issue. It is considered a crucial aspect in the process of handling employees, which is part of the daily routines in an organisation. Currently, most organisations view their staff as a source of competitive advantage and this therefore increase the significance of recruitment and selection (Ntiamoah et al., 2014; Collings et al., 2018).

For over 60 years, researchers have been examining the efficiency of various standards used in the recruitment and selection process (Sinha & Thaly, 2013). This has been done through assessment of the rates of turnover, workplace survival and work performance together with other aspects related to the organisation such as referrals by current staff, internal job postings and rehiring of former staff (Zottoli & Wanous, 2001).

It is possible to encounter some differences between various theories relating to HRM practices, but there is one goal that is common among all these theories which is developing the skills of workers. The employer can achieve these goals by selecting and recruiting the best talent for a particular job, taking the employees through training and workshops and implementing some activities in the workplace such as job rotation, which widen the knowledge of the workers. Two different theories were presented by Youndt et al. (1996), which explain how performance of the organisation can be improved by HRM practices. The first theory presented is the human capital theory, which suggests that workers in an organisation should possess Skills, Knowledge and Abilities (SKAs). The organisational performance can therefore be improved if the HRM practices in the organisation develop SKAs.

The human resource in any given organisation can be improved through implementation of HRM practices. This is due to the fact that HRM practices have a direct influence on the attitude of the staff. The status of organisational performance can then be determined by assessing the attitudes of the staff, which are considered as the HRM outcomes (Boxall & Steenveld, 1999; Collings et al., 2018). According to the resource-based theory, employees play a very significant role in the operations of an organisation, and therefore the workers should be given special attention as the organisation strives to attain a competitive advantage in the market (see Wright & McMahan's 1992; Youndt et al., 1996). The resource-based theory again suggests that issues like globalisation and environmental changes are not able to affect the human resource in the same way they affect emerging technology and human capital (Ulrich & Lake, 1991; Wright et al., 1992; Pfeffer, 1994; Barney, 1995). For the HRM policies to have a significant impact on the organisational performance, they have to conform to the business policies of the organisation.

For any organisation to be successful, it has to give special consideration to the recruitment and selection processes. The quality of staff in the organisation that was employed through the selection and recruitment process will determine the effectiveness of service delivery in the organisation (Ezeali and Esiagu, 2010). Given that an organisation is able to employ the most qualified employees using the recruitment and selection process (Obikeze & Obi, 2004), employees with the most desirable skills can be chosen if the organisation uses recruitment and selection processes that offer a chance for a large number of applicants to apply for the job and an effective mechanism is used to select the most qualified individuals (Okoh, 2005).

There is sufficient proof to confirm the importance of the association between the recruitment and selection process and organisational performance (Gamage, 2014). For instance, a significant relationship between recruitment and selection process and the performance of an organisation was established by Sang (2005). Other researchers like Ichniowski and Shaw (1997), Katou and Budhwar (2006) and Wright et al. (2005) also suggested the existence of such types of association. The significant relationship between utilisation of an efficient recruitment and selection process and performance of an organisation has been demonstrated in various studies like the one conducted by Syed and Jama (2012).

The individual to be employed is identified using the selection processes, Gamage (2014). An effective recruitment and selection processes should be able to select the most qualified individuals for a particular assignment. The most suitable candidate can only be chosen if the selection method is effective ,and should it be so, will most definitely improve performance of the organisation. This is the main reason why existing work such as Terpstra and Rozell (1993) explained the significance of the relationship between success of the company and the utilisation of the most appropriate recruitment and selection processes. Similarly, Rauf (2007) argue that the use of advanced recruitment and selection practices has a positive influence on organisational performance.

Hospitals can create an effective healthcare culture through utilisation of appropriate recruitment and selection policies. The ability of a given hospital to hire the most qualified personnel will have an effect on the attitudes of employees, interaction between the clients and the workers, and the relationships between the staff members themselves. Problems relating to employee retention are likely to arise in the long run if there is a negative relationship between culture and employees. A hospital can boost its performance by retaining the employees who match with its culture (see Fried and Gates, 2008). An organisation may face high turnover if it fails to follow the appropriate procedures in recruiting its staff because there are very high chances that the individuals being employed lack the most desirable skills for the job. It therefore can be concluded that the recruitment and selection processes have a direct effect on the productivity of the staff (Singh and Negi, 2013).

Recruiting unqualified personnel can be a costly mistake. So much money and time is spent by the hiring organisation on advertisements, recruitment agency charges and on interview procedures, therefore appropriate measures have to be put in place to ensure that the most qualified individual is selected to join the company. The aspects under consideration during the hiring process are knowledge and skills possessed by the applicants. The best possible scenario is whereby an individual possesses the necessary skills and is well-familiarised with the job, having done it before, as there will then be higher chances that they will be effective in the job.

Employees who are motivated in their jobs have higher chances of delivering good results and ensuring that the organisation is able to achieve the long-term targets. One of the major causes of high turnover rates is lack of motivation in the workplace which lowers performance of the employees. The correct criteria should therefore be followed when conducting the recruitment and selection processes. Based on the reasoning outlined above, we hypothesise the following:

H_1 = There is a positive relationship between recruitment and selection and perceived organisational performance within the health care sector.

4.2.2 Training

The most common form of HR practice is training (Tzafrir, 2006). Any effort made by an organisation to develop the skills, knowledge and ability of its employees can be termed as training (Aswathappa, 2013). Job satisfaction of the workers can be improved through training (Garcia, 2005). According to Thang and Buyens (2008), training can be used to boost the skills, knowledge and attitude of the employees which will have a positive impact on the performance of the business in the long run (Mwapira, 2015).

Saleem and Mehwish (2011) and Laing (2009) defined training as a way of developing the knowledge and skills which all employees should possess in order to execute their duties appropriately and also to undertake minor roles assigned to them. The other benefit of training is that it can efficiently develop the skills of a panel of employees through support and transformation. This will have a positive impact on the firm's performance in the long run. Another benefit training brings to the organisation is that it increases production. According to Khan (2011), and Augustine, (2018) training can be explained as an active approach that gives an employee the opportunity to utilise his/her potential abilities. Employees in an organisation only consider training when searching for job promotions. Other employees usually undergo training in order to boost their professional qualifications. Individuals can improve their skills through professional training (Kennedy, 2009).

The benefits of training highlighted by Olaniyan and Ojo (2008) are as follows: training improves productivity; it improves quality; develops knowledge, skills and attitude; improves the usage of the tools, decreases waste, absenteeism and additional expenses; it reduces lateness, increases turnover, eliminates obsolescence in knowledge, technology, capital management and so forth. Training helps new employees in the organisation to attain certain efficiency levels required for a particular task; it helps during implementation of fresh organisational policies; it sets the mood for success amongst the staff, which will have a positive impact on the operations of the organisation (Augustine, 2018).

Bowra et al. (2012) revealed that for accomplished organisations, the tendency is to be increasingly aware of the large number of factors that lead to success, the most critical factor among them being the human resource. Training is conducted mainly to increase the efficiency of the organisation. Training has an impact on the performance of workers and the performance of the organisation in general. According to Aguinis and Kraiger (2009), training has a positive impact on the profitability, productivity, incomes and several other factors, which can be affected through training, and so enhance the quality of services. According to a different research done by Delery and Doty (1996) on a total of 192 banks in the U.S, the outcomes reveal that investing in formal performance appraisal, training, growth of tasks and job security participation, are vital factors related to financial effectiveness of banks in the US.

According to Thang and Drik (2008), the most important factor that will influence the success of the organisation is human resources. The author also recommends adequate training to be provided for the employees in order to enhance their knowledge and skills. According to AL-Damoe et al. (2012), organisational performance can be evaluated using both financial and non-financial factors. Examples of such financial aspects include: profit, sales and market share while non-financial aspects include: effectiveness, quality of service, productiveness, employee dedication and satisfaction. Training can be used to enhance all these factors. The suggestion from Olaniyan and Ojo (2008) is that the capacity of the workers to ensure effective organisational performance can be enhanced through training.

Training initiatives have become very important due to inadequate healthcare labour. The benefit of conducting training is that it minimises employee turnover and has a positive impact on the level of service quality in hospitals, with patients benefiting considerably from such programmes (Frenk, Bhutta; Cohen; Crisp; Evans; Fineberg; Garcia; Kelley and Kistnasamy, 2010).

Singh and Negi, (2013) noted that adequate training sessions are offered each year through the health system. The training sessions can be mandatory (such as those for confidentiality, compliance, medical skill enhancement, etc.) or optional (such as those for progressing with health education, managerial growth, teamwork, problem handling, etc.). It is not an easy task to conduct multiple training sessions in a year, but there are however good practices, though limited, that ensure any provided training programme achieves its objectives without overstressing the healthcare system's resources. Training programmes, for instance, should contain techniques that work for numerous learning styles: visual, verbal, practical, etc. Hospitals mainly focus their training on technical skills; it has however become essential for the inclusion of some aspects of soft skill training such as customer service and communication skills. The time for training sessions needs to be selected cautiously as they must not interfere with the employees' responsibilities and tasks. Lastly, hospitals should evaluate the effectiveness of their training on a regular basis through surveys and examination of the new skills as programmes that do not enhance skill sets and thus waste the hospital's finances and the workers' time. (Elarabi and Johari, 2014). Based on the justifications outlined above, we hypothesise the following:

H2 - There is a positive relationship between training and perceived organisational performance within the health care sector.

4.2.3 Compensations and Benefits

Benefits include all expenses or payment allotted to the employees by virtue of their being employed (Dressler, 2004). Benefits can be branded into several categories. One method categorises it into three: Benefits, Flexible Pay and Fixed-Pay (Ployhart and Kim, 2014). They can also be classified according to Performance-based and

Non-Performance based pay (Khan and Mufti, 2012). Payments include; social security, employees' benefit during discretionary programmes, health insurance, retirement benefits, paid time off, tuition reimbursement, recognition award, foreign service premiums, child care, responsibility allowance, on-campus accommodation, annual increment, promotion, and a host of other similar such benefits (Dressler, 2004; Bernadin, 2007; Collings et al., 2018).

Consumer satisfaction and ultimately organisational achievement leads to employee job satisfaction. This is due to recognition, advancement, responsibility, achievement and the characteristic of the job itself all of which makes a difference to the employees. Motivation refers to as a subjective power directing individuals towards achieving individual and organisational goals and objectives where there was prior little or no movement toward the goals and objectives. This arousal and tendency to act in turn produces more effects. Emphasis too must be laid between motivation and job satisfaction (Hoskinson, Porter, & Wrench, 2007; Haider, Akhtar, Yusoff, Malik, Aamir, Arif, Naveed and Tariq, 2015).

There are motivating elements such as success in a job, recognition and promotion that propels one to accomplish the demands of the job and grant the employee job satisfaction, such elements being fundamental in the job place. The work atmosphere including payments, organisation approaches, working conditions and the leadership style make up the hygiene elements. Herzberg's motivation theory has awakened research, but scholars have not succeeded in proving the theory correct with valid observations and experience. Some scholars such as Hackman and Oldham (1976), have proposed that Herzberg's original design of the theory does not take into consideration individual heterogeneity but instead renders a general assumption expecting same response by workers to changes in job satisfiers and motivation and states that it might have been as a methodological tool. In evaluation of the model, it was found that it does not provide details of assessing the motivating/hygiene elements (Hoskinson et al., 2007; Shields, Brown, Kaine, Dolle-Samuel, North-Samardzic, McLean, Johns, O'Leary, Robinson, and Plimmer, 2015).

In a study conducted by Sohrab Ahmad and Khurram Shezad (2011) at the University of Azad Jammu and Kashmir (AJK) in an attempt to understand the impact of returns,

promotion and performance appraisal methods on lecturers' performance; they found that returns and rewards have positive impact on lecturer's performance at AJK. Adequate rewards to lecturers enhance motivation to do even better as promotion practices and performance appraisal on the other hand were found to be less critical regarding its relationship with performance of lecturers at AJK because of inappropriate implementation and inadequate distinction. Reward or incentive systems are positively related to firm performance, this being evident from many studies which however, either only used non-financial measurements or did not analyse the actual firm's productivity (Chang, Ou and Wu, 2004; Collings et al., 2018).

In a working paper by Hughes, Simpson, and Padmore (2007), they assessed small and medium-sized company performance by noting availability of inherent confines using financial ratio scrutiny. Hashim et al., (2000) noted that many studies outline that organisational performance is measured by profit and growth: - for instance, profit margin, return on assets, return on equity and return on sales (Robinson et al., 1982; Galbarith and Schendel, 1983), as well as the financial measures opted by Malaysian manufacturing firms; sales, sales growth, net profit and gross profit (San,Theen, and Heng, 2012). Many studies favour use of non-monetary measures and a great variety of the literature favour the use of non-financial procedures, such as, Total Quality Management (TQM), Business Process Re-engineering (BPR) and the Balanced Scorecard (BSC). (Ruzita 2007) nevertheless holds the opinion that financial measures such as sales revenue, operating income, sales growth, manufacturing costs, and cash flow are still indispensable and receive more weight in the performance measurement systems.

Armstrong (2006) stated that rewards leads to enhanced motivation, commitment, increased job engagement and discretionary behaviour. He labels motivation as a process that inspires workers to establish goals and work towards attaining them. A goal is a valued reward that anticipates one's needs from an organisation perspective; it can be defined as both desirable financial and non-financial performance in relation to profit and upsurge in product eminence.

The job or skill creates the rewards by the company and employees are remunerated on the basis of work or membership without relationship with the employees' or firm's performance. Employees are rewarded according to their performance, competences and acquaintance level in case of skills or performance-based pay. Compensations are crucial as they affect both economic and political choices influencing the community. Compensation changes individuals and makes a more indirect impact on organisations' performance. Job description refers to the individual experiences, capabilities and physical obligation for effective production resulting from the job description and analysis.

Compensation can motivate staff towards attainment of the organisation's purposes (Milkovich and Newman, 2001). Others could be invigorated by giving them the basic needs of life. Sansone and Hareckiewicz (2000) acknowledged that the benefits of compensation are paramount in attaining company goals. Daniel and Metcalf (2005) states that the successful organisations are cognisant of the importance of incentives and rewards in increasing productivity which has implications related to influence and successfully emphasise organisation prospects and purposes. Bonuses, as another form of compensation, contain supplements, rewards, discounts and dividends and much more (Grinstein and Hribar, 2004). When managers achieve postulated goals, they receive bonuses to motivate them to maintain excellence.

According to Mohr (1996), good working conditions can improve organisation outcomes and workers welfare. Rewards according to Huang, Robertson and Chang (2004), include all monetary and physical amenities that workers receive which are crucial in encouraging workers. Statt (1994) recognised current working conditions as being characterised by equipment, computers, technologies as well as furniture. Companies must ensure that the work can offer effective communication, privacy, confidentiality, and functionality in order to achieve higher efficiency. Because compensation gives benefits to employees and work as an appreciation, Bohlander, Snell and Sherman (2001) argue that incentives and rewards have a positive impact on HRM.

According to Bernardin and Russel (1993), compensation and reward planning is a crucial factor for effective HRM policies. Mathis and Jackson (2004) argued that

labour turnover is affected by a balanced, fair and competitive compensation and reward system. According to Dreher & Dougherty (2007), a reward philosophy attractive enough as a behavioural goal can act as the driver for individual and team performance. Sufficient compensation improves on employees' behaviour, and organisational performance and significantly affects the organisational outcome (Chiu et al., 2002). Jyothi and Venkatesh (2006) established that staff turnover can be reduced by compensation based on competence. According to Côté and Heslin (2003), job satisfaction is important for workers, as this will produce more positive feelings in them toward their tasks. And thus, by feeling satisfied with their jobs, retention increases as turnover is reduced. By retention, employees will be more focused in the way of maintaining high performance and efficiency. Additionally, to maintain employee focus, the managers should improve job satisfaction consequentially. Therefore, leaders hoping to maintain workers' commitment should toil to improve their level of job satisfaction.

Many studies have highlighted the importance of HRM on improving the quality of service in hospitals (Agarwal, Garg, and Pareek, 2011; Patrick, 2012; Sasongko, 2018) as they have indicated that motivation to perform and bonus systems based on individual competencies reinforce performance in hospitals; this they claim is evident from comparisons between hospitals with good performance and those with poor performance (Edgar and Geare, 2005). In Turkish hospitals, lack of good incentives and poor working conditions for employees are indicators of poor performance (Yavas, Karatepe and Babakus, 2014). The study recommended incentives and bonuses to workers who perform the best as well as encouraging others to do better by selecting individuals who perform well so that they can also obtain selection. Good compensations and incentives truly enhance performance. (Elarabi and Johari, 2014). Based on the previous justifications and discussion, the following hypothesis is proposed:

H3 = There is a positive relationship between rewards and benefits and perceived organisational performance within the health care sector.

4.2.4 Performance Appraisal

Performance appraisal is the systematic assessment of an employee's performance on the grounds of his/her assigned responsibilities. Its primary purpose revolves around increasing motivation and the employee's self-esteem. Performance evaluation is important as it improves an employee's productivity, which in turn could increase organisational performance (Lemma and Ababa, 2014). Performance appraisal enhances professionalism by identifying areas which require improvement. Singh (2004) stated that clear evaluation strategies inspire employees to focus more to attain organisational goals. Regarding merit, appraisal upsurges motivation and commitment, which greatly impact organisational achievement (Wan et al., 2002). Employees can also ensure organisational success by being willing to work (Ahmad and Schroeder, 2003). Due to satisfaction, retention is increased while turnover and absenteeism are reduced.

Performance appraisal overemphasises the recognition of the achievement of individual objectives belonging to a specific job within a timespan, which is crucial to the shaping of the perceptions of subordinates about themselves and their input towards the actualisation of organisational goals. Bernardin and Russel (1993) laid stress on the significance of broader policy communication on performance assessment within administrations, claiming that it was critical to making juniors grasp their specific functions in organisations. Performance appraisal is linked with organisational performance as client-based performance appraisal ensures enhancement in quality and yield coupled with increased subordinate commitment (Sang, 2005; Lee et al., 2007; Mwema and Gachunga 2014). Similarly, Brown and Hewood (2005) concluded that the process of performance appraisal system has a positive relationship with improved productivity of firms. Cook and Crossman (2004) stated that performance appraisal fortifies the bond of all the employees involved namely between workers and supervisors. Larsson et al. (2006) notes that performance appraisal is a significant instrument in career development, recognition and advancement of employees.

Redman et al. (2000) suggested that administrative procedure known as performance appraisal has a prerequisite of bringing together organisational goals, performance

prospects and individual performance assessment. He further points out that in company management, this process is considered a primary HRMS that is necessary in the evaluation of efficiency and effectiveness. Sudin (2011) takes a more general approach on the issue, explaining that other purposes of the performance appraisal procedures include improving employee performance while enhancing company performance concurrently. In modifying employees' attitudes and behaviour, performance appraisal can be regarded as an indispensable mechanism, such as for making the members committed and devoted towards realisation of the organisational goals and objectives (Morrow, 2011; Collings et al., 2018). Performance appraisal reflects employee advancements and if employees perceive they are being advanced, so then they will project greater levels of commitment to the organisation (Kuvaas, 2006).

Roberts and Reed (1996) noted that employee's participation is closely related to and inseparable with a perceived clarity of objectives within the performance appraisal process. Thus, in the performance appraisal, employees should be cognisant that this is in line with achieving the organisation's goals and objectives and that they as employees need to be fully involved in the process. The employees within the organisation can be motivated once they realise how well they are performing and acknowledge what performance goals they can achieve in future, so making them improve their performance and keeping them more focused towards the realisation of organisational objectives (Selvarajan et al., 2012; Kariuki, 2017). Therefore, according to Scott (2001) and Sudin (2011), high achievers get inspiration to sustain performance and motivate the underperforming to work better, as by the latter so understanding their performance levels, will be motivated to improve. This will make it easier for the organisation to succeed as its goals and objectives will be easily attained.

There are high chances that a worker may become defensive whenever their performance is scrutinised (Cook and Crossman, 2004). In cases where the performance of a worker has been ranked as poor and fails to meet the expectations, the manager is likely to be regarded as unfair. There are also high chances that unending conflicts may arise in an organisation concerning the individual

contributions and ranking of the employees' performances (Mani, 2002; Akinbowale; Jinabhai and Lourens, 2013). The performance of employees can be affected significantly by negative outcomes from the performance review mechanisms causing a diminution of the motivation necessary to continue working properly (Nurse, 2005). There are however, different types of workers with high levels of self-esteem who tend to improve their performances after the poor feedback from the performance review mechanisms (Anderson, 2002; Akinbowale et al., 2013).

There are high chances that employees will increase their performance levels if they are passionate about their jobs. The employees are then likely to be convinced that their current job is the best for, and if they are, this lowers the chances of them resigning and looking for new opportunities. The employees then decide to maintain their present jobs and work better. The chances of such employees performing better in their jobs are very high as they wish to maintain their job satisfaction – in this, the organisation will definitely benefit. According to Côté and Heslin (2003), company executives have a very big role to play in terms of ensuring that company workers are settled in their various jobs and that their commitment levels are raised.

The method which the company decides to adopt for employee performance reviews should also be used as a way of encouraging the employees to redouble their work effort. For the case of a hospital, official documentation has to be prepared when performing a performance appraisal with a performance appraisal form having to be filled in in the process (Sinha et al., 2013). Through a performance appraisal, workers in the organisation will be able to determine the elements in their performance that will guarantee an award (Nelson & Quick, 2008). Rewarding of employees after better performances will guarantee improvements in their performances which can be affected using the performance appraisals (Stephan & Dorfman, 1989). If accomplishment of the pre-set targets is the main basis of the performance appraisals, then a good relationship will exist between the personnel managers and the employees. Awards for the employees are determined based on some formal assessment. According to a British study, the daily practices of medical personnel can be greatly influenced by the feedback from patients (for more details, see Hearnshaw, Baker, Cooper, Eccles & Soper, 1996). The main reason why hospitals use performance appraisals is to make the activities done within the health sector more

efficient. One of the definitions of quality is fitness for a purpose (Acute Care Hospitals, 1991; Ssozi, 2018). Following on from these arguments, we hypothesise the following:

H4 = There is a positive relationship between performance appraisal systems and perceived organisational performance within the health care sector.

4.2.5 Internal Career Opportunities

Career planning entails planning one's life work, from the setting of career objectives to identifying methods of realising them. Wright and Snell's (1998) take on career planning was as a tool for motivating employees to work towards the development of the organisation. Career planning aims at pushing employees towards the realisation of anticipated equilibrium between personal and organisational goals. Leibowitz et al. (1986) and Baruch, (2006) explore career planning as conscious positive changes in human resources as a way of increasing organisational performance. Career development eases the process of identifying employees' skill sets and experience and assigns them tasks accordingly. Individuals are attracted to organisations where they are provided with a platform for pursuing their career goals and exploiting their full potential (Gardner et al., 2011). Career planning comes through as a tool for achieving organisational goals via motivating employees to stimulate employees to work efficiently and effectively. Career planning is deliberate availing of opportunities for successful development (Snell, 1992).

Career development defines the entire process of managing life, learning and working (Kagwiria, Namusonge and Karanja, 2014). It comprises of individuals planning and making choices with regard to education, training and career opportunities together with building on the right skills and knowledge to do this (Farrell and Grant, 2005). According to Agba, Festus and Ushie, (2010), career development involves concentrated efforts geared towards evaluating an employee's potential, finding out likely career paths and formulating and implementing various forms of training and exposure to prepare the employee for more advanced tasks. Aplin and Gerster (1978) gave in to the notion that, at the core of career development is the matching of employees' career goals with opportunities and challenges within the organisation.

Employees, who take part in required training courses and work-related growth activities during work time, demonstrated higher job satisfaction and organisational loyalty (Birdi, Allan, & Warr 1997). An explanation of these findings using social-exchange theory will affirm how employees stick with and work harder for an organisation if the corporation proves that it values employees through taking on the responsibility of shaping their careers. Organisations committed to creating career development opportunities retain employees, thus preventing turnover (Merchant, 2010).

Employers can also indirectly increase productivity and financial returns, by investing in their employees through career development. Lower turnover instances coupled with higher job performance, which not only contribute to higher quality products but also prevent monetary loss associated with turnover, are directly linked to perceived growth opportunities offered by an employer (Kraimer et al., 2011). Moreover, the evidence is in favour of organisations that encourage and support consistent knowledge acquisition and dissemination; as such institutions have a positive relationship with financial performance (Ellinger, Yang, & Howton, 2002; Lyria, Namusonge and Karanja, 2017). Merchant (2010) outlines the cost and problems that result from high employee turnover; he points out that it will cost an organisation 150 % of the departing employee's wages to recruit, absorb and train a replacement. Adding insult to injury, poor staff retention means that both staff morale and organisational efficiency are already negatively impacted; this is mainly felt in service organisations such as hospitals that demand high levels of skills and competence (Aguinis & Kraiger, 2009).

Career development, at one point, was viewed as a question of promotion rather than just finding a suitable role within the organisation, and this ensured job-satisfaction as well as the best use of employees' talents (Fink, 1992). Career development, therefore, seeks to ensure that employees are able to relate positively to their workplace and have a sense of clarity of how they will progress within the organisation, be it vertically (through promotions) or horizontally (via transfers). Employees now get into their working environment expecting it to provide them with a sense of fulfillment and personal accomplishment; for such it is necessary that Career Development Programmes are up to ask to meet those expectations (Lyria et al.,

2017). As Werther and Davis (1992) point out, the latter leads to high employee retention and overall job satisfaction.

Also crucial to the career development process is, Career Counseling Programmes. These benefit both employers and employees. Employers will be able to recognise potential high-flyers, whereas the employees will re-strategise, modify, and work towards their personal career goals. (Almirall et al., 2014). As Myers (1985) and Merchant (2010) noted that management will be able to evaluate employee needs in the process and ensure that they are aligned with those of the organisation.

Healthcare organisations must possess the capacity to groom employees and managers to fill vacancies created by all these eventualities (Wilkes and Bartley, 2007). A career development programme provides hospitals with a sustainable solution for shutting the experience and supply gap as they prepare for the future. Career development is a Human Resource Development (HRD) practice that moves employees together with their organisation forward, through evaluating the needs of the organisation and the employees. It then devises a strategic plan to satisfy future requirements of the organisation, a task it performs through retaining essential workers and developing the employees professionally to ready the existing workforce for future needs. Healthcare organisations are under constant pressure to discover new ways of filling critical jobs and at the same time to figure out ways of retaining productive workers. The odds, however, are stacked up against them; more job vacancies are expected but fewer workers are available to fill them.

Even though internal development of employees might help improve organisational performance, many employers out of fear of employees leaving with their newly learnt skills, do not invest wholeheartedly in training and development. Counter-intuitively however, these very opportunities for career growth, learning and development comprise the top reasons employers retain their employees; furthermore, these possibilities for career growth would provide an essential recruiting strategy (Wilkes and Bartley 2007). A study by Hay and Hancock (2001) identified a strong relationship between job satisfaction, career development, and retention of employees. The investigation revealed that the more satisfied employees were as a result of being given the opportunity to learn new skills, the more likely employers

were to retain their employees for at least two more years. Based on the justifications outlined above, we hypothesise the following:

H5: There is a positive relationship between internal career opportunity and perceived organisational performance within the health care sector.

4.3 HR Complementarities and Organisational Performance

As reassurance for the practice of measures that influence both engagement and performance, the department of human resource drew its attention to the combination of bundles or complementarities. The major target in such a case is to merge all the performance practices into a unit or a system of methods (Boselie et al., 2005). Most comprehensive assessments are conducted in the service and manufacturing sectors and are concerned with the significant association existing between human resource management and organisational performance (Arthur, 1994; MacDuffie, 1995; Becker and Gerhart, 1996; Ichniowski et al. 1997; Boxall and Purcell, 2003; Gerhart, 2005; 2007a, b). As suggested by the contingency measures, effective combination of processes, executed under the HR administration had an effect on performance. According to some investigations and assessments, performance is also affected by the way in which the concerned procedures are bundled as a unit by an organisation possessing specific characteristics (Arthur, 1994; MacDuffie, 1995; Ichniowski et al., 1997; Stavrou and Brewster, 2005).

The substantive findings in theory and methodology has laid emphasis on making remarks on influence on dissimilar bundles on various stages and also on proportions of a specific finding in which the HRM depends on fixed arrangements employed in strengthening many results. In describing the many systems of working, the bundles are put into use. Such substantive findings in theory and methodology assessed, exposed indication of expressed value judgment regarding idealised organisational function dealing with employees and their issues (Becker & Gerhart 1996).

According to Mubarak and Aameed (2016), the HR in an institution is the most important in regard to how it is performing, and therefore, institutions should

ensure that they have efficient HRM systems, which will ensure that the workers maintain interest, motivation and devotion. A good HRM system in hospitals is vital in retention of specialists. The HRM system's purpose should not be ignored as doing such may render it unsuccessful. With employment of many people as medical, paramedical and subordinates, healthcare is an up and coming field, therefore efficient HRM systems are needed to manage such staff. In a hospital setup, there are diverse specialisations in the labour force which serves to ensure that HR is very significant in engendering efficient and productive service delivery and providing the best services to patients. Mubarak and Aameed, (2016) argue that maintaining an efficient HRM system in hospitals has made a lasting impact by namely enhancing staff performance in the facility.

As was addressed through the previous studies of HRM, scholars have observed the influences of single or particular bundles of HR practices on performance in respect of the belief that they are the right level of investigation for examining the influence of organisation-level performances (Delaney and Huselid, 1996; Razouk, 2011). As indicated earlier, a set of HR practices should produce more impact, as the whole is better than the individual units. For example, to recruit and select the right workers without providing training for them, or to train and develop them without empowering them, will generate less influence; while executing these practices at the same time would lead to better influence than if they were implemented in single units (Wall and Wood, 2005; Barney, 1995). The importance of internal uniformity among HR practices has been created from the theory of the resource-based view of the organisation, as HR practices should be rare, valuable and inimitable in order to deliver a competitive advantage.

According to Delery and Shaw (2001), the rational mixtures of HR practices in the schemes or bundles method are more challenging for other companies to imitate, and they are more effective than an individual practice in isolation. The view of complementariness is one of the essential theoretical notions in SHRM, even though it can be absolutely observed from the past experimental work that examiners have not yet come up with solid and strong proof for the influences of an HR set on organisational performance – thus, little work has thus been done in this area (Guest, 2011). Additionally, it has also been claimed in the previous studies that HRM-

performance investigation has failed to steadily support the effectiveness of fit (Panayotopoulou, et al., 2003); consequently, the core fit among HR practices also needs more support and experimental proofs to verify the value of this argument in SHRM theory (Macky and Boxall, 2007).

HRM entails job scrutiny, employers organising the employees and utilising them, measuring and evaluating their job and task performance, incorporating compensation and benefit systems, ensuring that their employees grow professionally, and, maintaining the labour force which thus increases retention and reduces turnover. When the studies about HRM on efficiency of healthcare are not carefully considered, it is not only the policies of development in the facility that suffer but also the general functioning of the hospitals is adversely affected. Conclusively, this study is to examine the impact of HRM practices on organisational performance in Jordan with a particular focus on private and public hospitals. Based on the justifications and discussion outlined above, we hypothesise the following:

H6: There is a positive relationship between the bundles or complementarities of HR practices and perceived organisational performance within the health care sector.

4.4 Social Exchange as a Mediating Variable

The amount of information and support exchanged between two parties dictate social exchange relationships (Wayne, Shore and Liden, 1997; Mowday, Porter, & Steers, 2013). These inputs are also called Inducements. Organisational inducements, such as positive and beneficial actions directed at employees invoke a mirror effect on them, in that employees will feel obliged to reciprocate in contributions for the organisation. This process is also referred to as the norm of reciprocity (Wayne et al. 1997; Giannikis & Nikandrou, 2013). A variety of exchanges occur in the social context of the organisation. These exchanges share the notion of 'reciprocal interdependence'. This stresses conditioned interpersonal transactions, whereby an action by one party leads to a response by another. This complex social context is characterised by a continuous, self-reinforcing cycle, continuity of which implies the

difficulty in organising the sequence in discrete steps (Cropanzano and Mitchell, 2005).

Recent conceptual thinking in the social exchange theory emphasises 'social exchange relationships' (Uhl-bien et al., 2000). High-quality relationships are characterised by sharing mutual interests and entering exchange relationships and being aware of those mutual benefits (Evans and Davis 2005). Employees have several exchange partners with whom they can form distinguishable social exchange relationships, from the first-line manager, co-workers, employing organisations, customers and suppliers. These links are intervening variables in the process of social exchanges (Cropanzano and Mitchell 2005; Ang et al. 2013). The mechanisms between HRM and organisational performance have no immediately apparent characteristics as the only factors for consideration are hidden from immediate observation. Social exchange theories, however, attempt to offer insight into the mechanisms. Recently HRM authors have expounded on the social exchange theory as well as the involved norm of reciprocity to develop hypotheses about the relationships among HR practices and employee attitudes and behaviour. Employees, through their attitude, behaviour and performance reciprocate the HRM treatment they receive from the organisation (Whitener 2001 and Purcell and Hutchinson 2007). The social exchange constructs take on a variety of roles; they may act as conditions, mediators or moderators in the relation between HR practices and subsequent outcomes (Kuvaas, 2008; Mihail and Kloutsiniotis, 2016). Whitener (2001) opined that employees perceive HRM practices as a 'personalized' dedication to them, practices which they then reciprocate to the organisation through positive attitudes and behaviour. This may also include non-compulsory behaviour, beyond-contract, employee commitment and intention to stay motivated.

The social exchange model provides important perspectives in the investigation of staff attitudes and behaviour as well as their impact on organisation performance. The social exchange model places focus on the motivational parts of the relationship between staff and employer, giving out insights pertaining to the effects of compatibility between anticipated incentives and contributions offered, in an exchange involving the employee and the employer (Tsui et al., 1997). It is particularly noted that social exchange theorists such as Gouldner (1960) and Mihail

and Kloutsiniotis (2016) carried out studies on the exchanges taking place between staff and their employers, referencing views of reciprocity at a personal level of analysis. The idea of an advancing routine of interchange that makes employees feel compelled to react justifiably to actions from others is what makes up the essence of the social exchange model. Workers aim to have a balance in their exchange relationships with organisations, by having attitudes as well as behaviour equal to the degree of employer dedication to them as individuals (Wayne et al., 1997).

Research by Bowen and Ostroff (2004), revealed that employees' reactions to practices by the HRM department, heavily relied on their prior expectations, experiences and their perceptions on the values of a given organisation. Situations within a structure displaying incompatibility between organisational values and HRM practices, more often than not, trigger negative attitudes in the employees. This, aside from compromising their levels of performance within the organisation also generally diminish organisational accomplishments. Employees would still have a negative view, even in the case where the HRM practices are compatible with corporate values and culture, if these practices do not include the perceptions of the employees. Consequently, as long as the employees have negative attitudes towards given HR practices, they will reduce their performance levels and thus compromise organisational performance. The results obtained from this study will go into explaining the failures caused by failure to introduce some of the practices of HRM in a given organisation and the effects that the practices may have on the public sector when introduced.

Research by various scholars have found in existence a negative relationship between the organisational citizenship behaviour and the work behaviour that is counterproductive. These two, in fact, have been considered to be opposites (Dalal et al., 2009). Organisational leadership refers to the behaviour of an employee within a given organisation that can be regarded as impactful on organisational performance in one way or another (Organ and Pain, 1999); The study recommended that the firm have to offer a safe and comfortable work environment for its workers in order to attain their loyalty and achieve the desired level of productivity. In addition, the study found that providing feedback on performance allows workers to improve their punctuality which eventually helps in improving the company's reputation (Sackett

and DeVore, 2001; Katou & Budhwar, 2012). There has been a great deal of research on the several dimensions of organisation citizenship; some of these dimensions include altruism (selflessness) and compliance (Organ et al., 2005).

Some researchers have acknowledged the fact that these two aspects could be considered as important characteristics in the performance of an organisation, particularly if the employees are out deliberately to harm the organisational performance. For instance, in any given organisation, compliance entails co-operating with each other and volunteering in many activities within the working place. Altruism, on the other hand, involves the helpful conduct that comes from deep within an individual's being, without the need for stipulated guidelines or rules. For example, offering assistance to other employees with their work especially when these employees appear to have a lot on their plate, or, to a much more significant extent when the other employees prove to be work shy. The effects of these two types of employees (The Compliant and Altruistic employee) can be greater felt when a small or large organisation enhances the idea of teamwork in their operations (Snape and Redman, 2010).

Work behaviour that is counterproductive and organisational citizenship that are show-cased within an organisation, are highly dependent on the perceptions of the employees of organisational values and performance (Dalal et al., 2009). For instance, if employees within an organisation can give greater priority to the refining of their behaviour with the clear reference to the organisational values and beliefs, as opposed to behaviour directed to their co-workers, then these employees will be able to act accordingly to ensure the performance of the given organisation is improved. The behaviour of the supervisor also contributes directly towards the overall performance of an organisation.

Moreover, a good majority of researchers have stated that HRM practices within any given organisation are of great essence in enhancing of the total performance of the organisation (Liden and Wayne, 2000; Avolio et al., 2004). Employee empowerment can also be a driving force in guaranteeing that employee performance is improved, and some of the most significant ways that employees can be enabled are through

self-empowerment and motivation. More research, however, needs to be carried out to confirm the validity of the conclusions above (Boselie et al., 2005).

Clinton and Guest (2007) stated that the social exchange model hypothesises that employee attitudes and behaviour usually are mediator variables in the correlation between HRM and organisational performance (Patterson et al., 1997; Wright et al., 2005). As an intermediary, therefore, worker behaviour is influenced by the experience of human resource regulations and practices, and the resulting constructive change in behaviour leads to the enhancement of both individual and organisational performance. Studies have shown a strong connection between productive work behaviour, business and unit results (Harter et al., 2002).

Basing his ideas on Khan's psychological theory, Noe et al. (2010), make inferences on social exchange relationships. Khan's theory offers an overview of the mental aspects (Three in total), that may lead to the promotion of engagement of not only the employees but also the supervisors. These elements of psychology include; meaningfulness, safety and the availability of physical, cognitive and psychological resources that are necessary for the maintenance of the given individuals within the organisation. Noe et al. (2010) used the idea of motivation of learners and learning in the workplace, an idea to aid in the promotion of employee performance.

Psychological attachment can be of vital importance in an organisation as it brings with it a sense of bond between the employees and their organisation (Chatman, 1989; Allen and Meyer, 1990). Much of the information in circulation revolves around the relationship in existence between the performance of a given organisation and the dedication of its employees (Mathieu and Zajac, 1990; Allen and Meyer, 1996; Wright and Bonnett, 2002; Grant, Dutton and Rosso, 2008). The dedication of any organisation is directly tied to the performance of the organisation (Mathieu and Zajac, 1990). The dedication of employees is heavily reliant on their motivation (Wright et al., 2005). There is a need for extended research so as to affirm the existence of a relationship between the performance of an organisation and human resource management (Conway and Monks, 2008).

Chambel (2012) looked into the impact of social exchange relationships on workers participation as well as the relationship between positive psychological state and workers' performance. Nurses from a Portuguese public hospital (N=249) made up the sample for analysis. Results found that nurses who considered their relationship with the hospital as being characterised by "mutual high inducements" displayed increased levels of participation as compared to nurses with 'mutual low- mutual medium or employee over inducements'. The work engagement by the nurses was positively connected to nurses' performance (behaviour as assessed by their supervisors).

From a social exchange perspective, we determine the hidden process that is responsible for the relationship between human resource practices, commitment of employees to the organisation and superior rating performance. We are* able to assess the complex psychological state that mediates the link between human resource management practices and performance, which is achieved using procedural justice, organisational commitment and trust as relational exchange mechanisms. The study used a sample of 1,219 workers selected from a Canadian hospital, the outcome revealed that HRM practices can take up a bigger in-role as well as extra-role performance if people view them as signs for help and procedural justice. Even if implementation of the HRM practices appears to be an innovative idea, it still is unable to enhance behavioural performance. Through this research, a clear elaboration has been provided concerning the idea of a black box, which mediates the link between HRM practices and performance of the organisation. Adequate knowledge can be obtained from this study concerning the social exchange mechanisms because of the fact that it stresses numerous psychological states (Tremblay, Cloutier; Simard; Chênevert and Vandenberghe, 2010).

Like Tsui and colleagues, (1997), Shore and Barksdale, (1998), and Hom et al., (2009) we forecast that some nurses would regard their social exchange relationships as being balanced while others might perceive their employment relationship as being unbalanced. Unbalanced connections being where nurses had high hospital contribution expectations while contributions by the nurses to the hospital were low, or, where nurses had low hospital contribution expectations while investment by the nurses in the hospital was high. The changing context in public hospitals in

Portugal and the repercussions on nurses' working conditions may result in an unbalanced relationship with the hospital (Hom et al, 2009). Greater financial control often implied teams with lower numbers of members, more control of time and material expenses for each task, more patients for each professional and less time for hospitalisation. Nurses first to notice changes in a patient's health are usually in close contact with them, and as a result, they increase their performance by simultaneously responding to both hospital and patient demands. However, the strategy of cost control enforced by hospitals sees to it that contributions towards nurses are not increased thus the relationship between the hospital and nurses become unbalanced. Based on the reasoning discussed above, we hypothesise the following:

H7: Social Exchange mediates the relationship between HR practices and perceived organisational performance within the health care sector.

4.5 Control Variables

There are a number of control variables often employed when investigating the relationship between HR practices and organisational performance. Two of the most important control variables are the size and the age of the hospital (see, for example, Arthur, 1994; Huselid, 1995; and Collins & Clark, 2003).

According to Penrose (2009), a company becomes big in size when it realises that its resources take advantages of many opportunities in place of specialisation. The size of the hospital is therefore measured by the number of workers who are full time even if it is just a small sample of workers. However, some literature on innovation gives contrary results regarding the hypothesised impacts. The size influence can work with larger hospitals. Past researchers have also indicated that there is a non-linear size effects (see Cohen and Levinthal, 1990, Lööf and Heshmati, 2006).

On the other hand, there is a contentious relationship between the age of the hospital and performance. However, some researchers like (Papadogonas, 2006; Halil & Hasan, 2012) found out that there is a positive relationship between age and performance. On the other hand, other researchers have noted that there is a negative

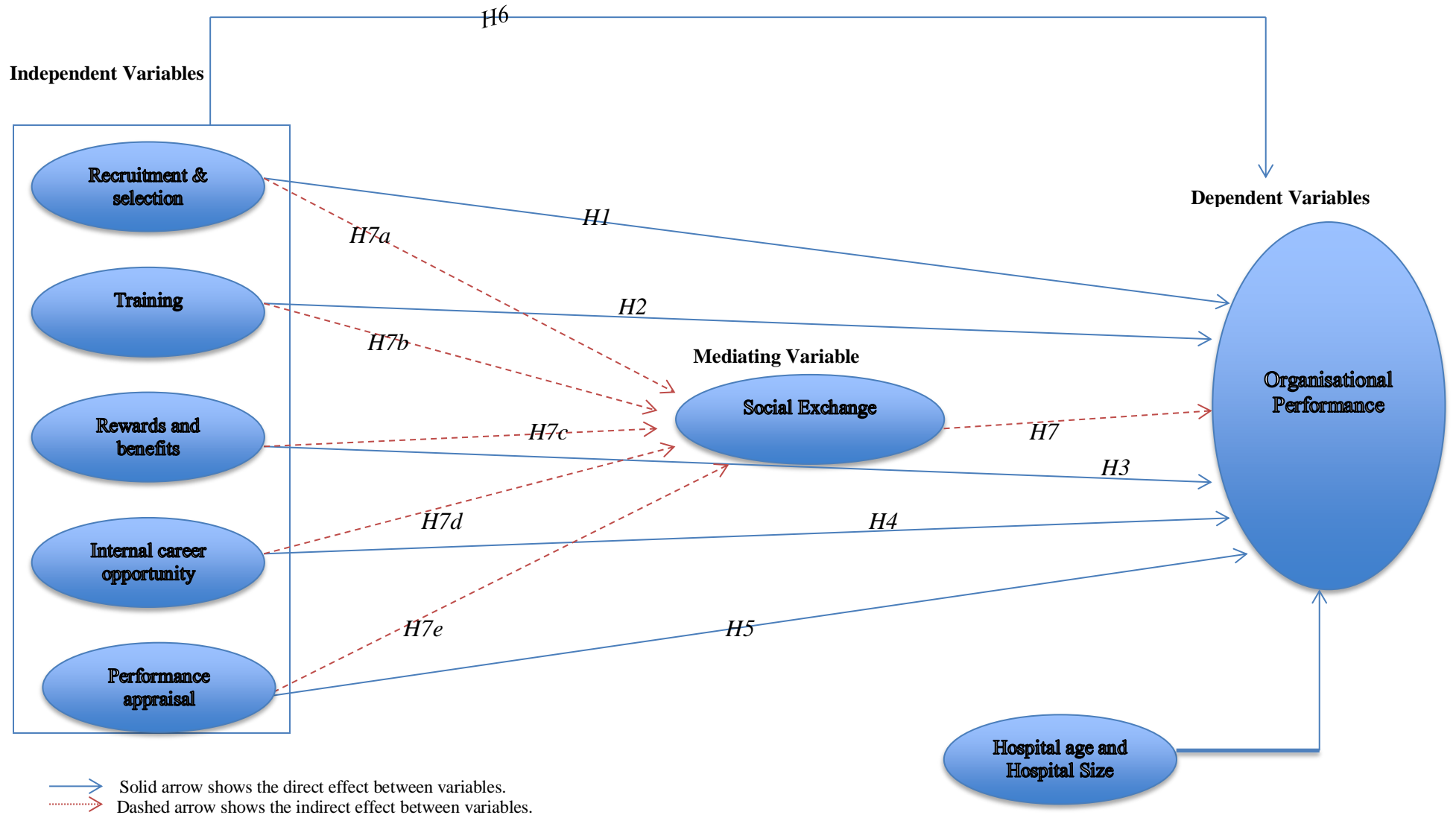
relationship between the two variables (Majumdar, 1997; Dogan, 2013 and Coad, Segarra & Teruel, 2013; Ogunyomi and Bruning, 2016).

In a different study, Majumdar (1997) evaluated the effects of the size and age towards the performance of the organisation. This was conducted among 1,020 firms in India. The researcher found out that the older firms in India performed better but they were not very profitable like the new Indian firms. In a similar study, Dogan (2013), from 2008 to 2011, evaluated 200 firms which were on the Istanbul Stock Exchange. The results demonstrated that there was a negative relationship between profitability and age of the firm. According to Coad et al, (2013), who conducted a similar study using Spanish companies between 1998 and 2006, performance of the firm only improves with time and age of the firm. He asserts that the old companies have low productivity and profitability levels. Therefore, the present research aims to control for firm size and firm age due to their potential impacts on the HRM-performance link.

4.6 Theoretical Framework Model of HRM- Organisational Performance Link

Based on the research hypotheses developed in this chapter, the theoretical model in relation to the HRM-organisational performance link is schematically demonstrated in Figure 4.1.

Figure 4. 1 Theoretical model of HRM- organizational Performance link



Source: created by the author

Control Variables

4.7 Summary

This chapter looked at the impact of the human resource management practices on the employees' attitude, performance and behaviour towards performance. There are different human resource practices that should be applied to support the company strategy. For instance, the human resource should determine the number of employees who have skills and knowledge required to achieve the set goals of the organisation. They should also attract employees who show potential; they should select competent employees and teach them how they should perform their duties according to the values and beliefs of the company. In addition, the human resource managers should appraise the performance of the employees using performance appraisal, they should reward best performers by compensating them. Finally, they should create a conducive environment for their employees. Based on that, the present research has proposed a number of hypotheses in relation to the interplay between HRM and organisational performance (see Table 4.1).

The company performance and productivity improve when the all the human resources practices are well managed. An effective human resource management, ensures that both workers and clients become satisfied when the hospitals promote innovation and have high productivity especially when the hospital has a favourable working environment and a good reputation within the community. At the end of this chapter, the theoretical framework that connects the main research variables was presented to help in achieving the purpose of the study.

Table 4. 1 List of research hypotheses

#	The research hypotheses
<i>H₁</i>	There is a positive relationship between recruitment & selection and perceived organisational performance within the health care sector.
<i>H₂</i>	There is a positive relationship between training and perceived organisational performance within the health care sector.
<i>H₃</i>	There is a positive relationship between rewards and benefits and perceived organisational performance within the health care sector.
<i>H₄</i>	There is a positive relationship between performance appraisal system and perceived organisational performance within the health care sector.
<i>H₅</i>	There is a positive relationship between internal career opportunity and perceived organisational performance within the health care sector.
<i>H₆</i>	There is a positive relationship between the bundles or complementarities of HR practices and perceived organisational performance within the health care sector.
<i>H₇</i>	Social Exchange mediates the relationship between HR practices and perceived organisational performance within the health care sector.

Chapter Five: Research Methodology

5.1 Introduction

The approach applied to gather and assess the data used to examine the proposed hypotheses of the present research will be set out in this chapter. The intention will be to connect the agenda established for this investigation with the practical results set out in the following chapter. These are the main methodological issues that will be set out in this chapter: Research paradigm concepts and rationale, research methodology, research design, data collection methods, sampling design, description of the sample, data analysis method, validity and reliability of measures, and finally, ethical considerations. The chapter concludes with a debate about the legitimacy and accuracy of the information gathered.

5.2 Research Paradigm: Concepts and Rationale

According to Grix (2004), all research is taking place within a framework, whether it is obviously indicated or not, and there is a philosophical question about how the scholars collect information and trust these collected pieces for their research. That also leads to the arguments that the views, along with the scholar's corrective effort and previous experiences impact his or her philosophical style of investigation, even before she/he has chosen the topic. Although, each investigator will have a certain philosophical preference, it is critical to hold an open mind on the employment of scholars in all fields, especially where their activities can affect the research programme. Additionally, a successful scholar should be flexible, self-sufficient, and intelligent enough to work inside the best suitable framework and the known environment of the research even if it is below her/his exploration (Denscombe, 2014).

According to Grix (2002), the three main aspects of a research paradigm are ontology, epistemology, and methodology. Grix contends that the first of these is the basis for all research in social science and the epistemology and methodology aspects are

developed later. According to Schwandt (2001; p.190), ontology “is focused on accepting the thoughtfulness of items that establish the world”. Bryman and Bell (2007) identified the key aspect in ontology as the issue of whether it is correct to think of a social object as an objective thing, as referenced in Objectivism, or whether a Constructionism approach is the right one; this views a social construction as compiling the opinions and behaviour of social actors. Schwandt also defined epistemology as the exploration of various types of information and rationalisations.

Schwandt (2001) define epistemology as the fundamental acceptance of information and organisation of the experience. Lastly, according to Gough (2002), research methodology is the rationale that determines the character of a study, and, it is the method used to manage the research. In addition, methodology describes the framework of the study using specific standards and expectations as well as the techniques a researcher uses to characterise, clarify, and formulate hypotheses. Thus, it is a description of the study of techniques used to obtain information - its goal being to allow the action of research.

Guba & Lincon (1994) stated that each paradigm is created upon its specific ontological and epistemological expectations. Since all expectations are estimations, the philosophical foundations of every paradigm can never be experimentally stated as confirmed or unconfirmed. Different paradigms naturally include differing ontological and epistemological understandings. Thus, they have different expectations of actuality and information, which underpins their specific exploration styles that in turn are used in their approaches and system explorations (Denscombe, 2014).

According to Thomas Kuhn (1962), a paradigm is an integrated group of fundamental theories, variables and issues involved with conforming organisational systems and tools. In addition, according to Weaver & Olson (2006), an explanation of paradigm shows how the investigation could be impacted and conducted by a specific example, which says that paradigms are preparations of opinions. A controlled investigation is implemented within a field by offering thoughts, structures and practices through which inquiry is achieved (Denscombe, 2014).

The procedure of exploring paradigms naturally takes us back to our beliefs toward the world we exist in and have to be in. According to Gephart (2005), there are three different types of paradigm: positivism, post-positivism and interpretivism. These three theoretical perspectives are the general paradigms in the modern social, structural, and administration research. The key types of these three perspectives that involve the worldview, the information followed, and the diversity that refers to information being created and related to every paradigm or worldview are explained below. There is no agreement, as to whether these exploration paradigms are essentially different or whether they can be realised as supporting a diverse part in the similar framework (Thomas, 2004).

As set out by Thomas (2004), critical realism is another comparatively new epistemological slant, which has come into management research. According to Krauss (2005: p767), critical realism has aspects of both positivism and constructionism and is viewed as an intermediate theory between them. In common with positivism is the notion of an external world that exists separately from our understanding of it. Nonetheless, as extrapolated by Thomas (2004), it is akin to constructionism in supposing that the world is only made significant by the explanation of people about it.

As explained by Bisman (2002), there is therefore a distinction between reality and the view of reality that people have. The differences between critical realism and positivism and constructionism are prevalent in terms of causes and explanations. As defined by Sayer (1992: p.105), a causal claim is ‘about what an object is like and what it can do and only derivatively what it will do in any particular situation’. In this way, the theory aims to make sense of what can be observed using simple physical devices. In terms of the methodologies applied in critical realism, detailed interviews that are either organised or free-flowing, as well as case studies, and different ways of analysing statistics, are considered appropriate and suitable strategies, as explained by Bisman (2002).

Positivism fits the concept of epistemology, which can be identified as a philosophy of knowing, while methodology is a technique to know. As a philosophy, positivism coheres to see that only “factual” understanding earned through observation (the

senses), involving measurement, is reliable. In positivism findings, the function of the scholar is reduced to data gathering, and explanation throughout an impartial system and the research conclusions are typically noticeable and measurable (Thomas, 2004; Collins, 2010; Yin, 2014).

According to the standards of positivism, it relies on measurable explanations that expose themselves in arithmetical investigation formats. It has been noticed, as a philosophy, that positivism is in agreement with the empiricist belief that understanding stems from human experience being essential. It has an atomic, ontological vision of the world as comprising separated, noticeable aspects and events that interface in a noticeable, particular and orderly way (Carson, Gilmore & Perry, 2001; Collins, 2010).

According to the French Philosopher Comte (1865) and Thomas (2004), the positivist paradigm of discovering the real world is a setup on the theoretical ideas of examination and purposes that have a better and technical grasp on human attitude. True understanding is a setup of senses that can be achieved by monitoring and experimentation. On the ontological scale, positivists suppose that the truth is provided impartially and is measurable using properties which are not sensitive to the researcher's thoughts of her/his method of implementation. The latter indicates that understanding is an impartial and measurable concept, and positivist theorists assume logical approaches and categorise the understanding of decent procedures with the assistance of quantification to increase the regulation in the explanation of parameters and the connections among them. Positivism is focused on discovering the facts and introducing them by experimental methods (Henning, Rensburg, & Smith, 2004).

The aim of the positivism approach is to build context free generalisations. Accordingly, the positivism approach additionally attempts to continue separate from the contributors of the study by building distance between themselves and the contributors. Particularly, this is an essential stage in maintaining psychological neutrality so as to create pure distinctions between cause and impression as well as between discipline and self-understanding. In addition, positivists state that it is

significant to clearly differentiate between the value judgment and the fact. As positivist scholars search objectivity, they also consistently use logical and reasonable methods of inquiry (Carson et al. 2001; Hudson & Ozanne, 1988, Thomas, 2004; Saunders et al., 2009). According to Wilson (2010; p. 10) “if you undertake a positivist method in your research, then it is your confidence upon your choice that you are self-determining your study although it might be morally objective. Self-determining means that you provide insignificant communication with your study contributors when you work on your research”. In other words, findings with positivist paradigm are purely based on truths and believe the world to be external and objective.

Advantages of positivist philosophy involve a faster way of managing the study and its observation over an extensive range of varying scenarios. Positivism as an epistemology has some disadvantages; firstly, positivism rests on understanding as an effective basis of information. Nevertheless, an extensive collection of essentials and principle hypotheses (e.g. reason, period and universe) are not founded on understanding. Secondly, positivism accepts that all kinds of procedures can be observed as a confirmed difference of activities of persons or connections between persons. Thirdly, the approval of positivism in business and other sections can be analysed for trust to status quo. In other means, research outcomes in positivism studies are only explanatory, and therefore, they lack perception in deeper problems (Hudson & Ozanne, 1988 and Thomas, 2004).

As set out by Guest, Michie, Conway and Sheehan (2003) positivism is the theory used for the majority of investigations into the connection between HRM practices and performance, both at an individual and organisational level, including employee productivity. Hardly any interpretivist (e.g. Sheppeck and Militello, 2000) and critical realist studies (e.g. Bacon and Blyton, 2001; Truss, 2001) exist. Legge (2001) and Fleetwood and Hesketh (2008), amongst other researchers, have been critical of the use of the positivistic strategy within HRM-performance research. Legge (2001: p.31) argued that the focus on positivism has meant that research has been ‘at best confused and, at worst, conceptually and methodologically deeply flawed’.

Fleetwood and Hesketh (2008) add that the use of positivism in HRM-performance research has led to analysis that does not offer any elucidation at all. They also assert that, although better performance is predicted after the application of HR practices, it is in no way explained, and a positivist approach does not explain why HRM practices are connected to better performance.

Fleetwood and Hesketh (2008) have also advocated the use of critical realism, in contrast to positivism, as a suitable alternate to positivism in researching the link between HRM and enhanced performance. It was noted by Harney (2009) that in critical realism, the purpose of social science is to offer explanation rather than provide a forecast. It can therefore engage its application of many methodologies, for instance, the use of case studies and free-flowing interviews, as well as different assessments of statistics, to assist in finding explanations for the HRM-performance link. Critical realism, however, argues that the way we observe the world depends, in part, on our views and expectations, one result being that the complete truth may be difficult to come by (Bunge, 1993). Critical realism confesses an inherent subjectivity in the construction of knowledge and has more in common with constructionist positions (Gray, 2017).

Regarding interpretivism, the situation of interpretivism about epistemology and ontology is that interpretivists consider that the reality is relative and compound (Hudson & Ozanne, 1988). Guba & Lincoln, (1994) clarify that these compound realisms also depend on other schemes for meanings that make it harder to understand concerning fixed realities (Neuman, 2000). The experience developed in this science is socially created rather than objectively controlled (Carson et al. 2001). The idea is also supported by (Hirschman, 1985; Berger & Luckman, 1967; p. 3).

The interpretivist approach also involves scholars in understanding the components of the study, and in this way, interpretivism also combines researchers' concerns into a study. Hence, "interpretive scholars suppose that approach to realism (given or socially constructed) is only present in social structures such as language, awareness, shared meanings, and instruments" (Myers, 2009; p. 38). Improvement of interpretivist philosophy is created on the review of positivism social sciences.

Interpretivism is related to the philosophical situation of perfectionism and is used to organise various techniques, involving social constructionism, phenomenology and hermeneutics. Methods that refuse the objectivist approach observe that this significance exists within the world autonomously (Collins, 2009). Additionally, according to Tew, (2015) interpretivism studies typically concentration on significance and may use several styles to return to diverse aspects of the concern. Thomas (2010) and Tew (2015) stated that the interpretivism studies create initial qualitative data to great levels of validity, but this data has a low level of dependability. Overall, the interpretivist method is established on the following philosophies:

1. Relativist ontology: This approach observes realism as an inter-subjectively that is based on significances and identifications on social and empirical levels.
2. Transactional or subjectivist epistemology: Fitting to this style, a human cannot be detached from their information, so there is a perfect connection between the scholar and the research subject.

Thus, the goal of interpretivist research is to recognise and understand the significances in a person's behaviour rather than to popularise and forecast reasons and impacts. For an interpretivist scholar, it is essential to recognise motives, significances, causes and other personal experiences, which are also bound by time and perspective (Neuman, 2000; Hudson & Ozanne, 1988).

The author appreciates that no methodology is perfect and without its critics who will argue that its conclusions are unreliable or invalid. Nevertheless, it is the opinion of the author that a positivist strategy is appropriate for this research in business management because, as explained by Thomas (2004) and Henning et al. (2004), it is related to adjustable analysis and quantification.

As Kim (2003) notes, there are a great many advantages. The first is that this method of approach leads to more thorough conclusions because it looks at causal relationships and how amending one variable will cause change in another one. In addition, the empirical nature of the method reduces the possibility of the bias and certain values held by the researcher having an influence on the research procedure.

The inspecting of information limits the effect that subjectivity can have on the conclusions extrapolated. The knowledge that is deduced is useable in other areas of research beyond the specific research situation. Also, researchers using positivism may identify the differences between current established philosophies and the theory that they have themselves established, and test notions that were previously generally accepted to eliminate discrepancies. In this way, rather than the basis of earlier theories being taken as gospel, positivism challenges them much more extensively.

5.3 Research Methodology: Concepts and Rationale

According to Gough (2002), research methodology is the rationale that determines the character of a study, and it is the method used to manage the study. In addition, methodology describes the framework of the study using specific standards and expectations as well as the techniques a researcher uses to characterise, clarify, and formulate hypotheses. Thus, it is a description of the study of techniques used to obtain information, and its goal is to allow the action of research (Brown, 2006; Walliman and Walliman, 2011).

Moreover, methodological variances between paradigms are important in quantitative and qualitative approaches to research. Quantitative research techniques were advanced primarily in the natural sciences to study facts relating to natural phenomena, while qualitative research methods were advanced in the social sciences to allow researchers to study facts related to social and cultural phenomena. Mixed methods include quantitative and qualitative techniques, and these hold a significant value in a particular area of study. However, some researchers reject combined techniques and focus on the differences between quantitative and qualitative methods, highlighting the ontological, epistemological, and methodological variances between the two models (Onwuegbuzie & Leech, 2005; Babbie, 2015). Due to these variances, distinct perspectives related to the quantitative–qualitative paradigm have evolved, causing a rift between the beliefs of those who support quantitative methods, those who support qualitative methods, and those who support combined methods (Creswell, 2007).

The table 5.1 below summarizes the main differences between quantitative research and qualitative research

Table 5. 1 Comparison between quantitative and qualitative research

Criteria	Qualitative Research	Quantitative Research
Purpose	To examine & understand social exchanges.	To examine hypotheses, analyse cause & effect, & create expectations.
Group Studied	Not randomly chosen and Smaller.	Randomly chosen and Larger.
Variables	Analysis of the entire, not variables.	Certain variables analysed
Type of Data Analysis	Detect features, themes and patterns.	Look at statistical relations.
Objectivity and Subjectivity	Subjectivity.	Objectivity.
Role of Researcher	Scholars & their biases may be recognised to participants in the research and participant features may be recognised to the scholar.	Scholars & their biases are not recognised to participants in the research and participant features are not recognised to the scholar.
Results	Specific or concentrated findings that is less generalisable.	Generalisable findings that can be pertained to other populations.
Scientific Method	Bottom-up or exploratory: the scholar produces a new hypothesis and theory from the data gathered.	Top-down or Confirmatory: the scholar examines the hypothesis and theory with the data.
Focus	Inspects the depth and breadth of phenomena.	Inspects particular hypotheses.
Nature of Observation	Analyse behaviour in a natural setting.	Analyse behaviour under measured conditions.
Nature of Reality	Multiple.	Single.
Final Report	Narrative study with a description of context and direct quotations from participants.	Statistical study with correlations and statistical implication of results.

Source: (Johnson & Christensen, 2008; Lichtman, 2012)

In the current study, a quantitative research methodology was used. Quantitative research is a process in which data is gathered systematically, and analysed and reported as numerical and statistical values in an attempt to explain what has been observed or hypothesised (Crotty, 1998; Bryman, 2008; Lichtman, 2012; McCusker and Gunaydin, 2014). The researcher is aware of the specific information being sought prior to the initiation of the study, and data collection adheres to a specific, rigid framework. Crotty (1998) further mentions that this system of research uses large groups for data collection and utilises questionnaires, experimentation, or other tools for this purpose depending on the subject being studied.

Quantitative analysts attempt to clarify the reasons for changes in social realities, essentially through target estimation and quantitative investigation (Firestone, 1987; Baruch and Holtom, 2008). Thus, quantitative analysts use numbers to investigate a fact or an event. Moreover, these analysts typically measure the reactions of study participants and, in this manner, draw conclusions. Quantitative researchers generally limit their interaction with study participants to avoid affecting the results of the quantitative exploration. Furthermore, quantitative research emphasises evidence, rather than assumptions, based on a large number of participant reactions, and aims to reach a large study population by using modern statistical materials to manage analysis (Lichtman, 2012).

At a later stage of this chapter, the data collection was discussed, which is one of the principles of the quantitative research approach (Creswell, 2017 & Lichtman, 2012). When using quantitative methods, researchers measure the elements of a sample by examining themes present in the data and the apparent relationships between elements using descriptive statistics, such as correlations, relative frequencies, and differences between mean values. They focus largely on the testing of questions (Hittleman & Simon, 1997; Johnson & Christensen, 2008).

Moreover, quantitative examination utilises deductive reasoning and considers reality to be objective (De Vos, 1998). This will be discussed in the next section 5.4. According to Bums and Grove (1993), quantitative analysts believe that all human attitudes are thematic, determined, and commensurable, and that the researcher needs only to improve the valid tools to measure the attitudes (Johnson & Christensen,

2008).

In light of the above explanation, organised and convenient questions were formulated to obtain responses. With these questions, the researcher aimed to elicit honest responses from HR managers and hospital managers to obtain information regarding the relationship between HRM and organisational performance. Merriam (2002) observes that in the quantitative study approach, truth is viewed as elementary, quantifiable, noticeable, and verifiable; quantitative analysts attempt to reveal this. Additionally, this type of research is more accurate in the absence of variables with statistical outliers, which frequently are discarded. The advantage of quantitative research is precise measurements from a large data bank, and data can be collected from numerous participants in a short time and collated as Johnson and Onwuegbuzie, (2004) noted.

5.4 Research Design

Research design is connecting the difficulties with conceptual research to relevant and viable empirical research. Churchill and Iacobucci (2002) described it as the outline for research providing a blueprint for how information should be collected and assessed. The challenge, as explained by Ghauri and Grønhaug (2002), is to choose a research design, which comprises a strategy that deals with research issues as thoroughly as possible, notwithstanding the restrictions on the researcher in terms of time and money available. As De Vaus (2013) observed, two significant issues inform the choice of research design, namely, whether theory testing or theory building are preferred, and the kind of research questions used.

The first issues with research design is the connection between theory and research, and, here, researchers had to choose between a deductive and inductive approach. Table 5.2 summarizes the key differences below:

Table 5. 2 Main differences between deductive and inductive approaches to research

Deductive emphasises	Inductive emphasises
Scientific principles	Gaining an understanding of the meanings humans attach to events
Moving from theory to data	A close understanding of the research context
The need to explain causal relationships between variables	The collection of qualitative data
The collection of quantitative data	A more flexible structure to permit changes of research emphasis as the research progresses
The application of controls to ensure validity of data	A realisation that the researcher is part of the research process
The operationalisation of concepts to ensure clarity of definition	Less concern with the need to generalise
A highly structured approach	Gaining an understanding of the meanings humans attach to events
Researcher independence in what is being researched	
The necessity to select samples of sufficient size in order to generalise conclusions	

Source: Saunders, Lewis and Thornhill (2009: p. 127)

Malhorta and Birks (2007) define deduction as a type of reasoning in which conclusions are validly inferred from certain premises and must, by definition, be true if the premises themselves are true. The ramifications of theories concern researchers in deduction. As Bryman (2008) claims, deduction concerns ideas being inferred from theory, and information is obtained to prove or dispute theoretical connections between variable factors, and rational thinking is used (Ghauri and Grønhaug, 2002). By contrast, the opposite occurs with induction (Byman, 2008), as it produces theories. Induction is a form of reasoning which “involves the inference that an instance or repeated combination of events may be universally generalised” (Malhorta and Birks, 2007: p. 161). As stipulated by Ghauri and Grønhaug (2002), evidence is utilised to create theory and empirical evidence is used to generate conclusions. Based on the reasoning outlined above, a deductive approach is used in this research because

there is an adequate literature available to assist in creating a research theory and making a research paradigm, as shown in Chapters 3 and 4.

The kind of research used is another key aspect of research design, and there are three types: exploratory, descriptive, and explanatory. As mentioned by Saunders et al. (2009), the first of these is appropriate for clarifying a research problem. It is generally concerned with finding ideas and understandings (Churchill and Iacobucci, 2002). Exploratory research is most applicable when issues with the research are unclear. In contrast, descriptive research is led by one or more specific theories (Churchill and Iacobucci, 2002), and compiles an exact picture of people, occasions, and scenarios. The chief aim of it is to pinpoint how often something occurs or the connection between different factors. In the research here, the research issues are clear-cut and understood (Ghuri and Grønhaug, 2002). In the same way, they also observe that, with explanatory research, the issues are clear-cut and defined; also, explanatory research deals with issues of cause and effect. This type of research uses experiments (Saunders et al., 2009).

As explained by Churchill and Iacobucci (2002) and Malhorta and Birks (2007), sample surveys, also called cross-sectional studies, involve one-off collections of information from a specific sample of society; They are reasonably cheap and quick to carry out and are more illustrative of the public than longitudinal information is (Malhorta and Birks, 2007). A cross-sectional research design will be carried out in this research.

5.5 Data Collection Method

Data collection is the most vital practice in a study and it comprises two categories: primary and secondary data collection (Lim and Ting, 2013). The aim of data collection is to attain data, to document, to take decisions about significant concerns and to pass data on to others (Oschman, 2009).

5.5.1 Secondary Data

The secondary data is normally data that has been acquired by resources of literature reviews, as for instance those in chapters 2, 3 and 4 of this thesis. The secondary data for the study has been collected by reviewing journal articles, governmental websites, books, and dissertations as already referred to in all chapters that tackle features of achievement and quality. Therefore, secondary data are very essential information that infer, comprise, define, or come up with conclusions according to ideas produced by others. Secondary information is applied in this study to provide proof, arguments and assertions, and help denote a point of view by including and citing different sources.

5.5.2 Primary Data

Primary data are information gathered by a scholar particularly for a study task. In other words, primary data are information that researchers have to collect because no one has gathered and broadcasted the data in a medium available to everyone. Researchers usually spend the time and assign the resources needed to collect primary information only when an inquiry or problem presents itself as being adequately significant or rare so that it deserves precious time in its collection. Primary data are unique in nature and straightforwardly allied to the concern or problem and present data (Curtis, 2008 & Khan, 2011).

Although different primary data collection methods exist, such as, questionnaire, interview, observations, case studies, the researcher decided to use the structured questionnaire as a data collection method to achieve the research goals in this study.

The questionnaire survey was used as the data collection tool in the current study. Baruch and Holtom (2008) pointed out that questionnaires are the common tools used to gather information in the managerial and behavioural sciences. They have many benefits; they are cheap to use and, as Palmquist (2011) observed, they are more reliable because they take away the subjectivity of the researcher because each subject studied is presented with the same motivation. The results are therefore more reliable and can offer an understanding into the views and thoughts of individuals, as well as the behaviour and actions of organisations (Baruch and Holtom, 2008). In addition,

they look at, and give explanations for, links between different elements, as well as creating models for these connections (Saunders et al., 2009).

5.5.2.1: Questionnaire Development Process

This section will outline the step-by-step process followed by the researcher in designing the questionnaire for this study, as suggested by Bynner and Stribley (1978), and Churchill and Iacobucci (2002).

Step 1: Specify what information will be sought.

The first step in questionnaire development is conceptualisation. Before planning the study, the researcher should know his or her goals and/or the reason for conducting the study, which includes determining the subject and the elements to be measured. Thus, the researcher should think about research questions; whether there is one question or many, it must be the central point of the questionnaire. Next, one or more assumptions the researcher seeks to examine should be developed. The questions included in the questionnaire must be aimed at the analytical examination of these assumptions (Bynner & Stribley, 1978; Churchill and Iacobucci, 2002; Fink, 2013).

The theorised relationship set out in the conceptual framework specified the information that this research needed to elucidate. The tools used were designed to provide responses for the theories set out in the conceptual framework, and questions as to demographics were also included to flesh out the general profile of the respondents.

Step 2: Choose methods for reaching target respondents

Structured questionnaires were used as a tool for data collection in this study. According to Edwards, (2010) questionnaires can be administered in two ways: a self-administered questionnaire (SAQ) is designed to be completed by participants without the involvement of the researcher, while an administered questionnaire (AQ) requires the presence of the researcher to answer questions and provide additional information.

As set out by Mitchell and Jolley (2010) and Harlacher, (2016), many respondents can be surveyed simultaneously using both self-answered and investigator-answered questionnaires, whilst the greater the anonymity afforded to the respondents, the more honest the answers to sensitive questions are likely to be. The researcher used self-administered questionnaires because these allow respondents anonymity, whereas investigator-administered questionnaires are perceived of as reducing anonymity. The purpose of the research was explained to respondents and they were then left to fill out the questionnaire before it was later collected. As set out by Oppenheim (2005), this approach ensures a high response rate, limited interviewer bias, and, accurate sampling.

Step 3: Decide on question content (measurement of the research variables)

As stipulated by Churchill and Iacobucci (2002), this step involves establishing which questions, and how many questions, should be featured in the questionnaire. Each aspect of the research was assessed using elements established from earlier research, and the workings of these elements were informed by the reviewer studying the relevant literature, as set out in earlier chapters. Most aspects of the research used came about from an analysis of the related literature or were taken from research tools that were authenticated from empirical evidence.

The variables in the research model of the current study are classified into independent, mediating, dependent, and control variables. The main dependent variable is organisational performance, and the key independent variables are the HRM practices (recruitment and selection, training, performance appraisal, compensation and incentives, and internal career opportunity). The mediating variable is the level of social exchange, whilst the control variables are the size of the firm and its age. As a result of the variations in HRM practices, which should be included in high-performance HRM system, twenty-six items were used to measure them. The elements to be assessed were taken from existing research and pioneering work carried out by Huselid, (1995); Delaney and Huselid (1996); Becker and Huselid, (1998); Ngo et al., 1998; Pfeffer, (1998); Appelbaum et al., (2000); Siengthai and Bechter ,(2001); Paul and Anantharaman (2003); Minbaeva, (2005); Dechawatanapaisal, (2005); Collins and Smith, (2006); Shore et al., (2006); Gould-

Williams, (2007); Zhang, Wan and Jia, (2008); Yang and Lin (2009); Boselie, (2010); Jiang et al., (2012); Kehoe and Wright, (2013); Singh, Darwish and Potocnik (2016).

As stipulated by Kehoe and Wright (2013), every procedure in a high-performance HRM process is concerned with encouraging employee ability, impetus and opportunity. Appelbaum et al., (2000) pinpoint five HRM practices that are broadly regarded as vital for improvement in these areas.

These are the most common practices found in research into the connection between HRM practices and employee/organisational results (Boselie, 2010). In particular, the practices included in the current study were recruitment and selection, training, performance appraisal, compensation and benefits, and internal career opportunity. As noted by Wright and Boswell (2002), key HRM practices are likely to influence organisational attainment. The twenty-six items were measured using a five-point interval scale ranging from “strongly disagree” (1) to “strongly agree” (5) (see Appendix A). Cronbach’s alpha for the measures of the five HRM practices ranged between 0.70 and 0.92.

Recruitment and selection were measured by using four items asking HR managers to assess the quality of the recruitment and selection practices in their hospitals. Respondents indicated their opinions about these practices from "1 = strongly disagree" to "5 = strongly agree." An example item for HR managers in terms of the recruitment and selection practices for their hospital is: “Hiring employees with specialised skills”, “Hospital prefers promotion from within when filling vacant positions”. These elements have been established and implemented earlier by (Huselid, 1995).

Training practices were measured using a five-point scale asking HR managers to assess the training practices in their hospital. Respondents ranked these practices from "1 = strongly disagree" to "5 = strongly agree." An example of statements asking HR managers to assess the training and development practice of their hospital is: “Hospital provides continuous training for updating employee skills and knowledge” and “Training programmes are constantly revised or updated to fit with present

requirements". Such questions have been designed and utilised in previous research by the likes of (Huselid, 1995; Becker and Huselid, 1998; Siengthai and Bechter, 2001 and Dechawatanapaisal, 2005).

Performance Appraisal practices were measured using a five-point scale asking HR managers to assess the performance appraisal practices in their hospitals. Respondents ranked these practices from "1 = strongly disagree" to "5 = strongly agree." An example of statements asking HR managers to assess the performance appraisal practice of their hospital is: "Employees are satisfied with performance appraisal results" and "Performance appraisal is result oriented". Such questions have been designed and utilised in previous research by the likes of (Huselid, 1995 and Pfeffer, 1998).

Compensation and benefits practices were assessed using six questions which asked HR managers to assess the compensation and benefits practices in their hospitals. Respondents ranked these practices from "1 = strongly disagree" to "5 = strongly agree." An example of questions asking an HR manager to assess the compensation and benefits practice of their hospital is: "Compensation is directly linked to employees' performance and there is an attractive compensation system" and "Job performance is an important factor in determining the incentives and compensation of employees". Such questions have been used in previous research by the likes of (Huselid, 1995; Ngo, et al. 1998; Paul and Anantharaman 2003; Collins and Smith, 2006 and Minbaeva, 2005).

Internal career opportunities were measured using six items asking HR managers to assess the internal career opportunity practices in their hospitals. Respondents ranked these practices from "1 = strongly disagree" to "5 = strongly agree." An example of questions asking HR managers to assess the internal career opportunity practices in their hospitals is: "Employees have good opportunities of being promoted within this hospital" and "Employees who desire promotion in this hospital have more than one potential position they could be promoted too". Such questions have been designed and utilised in previous research by the likes of (Huselid, 1995; Appelbaum et al., 2000; Gould-Williams, 2007; Zhang et al., 2008; Boselie, 2010; Jiang et al., 2012; Kehoe and Wright, 2013).

Social exchange: according to Mowday, Porter, & Steers (2013), the link between employees and their companies is an exchange relationship. Shore et al. (2006) measured social exchange using eight items. Social exchange encapsulates both the commitments of organisations, and the psychological importance of employee perceptions in relation to the exchange relationship with their employer.

This construct was measured by asking HR managers to make assessments reflected in the dimensions of trust, investment, the perception of the employees on getting benefit from their performance at long-run, employees' relationship with their hospital. The views of respondents were measured using a five-point Likert-type scales ("1 = strongly disagree" to "5 = strongly agree"). An example of the kind of questions used to assess the level of social exchange is by posing questions to HR managers – such as: “Employees’ relationship with our hospital is based on mutual trust” and “Our hospital has made a significant investment in its employees”.

The Organisational Performance Construct: a subjective evaluation of every targeted Jordanian hospital in comparison to other hospitals in Jordan was applied to measure this construct. It was decided to utilise this approach because judging a hospital's performance against its rivals is more significant than looking at monetary assessments of its success. Researchers have deliberated the need to use subjective measures as an alternative for objective measures, and the original research for these thoughts is that of Dess and Robinson (1984). Some scholars such as Dawes (1999), Wall et al. (2004) and Kim (2006) have also differentiated between the use of objective and subjective measures based on indicators, measurement standard and scale anchors (Table 5.3).

Table 5. 3 Comparison between objective and subjective measures of OP

Differentiation Aspect	Subjective Measures	Objective Measures
Indicators	Emphasis on overall performance	Emphasis on actual financial indicators
Measurement Standard	Respondents are requested to rate performance relative to their sector or competitors	Respondents provide the current financial information (for example, Return on equity (ROE) and Return on Assets (ROA) etc...)
Scale Anchors	Scales range from “high performance” to “poor performance”. (1 = Lowest performing / 5 = Highest performing).	Scales are not applied

Source: Dawes (1999), Wall et al. (2004) and Kim (2006)

In the actual commercial world, there are numerous hindrances to small and medium businesses’ illuminating their real financial performance to the stakeholders. Academics discuss the importance of subjective measures for assessing organisational performance. The practice of subjective measurements for organisational performance is made more essential by the relative struggle of collecting objective financial statistics (Dess & Robinson, 1984; Sapienza et al., 1988).

Additionally, subjective measures acknowledge comparison through companies, such as types of business, beliefs or economic situation (Song et al., 2005). Certainly, it can be a suitable substitute if the measures concentrate on the company's present circumstance as the objective data may not be well suited with the planned analysis level (Wall et al., 2004).

In the current study, it was difficult to collect the financial data from numerous hospitals due to the privacy issues, and because of the fact that several hospitals do not publish their financial results to the public; therefore, it was decided that subjective measures would be better and more effective as a way of ensuring consistency in performance measurement in the case of the present study.

Notably, Delaney and Huselid (1996), and Youndt et al. (1996) have carried out research into subjective information that is self-reported and found it to be reliable. There is also a strong parallel between the subjective assessments of organisational

attainment and the objective measures of those same attainments (see, for example, Geringer and Hebert, 1991).

Singh et al. (2016) investigated the limitations of both objective and subjective measures of OP. They concluded that subjective measures could effectively be used to evaluate OP if it was planned well, as these measures could be reliable and consistent. As an exaggerated OP measure could be validated with the secondary data, managers have less motivation to report such statistics. Thus, when tested over the particular performance measures of their firms or against their competitors, managers precisely evaluate and answer inquiries on their firms' performance. This opinion was supported by conducting an empirical investigation across four different developing countries, namely: Jordan, Saudi Arabia, Brunei and India (for more details, see Singh et al. 2016).

In rare cases, some scholars used both subjective and objective measures of performance in their studies (Hult et al., 2008). Their results found that both measures are similarly consistent and valid, and further found that there are partial prejudices linked with self-reported organisation performance statistics (see Wall et al., 2004; Bjorkman & Budhwar, 2007). The justification behind the latter seems to be that subjective measures of OP allow managers to factor in the organisations' objectives when assessing their performance (Dess and Robinson, 1984). Additionally, some researchers propose that the outcomes collected through objective and subjective measures seemed to be largely equal (see Geringer and Hebert, 1991; Powell, 1992; Tzafrir, 2005). For instance, Dess and Robinson (1984) suggest that self-reported measures of performance are adequate and consistent as objective measures.

Furthermore, Dollinger and Golden (1992) found that subjective measures of performance linked positively with the objective measures of OP. Also, McCracken, McIlwin and Fottler (2001) compared the subjective views of executives in hospitals with the objective fiscal performance measures of 60 hospitals. While the relationships amongst both measures differ, ROA and operating margin were documented as the most valid subjective fiscal measures of hospitals' performance. Likewise, McClure (2010) examined both objective and subjective measures of performance within a sole sample, and recognised that the common approach

prejudice did not exist in the researched data. Comparably, Homburg, Artz and Wieseke (2012) proved their subjective measure of return on sales (ROS) on companies' sub-sample for which the objective indicator of ROS was also obtainable, noticing a positive relationship amongst both measures.

The organisational performance measurement that has been applied in this research consists of five items, which are (holding market share, growth in sales, profitability (after tax), staff productivity, quality of medical products and services). A five-point scale is used to measure organisational performance, from "1 = Lowest performing" to "5 = Highest performing". Hospital managers were asked to rate the performance indicators of their hospitals in comparison to other hospitals (rivals) in Jordan in a separate questionnaire, which only contains the performance measurement items. The scale used in this research was akin to that developed by Delaney and Huselid (1996), Yang and Lin (2009) and Singh, Darwish and Potocnik (2016) for measuring organizational performance.

Treatment of Common Method Variance (CMV):

Hospital managers were chosen to fill the OP section to avoid the Common Method Variance issues (CMV). CMV, also meant to be common method bias, or just method bias, can be described as possible modifications to real correlations among perceived variables (Alge, Bradley, Ballinger, Tangirala, and James, 2006; Schwarz, et al., 2017).

Common method bias indicates alteration attributable to a measurement method rather than to the construct supposedly denoted by the measures (Campbell and Fiske, 1959; Podsakoff et al., 2003). For example, Burton-Jones (2009) stated that in a study where respondents reply to all questionnaire items in one sitting, CMV might intimidate the data validity. CMV has been exposed to present methodical bias into an analysis by unnaturally exaggerating or devaluing correlations, thus intimidating the conclusions validity drawn about the relations amongst hypotheses (Reio, 2010; Baumgartner and Weijters, 2012).

HRM scholars have to be more informed about how their study plans and data gathering performances can make common method bias, and then, how to avoid this issue (Malhorta, Kim and Patil, 2006). Richardson et al. (2009), supports the idea that by stating that common method bias, there is a potential issue linked with investigation in the behavioural disciplines, particularly studies containing self-reports like questionnaires.

Social experts and organisational investigators (e.g., Podsakoff et al., 2003) have recognised two major methods for controlling potential CMV in quantitative studies: (a) establishment of solid practical design of the research and (b) exercising numerical controls. Both methods have been carefully considered in this research as ways to control potential CMV.

In relation to the first method, we have taken a number of actions following the existing literature (see, for example, Reio, 2010; Podsakoff et al, 2003; and Spector, 2006) to reduce the possibility of CMV as follows:

1. The researcher ensured the privacy and anonymity of the respondents.
2. The researcher used clear and precise scale items to ensure fewer bias issues.
3. The researcher paid attention to ensure that all responses need equal effort (e.g., avoid complex wording).
4. Instructions were provided to participants to complete the questionnaire and elude misunderstanding.
5. Primary data were gathered from two different hierarchy levels (hospital manager and HR managers).

In terms of the second method, which involves the use of statistical controls, Harman's factor test was used. Following Podsakoff et al. (2003), the potential existence of the common method bias was taken into consideration by conducting Harman's one-factor test in the data. A principal component factor analysis with an unrotated solution yielded 11 factors with eigenvalues greater than 1, accounting for 77.24% of the total variance. The largest variance explained by Factor 1 is 23.04%, which proposes that no single factor accounted for a majority of the covariance in the variables (see Table 5.4). Hence, it can be concluded that common method variance is

unlikely to be a major concern (Chow, Huang, and Liu, 2008).

Table 5. 4 Total variance explained by using Harman’s factor test

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	8.986	23.042	23.042	8.986	23.042	23.042
2	4.463	11.443	34.485	4.463	11.443	34.485
3	3.439	8.818	43.303	3.439	8.818	43.303
4	3.066	7.861	51.164	3.066	7.861	51.164
5	2.284	5.856	57.020	2.284	5.856	57.020
6	1.777	4.556	61.576	1.777	4.556	61.576
7	1.441	3.694	65.270	1.441	3.694	65.270
8	1.303	3.340	68.610	1.303	3.340	68.610
9	1.162	2.979	71.589	1.162	2.979	71.589
10	1.115	2.859	74.448	1.115	2.859	74.448
11	1.090	2.794	77.242	1.090	2.794	77.242

Source: Author’s analysis of data.

Control Variables: There are a number of control variables often employed when investigating the relationship between HR practices and organisational performance. Two of the most important control variables are the size and the age of the hospital (see, for example, Arthur, 1994; Huselid, 1995; and Collins & Clark, 2003). Hospital age and size were both considered as control variables in the present research due to their potential impacts on the HRM-OP relationship. Hospital age was measured by the number of years the hospital had been in operation; hospital size, on the other hand, was measured by the number of employees in each hospital (see Darwish, Singh, and Wood, 2015).

The purpose behind including control variables was to identify any possible significant differences between the study’s sub-samples at the analysis stage because these variations had the potential to impact on the results of the study. For instance, older organisations would be estimated to have overcome some of the issues that new organisations still encounter (Serrasqueiro & Nunes, 2008; Ogunyomi and Bruning, 2016). Further, it is held that there is a positive relationship between firm age and organisational performance (Papadogonas, 2006; Halil & Hasan, 2012). On the other hand, some have also noted that there is a negative relationship between the two variables (see Majumdar, 1997; Dogan, 2013; Coad, Segarra & Teruel, 2013, Ogunyomi and Bruning, 2016).

Step 4: Determine form of response to questions

In the main, there are two types of questions: open-ended and closed. Open-ended questions allow respondents to reply in their own words. Although they can be helpful for gauging respondents' emotions, they can complicate the analysis of information. The use of open-ended questions is suggested when using qualitative research methods to address the problem of determining reasons why a phenomenon occurs. Closed questions provide respondents with a set of answer options from which they must select the most appropriate choice to answer the question (Morrow, Jackson, Disch and Mood, 2011; Dillman, 2014). The questions used in the current study's questionnaire were closed because they offered obvious answers, were time efficient, and produced answers that were simple to code and explain. As Morrow et al. (2011) pointed out, closed questions are easier for respondents to answer and therefore result in higher response rates.

Thus, the questionnaire was organised using the Likert design with a 5-point options scale. A Likert scale is a classification measure that requires participants to specify their degree of agreement or disagreement with the statements provided, and respondents have five response options that assist in the quantification of their agreement or disagreement with each question (Sierles, 2003; Harlacher, 2016). Personal information was gained through a combination of dichotomous and multichotomous questions. For part A of the questionnaire (ratings of the system of HRM practices and social exchange), the quantifications are set out here:

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

In relation to part B (the rating of organisational performance), a five-point scale was also applied, but using different verbal labels. These were as follows: 1 = Lowest performing / 5= Highest performing).

Step 5: Develop the wording of each question

The questions used in the questionnaire should be clear, brief, and straightforward so as to elicit the most accurate responses. If one includes complex statements or practical jargon, it only confuses respondents and leads to inaccurate responses (Check & Schutt, 2012; Fink, 2013). Some general principles, which had been suggested by Churchill and Jacobucci (2002), were applied. Ambiguous words were avoided, and simple words used instead. Questions were outlined in a technique that offer respondents a hint about how they would be answered (known as leading questions), and double-barrelled questions (i.e. those that call for two responses). The questions used were as clear and precise as possible.

Step 6: Arrange questions in a meaningful order and format

As stipulated by Churchill and Jacobucci (2002), the order of questions plays a major part in the success of the overall research. A poor ordering of questions has the propensity to confuse respondents and lead to bias in the respondents, as well as negatively influencing the rate of response (Rea and Parker, 2005). The guidelines proposed by Fink (2013) and Synodinos (2003) were followed in this research. The opening questions were straightforward to answer, to build respondent confidence and to make them feel involved in the questionnaire. In addition, similar questions were grouped together, and items were arranged into topics.

Step 7: Check the layout and physical appearance of the questionnaire

It has been observed that the physical appearance of a questionnaire can have an important effect on both the quantity and quality of data gathered. Questionnaires can create an impression of difficulty and can seem too time consuming. Therefore, a questionnaire must appear professional if it is to gain respondents' trust in the researcher (Crawford, 1990; Churchill and Iacobucci, 2002; Dillman, 2014). It was recognised that the questionnaire needed to have a professional appearance, and, to that end, it was printed on good quality paper and it was relatively short. As observed by Fink (2013) short questionnaires are preferential because they appear to be easier to complete and therefore lead to a higher response rate. The questionnaires were distributed to the HR and hospital managers in the English language and, for the

following reasons, were not translated into any other language: the medium of instruction in Jordanian universities for most subjects is English; the respondents in this study who were chosen were from the higher echelons of management, and the pilot study for this research confirmed that the participants were able to understand and answer all the questions without any difficulties. The questions were also numbered to encourage co-operation from respondents, and to make the editing, coding, and tabulation of responses easier.

A cover letter including the name and contact details of the researcher and outlining the purpose of the research and assuring confidentiality was attached to each questionnaire. As mentioned by Morton (1986) and Churchill and Iacobucci, (2002), cover letters are important in convincing respondents to co-operate (see Appendix A). Finally, researchers thanked respondents for taking the time to complete the survey (Sudman & Bradburn, 1983; Harlacher, 2016).

Step 8: Conduct a pilot study

A pilot, or practicability study, is a small trial used to test planning, and collect data before using the methods on a larger scale. It seeks to develop the features and competences of the methodology. It can show insufficiency in the plan of a suggested trial or process, and these can then be modified before they are used (Lancaster, Dodd, & Williamson, 2004). Most researchers believe that irrespective of the level of developmental and pretesting work that has been carried out on a questionnaire, a pilot study should still be used to examine the tool (Czaja & Blair, 1996; Fowler, 1993; Converse & Presser, 1986, Nanda et al, 2013).

According to Churchill and Iacobucci (2002), re-examination and revision are essential aspects of questionnaire development. Each question was therefore reviewed to ensure that it was not confusing, ambiguous, induced bias or was difficult to answer.

The goal of pre-testing the questionnaire is to determine whether the questions are phrased in a manner that will achieve the desired outcome, to determine that all pilot

study participants understood the survey. The researcher distributed 10% of the actual sample in English. The respondents from the same population in both private and public hospitals were involved in this step. HR managers were asked to answer the HR practices questionnaire and hospital managers were asked to complete the OP questionnaire. After responding to the questionnaire, they were asked if there were any problems with understanding the instructions or wording, and if there were any confusing items or ambiguity.

Each questionnaire item was inspected to confirm that participants understood the sense of the question. It was ascertained that the participants were able to understand the concepts used since the non-response amount was extremely low. The results also ensured the decision to use the HR managers and hospital managers to achieve the aim of this survey. Based on their suggestions, a few minor changes were applied to the questionnaire such as replacing the words 'organisation' and 'industry' in all items by the word 'hospital'.

Step 9: Develop the final survey form

The finalised version of the questionnaire was developed with the aid of the pilot study. Pre-testing helps in refining the questionnaire (Synodinos, 2003). This process forms part of the mechanical procedure of setting up the final form and includes gathering, ordering, and numbering questions and introducing respondents' instructions (Esposito, 2002).

5.6 Sampling design

As stipulated by McDonnell, Lavelle, Gunnigle and Collings (2007), researchers prefer to use sampling because time and cost constraints make it very difficult to survey the whole population. As defined by Martínez-Mesa et al., (2014), sampling is the process of choosing a small number of units from a larger group that has been chosen for participation.

The focus population is that section of individuals who have the information that is needed by researchers and about which conclusions are to be drawn (Malhorta and

Birks, 2007). As set out by Churchill and Iacobucci (2002) and Malhorta and Birks (2007), the most important thing in classifying the target population is defining who should and who should not be included in the sample used.

The target population of this study is all private and public hospitals operating in Jordan that have the information required to achieve the objectives of this study. The total number of hospitals was 115 (see Table 5.5) and the list of all hospitals is available on the Jordanian Ministry of Health website (MOH, 2017). Due to the relatively small number of hospitals operating in the country, ‘population-sample design’ will be employed in this work. In other words, this research will target the entire population rather than selecting a specific sample. This would make the study more reliable in terms of achieving the overall objective of this work, and also allow its findings to be applied more generally.

Table 5. 5 Summary of the sample hospitals in Jordan

Type of the hospital	Numbers of the hospital
Public hospitals	34
Private hospitals	66
Royal medical services hospital	15
Total	115

Source: MoH (2017)

A sampling frame is the listing of the elements of the target population from which the sample will be drawn (Martínez-Mesa et al., 2014). As defined by Churchill and Iacobucci (2002), a sampling frame is a list of the features of the targeted population from which the sample will be chosen. The sampling frame for the current research follows most of prior work; the unit of analysis is the organisation (hospitals), and from which the targeted respondents will be the HR and hospitals’ managers working in the targeted hospitals, given their knowledge and experience in designing and implementing HR policies and practices in hospitals, and in their knowledge in relation to the hospitals performance.

Ten working weeks, (from October 04, 2017 to December 14, 2017), were spent gathering data from Jordanian hospitals, which participated in this study. The researcher distributed 100 questionnaires (to 34 public hospitals and 66 private hospitals). It was planned to distribute 115 questionnaires to the total number of the

hospitals in Jordan. However, the researcher excluded the RMS hospitals (15 hospitals) due to their restrictions in allowing researchers to gather information, those hospitals being under the umbrella of the JAF. The time required to grant the researcher approval is somewhat protracted.

The researcher distributed the questionnaires in the English language to both HR and hospital managers. The researcher made sure that the researcher's past experiences in hospitals, as well as the researcher's cultural knowledge about hospitals in Jordan would not impact the research's outcomes in any way but rather that such past experience and knowledge would merely be applied in the way of helping the researcher to obtain the easiest possible access to these hospitals. From the questionnaires distributed, the researcher collected 92 questionnaires. There were seven unusable questionnaires because five of them contained a significant amount of missing data and two of them due to not being able to get the OP section completed from within the same hospital (from the hospitals' managers). Thus, a total of 85 completed questionnaires were useable for analysis (34 from public hospitals and 51 from private hospitals). The research questionnaire had been distributed in person amongst HR and hospital managers, which greatly helped in reaching a relatively high response rate of 85%.

5.7 Description of the Sample

According to Salkind, (2010) demographic information offers data on research participants and is essential for the purpose of whether the participants in a specific study are a representative sample of the targeted population for the aim of generalising.

Table 5.6 presents the main demographic variables of the respondents (HR manager) who participated in order to understand the nature of the sample. These variables include gender, age group, education, and experience. The table shows that the gender distribution for most of the respondents was male ($n = 50$) representing 58.8% of the sample, while females were ($n = 35$), 41.2%. As for the ages of the HR managers, 9.4% were aged from 18 to 29 years, 36.5% were aged from 30 to 39 years, 30.6% were aged from 40 to 49 years, and 18.8% were aged from 50 to 59 years. The

remaining percentage of 4.7% were 60 or over. As for the level of education, 22.4% of the sample hold only college degrees, whilst 54.1% hold bachelor's degrees, 18.8% hold master's degrees. The remaining percentage of 4.7% had PhD degrees, which was the highest educational level attained by the surveyed HR managers. Lastly, with regard to work experience, 11.8% have worked for 4 years or less and 35.3% had worked from 5 to 14 years, 31.8% had worked in the hospital from 15 to 24 years, 14.1% had worked from 25 to 34 years. The remaining percentage of 7.1% had worked for 35 or more years.

Table 5. 6 Demographic profiles of the respondents

	Number of Respondents	Valid Percentage
Gender		
Male	50	58.8%
Female	35	41.2%
Total	85	100%
Age group		
18-29	8	9.4%
30-39	31	36.5%
40-49	26	30.6%
50-59	16	18.8%
60 or over	4	4.7%
Total	85	100%
Level of Education		
Some college	19	22.4%
Bachelor	46	54.1%
Master degree	16	18.8%
PhD	4	4.7%
Total	85	100%
Work Experience		
1-4 years	10	11.8%
5-14	30	35.3%
15-24	27	31.8%
25-34	12	14.1%
35 or more years	6	7.1%
Total	85	100%

Source: Author's analysis of data.

5.8 Data Analysis Methods

The purpose of the study was to examine the relationship between a number of independent and dependent variables, namely, HR practices and OP, and the mediating impact of social exchange on these relationships. As defined by Ader (2008), following data collection, there is a process of looking at, tidying up, changing, and modelling information with the target of emphasising important information, recommending inferences and backing certain decisions to be made.

Quantitative data is information collected numerically, with the questionnaire as the central research tool. As discussed by Ader (2008), there are several steps involved in assessing quantitative data, which include data cleaning, data coding, data presentation and data interpretation and discussion.

Data Cleaning: as explained by Schoenback (2004), involves the taking away of aspects of the data that are unclear. Content analysis is applied to information gleaned from open-ended questions, which must also be subjected to quantification via quantitative research (Krishnan et al., 2016).

The researcher in this study used the Statistical Package for the Social Sciences (SPSS) programme to analyse the data following these:

Data Coding: as defined by Connelly (2000) and Leech, Barrett and Morgan (2013), refers to assigning numbers or other symbols to answers so that answers can be categorised. It is an important step where collected information has been changed into values appropriate for computer entry and the analysis of statistics. The aim of making variables from information collected is to ease the process of analysis by representing what Schoenback (2004) calls the “essential” information from the data collected. The process of coding and assessment is aided by spreadsheets such as Excel and statistical packages such as SAS and SPSS (Coolican, 1994). The SPSS programme has been used in the case of this research.

Data Presentation: as noted by Schoenbach (2004), computer programmes such as MS Excel and SPSS include features to condense the data acquired into either tables or figures. In this research, SPSS 21 was used to analyse the data. Quantitative

information is encapsulated using descriptive statistics - for instance, frequencies, percentages, means and standard deviation.

Validity and Reliability of Measures:

Bryman (2008) defined the two chief criteria for social research evaluation as being validity and reliability. As explained by Malhorta and Birks (2007) and Bryman (2008), they are related where validity assumes reliability while a measure that is not reliable cannot be valid. The processes used to measure validity and reliability are included in this section.

-Construct Validity

Validity refers to the accuracy (or truth) of the information and provides a precise illustration of the information gathered (Millan & Schumacher, 1993). Validity gives an insight into the extent to which an assessment measures a specific aspect in a specific situation. As noted by Herman, Osmundson and Dietel (2010), a measure may be highly valid for one goal but not for another. Researchers in general evaluate content validity and construct validity. Malhorta and Birks (2007) and Hair et al. (2010) explain content validity (also known as face validity) as being a definition of the subjective measure of the connection between elements that together make a scale. They also note that it is in the main achieved through expert judgement. The researcher established the validity of content by discussing and approving the research scales items with a number of experts and academics in the field prior to starting out, to ensure that vague, irrelevant, or unclear questions were removed or altered.

Construct validity can be achieved by a more formal assessment of scale validity. As defined by Hair et al. (2010), construct validity is assessing the extent to which a measurement instrument does what it is designed to do and measures the theoretical construct. It includes convergent validity and divergent validity. The extent to which the elements of a construct are connected to each other is convergent validity. Construct validity was assessed using three principle indicators: factor loadings,

Average Variance Extracted (AVE), and reliability of the construct. According to Malhorta and Birks (2007), a high convergent validity takes place when the elements of the scale are closely connected. The statistically relevant factors impacting on each construct were studied in this research to establish convergent validity.

As Hair et al. (2010) argue, standard estimates of 0.5 or higher demonstrate convergent validity. Examination of the Average Variance Extracted (AVE) of measures provided an assessment for convergent validity. 0.5 or higher indicates sufficient convergent validity (Hair et al, 2010). Chapter 6 contains the convergent validity results.

As defined by Hair et al. (2010), divergent validity (also known as discriminant validity) is the extent to which a construct is truly at odds with other constructs. It involves, as explained by Malhorta and Birks (2007) showing a low level of connection between different theories. A high divergent validity provides proof of a theory encapsulating some aspects that other measures do not (Hair et al. 2010). In this research, to measure divergent validity, the square root of the AVE was evaluated against the estimates between constructs. If the AVE of a particular construct is higher than the squared correlation between that construct and other constructs, divergent validity is achieved (Hair et al., 2010). Chapter 6 shows the results of divergent validity.

-Reliability

According to Nunnally (1978) and Nunnally and Bernstein (1994, 2007), Cronbach's alpha (1951) could be applied to measure the reliability of the tools being used. This is important because it safeguards the reliability and predictive aspect of the research conclusions. Cronbach's alpha was used in this research to measure the consistency of the questionnaire; this is appropriate because it has incorporated the other two prevailing methods of reliability testing: split-half and test-retest.

Ideally stated, Cronbach's alpha is a measure of the hypothetical assessment that would be acquired if all of the substances that could compose a given scale exist, and erratically put jointly into a very huge amount of equal size tests. As noted by Crano

and Brewer (2014), the average of all conceivable pairs of tests is averaged out by the Cronbach alpha. It is the equivalent of the average of all possible split-half estimates, and to provide for an estimate of Cronbach's alpha, each of the split-half estimates and their connections is needed (the random subset of items is established by a statistical routine).

The valuation of Cronbach's alpha is given as a fraction that can alternate between .00 and 1.00. As noted by Crano and Brewer (2014), if the coefficient is more than 0.75, the degree of consistency is considered appropriate. The lower limit is generally agreed to be 0.70, as explained by Hair et al. (1998); it can reduce to 0.60 in exploratory research. Nunnally (1978) opined that in the field of social research, a figure of 0.70 must be reached. The reliability results of the research constructs are presented in Chapter 6.

Data Modelling: in the current research we applied hierarchal multiple regression analysis to test the proposed hypothesis with the inclusion of control variables. The regression model was estimated to establish the effect of HRM practices and OP in Jordanian hospitals.

The Mediating Variable: Data analysis of the mediating hypotheses testing explores the impact of mediator (social exchange) on the link between independent variables (HRM) and dependent variable (organisational performance). To test the mediating variable we have followed the most common methods in psychological research to test mediation that was developed by Baron and Kenny (1986) in a four-step mediation analysis. The results of the mediating impact were further confirmed by Sobel's (1982) test.

The steps methods and Sobel test

In this method we have used four steps that are performed through four regression equations to determine the relation between HRM practices variables and OP variables and which was mediated by a social exchange (see Figure 6.2A and Figure 6.2B).

Step 1: Independent Variable (HRM practices) and Dependent Variable (organisational performance) in absence of the mediator.

Step 2: Independent Variable (HRM practices and Mediator (social exchange).

Step 3: Mediator (social exchange) and Dependent Variable (organisational performance).

Step 4: Independent Variable (HRM practices), Mediator (social exchange) and Dependent Variable (organisational performance).

A social exchange variable is measured as a mediator to the degree to which it brings the impact of a particular independent variable to a particular dependent variable:

- (1) The independent variable considerably impacts the mediator,
- (2) The independent variable considerably impacts the dependent variable in the absence of the mediator,
- (3) The mediator has a significant impact on the dependent variable, and
- (4) The impact of the independent variable on the dependent variable reduces upon the supplement of the mediator to the model.

Sobel test was applied to further test mediation influences and to assess the indirect paths significance from the independent variable to the dependent. This website <http://quantpsy.org/sobel/sobel.htm> was used to calculate the results to confirm that the mediator variable significantly has the impact of an independent variable to a dependent variable, i.e., whether the indirect influence of the independent variable on the dependent variable through the mediator variable is significant.

Data Interpretation and Discussion: after data has been presented, it must be interpreted and discussed. The former involves commenting on the results from the investigation, which requires an in-depth knowledge of the texts and issues in the spotlight. This will avoid simplistic generalisations in discussions and interpretations, and makes sure conclusions drawn are kept within the remit of what is being analysed. As noted by Schoenback (2004), any statements not justified by the data undermine its overall credibility. The results will be presented and discussed below in this chapter and in Chapter Six. The purpose of the research must not be changed or altered when the data is being interpreted, and, to maintain credibility, vested interests should not be shown in the whole report. Fitzpatrick et al (2004) emphasise that any

interpretation of the data must be based on what is actually evident.

5.10 Ethical Considerations

It was felt that the information that would be generated would be unlikely to be intrusive because it would measure attitudes and offer metric information about HRM practices and performance of organisations.

Ethical considerations further concluded that there should be proper and very careful data interpretations in different areas of research ethics (Jentsch and Pilley, 2003; Bryman and Bell, 2007). Therefore, the researcher reported and interpreted research findings as carefully as possible. Additionally, the researcher does not recommend anything in the study which does not command full support from authentic sources and evidence, and does not reveal any limiting factors with transparency and fairness.

The researcher was completely aware of the ethical concerns during the completion of this research study. Taking this into consideration, the study was carried out in an appropriate manner to preserve the credibility and reliability of the research, while reducing various forms of negative impact on future studies. Specifically, there were five ethical concerns that were considered during the collection and analysis of primary data. These concerns included; no harm to participant, identification of research purpose, confidentiality and anonymity, and analysis of the research. Since the primary data was collected through questionnaires, it was the researcher's responsibility to ensure that the delineated ethical considerations were met without any issue. The researcher made sure that their past experiences in hospitals, as well as their cultural knowledge about them, would not impact the research outcomes in any way (see Kakabadse and Kouzmin, 2002; Saunders, Lewis and Thornhill 2012). Additionally, prior to contacting the respondents, approval was sought from the Ministry of Health to assist with access to the public hospitals and with the collection of data (See Appendix B). There has also been no pressure applied from the researcher for employees to take part in the research.

The researcher informed the respondents of the aim of the research wherever possible and how and when they would receive feedback regarding the results. Furthermore, the questionnaire was organised in a way that made it easy for the respondents to

complete the survey. The researcher thanked the respondents for taking the time and effort to complete the survey. In addition to the above ethical considerations, the researcher made sure to follow some important procedures such as obtaining full consent from the participants prior to the study; protecting the privacy of participants; avoiding any deception or exaggeration about the aims and objectives of the research and avoiding any type of misleading information.

5.11 Summary

The methodology used in the present research has been set out in this chapter; the research is an example of positivist research that applies quantitative research. It is a cross-sectional study using deductive reasoning. The main measurement tool applied was the questionnaire survey, which was developed after stringent recommendations from researchers. There are several aspects involved in assessing quantitative information, which were used to assess the research model proposed, with its different aspects having been analysed. The issues of validity and reliability, and ethical considerations were discussed at the end of the chapter. The next chapter will look at the results of data analysis.

Chapter Six: Data Analysis

6.1 Introduction

This chapter presents the data analysis and the statistical techniques employed in this research. This chapter is structured as follows. The questionnaire response rate is first presented. Second, the data preparation and screening that included the majority of preparation tests such as missing data; outlier, normality, linearity, reliability and validity tests of the present research are examined. Third, the descriptive statistics are presented and explained. The last two sections explain the hypotheses testing procedures as well as the mediation analysis. Finally, the main findings resulting from the analysis are summarised.

6.2 Questionnaire Response Rate

The researcher distributed 100 questionnaires in person amongst HR and hospital managers in the Jordanian health sectors. As stated in the previous chapter, it was planned to distribute 115 questionnaires to the total number of the hospitals in Jordan. However, the researcher excluded the RMS hospitals due to their restrictions in allowing researchers to gather information as those hospitals are under the umbrella of JAF. From those questionnaires, and after excluding the unusable ones, 85 answered questionnaires were collected and were considered to be feasible for analysis; these had a response rate of 85%. The research questionnaires had been distributed in person amongst HR managers and hospital managers, which greatly helped in reaching a relatively high response rate of 85%. High response rates enhance the accuracy of estimates, decrease the threat of selection bias and improve validity (McColl *et al.* 2002; Leece, 2004; Burns *et al.*, 2008).

As Baruch and Holtom (2008) stated, the average response rate for questionnaires in behavioural science and business research is 52.7%. The response rate of the current study can be considered outstanding as per Mugenda's (1999) assertion that a

response rate of 50% is sufficient for analysis, a response rate of 60% is good and a rate of 70% and above is outstanding.

6.3 Data Preparation and Screening

Screening, editing, and preparation of primary information are vital stages prior to any further statistical testing. Additionally, data screening to label any possible harm of the fundamental assumptions linked to the presentation of variables methods is crucial (Hair et al., 2010). Thorough preparation with ample time and screening of the information can assist in decreasing prejudice and have no impact on the results (Kline, 2005; Hair et al., 2010). Consequently, before the SPSS analysis, the information was organised and inspected for outliers, missing data, and normality.

6.3.1 Missing Data

As stated by Peugh and Enders (2004), a problem commonly seen in quantitative research is missing data, which may occur whenever data is collected using questionnaires (De Leeuw et al., 2003). As suggested by De Leeuw et al. (2003), there are several ways in which data may be missing. It can either be completely random, or not at all random. If the responses' missingness to a question is neither related to the other responses' values nor to its unknown value, the data is considered to be missing completely at random (MCAR). If the missingness is linked not to the question's value but to the value of the observed data, then the data is believed to be missing at random (MAR). If the missingness is connected to the question's answer, then the data is considered to be not missing at random (NMAR).

As stated by Tsiriktsis (2005), there are two significant problems resulting from missing data. First, they affect the estimating parameters' ability negatively. Second, they decrease the statistical power, which is the ability of detecting major effects occurring in a dataset using analytical technique. Several factors can cause missing data, including when respondents refuse to answer a question, when respondents lack enough information for answering a question, or when there are errors in data entry. De Leeuw et al. (2003) stated that this problem can be curbed to a certain extent but

cannot be completely eliminated. They recommended researchers to use questionnaires that are self-administered, designed efficiently, and are pretested extensively. Incorporating these suggestions in the current study (as seen in step 2 of Chapter 5, section 5.4.1) showed a considerable reduction in missing data. The current study had seven questionnaires that could not be used, as five had significant amounts of missing data and two with the OP section uncompleted.

Hair et al. (2010) determined four approaches to solve the problem of missing data, any of which can be used if the data is missing at random and if the amount of observations missing is less than 10%. The first method, stated by Enders and Bandalos (2001), is list-wise deletion in which only those cases that have all variables completed are used, and any observations with missing values are discarded. The second method was also put forth by Enders and Bandalos (2001) and is called pairwise deletion wherein all the data that is available is used, and cases are deleted considering the particular variables. The third method is imputation methods, such as mean and median imputation. Finally, the fourth method is model-based approaches.

The current study applied list-wise deletion, also called complete-case analysis or case deletion, to treat missing data. Several areas of social and behavioural sciences use this method to treat missing data (Peugh and Enders, 2004). It is the most suitable and simple method if there is a small number of incomplete cases to be deleted. Peugh and Enders (2004) observed that list-wise deletion can help establish parameter estimates that are unbiased in case the data is MCAR. Of the received questionnaires, 7% were unusable for the current study because of missing data.

6.3.2 Outliers

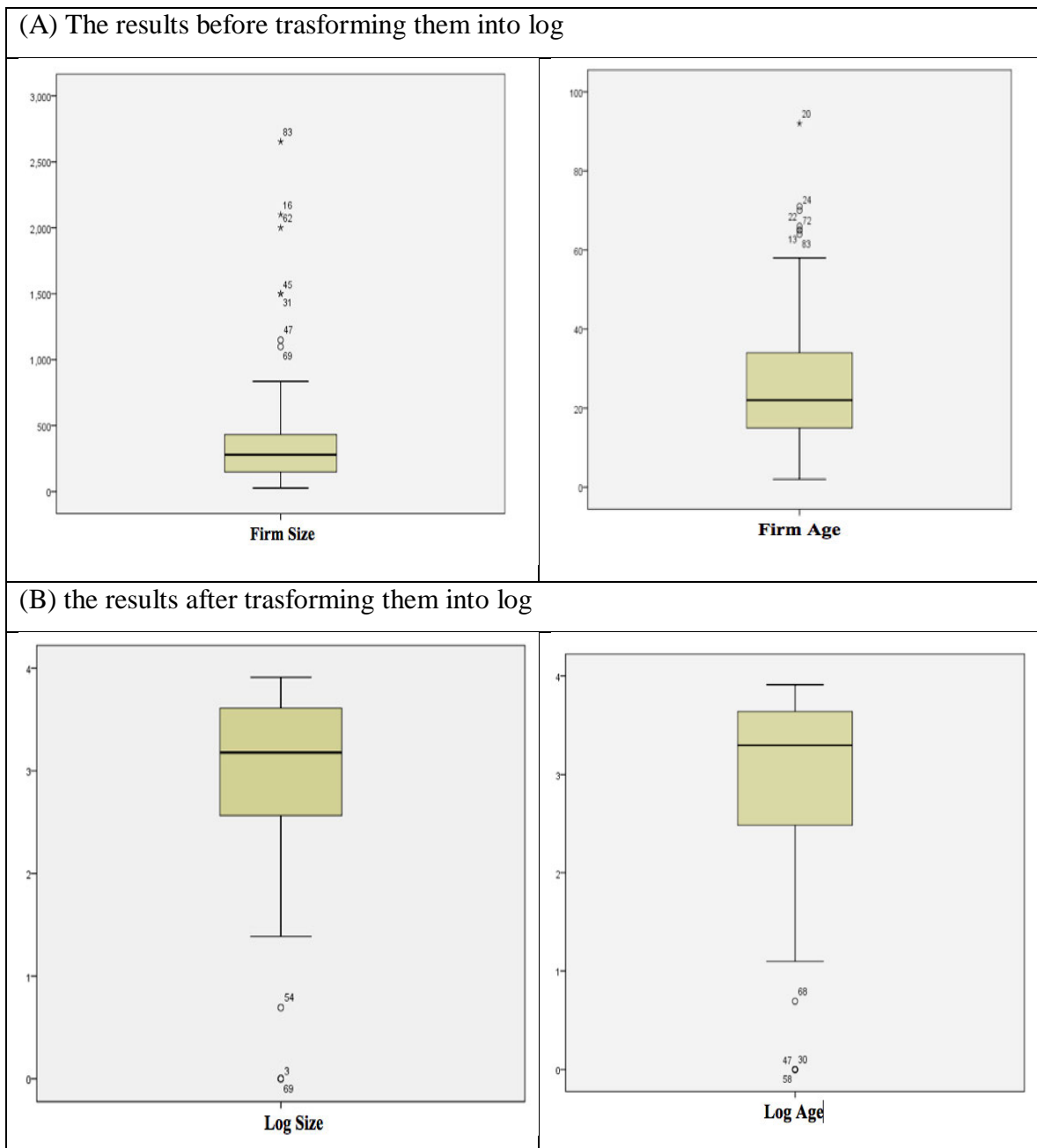
Osborne and Overbay (2004) stated that, in a sample, data points that significantly diverge from other data points are called outliers. Garson (2012) determined that there are two types of outliers: multivariate outliers and univariate outliers. Multivariate outliers are data with extreme values related to multiple variables, whereas univariate outliers are related to a single variable. Several factors can cause outliers, as suggested by Osborne and Overbay (2004), such as data collection error, data entry

error, sampling error, motivated misreporting, respondent intentional, and even from sampling the correct population.

Univariate outliers were not relevant in the current study as a five-point Likert scale was used to measure all the variables in this study that ranged from ‘strongly disagree’ to ‘strongly agree’. The responses for the scale’s extreme points, ‘strongly agree’ or ‘strongly disagree’, may become outliers, since they are scale’s extreme points. Nevertheless, this is not a significant issue as there may be diverse opinions by respondents for any particular issue. On the other hand, Hair et al. (2010) asserted that it is important to evaluate outliers based on the information provided by them to establish their impact instead of categorizing them as beneficial or problematic. In the current study, outliers have been checked using normal probability plots and box and whisker diagrams amongst variables. As shown in figure 6.1, this analysis found 10 cases with extreme outliers, but the research has solved this issue by transforming firm size and firm age into logs which resulted in reducing the cases to none of extreme outliers as shown in the figure below.

There are some studies, such as the one by Osborne and Overbay (2004), which concluded that deleting outliers is the best solution. The study by Hair et al. (2010), however, showed that deleting outliers limits generalisability even though it may improve multivariate analysis. Their study also argued that to confirm generalizability to the whole population, outliers should not be deleted if they describe a representative segment of the population. Moreover, Kline (2005) and Tabachnick and Fidell (2013) stated that it is not a matter for concern if a large sample contains a few outliers. Taking this into account, all the cases are retained in the current study.

Figure 6. 1 Hospital size and Hospital age outliers



Source: Author’s analysis of data

6.3.3 Normality

The data’s normal distribution was assessed after examining the outliers. For statistical analysis, Hair et al. (2010) stated that the normal distribution is an important assumption. They further stated that normality is the shape of the data’s distribution in terms of individual metric value and its relationship with the normal distribution of statistical method’s benchmark. The current research employed

Skewness and Kurtosis's statistical method for checking normalcy (see Hair et al., 2010; Kline, 2011; Tabachnick & Fidell, 2013).

Moreover, Kline (2011) also stated that there may be a substantial problem if the values are above 20, or if the absolute value of Skewness is more than 3 and of Kurtosis' is higher than 10. Thus, Skewness' and Kurtosis' absolute values must not be higher than 3 and 10, respectively. In the current research, this has been taken into account and the absolute values of the Skewness and Kurtosis are kept within the suggested range. As shown in Table 6.1 Skewness' value for all items did not exceed 2, Kurtosis' value did not exceed 3, and there were no extreme values for both Skewness and Kurtosis. Each variable's P-P plots were also evaluated to determine normality. The plots showed that all variables had normal distribution. Hence, these results overall indicate that the data is normally distributed.

Table 6. 1 The skewness and kurtosis values of normality

Items	N	Mean	SD	Skewness		kurtosis	
	Statistic	Statistic	Statistic	Statistic	Sd. Error	Statistic	Sd. Error
Log Firm size	85	2.965	.856	-1.449	.261	2.263	.517
Log Firm age	85	2.916	1.014	-1.434	.261	1.432	.517
Recruitment and Selection	85	3.60	.801	-.375	.261	.307	.517
Training	85	3.74	.847	-.495	.261	-.097	.517
Performance Appraisal	85	3.51	1.03	-.963	.261	-.271	.517
Compensations and Benefits	85	3.70	.726	-.297	.261	-.358	.517
Internal Career Opportunity	85	2.68	1.01	.034	.261	-.442	.517
Social Exchange	85	3.77	.836	-.691	.261	.138	.517
Organisational Performance	85	2.86	.963	-.216	.261	-.376	.517
Valid N (list-wise)	85						

Source: Author's analysis of data

6.3.4 Linearity

For multivariate techniques, Hair et al. (2006) stated that a fundamental assumption is linearity. This is because only linear relationships are reflected between variables by

multivariate correlations while the correlation value's non-linear relationships are ignored. Absence of linearity results in problems such as singularity and multicollinearity. Singularity results from redundant variables, that is, other variables combine to form an independent variable. Multicollinearity, as explained by Tabachnick and Fidell (2007), is caused when there is considerable correlation between two or more independent variables, making it impossible to establish the separate impact on the outcome variable by each single variable. If singularity or multicollinearity is present, it results in undermining the examined relationships' strength (Hair et al., 2010).

In the present research, the bivariate correlation matrix at significance level of .01 (2-tailed) was computed to evaluate the linearity of independent variables' relationships. Tabachnick and Fidell (2007) have stated that Pearson's correlation values should be below .90 for achieving linearity between independent variables. As shown in Table 6.2, the correlation matrix results determine that it is unlikely to have the case of multicollinearity between independent variables, as there were no independent variables with bivariate correlations higher than 7.

Table 6. 2 Correlation matrix of variables

Constructs	Recruitment and Selection	Training	Performance Appraisal	Compensation and benefits	Internal career opportunity	Social exchange	Organisational Performance	Log Firm Size	Log Firm age
Recruitment and Selection	1								
Training	.389**	1							
Performance Appraisal	-.015	.053	1						
Compensation and Benefits	.269*	.454**	.149	1					
Internal Career Opportunity	.282**	.374**	.141	.127	1				
Social Exchange	.390**	.473**	.121	.282**	.435**	1			
Organisational Performance	.440**	.517**	.086	.273*	.609**	.557**	1		
Log Firm Size	-.030	.105	-.136	-.013	.019	.056	.027	1	
Log Firm Age	.114	.096	.258*	.270*	.030	.042	-.022	-.179	1

Source: Author's analysis of data. *Correlation is significant at the 0.05 level (2-tailed).** Correlation is significant at the 0.01 level (2-tailed).

6.3.5 Reliability and Validity of the Research Constructs

With regard to identification, summarising and grouping together the correlated data, it was found that conducting exploratory factor analysis was of assistance.

It is now our aim to test the unidimensionality of the data and variables with regard to constructs' reliability and validity. Construct validity can be assessed by two main types, which are, convergent validity and discriminant validity. Hair et al (2010) claim that convergent validity is examined by three major indicators, which are, the factor loadings of all constructs, Average Variance Extracted (AVE) and reliabilities of constructs. Contrariwise, testing of discriminant validity is carried out by means of testing the constructs' correlations by comparing these with the square root of the AVE values for these constructs (see Fornall and Larcker, 1981).

6.3.5.1 Reliability of the Research Constructs

Consistency of measurement is at the core of reliability. This means that a scale or any tool for measurement purposes should reflect the construct it is measuring over a given time period, and should do so with consistency (Field, 2009). Cronbach (1951) developed a scale of reliability, which is now the most common means for the measurement of scale reliability. It was Cronbach's alpha coefficient which was used in the present research to establish inter-item consistency. Cronbach's alpha for the measurement of reliability is a widely-accepted and extensively employed method throughout academia.

The valuation of Cronbach's alpha is presented as a fraction that can alternate between .00 and 1.00. As noted by Crano and Brewer (1986), if the coefficient is more than .75, the degree of consistency is considered appropriate. The lower limit is generally agreed to be .70, as explained by Hair et al. (1998), and it can be reduced to .60 in exploratory research. Moreover, Nunnally (1978) suggested that, in the field of social research, the coefficient must be .70. Cronbach's alpha reliability coefficients of the research constructs were attained and were all above ($\alpha = .70$). As shown in Table 6.3,

Cronbach's alpha coefficients range from .70 to .94, thus indicating that the results of the reliability test have shown that all of the scales conform to the reliability criterion.

6.3.5.2 Validity of the research constructs

Validity refers to the accuracy (or truth) of the information and provides a precise illustration of the information gathered (Millan & Schumacher, 1993). Validity provides an insight into the extent to which an assessment measures a specific aspect in a specific situation. As noted by Herman, Osmundson and Dietel (2010), a measure may be highly valid for one goal but not for another. Researchers in general evaluate content validity and construct validity.

6.3.5.2.1 Content/Face Validity

A qualitative assessment concerning the association between the items and their constructs is termed content validity – sometimes called face validity. The manner in which content validity is conducted is through a system of rating or assessment by specialists, professionals in the field and pre-tests with multiple sub-populations (Hair et al., 2010). As explained in the following section, construct validity, as opposed to content validity, is a quantitative evaluation that can be more easily conducted through a variety of statistical practices like principle component analysis. Content validity ought to be the first stage in establishing what the relationship is between the variables or constructs and their items of measurement. Graver and Mentzer (1999) averred that if the measurement scale fails to go through the content validity process, it thus cannot have construct validity notwithstanding what is revealed by the statistical analysis.

In the current research, literature reviews, views of academics and experts, pilot studies, and pre-tests have been used to measure the study throughout the instrument design's final phase, as explained in the previous chapter's section 5.4. In order to achieve logical flow of the items and their correspondence to the constructs, which they measure, all the extracted items have, in addition, been reviewed and accordingly evaluated by a number of researchers who are specialised in the current subject.

6.3.5.2.2 Constructs Validity (Convergent and Discriminant)

One of the principle aims in the use of principle component analysis is the assessment of construct validity. We have tested two forms of construct validity for our work – convergent validity and discriminant validity. The first of these is created when the indicators which underlie a particular construct are extremely well correlated or share a variance of high commonality. Contrariwise, the second of these is established when a couple of variables are predicated to be not correlated.

1. Convergent Validity

Assessment of convergent validity is done by three principle indicators; these are factor loadings, AVE, and reliability of the construct. The factor loading size is considered to be an indicator of importance for the establishment of convergent validity where .5 or above should be all the factor loadings (see Hair et al., 2010). Table 6.3 shows the standardised loading for measuring items. The model contained a total of 39 items. However, the table below shows 33 items. The results indicate that all the values of the factor loading lies above the threshold value of 0.5 for all 33 items. However the items having the factor loading of less than 0.5 were deleted and not included in the data set for further analysis - it is the rule of thumb. The loading for the remaining 33 items was also improved after deleting the 6 items which were (Compensation and benefits 2, training 3, performance appraisals 2, social exchange 3, social exchange 5 and social exchange 8) poorly loaded items - which is not a high number of items in comparison of the total of 39 items; but their deletion is not much effective on the constructs conceptualisation. Indicative of coverings on a point of commonality are high loadings. What is of interest is the significance of the results showing that all factor loadings of each construct indicator range from .60 to .91. This demonstrates a strong linkage between constructs and their factors.

Average Variance Extracted (AVE) provides for a researcher data concerning the quantity of variance justified by the construct relative to the variance owing to error of measurement (Fornell and Larcker, 1981). AVE takes into consideration a construct for the establishment of convergent validity should it be at a minimum of .50 or above

(Fornell and Larcker, 1981). Where all values were in a range of .50 to .76, as shown in Table 6.3, AVE was computed to each of the constructs. Resultant from this, it is shown that AVE values are above the .50 thresholds. This demonstrates sufficient coverage of the research constructs. Lastly, reliability is the third indicator to reflect convergent validity as stated earlier. Section 6.3.5.1 examines and explains reliability for the research constructs; the latter indicates that all scales satisfy the criterion of reliability. Considered all in all, the results of factor loadings, AVE, and reliability tests supplied adequate confirmation of the convergent validity – see Table 6.3.

Table 6. 3 Convergent validity (standardised factor loadings, average variance extracted, and reliability results)

Constructs		Factor Loading	Cronbach Alpha	AVE
Recruitment and Selection	RS4	.894	.91	.72
	RS 3	.881		
	RS 2	.844		
	RS 1	.797		
Training	TR 2	.777	.70	.53
	TR 5	.777		
	TR 1	.689		
	TR 4	.652		
	TR 3(dropped)	.397		
Performance Appraisals	PA 1	.887	.71	.65
	PA 5	.848		
	PA 3	.792		
	PA 4	.696		
	PA 2	.328		
Compensation and benefits	COM 5	.913	.79	.65
	COM 6	.903		
	COM 3	.823		
	COM 4	.749		
	COM 1	.607		
	COM 2(dropped)	.204		
Internal career opportunities	ICO 6	.911	.94	.76
	ICO 5	.909		
	ICO 2	.908		
	ICO 1	.894		
	ICO 3	.885		
	ICO4	.835		
Social Exchange	SE 7	.882	.72	.64
	SE 6	.878		
	SE 3	.831		
	SE 4	.698		
	SE 1	.689		
	SE 2 dropped	.254		
	SE 4 dropped	.262		
	SE 8 dropped	.175		
Organisational Performance	OP 5	.818	.75	.50
	OP 3	.764		
	OP 1	.672		
	OP 2	.650		
	OP 4	.620		

Source: Author's analysis of data

2. Discriminant Validity

The reasons researchers conduct discriminant validity is to ensure that the indicators for different constructs are not the same and not correlated to a high degree to the extent that they might measure the same thing. Constructs and their indicators should differ from other constructs and their indicators. Fornell and Larcker (1981) have suggested a technique for testing discriminant validity. Their claim is that the researcher is able to create discriminant validity on the mathematical basis of the square root of AVE for a particular construct being greater than the absolute value of the standardised correlation of the particular construct with that of any other construct.

Table 6.4 displays the constructs' correlations by comparison with their squared roots of the AVE values – the diagonal line being representative of these values. The squared roots of the AVE values are higher any given correlation value, which is beneath the diagonal line. This is indicative of a level of acceptability of discriminant validity.

Table 6. 4 Discriminant validity

Constructs	Recruitment and Selection	Training	Performance Appraisal	Compensation and benefits	Internal career opportunity
Recruitment and Selection	.84				
Training	.389**	.72			
Performance Appraisal	-.015	.053	.80		
Compensation and benefits	.269*	.454**	.149	.80	
Internal career opportunity	.282**	.374**	.141	.127	.87

Source: Author's analysis of data. * Correlation is significant at the 0.05 level (2-tailed). ** Correlation is significant at the 0.01 level (2-tailed). **Diagonal elements are square roots of average variance extracted**

6. 4 Descriptive Analysis of Measurement Scales

This section examines and focuses on how the HR managers responded to the survey questions regarding the research model construct, such as OP, HR practices, and social exchange. The questionnaire items related to the research measures and their associated values of mean and Standard Deviation (SD) are shown in the tables below. All the items had responses that were on a five-point Likert scale, with 1 indicating ‘Strongly Disagree’ and 5 indicated ‘Strongly Agree’.

6.4.1 HRM practices

There are 26 items measuring HRM practices employed in this research; namely: recruitment and selection, training, performance appraisal, compensation and benefit, and internal career opportunity. The mean range was from 2.68 to 3.74 with SDs ranging between .726 and 1.03. Responses to all the items were on a five-point scale in which 1 = ‘Strongly Disagree’ and 5 = ‘Strongly Agree’

6.4.1.1 Recruitment and Selection

Recruitment and selection items are shown in Table 6.5 with an overall mean of 3.60 and .801 SD which shows that these items had a normal deviation.

Table 6. 5 Responses to recruitment and selection

Statement	Mean	Sd.	S. Disagree	Disagree	Neutral	Agree	S. Agree
Recruitment and Selection	3.60	.801					
Recruitment and Selection # 1	3.65	.839	1(1.2%)	5(5.9%)	28(32.9%)	39(45.9%)	12(14.1%)
Recruitment and Selection # 2	3.59	.955	1(1.2%)	9(10.6%)	30(35.3%)	29(34.1%)	16(18.8%)
Recruitment and Selection # 3	3.61	.888	1(1.2%)	8(9.4%)	26(30.6%)	38(44.7%)	12(14.1%)
Recruitment and Selection # 4	3.57	.877	1(1.2%)	7(8.2%)	31(36.5%)	34(40.0%)	12(14.1%)

Source: Author's data (Note: N = 85, Sd = Standard Deviation)

For the first statement, the respondents generally agreed that hiring employees depended on the candidates having specialised skills (*'Hiring employees with specialised skills'*), with the mean matching 3.65 out of 5. .839 showing a high SD. This means that they mostly agreed that these specialised skills might be one of the reasons for hiring, with 45.9% agreeing and 14.1% strongly agreeing that employees should have specific skills. Furthermore, 5.9% of respondents disagreed and 1.2% strongly disagreed, while the remaining 32.9% of respondents said they were undecided. This shows that the majority of the respondents agreed that when hiring any worker, one must consider their specialised skills.

For the second statement, the respondents generally were undecided though some agreed that hiring employees depended on the creative thinking skills of the employees (*'Hiring people with creative thinking skills'*), with the mean matching being 3.59 out of 5. Of these, .955 showed a high SD, that is, they were mostly undecided that creative thinking skills can be one of the reasons for hiring, with 35.3% unclear and 34.1% agreeing that employees being hired should have creative thinking skills. Moreover, 1.2% of respondents strongly disagreed and 10.6% disagreed, whereas the remaining 18.8% of respondents were strongly agreeing. Thus, the majority of the respondents either agreed or were unsure.

For the third statement, the respondents generally agreed that hiring employees should consider that the process fits with the job candidate (*'Recruitment and selection process fit the candidates with the jobs'*), with the mean matching 3.61 out of 5, with a high SD of .888. This indicates that they mostly agreed that the recruitment and selection process could help to find the right person for the position, with 44.7% agreeing and 14.1% strongly agreeing that the process of recruitment and selection should fit with candidates' job. Further, 1.2% of respondents strongly disagreed and 9.4% disagreed, whereas the remaining 30.6% of respondents were undecided. This shows that the majority of the respondents agreed that when hiring any worker, one must ensure a good process for the candidate's job.

Finally, for the fourth statement, the respondents generally agreed that the hospital prefers to hire from within the hospital (*'Hospital prefers promotion from within when filling vacant position'*), with the mean matching 3.57 out of 5, showing a high SD of .877. This suggests that they mostly agreed that hospitals prefer to hire from within the hospital when they want to fill any position, with 40% agreeing and 14.1% strongly agreeing for promoting from within when filling vacant positions. Moreover, 1.2% of respondents strongly disagreed, 8.2% disagreed, and the remaining 36.5% of respondents were not decided. This indicates that the majority of the respondents either agreed that when hiring any worker, they should promote from within the hospital instead of an external hire.

6.4.1.2 Training

The items measuring training as one of the HR practices are shown in Table 6.6 with an overall mean of 3.74 and SD of .847 which shows that these items had a normal deviation.

Table 6. 6 Responses to training

Statement	Mean	Sd.	S. Disagree	Disagree	Neutral	Agree	S. Agree
Training	3.74	.847					
Training # 1	3.52	1.042	5(5.9%)	7(8.2%)	25(29.4%)	35(41.2%)	13(15.3%)
Training # 2	4.00	.831	0 %	2 (2.4%)	23(27.1%)	33(38.8%)	27(31.8%)
Training # 4	3.67	1.169	4(7.4%)	12(14.1%)	16(18.8%)	29(34.1%)	24(28.2%)
Training # 5	3.77	1.00	3(3.5%)	3(3.5%)	27(31.8%)	29(34.1%)	23(27.1%)

Source: Author's data (Note: N = 85, Sd = Standard Deviation)

For the first statement that tested the training, the respondents agreed that the new employees required orientation so that they may become familiarised with the organisation (*'New employees familiarise with organisational norms and values (orientation)'*), with the mean matching 3.52 out of 5. This suggests that they mostly agreed that orientation is important for the new employees; however, 41.2% agreed and 15.3% strongly agreed that new employees need organisation orientation, whereas 5.9% strongly disagreed, 8.2% disagreed. The remaining 29.4% of respondents were not decided. This demonstrates that the majority of the respondents agreed that new employees should be given orientation so as to become familiar with the organisation.

For the second statement, the respondents also generally agreed that the hospital should provide the employees with continuous training to develop and improve their skills (*'Hospital provides continuous training for updating employee skills and knowledge'*), with the mean matching to 4.00 out of 5. This shows that 38.8 % agreed that the hospital should update employees' skills and knowledge: 31.8% strongly agreed, while 2.4% disagreed, 0% strongly disagreed, and the remaining 27.1% of respondents were not decided. This suggests that the majority of the respondents either strongly agreed or agreed that the hospital should update employees' skills and knowledge.

For the fourth statement, the respondents generally agreed that the hospital should have high quality training programmes (*'All training programmes are of high quality'*), with

the mean matching 3.67 out of 5. This means that 34.1% agreed and 28.2% strongly agreed that the hospital should have high quality training programmes. There were 14.1% of respondents who disagreed, 7.4% who strongly disagreed, and the remaining 18.8% of respondents were undecided. This suggests that the majority of the respondents agreed that the hospital should have a high quality training programmes.

Finally, for the fifth statement, the respondents generally agreed that the hospital should provide equal opportunities to all employees (*'Our hospital provides equal opportunities to all employees'*), with the mean matching 3.77 out of 5. This shows that 34.1% agreed and 27.1% strongly agreed that the hospital should provide equal opportunities to all employees. There were 3.5% of respondents who disagreed, 3.5% who strongly disagreed, with the remaining 31.8% of respondents being undecided. This indicates that the majority of the respondents agreed that the hospital should provide equal opportunities to all employees.

6.4.1.3 Performance Appraisal

The items that measure performance appraisal are shown in Table 6.7. They showed an overall mean of 3.50 and 1.03 SD which suggested that these items had a normal deviation.

Table 6. 7 Responses to Performance Appraisal

Statement	Mean	Sd.	S. Disagree	Disagree	Neutral	Agree	S. Agree
Performance Appraisal	3.50	1.03					
Performance Appraisal #1	2.73	1.16	16(18.8%)	19(22.4%)	27(31.8%)	18(21.2%)	5(5.9%)
Performance Appraisal #3	3.13	1.24	13(15.3%)	10(11.8%)	26(30.6%)	25(29.4%)	11(12.9%)
Performance Appraisal #4	2.16	1.19	35(41.2%)	16(18.8%)	23(27.1%)	7(8.2%)	4(4.7%)
Performance Appraisal #5	2.57	1.24	22(25.9%)	20(23.5%)	20(23.5%)	18(21.2%)	5(5.9%)

Source: Author's data (Note: N = 85, Sd = Standard Deviation)

In relation to performance appraisal, the first statement showed that the main respondents were undecided that they followed clear evaluation standards for employees (*'Employee evaluation criteria are clear'*), with the mean matching 2.73 out of 5. This meant that they were mostly unclear that they followed clear evaluation standards for employees; however, 31.8% were unclear and 21.2% agreed to follow a clear standard evaluation, while 5.9% strongly agreed, 22.4% disagreed, and the remaining 18.8% of respondents strongly disagreed. This suggests that the majority of the respondents were unclear that they must follow clear evaluation criteria for employees.

For the third statement, the respondents generally were unclear that the feedback should be provided on a regular basis by the management (*'Feedback is provided on a regular basis by the management'*), with the mean matching 3.13 out of 5. This shows that 30.6% were unclear whether the feedback should be provided on a regular basis by the management, while 29.4% agreed and 12.9% strongly agreed that the feedback should be provided by the management, and 11.8% disagreed, while 15.3% strongly disagreed. This shows that the majority of the respondents were either unclear or agreed that the hospital should provide the feedback to the employee through the management.

For the fourth statement, the respondents generally strongly disagreed whether the employees were satisfied with the results of the evaluation (*'Employees are satisfied with performance appraisal result'*), with the mean matching 2.16 out of 5. This suggests that 41.2% strongly disagreed, 18.8% disagreed, and 8.2% agreed that the employees were satisfied. There were 4.7% of respondents who strongly agreed and 27.1% who remained undecided. This shows that the majority of the respondents strongly disagreed whether the employees were satisfied with results of the evaluation.

Finally, for the fifth statement, the respondents generally strongly disagreed that performance appraisal may impact employee's commitment towards work (*'Performance appraisal can impact the employee's commitment towards work positively'*), with the mean matching 2.57 out of 5. This meant that 25.9 % were strongly disagreed and 23.5% disagreed that performance appraisal can impact the employee's commitment towards work. There were 21.2% of respondents who agreed, 5.9% who strongly agreed, and the remaining 23.5% of respondents were undecided. This indicates that the majority of the respondents strongly disagreed that the performance appraisal may impact the employee's commitment towards work.

6.4.1.4 Compensation and Benefits

The items that measured compensation and benefits are shown in Table 6.8 with an overall mean of 3.70 and .726 SD, demonstrating that the items were significantly deviated from the average mean.

Table 6. 8 Responses to compensation and benefits

Statement	Mean	Sd.	S. Disagree	Disagree	Neutral	Agree	S.Agree
Compensation and benefits	3.70	.726					
Compensation and benefits #1	3.68	.876	2(2.4%)	4(4.7%)	26(30.6%)	40(47.1%)	13(15.3%)
Compensation and benefits #3	3.79	.860	0%	8(9.4%)	18(21.2%)	43(50.6%)	16(18.8%)
Compensation and benefits #4	3.74	.861	0%	8(9.4%)	21(24.7%)	41(48.2%)	15(17.6%)
Compensation and benefits #5	3.58	.876	0%	9(10.6%)	30(35.3%)	33(38.8%)	13(15.3%)
Compensation and benefits #6	3.71	.867	0%	7(8.2%)	26(30.6%)	36(42.4%)	16(18.8%)

Source: Author's data (Note: N = 85, Sd = Standard Deviation)

For the first statement that tested the compensation and benefit concept, respondents generally agreed that the hospital followed a compensation system that depended on the level of skills and knowledge of employees (*'Hospital relates to compensation system with the level of knowledge and skill acquired by employees' knowledge and skill'*), with the mean matching 3.68 out of 5. This shows that they mostly agreed that they were following a clear compensation and benefit system according to the employees' level of knowledge and skills, with 47.1% who agreed and 15.3% who strongly agreed, while 2.4% strongly disagreed, 4.7% disagreed, and the remaining 30.6% of respondents were undecided. This indicates that the majority of the respondents agreed that the hospital followed a compensation system that depends on the skills and knowledge of the employees.

For the third statement, the respondents generally agreed that the job performance could be a factor for determining the compensation and benefits for employees (*'Job performance is an important factor in determining the incentives and compensation of employees'*), with the mean matching 3.79 out of 5. This suggests that 50.6% agreed and 18.8% strongly agreed that job performance might be a factor for determining the

compensation and benefits for employees. There were 9.4% of respondents who disagreed, 0% who strongly disagreed, with the remaining 21.2% of respondents being undecided. This shows that the majority of the respondents agreed that job performance is an important factor in determining the incentives and compensation for employees.

For the fourth statement, the respondents generally agreed that an innovative idea is rewarded by compensation in the hospital (*'Compensation system is rewarded by innovative idea'*), with the mean matching 3.74 out of 5. This suggests that 48.2% agreed and 17.6% strongly agreed that an innovative idea is rewarded by compensation in the hospital. There were 9.4% of respondents who disagreed, 0% who strongly disagreed, with the remaining 24.7% of respondents being undecided. This shows that the majority of the respondents agreed that the compensation system rewards an innovative idea.

For the fifth statement, the respondents generally agreed that employees who have good work performance should be noticed and rewarded (*'Good job performance is noticed and rewarded'*), with the mean matching 3.58 out of 5. This shows that 38.8% agreed and 15.3% strongly agreed that employees who perform well at work should be observed and rewarded. There were 8.2% of respondents who disagreed, 0% who strongly disagreed, with the remaining 30.6% of respondents being undecided. This demonstrates that the majority of the respondents agreed that good job performance should be noticed and rewarded.

Finally, for the sixth statement, the respondents generally agreed that upper management prefers employees to be involved in decision making (*'Top management prefers participation in decision making with all levels of jobs'*), with the mean matching 3.71 out of 5. This means that 42.4% agreed and 18.8% strongly agreed that upper management preferred employees to be involved in decision-making. There were 8.2% of respondents who disagreed, 0% who strongly disagreed, with the remaining 30.6% of respondents being undecided. This suggests that the majority of the respondents agreed that the top management preferred participation in decision making at all job levels.

6.4.1.5 Internal Career Opportunity

The items that measured internal career opportunity practices are shown in Table 6.9 with the mean value ranging from 3.40 to 3.60, and SD ranging from 1.05 to 1.26. All responses to the items were on a five-point scale in which 1 = ‘Strongly Disagree’ and 5 = ‘Strongly Agree’.

Table 6. 9 Responses to internal career opportunity

Statement	Mean	Sd.	S. Disagree	Disagree	Neutral	Agree	S. Agree
Internal Career Opportunity	2.68	1.01					
Internal career opportunity # 1	3.56	1.21	9(10.6%)	10(11.8%)	4(4.7%)	48(56.5%)	14(16.5%)
Internal career opportunity # 2	3.42	1.26	11(12.9%)	8(9.4%)	16(18.8%)	34(40.0%)	16(18.8%)
Internal career opportunity # 3	3.57	1.05	4(4.7%)	13(15.3%)	9(10.6%)	48(56.5%)	11(12.9%)
Internal career opportunity # 4	3.60	1.11	6(7.1%)	7(8.2%)	19(22.4%)	36(42.4%)	17(20.0%)
Internal career opportunity # 5	3.50	1.16	8(9.4%)	8(9.4%)	16(18.8%)	39(45.9%)	14(16.5%)
Internal career opportunity # 6	3.40	1.13	8(9.4%)	11(12.9%)	14(16.5%)	43(50.6%)	9(10.6%)

Source: Author’s data (Note: N = 85, Sd = Standard Deviation)

For the first statement, respondents generally agreed that support was provided by hospitals to ensure up-to-date developments in their field (*‘Our hospital provides support to keep up-to-date with developments in our field’*), with the mean matching 3.56 out of 5. This meant that they mostly agreed that hospitals provided support to keep employees up-to-date with developments, with 56.5% agreeing and 16.5% strongly agreeing, while 10.6% strongly disagreed and 11.8% disagreed. The remaining 4.7% of respondents were undecided. This shows that the majority of the respondents agreed that the hospital provides support to keep employees up-to-date

with developments in their field.

For the second statement, the respondents agreed that the support for training in their area for work was strong (*'Strong support for training in our area of work'*), with the mean matching 3.42 out of 5. This meant that they mostly agreed that there was strong support given to training in their area of work, with 40% agreeing and 18.8% strongly agreeing, while 12.9% strongly disagreed and 9.4% disagreed. The remaining 18.8% of respondents were undecided. This shows that the majority of the respondents agreed that there was strong support for training in their area of work.

For the third statement, the respondents generally agreed that there were good opportunities for employees to be promoted within the hospital (*'Employees have good opportunities of being promoted within this hospital'*), with the mean matching 3.57 out of 5. This meant that 56.5% agreed and 12.9% strongly agreed that there were good opportunities for employees to get promotions. On the other hand, 15.3% of respondents disagreed, 4.7% strongly disagreed, with the remaining 10.6% of respondents being undecided. This indicates that the majority of the respondents agreed that employees had good opportunities for being promoted within this hospital.

For the fourth statement, the respondents generally agreed that the hospital had a promotion process that was fair towards all employees (*'The promotion process used by our hospital is fair for all employees'*), with the mean matching 3.60 out of 5. This meant that 42.4% agreed and 20% strongly agreed that the hospital operated a fair promotion process for employees. There were 8.2% of respondents who disagreed, 7.1% who strongly disagreed, with the remaining 22.4% of respondents being undecided. This indicates that the majority of the respondents agreed that the promotion process used by our hospital was fair for all employees.

For the fifth statement, the respondents generally agreed that there were multiple positions available for employees who wanted a promotion (*'Employees who desire promotion in this hospital have more than one potential position they could be promoted too'*), with the mean matching 3.50 out of 5. This meant that 45.9% agreed, 16.5% strongly agreed, and 18.8% were unclear that there more than one position

available for employees who wanted a promotion. There were 9.4% of respondents who disagreed and 9.4% who strongly disagreed. This shows that the majority of the respondents agreed that the employees who desire promotion in this hospital have more than one potential position they can be promoted to.

Finally, for the sixth statement, the respondents generally agreed that employees who were qualified may be promoted to more responsible positions or to positions that offered a higher pay (*‘Qualified employees in the job have the opportunity to be promoted to positions of greater pay and/or responsibility within the hospital’*), with the mean matching 3.40 out of 5. This meant that 50.6% agreed and 10.6% strongly agreed that employees with the appropriate qualifications may be promoted to positions that had more responsibility or offered higher pay within the hospital. There were 12.9% of respondents who disagreed, 9.4% who strongly disagreed, with the remaining 16.5% of respondents being undecided. This indicates that the majority of the respondents agreed that qualified employees have the opportunity to be promoted to positions offering higher pay and/or greater responsibility within the hospital.

6.4.2 Social Exchange as a Mediator Variable

The items that measured the mediating variable, social exchange are shown in Table 6.10 with the mean value ranging from 3.71 to 3.85 and SD ranging from .892 to 1.05. All the items’ responses were on a five-point scale in which 1 = ‘Strongly Disagree’ and 5 = ‘Strongly Agree’.

Table 6. 10 Responses to social exchange

Statement	Mean	Sd.	S. Disagree	Disagree	Neutral	Agree	S. Agree
Social Exchange	3.77	.836					
Social Exchange#1	3.85	.982	0%	11(12.9%)	15(17.6%)	35(41.2%)	24(28.2%)
Social Exchange#3	3.85	.932	0%	8(9.4%)	20(23.5%)	34(40%)	23(27.1%)
Social Exchange#4 (RQ)	3.73	.892	0%	9(10.6%)	21(24.7%)	39(45.9%)	16(18.8%)
Social Exchange#6	3.71	1.05	4(4.7%)	7(8.2%)	18(21.2%)	37(43.5%)	19(22.4%)
Social Exchange#7	3.75	.998	3(3.5%)	6(7.1%)	19(22.4%)	38(44.7%)	19(22.4%)

Source: Author's data (Note: N = 85, Sd = Standard Deviation, (RQ) = reverse scored)

For the first statement measuring social exchange, the respondents agreed that the hospitals have considerably invested in their employees (*'Our hospital has made a significant investment in its employees'*), with the mean matching 3.85 out of 5. This demonstrates that they mostly agreed that the hospital has made a significant investment in its employees, with 41.2% agreeing and 28.2% strongly agreeing with the statement, while 0% strongly disagreed, 17.6% were undecided, and the remaining 12.9% of respondents disagreed. This showed that the majority of the respondents agreed that the hospitals made considerable investments in their employees.

For the third statement, the respondents generally agreed that employees and the hospital had a give and take relationship (*'There is a lot of give and take in the employee's relationship with the hospital'*), with the mean matching 3.85 out of 5. This meant that 40% agreed and 23.5% were undecided whether there was significant give and take in the relationship between employees and the hospital. There were 9.4% of respondents who disagreed, 0% who strongly disagreed, and the remaining 27.1% of respondents who strongly agreed. This shows that the majority of the respondents agreed that the employees and the hospital had a significant give and take relationship.

For the fourth statement, the respondents generally agreed that the employees worried that their efforts may go unrewarded by the hospital (*'Employees worry that all efforts*

on behalf of the hospital will never be rewarded'), with the mean matching 3.73 out of 5. This means that 45.9% agreed and 18.8% strongly agreed with the statement, while 10.6% disagreed, 0% strongly disagreed, and 24.7% were unclear. This shows that the majority of the respondents agreed that the employees worried that their efforts that they made on behalf of the hospital would remain unrewarded.

For the sixth statement, the respondents generally agreed that the hospital and employees should trust each other (*'Employees' relationship with our hospital is based on mutual trust*'), with the mean matching 3.71 out of 5. This means that 43.5% agreed and 22.4% strongly agreed, while 8.2% respondents disagreed, 4.7% strongly disagreed, and the remaining 21.2% of respondents were unclear. This shows that the majority of the respondents agreed that an organisation and employees should trust each other to have a good relationship and a comfortable work environment.

For the seventh statement, the respondents generally agreed that employees consider the hospital's best interest as they rely on the hospital to look after them (*'Employees try to look out for the best interest of the hospital because they can rely on our hospital to take care of them'*), with the mean matching 3.75 out of 5. This suggests that 44.7% agreed, 22.4% strongly agreed, 7.1% disagreed, 3.5% strongly disagreed, and 22.4% were unclear about the statement. This indicates that the majority of the respondents were agreed that the employees consider the hospital's best interest as they rely on the hospital to look after them.

6.4.3 Organizational Performance

Information on the performance of an organisation was descriptively analysed so as to provide a general image of the performance indicators of the hospital, which had been selected. Performance indicators were measured by a number of questions, which asked hospital managers to evaluate the performance of their hospitals in comparison with their rivals in the health sector. The items measuring organisational performance are shown in Table 6.11 with the mean value ranging from 2.71 to 3.08, and SD ranging from 1.15 to 1.31.

Table 6. 11 Responses to organisational performance

Statement	Me an	Sd.	Low performance (1)	2	3	4	High performance (5)
Organisational Performance	2.87	.963					
Holding market share	3.02	1.25	13(15.3%)	17(20 %)	19(22.4%)	27(31.8%)	9(10.6%)
Growth in sales	2.75	1.18	18(21.2%)	14(16.5%)	28(32.9%)	21(24.7%)	4(4.7%)
Profitability (after tax)	2.76	1.31	19(22.4%)	16(18.8%)	28(32.9%)	10(11.8%)	12(14.1 %)
Staff productivity	3.08	1.18	10(11.8%)	15(17.6%)	29(34.1%)	20(23.5%)	11(12.9 %)
Quality of medical product and services	2.71	1.15	17(20 %)	17(20 %)	29(34.1%)	18(21.2%)	4(4.7%)

Source: Author's data (Note: N = 85, Sd = Standard Deviation)

In terms of OP questions, which were answered by the hospitals' managers, performance indicators including holding market share, staff productivity, quality of medical product and services, growth in sales, profitability (after tax), were all considered. The scale used was a five-point measuring scale ranging from: 1=Low Performance to 5 = High Performance.

In accordance with the findings, a large majority of 43% (32% and 11%) of the hospital managers believed that they performing better than their rivals in relation to holding market share, whilst only 15% believed that they are low performers in comparison to other competitors. In term of growth in sales, 30% (25% and 5%) of the hospital managers believed that they performing better than their rivals in relation to growth in sales, whilst only 21% believed that they are low performers in comparison to other competitors. In addition, 26% (12% and 14%) of the hospital managers believed that they performing better than their rivals in relation to profitability (after tax) whilst only 22% believed that they are low performers in comparison to other competitors. Regarding the staff productivity 37% (24% and 13%) of the hospital managers believed that they performing better than their rivals in relation to staff

productivity, whilst only 12% believed that they are low performers in comparison to other competitors. Finally, 26% (21% and 5%) of the hospital managers believed that they performing better than their rivals in relation to quality of medical product and services, whilst only 20% believed that they are low performers in comparison to other competitors.

6.5 Research Hypotheses Testing

Empirical testing of the research hypotheses and presenting their results are provided below. This chapter presents the hierarchal multiple regression analysis conducted by SPSS as the most suitable method for testing the underlying relationship that exists between the constructs that were devised for the current research.

6.5.1 HRM Practices Hypotheses Testing

There are five hypotheses related to HR practices which are used as predictor tests; these are, recruitment and selection, training, appraisal of performance, compensation and benefits, internal career opportunity, and one outcomes variable which is related to organisational performance (OP).

The independent variables are input as per the specified order into the equation for hierarchal multiple regression, also known as sequential regression. As determined by Tabachnick and Fidell (2007), sets of variables are introduced in steps or blocks. Each independent variable is examined according to its contribution to predicting the dependent variable after controlling the previous variable. An example for this is how this has been carried out in the current research. For predicting OP through HRM practices after controlling the control variables such as effects of hospital age and size, the control variables, which must first be entered in block 1, and block 2 must have HRM practices. After entering all variables, the model is evaluated regarding its ability in predicting the outcome variable. Every block of variables' relative contribution is also examined. Hierarchal regression analysis has been commonly used in HRM-OP research and deemed appropriate (see, for example, Bae and Lawler, 2000; Lamboojij

et al., 2006; Darwish, Singh and Mohamed, 2013; Turkson and Otchey, 2015; Lyria et al., 2017).

For testing the postulated hypotheses in terms of a causal diagrammatic form, the hypothesised relationships' significance and standardised path coefficients were used. The current research aims to determine the structural model to establish the relationship that exists between HRM practices, social exchange and OP as shown in Figure 6.3. The next chapter will discuss the results' implications in detail.

Table 6. 12 Model summary and fitness

Model	R	R ²	Adjusted R ²	ΔR ²	ΔF	Df ₁	Df ₂	Sig. ΔF	Durbin-Watson
1	.033	.001	-.023	.001	.043	2	82	.958	2.218
2	.719	.517	.474	.516	16.481	5	77	.000***	

Source: Author's data

As noted in the hierarchal regression analysis for OP. Table 6.12 shows the value of R² and ΔR², determining how good our model fits to the data. The value of R² for HR Practices (R² = .52, *p* < .001) is of great significance as it means that HR practices account for 52% of the variation found in OP. What of great significance for this model is the F- ratio – which stands at 16.481; this ratio reflects the ratio of the explained to the unexplained variance for this model (Field, 2009). Furthermore, the adjusted R² is .474 which indicates to what extent this model is generalizable and ideal reflection of the same, or near to the value of R². The difference between R² and that of the adjusted R² is not significant (.517 - .474 = 0.043); the shrinkage is reflective of the notion that if the derivation of the model is from the entire population rather than just a sample, it would be accountable for about 4% less variance in OP.

Moreover, in terms of the independent errors assumption of the model, the Durbin Watson statistic in SPSS was utilised to test this assumption. What is examined in this test is the serial correlation between errors and whether residuals are correlated or not. The values of the test vary between 0 and 4, where the value of 2 has the meaning that residuals are not correlated. As a general rule of thumb, values below 1 and above 3 can raise an issue. However, the nearer the value is to 2, the more acceptable and better

the results tend to be (Field, 2009). For this model the value of Durbin Watson test is 2.218 having no issue of autocorrelation as the value is within the acceptable range.

Next, having firm age and firm size under control, changes of significance in R^2 over what is explained by the controls ($R^2 = .001$, $F(2,82) = .043$, $p > .05$) provide initial support for the HRM hypotheses. In other words, some of the HR practices introduced in the second step have significant relationships with the outcome variable ($\Delta R^2 = .52$, F for $\Delta R^2 = 16.481$, $p < .001$). Particularly, three of HR practices are significantly related to organizational performance: recruitment and selection, training, and internal career opportunities. With regard to the remainder of the practices of HR (performance appraisal and compensation and benefits), the results are not indicative of any distinctive contributions in terms of their relationship with OP.

Table 6. 13 Hierarchical regression analysis for OP with HR practices

Variables	Step One		Step Two		
	Organizational Performance		Organizational Performance		
<u>Control Variables</u>	<i>B</i>	Sig.	<i>B</i>	<i>t</i>	Sig.
Log Firm Size	.024	.829	-.016	-.195	.846
Log Firm Age	-.018	.875	-.114	-1.328	.188
<u>HR Practices</u>					
Recruitment and Selection			.211	2.391	.019*
Training			.243	2.457	.016*
Performance Appraisal			.029	.343	.732
Compensation and Benefits			.075	.807	.422
Internal Career Opportunity			.449	5.114	.000***

Source: Author's data. * $p < .05$, ** $p < .01$, *** $p < .001$.

Hypothesis 1 There is a positive relationship between recruitment & selection and perceived organisational performance as was hypothesised within the health care sector. Significant and positive paths were determined in the results from the recruitment and selection practices and OP ($\beta = .211$; $t = 2.391$, $p < 0.05$). Thus, this result supported hypothesis 1.

Hypothesis 2 There is a positive relationship between training and perceived organisational performance as was hypothesised within the health care sector. In the results, statistically significant and positive relationship between training and perceived OP was determined ($\beta = .243$; $t = 2.457$, $p < 0.05$). Therefore, this supported hypothesis 2.

Hypothesis 3 There is a positive relationship between compensations and benefits and perceived organisational performance as was hypothesised within the health care sector. In the results, a statistically insignificant relationship between compensations and benefits and perceived OP was determined ($\beta = .075$; $t = .807$, $p > 0.05$). So, this result did not support hypothesis 3.

Hypothesis 4 There is a positive relationship between the performance appraisal system and the perceived organisational performance as was hypothesised within the health care sector. Insignificant and positive paths were determined in the results from the performance appraisal practices and perceived OP ($\beta = .029$; $t = .343$, $p > 0.05$). Thus, this did not support hypothesis 4.

Hypothesis 5 There is a positive relationship between internal career opportunity and perceived organisational performance as was hypothesised within the health care sector. Significant and positive paths were determined in the results from the internal career opportunity practices and OP ($\beta = .449$; $t = 5.114$, $p < .001$). Thus, this strongly supported hypothesis 5.

6.5.2 Bundles or Complementarities Hypothesis Testing

The literature demonstrates that a number of researchers have observed the influence of bundles or complementarities of HR practices on OP. The rationale for researchers for giving emphasis to the HR complementarities proposition is that HR complementarities would have stronger impact than the individual HR practices especially when investigating the impact of these practices on firm-level performance (Delaney and Huselid, 1996; Darwish et al. 2015). Thus, the next hypothesis examines the relationship between HR complementarities and perceived organisational performance within the health care sector in Jordan.

Hypothesis 6: There is a positive relationship between the bundles or complementarities of HR practices and perceived organizational performance within the health care sector.

One of the main theoretical concepts in SHRM is the bundles or complementarities proposition. Notwithstanding such, its measurement is still being debated among researchers (Guest, 2011). It is the general assumption that the impact of HR complementarities on organizational performance outcomes must be greater than merely the sum total of each of the practice's independent impact (Macky and Boxall, 2007). Instead, the notion of HR complementarities implies that these practices must have upon performance, a synergistic or reinforcing impact of a mutual nature (see MacDuffie, 1995; Huselid, 1995; Ichniowski et al., 1997; Wood, 1999; Macky and Boxall, 2007). In accordance with this, scholars who have investigated this argument have considered the effects of interaction among HR practices as being the greater indicator of HR bundling. Huselid (1995) further contends that experts ought to examine the effects of interaction or the internal fit among the practices so as to provide proof of the complementarities studies.

In accordance with the suggestions by scholars who have tested the HR complementarities proposition in SHRM research (see, for example, MacDuffie, 1995; Huselid, 1995; Delany and Huselid, 1996; Macky and Boxall, 2007; Wood and Menezes, 2008), the possibility of complementarities was subject to examination with

regard to interactive relationship between HR practices (see Venkatraman, 1989). As a result, we first tested the two-way interaction items between HR practices as a way to explore as to whether or not there was any interaction effects on OP. Second, going on the suggestion of Macky and Boxall, (2007) and Guest et al. (2004), one more test was conducted to discover whether or not the entire interaction impact between HR practices would demonstrate a higher percentage of the variance above the percentage that the single practices demonstrate.

Table 6.14 records the standardised regression coefficients for the interaction effects among HR practices. These results are non-supportive of the stated hypothesis. There is only one interaction effect of statistical significance, which is found to impact on OP. This interaction between performance appraisals and internal career opportunity has a positive significant effect on OP ($\beta = .768$; $t = 2.036$, $p < .05$). As clearly shown from the results recorded in Table 6.14, with regard to the remainder of the interaction terms amongst HR practices, no effects of significant interaction are found. We discuss these results further in the discussion chapter.

Table 6. 14 Hierarchical regression analysis for OP with HR complementarities.

Variables	Step One Organizational Performance		Step Two Organizational Performance		
	<i>B</i>	Sig.	<i>B</i>	<i>t</i>	Sig.
Control Variables					
Log Firm Size	.024	.829	.005	.060	.952
Log Firm Age	-.018	.875	-.099	-1.092	.278
HR Practices					
Recruitment and Selection * Training			.496	1.017	.312
Recruitment and Selection * Performance Appraisals			-.403	-1.143	.257
Recruitment and Selection * Compensations and benefits			.310	.686	.495
Recruitment and Selection * Internal Career Opportunity			-.109	-.241	.811
Training * Performance Appraisals			-.217	-.807	.422
Training * Compensations and benefits			-.123	-.305	.761
Training * Internal Career Opportunity			.359	.703	.484
Performance Appraisals * Compensations and benefits			.119	.334	.739
Performance Appraisals * Internal Career Opportunity			.768	2.036	.045*
Compensations and benefits * Internal Career Opportunity			-.370	-.705	.483

Source: Author's data. * $p < .05$, ** $p < .01$, *** $p < .001$.

6.5.2.1 Additional test on HR complementarities

Following recommendations from Macky and Boxall (2007) and Guest et al (2004), we have conducted an additional test to further validate the complementarities results recorded in the previous section. The aim of this test is to illustrate whether or not the entirety of the interaction effects between HR practices would be explanatory of a higher and significant percentage of the variance explained by the individual HR practices. Our results concluded that the variance of HR complementarities did not significantly explain above what the individual HR practices did. These results are confirmatory that the complementarities of HR practices have no positive impact on organisational performance as a whole, and that the individual impact of HR practices has a superior performance effect than its complementarities.

6.5.3 The Testing for Meditational Effects

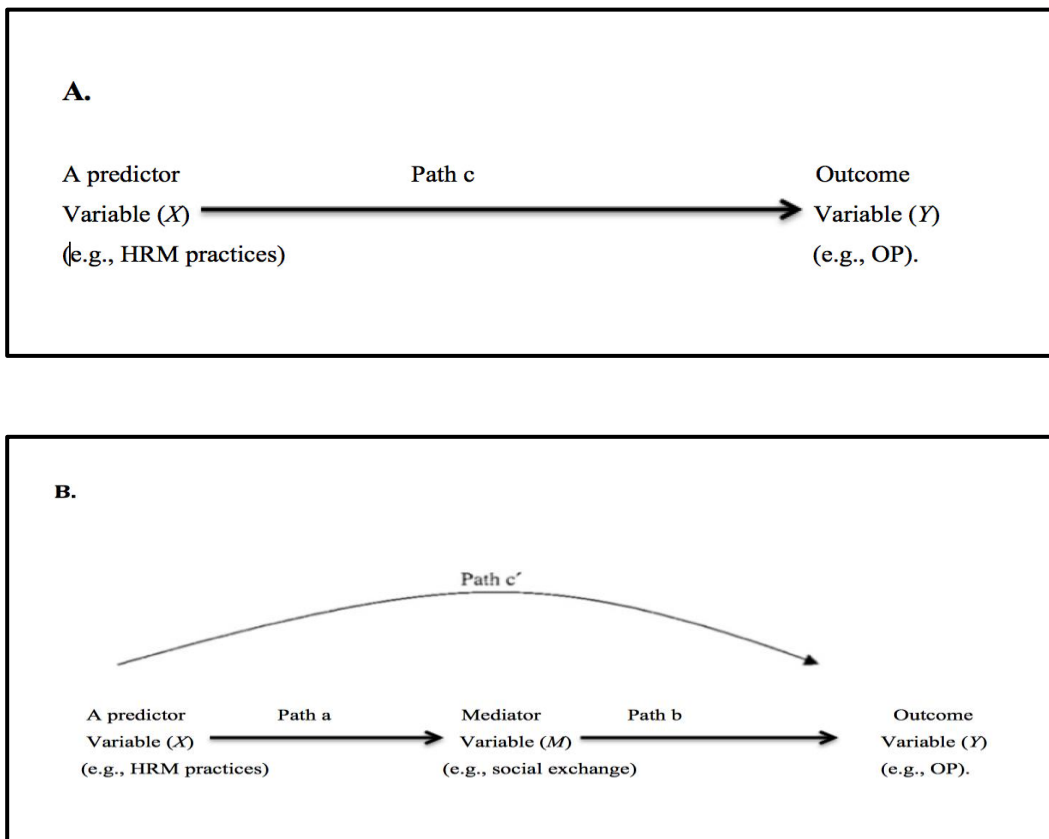
A situation including three or more variables wherein all variables have a causal relationship is referred to as mediation. The meditational effect refers to the extent to which the inclusion of mediating variables changes the direct effect (see Krull and MacKinnon, 2001; MacKinnon et al., 2002 and Preacher and Hayes, 2008). The next hypothesis tests the mediating role of social exchange in the relationship between the HR practices and OP.

Hypothesis 7: Social exchange mediates the relationship between HR practices and perceived organisational performance within the health care sector.

MacKinnon et al. (2002) stated that the method developed by Kenny and his colleagues, as shown in studies such as Baron and Kenny (1986) and Kenny, Kashy, and Bolger (1998) is the most common method in psychological research to test mediation. This method puts four steps that are performed through four regression equations to determine that the relation between a predictor variable (e.g., HRM practices) and an outcome variable (e.g., OP; see Figure 6.2A and Figure 6.2B) is mediated by a variable (e.g., social exchange). In the first step, a crucial relationship between the outcome and the predictor is shown (see Path c in Figure 6.2A). In the second step, the predictor and mediator's relationship is established (see Path a in Figure 6.2B).

In the third step, the mediator (e.g., social exchange) and an outcome variable's (e.g., OP) relationship is shown. This is seen in Figure 6.2B's Path b and acts as the estimated controller for the predictor's effect on the outcome. In the fourth step, the reduced relational strength between the outcome and the predictor, because of the addition of the mediator in the model, is determined (compare Path c in Figure 6.2A with the one in Figure 6.2B). The relationship between OP and the HRM condition will not deviate from zero after including social exchange in the model if the latter acts as a complete mediator. On the other hand, the relationship between OP and the HRM condition will be drastically reduced on including social exchange in the model if the latter acts as a partial mediator - though it will remain higher than zero.

Figure 6. 2 a Simple mediation model



Source: adapted form Baron and Kenny (1986)

The testing results of the current research mediation are shown in the following sections:

First Step: In the first step, a crucial relationship between the outcome and the predictor is shown without the mediator. The results of the first step are shown in the table below.

Table 6. 15 The relationship between HRM practices (IVs) and organizational performance (DV)

Variable	Coefficient (B)	T -value	P -value
Recruitment and Selection	.211	2.391	.019*
Training	.243	2.457	.016*
Performance Appraisal	.029	.343	.732
Compensation and Benefits	.075	.807	.422
Internal Career Opportunity	.449	5.114	.000***

Source: Author's data. . * $p < .05$, ** $p < .01$, *** $p < .001$.

In the first step it was found that out of five IVs, three of HR practices (training, internal career opportunity and recruitment and selection) were found significant as their p-values are less than 0.05 ($p < 0.05$) and that compensation and benefits and performance appraisal were found to be insignificant as their p-values are greater than 0.05 ($p > 0.05$). Hence, in the second step the three significant variables were considered as testing for mediation effects for the HR practices that were not significant will violates the first condition that Baron and Kenny 1986 have proposed.

In the second step, the predictor and mediator's relationship is established. The results for the second step are presented in the table below:

Table 6. 16 The relationship of HRM practices (IVs) and social exchange (MV, treated as the outcome variable)

Variable	Unstandardized (B)	Std. Error	Coefficient (B)	T-value	P-value
Training	.467	.096	.473	4.893	.000
Internal Career Opportunity	.359	.082	.435	4.400	.000
Recruitment and Selection	.407	.106	.390	3.859	.000

Source: Author's data

Second Step: The second step of analysis in the above table show that training, internal career opportunity and recruitment and selection, were found significant. Hence, the first and second condition were met for the three variables.

Third Step: In the third step, the mediator (e.g., social exchange) and outcome variable's (e.g., OP) relationship is shown. However the effect of the mediator has not been tested independently. It has been tested along with the IVs and the mediator. The result of step three is presented below:

Table 6. 17 The relationship of HRM practices (IVs) and organisational performance (DV) after introducing social exchange (MV)

Variable	Unstandardized (B)	Std. Error	Coefficient (B)	T-value	P-value
Training	.226	.103	.198	2.192	.031
Internal Career Opportunity	.370	.082	.389	4.494	.000
Recruitment and Selection	.196	.103	.163	1.909	.060
Social Exchange	.266	.107	.231	2.484	.015

Source: Author's data

The result of the third step in the above table shows that the impact of social exchange (MV) on the organisational performance (DV) is significant, having the $p < 0.05$ hence confirming the third step.

Fourth Step: In the fourth step we can notice the effects in both steps three and four are tested in the same equation. The result shows that after including social exchange in the equation, the two variables (internal career opportunity and training) remain significant with ($p < 0.05$). In contrast, recruitment and selection became insignificant with ($p > 0.05$) which means that social exchange fully mediates the relationship between recruitment and selection and OP – this being the remaining significance, after introducing the mediator in the model showing the partial mediation. The condition for the full mediation is for the predictors to be insignificant when the mediator is introduced, and has just met with the recruitment and selection. Hence the mediation hypotheses are partial supported.

Sobel Test

The Sobel test was implemented to further examine mediation influences and to assess the indirect paths significance from the independent variable to the dependent (see Table 6.18). It is recognized that Sobel test will give empirical sustenance for the presence level of partial mediation.

Table 6. 18 Sobel test results for mediator social exchange on HR and OP

Variable	Test statistic	Std. Error	P-value
Training	2.2136706	0.05611585	0.02685145
Internal Career Opportunity	2.16178065	0.04417377	0.03063509
Recruitment and Selection	2.08677895	0.05187996	0.03690812

Source: Author's data

The social exchange mediator's test statistic for training, internal career opportunity and recruitment and selection equals (2.2136706, 2.16178065, 2.08677895) respectively. And, they are showing statistical significance of (0.026, 0.030 and 0.036) for the same IVs. In term of standard error for the same IVs, they are (0.056, 0.044 and 0.051). The results, as shown in table 6.18 indicate that mediator social exchange was statistically significant at $p < 0.05$.

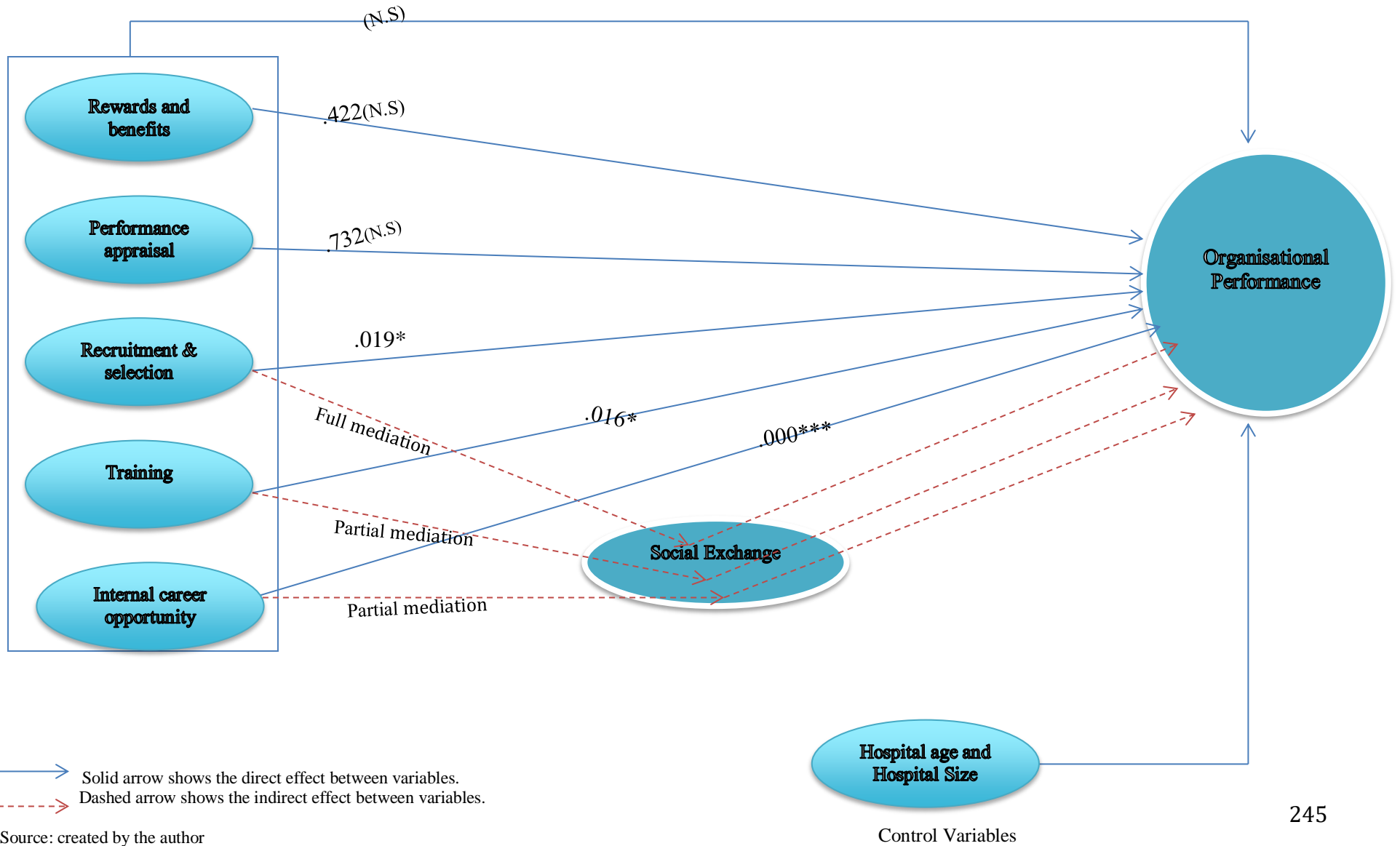
Table 6. 19 Summary of mediation hypotheses testing and results (Baron and Kenny Method)

Hypothesis	Direct effect without mediator(c)	Indirect effect with mediator (a*b)	Direct effect with mediator (c')	Result
H7a: Social Exchange mediates the relationship between performance appraisal and organizational performance	.732	-	-	Not supported Failed to meet the first step
H7b: Social Exchange mediates the relationship between compensation and benefit and organizational performance	.422	-	-	Not supported Failed to meet the first step
H7c: Social Exchange mediates the relationship between training and organizational performance	.016	.026	.031	Partial Supported.
H7d: Social Exchange mediates the relationship between internal career opportunity and organizational performance	.000	.030	.000	Partial Supported.
H7e: Social Exchange mediates the relationship between recruitment and selection and organizational performance	.019	.036	.060	Full Mediation

Source: Author's data

The above table shows the hypotheses for testing the mediation effect of social exchange in the relationship between HRM practices and organisational performance. For this purpose, there were five suggested sub-hypotheses (H7a to H7d). For the purpose of testing the mediation, Baron and Kenny (1986) method was applied. The H7a and H7b were not supported as they failed to meet the first step/condition suggested by Baron and Kenny method. The H7c and H7d being significant after including the mediator in the model showed that no full mediation of social exchange exists in the relationship between training and internal career opportunity and organisational. Following the work of Baron and Kenny (1986) and Frazier et al. (2004), we can safely conclude that the relationship between training and organisational performance and the relationship between internal career opportunity and organisational performance are partially mediated by social exchange, as they meet the first three-steps; finally, H7e, being insignificant after including the mediator in model, nevertheless showed the full mediation of social exchange in the relationship between recruitment and selection and organisational performance.

Figure 6. 3 Research Model Including Results



6.6 Summary

In this chapter, the empirical results of the model that was devised and tested for this study is examined. SPSS was used to test the hypothesised relations between the study constructs. The results of these tests showed that OP has a significantly positive relationship with HRM practices, such as recruitment and selection and internal career opportunity and training, while there is no impact of compensation and benefits and performance appraisal practices on organisational performance. The results concerning mediation effects determined that social exchange played a partially mediating role in the relationship between training and organisational performance, and internal career opportunity and organisational performance. Also, social exchange played a full mediating role between recruitment and selection and organisational performance.

The next chapter discusses the results of the hypotheses in term of supporting or contradicting the past seminal researches.

Chapter Seven: Discussion and Conclusions

7.1 Introduction

In the previous chapter, the research data was analysed and presented. This was followed by a discussion in relation to the results which were derived from the study. The primary purpose of this chapter is to present further discussion on the findings as the latter relate to theory and various other similar type studies conducted in Western countries as well as in Middle Eastern countries. There were seven research hypotheses addressed in this study, which are discussed below. The present chapter also presents the research contributions in terms of research implications for theory and practice, research methodology, research contributions, research limitations, and future research directions.

7.2 Discussion of Research Findings

This research tested the HRM practices of Jordanian hospitals and their effect on hospitals performance of both, private and public hospitals. The responses from both HR managers and general hospital managers were taken into consideration. Overall, these findings indicate that some HRM practices have an effect on organisational performance in Jordanian private and public hospitals (see Table 7.1). The discussion of the present results is organised around the research hypotheses addressed in this study.

Table 7. 1 Summary of Hypotheses Findings

#	The research hypotheses	Accepted or Rejected
<i>H₁</i>	There is a positive relationship between recruitment & selection and perceived organisational performance within the health care sector.	Accepted
<i>H₂</i>	There is a positive relationship between training and perceived organisational performance within the health care sector.	Accepted
<i>H₃</i>	There is a positive relationship between rewards and benefits and perceived organisational performance within the health care sector.	Rejected
<i>H₄</i>	There is a positive relationship between performance appraisal system and perceived organisational performance within the health care sector.	Rejected
<i>H₅</i>	There is a positive relationship between internal career opportunity and perceived organisational performance within the health care sector.	Accepted
<i>H₆</i>	There is a positive relationship between the bundles or complementarities of HR practices and perceived organisational performance within the health care sector.	Rejected
<i>H₇</i>	Social Exchange mediates the relationship between HR practices and perceived organisational performance within the health care sector.	Partially supported

7.2.1 There is a positive relationship between recruitment and selection and perceived organisational performance within the health care sector.

The first research hypothesis tackled the relationship between recruitment and selection and perceived organisational performance. The results in Chapter 6 revealed that recruitment and selection were particularly linked with organisational performance. From the analysis, it is shown that recruitment and selection had a positive and significant impact on the level of OP. Hence, the results indicate that the appropriate selection of employees with suitable qualifications and character will allow for improvement in the performance of hospitals.

Recruitment and selection is based upon a system of clear merit and an unbiased system developed by means of the HR managers' opinions. Those HR managers used

standardised tests to check over thoroughly the attitude that is exactly required. The levels of skills and knowledge in possible applicants indicated noteworthy significant correlation with recruitment and selection and perceived OP. These results are also supportive of the findings of previous studies in Western contexts and empirical investigations undertaken in public and private sector organisations (see, for example, Katou and Budhwar, 2010; Gould-Williams and Gatenby, 2010; Boselie, 2010; Kehoe and Wright, 2013; Sinha & Thaly, 2013; Ntiamoah et al., 2014; Ekwoaba et al., 2015; Oaya, Ogbu, and Remilekun, 2017).

Furthermore, by comparison with other areas of the globe, the Middle Eastern countries have fewer examples in the existing literature in relation to the area of HRM. A well carried out search in existing literature in this area brings out clearly the non-existence of any systematic analysis which might present an overall picture related to the HRM dynamics in the Middle East region. Nevertheless, the current results are consistent with some results of other studies conducted previously in the Middle East (e.g. Budhwar and Mellahi, 2006; Altarawneh, 2009; Mostafa, 2013; Aladwan et al., 2014; Saddam and Abu Mansor, 2015; Khashman, 2016; Budhwar et al. 2018).

Consequently, the current results in relation to recruitment and selection provide added emphasis to the contention that the impact of HRM practices are not only to be found in Western countries, or organisations in the private sector; but rather, they are in evidence across various labour markets and cultures (Gould-Williams and Mohamed 2010). This particular result also provides support for the universalistic approach, as the latter states that a specific set of HR practices may work well in all types of organisations regardless of context or any other institutional arrangements (Miles and Snow, 1984; Pfeffer, 1994).

The human resource in Jordan is, however, the most important asset in the country as the Jordanian community is hard working and well educated (Altarawneh & Al-Shqairat, 2010). This is suggestive that overall, HR managers perceive that their working conditions are good. They accept that the recruitment and selection methods in Jordanian hospitals are impartial and that the practice of Wasta is not in evidence.

HR managers believe that job opportunities in the hospitals are based on merit (which means that the most suitable worker for a position is chosen without any regard to personal traits). This is also supportive of the debate of Saif, and Sartawi, (2013) that the means of identifying the most suitable job applicant with the requisite skills for performing the job and for the attainment of organisational performance is the result of a highly developed selection system within the health care sector in Jordan.

The selection is of all importance as it is the method to ensure a correlation between the candidate's abilities and what the candidate desires to do and what the hospitals seek. Thus, the selection process, which manages to achieve congruence between candidate and hospitals, can affect the performance of the hospitals. By improving the process of selection, hospitals can narrow the divide between the candidate's skills and the requirements of the position and thus affect the most suitable candidate being put in place.

The study also proved that recruitment and selection practices have been responsible for the improvement of the performance of hospitals. A great percentage of those who responded made it known that the selection and recruitment strategy assisted them to develop their performance at the hospital – most notable in their daily duties. It was further noted from participants that the recruiting and selection style had resulted in the hiring of efficient staff; concomitantly, the selection procedure assisted in allowing for the possibility of employing suitably qualified staff.

The efficient recruitment and selection of applicants is a basic HRM activity, one that if performed effectively, can have a major effect on OP and bring about a more positive organisational appearance (Pilbeam and Corbridge, 2006; Sinha & Thaly, 2013). Recruitment and selection are highly important practices if an organisation is to be successful, as possessing the appropriate workers can make improvements upon and maintain the performance of organisations. A well-implemented recruitment procedure can reduce the time allotted for search, interview, hiring and training. It could rationalise these processes and render search for suitable candidates much more

effective. It is vital to construct a positive picture to show to customers, peers and competitors.

7.2.2 There is a positive relationship between training and perceived organisational performance within the health care sector.

The second research hypothesis tackled the relationship between training and perceived organisational performance. The results in Chapter 6 revealed that training was linked with organisational performance in particular. From the analysis, it is shown that training had a positive and significant impact on the level of OP. It indicates that the good training of employees develops the skills, knowledge and ability of employees and allows for the improvement of the performance of hospitals.

Our findings indicate a positive and significant connection between training and OP. They point the same way as those of Arthur (1994), Delery and Doty (1996), Khan (2010) do. These results are consistent with previous research, which found that training could affect the level of OP of employees at public and private hospitals in Jordan (see Saleem and Mehwish, 2011). Ahmad & Schroeder (2003) stated that training has positive results in terms of an employee's commitment and perception of operational performance. Other studies, by Katou & Budhwar (2007) and Thang and Buyens (2008), also found that training has a positive impact on perceived innovation, quality of product, effectiveness, and efficiency. Azara, Syed and Muhammad (2013) looked into employees training and OP as mediated by performance of employees. The general findings of their investigation indicated highly important and positive links between training and OP.

Some scholars have argued that the most important role that HR department can perform is the continued provision of training and the encouragement of development for employees (Altarawneh, 2009). Nevertheless, the current results tally with some findings of prior research carried out in the Middle East (e.g. Budhwar and Mellahi, 2006; Hamid, 2013; Mostafa, 2013; Darwish et al., 2015; El-Ghalayini, 2017; Rana and Malik, 2017). In particular, Abutayeh and Al-Qatawneh, (2012) stated that

Jordanian health services provided the fundamental skills and knowledge to employees which they needed in order to do their jobs to the requisite standard. The training programmes which were delivered at the work-place made better their performance, which may have resulted in an extension of occupational tenure.

So, any organisation with the desire to excel and compete understands it is important to depend on skills and on collective intelligence. Thus, one important element of HR is that the greater we inquire into human nature and the more people are enriched, the greater the corporate investment in training programmes and the greater the workers skills, and thus employability, will become (Aswathappa, 2013). Certainly, HR managers in Jordanian hospitals believe training is the most important practice that can enhance employee performance and that the employee who undergoes the vital training is better enabled to function in a job. The training will render to the employees a higher knowledge of their duties related to their place in the employee hierarchy, and later build up their confidence (Kennedy, 2009); this confidence will increase their general performance, which can only be to the benefit of the organisation. Staff who are efficient and keep abreast of the changes in their organisation's standards assist their organisations in gaining a position of leadership and strong competitive advantage within their respective industries (Saleem et al., 2011).

The current findings suggest that if employees get the appropriate training programmes that they need in the hospital and that such training is related to their job, this will enhance employee satisfaction and well-being – and that the investment in training that a hospital makes indicates to employees that they are of a great value. The training makes for a supportive place of work. Employees may thus obtain access to training they would not have otherwise known about or have sought after (Amin et al., 2014). Employees who believe they are appreciated and given challenging tasks through training opportunities might feel better satisfied with their jobs. With regard to weaknesses – most workers will have some weak points related to their work skills. A training programme enables them to improve those skills that they need improvement upon. Training programmes bring all staff to a superior level so that they all have similar knowledge and skills. This helps lessen any weak connexions within the

hospital, which depends heavily on others to finalise fundamental work duties.

A strong training programme confirms that workers have consistent capability and background knowledge. The constancy is specifically appropriate for the organisations' essential policies and procedures. All workers are required to be cognisant of what the company expects and the procedures it adheres to (AbdulAziz & Ahmad (2011). Increased efficiency in processes increases the hospital's profitability. Increased productivity and observance to quality criteria show up more conspicuously when productivity increases concomitant with a company implementing training programmes. Enhanced efficiency in processes will make more certain the success of a project, and this in turn will develop organisations' turnover which will increase potential market share.

On-going training and upping of the skills of the workers can incite creative efforts. New notions can be made from the direct outcomes of training. Reduced employee turnover results when employees feel they are appreciated. This is dependent upon the organisation investing in them, thus making them less likely to look for alternative employment. Training is viewed as an additional establishment perk. Recruitment overheads are therefore reduced owing to staff retention. Training initiatives have become very important due to inadequate healthcare labour. The benefit of conducting training is that it minimises employee turnover, and, that it has a positive impact on the level of service quality in hospitals, thus making it more likely for patients to greatly benefit from such programmes (Frenk et al., 2010). The enhancement of a hospital's image and profile by having a solid and effective training strategy, assists in improving the hospital brand, which in turn makes the organisation more attractive for graduates and those contemplating mid-career changes. Training also makes the hospital more attractive to possible new staff who desire to develop their skills and thus take advantage of the chances related to those new skills. Training could be of any type related to the job or responsibilities of any given individual, and can be carried by any suitable methodology (Bell, Tannenbaum, Ford, Noe, and Kraiger, 2017).

7.2.3 There is a positive relationship between compensation and benefits and perceived organisational performance within the health care sector.

The third research hypothesis tackled the relationship between rewards and benefits and perceived organisational performance. The results in Chapter 6 revealed that rewards and benefits were not linked with organisational performance particularly. From the analysis, it is shown that rewards and benefits had an insignificant impact on the level of OP.

These results do not contradict some of prior research, which revealed that there were no significant links among benefits and on the job satisfaction (Mabaso and Dlamini, 2017). Multinational companies in Jordan have found it particularly difficult to incorporate Western HRM practices, as they have a wider number of cultural factors to negotiate with within the company (see, for example, Jackson, 2004; Edwards & Rees, 2006). A case example research study found that Jordanian employees were unhappy with the level of security they felt they had in their job, and they also felt that managers within the organisation were unresponsive to employee suggestions (Al-Husan et al., 2009).

The present results are consistent with some results of prior research conducted in the Middle East (e.g. Budwar & Mellahi, 2006; Al-Husan et al., 2009; Darwish et al., 2013; Aladwan et al., 2014). The Government in Jordan determines the minimum wage for all employment sectors (Al-Husan & James, 2003; Bisharat, Obeidat, Tarhini, and Mukattash, 2016). The salary and rewards obtained by employees is based on their previous experience, their age, and the position to which they are allocated. For the majority of employees, a basic salary is offered with an incentive of further bonuses, which are subsequently determined in accordance with the employee level in the company, their age, and the work they execute. Rewards and benefits are still heavily influenced by the culture in Jordan, despite the level of multinational and foreign investment the country now enjoys (Budwar & Mellahi, 2006). Reward systems are usually utilised as an incentive for staff who are competent in their jobs to remain working for the company, or to entice more skilled individuals during recruitment (Budwar & Mellahi, 2006, 2016; Al-Husan & James, 2003).

Jordan has the same culture, language, religion and social values as many other Arab countries, and these factors all directly contribute to the way in which management operates within an organisation. The culture in these countries is a product of religion, politics and history (Altarawneh, 2005). The research revealed that job performance plays an important role in determining the employees' incentives and compensation. The results show that 38% of managers agreed that efficient work performance went noticed and rewarded.

This research result has shown that hospitals can make better organisational performance by means of increased employees' productivity by applying incentive and reward techniques that recognise and reward performance. Incentive regulations, structures and techniques should have the ability to encourage employees and motivate them to perform better. Incentive structures should also include non-monetary motivations that offer intrinsic and extrinsic forms of motivation.

7.2.4 There is a positive relationship between performance appraisal systems and perceived organisational performance within the health care sector.

The fourth research hypothesis tackled the relationship between performance appraisal and perceived organisational performance. The results in Chapter 6 revealed that performance appraisal was not linked with organisational performance particularly. From the analysis, it is shown that performance appraisal had an insignificant impact on the level of OP.

Our findings indicate the presence of non-significant relationship between performance appraisal and OP. In whatever way this relationship is positive, while, at the same time, is not significant, means that there does not exist any relationship of dependency amongst these two variables. This result is in contradiction of those conducted by Delery and Doty, (1996); Youndt et al., (1996); Wright, (2002); Brefo, Bonsu, Anlesinya and Odoi, (2017). The aforementioned researchers found major variations among performance appraisal and performance bonds. Their theoretical and empirical research emphasises the function of how performance appraisal develops performance.

However, our findings do not give backing to this argument. It is thus necessary, while recognising the significance of the universalistic style, not to discard the existence of the contingency approach (Delery and Doty, 1996) as a way of explaining the differences in the HRM-performance link.

However, the present results are similar to some findings of previous research conducted in the Middle East that have no relational effect between performance appraisals and OP (e.g. Abu-Doleh and Weir 2007; Aladwan et al., 2014; Hamid, J., 2013; Mostafa, 2013; Darwish et al., 2013; Al-sharif, 2014; EI Mouallem and Analoui, 2014; Darwish et al., 2015). Many employees in Jordan do not view performance appraisals in a positive manner. For instance, in a study conducted in Jordan, it was found that performance appraisal is negatively correlated with all other performance scales; the authors argue that this “could reflect institutional or cultural barriers to general acceptance of performance appraisal in Middle East settings” (Darwish et al (2015, p.12). Despite the lack of enthusiasm for these practices in Jordan, they must be recognised as fundamental in the success of an organisation and that they are especially important for HRM. No other area of management has received such high levels of research (Aladwan et al., 2014; Bisharat et al., 2016). Critical appraisals provide a tool to monitor an employee’s evolution in their work role. They are completed periodically to allow sufficient time for growth in between. The managers conduct a performance appraisal to review the conditions the employee is allocated based on their work, such as potential rewards, promotions or termination. A performance appraisal can also help to identify areas in which employees require further training (Gomez-Mejiz, Balkin, & Cardy, 2001; Delpo& Nolo, 2005).

Performance appraisals in Jordan are typically conducted on an annual basis (Abu-Doleh & Weir, 2007). There is an allocated appraisal manager who is in charge of executing all of the appraisals. Interestingly, in private sector businesses, appraisals are used as a tool to negotiate promotions, retentions, and terminations in order to identify areas requiring training. The public sector shows fewer use of appraisals. There has been insufficient research conducted into the use of performance appraisals in Jordan; however, it is clear that current appraisal methods require greater consideration.

Performance appraisals are useful ways to ensure employees remain productive. However this is very much a role for HRM and it therefore is currently still facing some difficulties due to technology issues (Wright, 2002). Performance appraisals and performance management are two key topics in HRM (Abu-Doleh & Weir, 2007). A review of the current literature highlights that these two areas are currently not receiving a lot of attention in Jordan and therefore are not executed well by HR professionals.

This research found out that those HR managers of hospitals in Jordan hold that performance appraisal is unfair in their establishments. HR managers contended that performance appraisals conducted in their hospitals do not help their careers to grow and develop, and that no performance related counselling and feedback are given to workers. Managers contend that this procedure could be developed to measure objective, quantifiable outcomes so that workers comprehend the aims of the hospitals' systems of appraisal.

In addition, the study showed that worker performance could be kept going in such a way as to have an effect on the performance of the organisation by providing evaluation and systems of performance management that improve the worker and increase an employee's sense of commitment while giving them a sense of satisfaction. If this occurs, productivity is increased to match outside competition and enhance the organisation's performance. Planning performance, evaluating performance, the provision of suitable feedback and the counselling of employees can significantly develop performance. Performance management is developmental at both the individual and team level, and this in turn has an effect on wider OP (Boswell & Boudreau 2002; Al-Zawahreh and Khasawneh, 2013).

7.2.5 There is a positive relationship between internal career opportunity and perceived organisational performance within the health care sector.

The fifth research hypothesis tackled the relationship between internal career opportunity and perceived organisational performance. The results in Chapter 6 revealed that internal career opportunities were particularly linked to organisational

performance. From the analysis, it is shown that internal career opportunity had a significant impact on the level of OP. It indicates that promoting the employees internally leads to improvement in the performance of the hospitals.

According to Arthur & Rousseau (1996), internal career opportunities are important as many individuals have self-directed careers with no boundary, which is the product of the “new employment relationship” (Mirvis & Hall, 1994, p. 368; Kraimer et al. 2011, p. 488). These results are also supportive of the findings of previous studies in Western contexts, and empirical investigations undertaken in public and private sector organisations (e.g. Armstrong, 2001; Kagwiria, et al., 2014; Dialoke, Nnaemeka, and Ukonu, 2016; Kakui, 2016; Victoria, Umoh and Amah, 2018). Whilst this area has been extensively researched in many other countries, there is exceptionally little research into HRM in Middle Eastern countries such as Oman, Egypt, Qatar, Jordan and Saudi Arabia (Altarawneh, 2009; Abutayeh and Al-Qatawneh, 2012; Alameddine, Saleh, El-Jardali, Dimassi and Mourad, 2012; Darwish et al., 2013; Amin et al., 2014; Abujaber and Katsioloudes, 2015; Rana and Malik, 2017). Hence, it could be argued that such results would potentially add value to the scarce literature in relation to HRM in the Middle East in particular and emerging markets in general.

Internal career opportunity is the means by which the most suitable person for a particular work at the most appropriate time at the most cost-effective level is carried out (Obeidat, 2012). This research found that HR managers are aware of career paths in their hospitals. It was seen that the management is actually satisfied in linking organisational and individual growth requirements. Also, the managers stated that the majority of workers are cognisant of possible chances for promotion and how to get them, and what goes into these positions for promotions.

The HR managers believe that career development is vital for some important reasons. It gives employees a feeling of purpose when they are offered career promotion possibilities; it provides them with the sense that they are growing with the organisation and thus gives them with a feeling of purpose, which in turn gives rise to loyalty (Birdi et al., 1997; Gardner et al., 2011). This enhances satisfaction levels as development of career provides workers something to look forward to. In addition, it

satisfies their requirements to learn and develop, both in life and in their jobs (Kagwiria et al., 2014). This will make them pleased to be working for the company. Career development decreases stress levels. Stress could cause employees to be displeased and have adverse effects on their health over a longer period of time. Providing them with a goal to attain, usually gives them a feeling of more confidence and self-assuredness, thus reducing stress levels (Çalık & Ereş, 2006). According to Kaya and Ceylan (2014), development creates new opportunities, and progression of career could mean begetting a culture in which knowledge is shared. This helps employees to find out new interests within the organisation, and so letting role vacancies to be satisfied internally. Development productivity boosts engagement when workers have the sense of being supported in their work. As a result, they become better engaged and more productive. The reason is that they are pleased to work for an organisation that invests in them.

Several organisations have come to realise that in the world economy, taking advantage of their workers talents and skills is the principle way of maintaining competitiveness (Wright and Snell, 1998). As keeping ahead of the technology game is somewhat transient, the quality, innovative potential and the commitment levels of its HR material make all the difference in the way of maintaining a company's competitive advantage. There is the understanding that employee's development should of necessity be aligned in proximity with the strategic commercial requirements of the organisation (Snell, 1992). Employees' career hopes and their development requirements must be connected with the organisation's staff requirements in a conscious way as well with its direction of strategy. In the modern world's lean and mean workplace environment, development is a vital policy for survival: it assists businesses to position themselves so that they are enabled to make adjustments to the swiftness with which their environment changes (Agba et al., 2010).

Development processes help organisations to encounter such challenges rapidly and effectively. Organisational career development is a procedure involving the strategy whereby maximising an individuals' career potential is a route for the enhancement of the achievement of the organisation in general. An empirical study was implemented in

the Middle East by Elarabi & Johari (2014) which shows that effective career development has a great effect on the quality of the healthcare sector, and developing the employees' performance. Another study was conducted in Jordan that also shows a strong and positive relationship between career development and turnover (Darwish et al., 2013). Hence, a lot of organisations have at last realised that enhancing the development of the staff is core to the effectiveness of an organisation. It is also a core factor as companies come into competitiveness for HR that are both skilled and in scarce supply (Merchant, 2010; Kraimer et al., 2011).

7.2.6 There is a positive relationship between the bundles or complementarities of HR practices and perceived organisational performance within the health care sector.

The sixth research hypothesis tackled the relationship between the bundles or complementarities of HR practices and perceived organisational performance. The results in Chapter 6 revealed that bundles of HR were not particularly linked with organisational performance. From the analysis, it is shown that bundles of HR had no significant impact on the level of OP. It indicates that these results are confirmatory of the complementarities of HR practices having no positive impact on organisational performance as a whole, and that the individual impact of HR practices has a superior performance effect than its complementarities. These results are consistent with previous research results, which suggest that the bundles of HR practices have no effect on OP (Delaney and Huselid, 1996, Darwish et.al. 2013).

One of the main theoretical concepts in Strategic HRM is the bundles or complementarities proposition. Notwithstanding such, its measurement is still being debated among researchers (Guest, 2011; Darwish et al. 2013). It is noteworthy how it is generally assumed that the effect of HR bundles on the outcome of organisations should be greater than merely the sum total of each of the independent forms of impact of the practices (Macky and Boxall, 2007). HR practices become mutually reinforcing in terms of their effect on organisational performance and therefore complement one another (Macky & Boxall, 2007). For most ideas of HPWS, this is the underlying assumption. Therefore, scholars who have looked carefully into this argument, give

consideration to the impact of interaction (Venkatraman, 1989) between the practices of HR as the prime indicator of HR-bundling. Furthermore, Huselid (1995) contends that scholars must test the forms of impact of interaction or the internal fit between the practices so as to prove the effect of the complementarity thesis.

In spite of the highly convincing theoretical debates of the complementarity thesis, the test on the HR practices internal fit did not support H6. Our findings instead confirm that the individual impact of HR practices has a superior performance effect than its complementarities practices. Notably, of the ten interaction effects, there is only one interaction effect of statistical significance, which is found to impact on organisational performance. This interaction between performance appraisals and internal career opportunity has a positively significant effect on OP. These findings are consistent with what Panayotopoulou et al. (2003) claim which is, that HRM-performance investigations have not been successful in consistently supporting or establishing the effectiveness of fit. Of note, a few other scholars— specifically, Delery and Doty (1996), Macky and Boxall, (2007) and Ahmad and Schroeder (2003)—also report comparable types of finding. Some scholars, nevertheless, found confirmation of low-to-modest support of the internal fit on OP (e.g., Huselid, 1995; Guest et al., 2003).

Allowing for the fact that we were unable to gauge complementarity amongst hospitals' approaches and HRM practices and given that our measures of complementarity between HRM practices were unrefined, we remain unable to state if our findings were a product of poorly taken measures concerning this construct or the absence of its effect in the examined sample. It is not as of yet safe to state that HR practices, as a bundle, have relationship to organisational performance of hospitals greater than their singular practices. It is not impossible that the ideal pattern might not only be contingent in a national context, but rather owing to the field and the specific features of any given hospital. In both instances, the development of dependable and effective measures of HRM practices and complementarities between these practices remain a vital concern for scholars to look into.

HRM practices have great influence on how workers conduct themselves in their workplaces within their respective organisations (Huselid, 1995; Ordiz & Fernández, 2005). In the Middle East region, hospitals and employees have the tendency to adopt similar methods towards their occupations and thus possess similar attitudes towards HRM practices. However, a large amount of variations among countries have been observed and which social and cultural explanations alone remain insufficient. There are numerous elements that form the way HRM is practiced in any given area, and while these might be area specific, national and cultural in nature, other ones are of importance too (Budhwar & Mellahi, 2007).

Very few studies on HRM in Jordan have ever been conducted. However, studies of limited extent emphasise how important local beliefs and traditions are (centring on strong ideas concerning family, clan and society) in confirming HR practices (Aladwan et al., 2011). Furthermore, these developments have numerous implications in the socio-economic and HR fields, e.g. having to deal with rising unemployment, retaining talent, and the general management of human capital (Altarawmneh & Al-Kilani, 2010; Singh & Sharma, 2015). Al-Hasan & James (2003) contend that the Jordanian cultural and institutional scene seems to have a relatively weak effect on organisations' practices, this perhaps being indicative of a relatively high amount of staff turnover; this may also be reflective of how far strong unofficial networks might not altogether give a cogent alternative for more formal institutions of society in providing a hospital foundation for specific organisational practices as a foundation for growth (Hancke et al., 2007). The latter could be the reason as to why making the emergence of comprehensible, complementary sets of HR practices associated with mature markets are less likely in the context of Jordan (Hall & Soskice, 2001; Hancke et al., 2007; Darwish et al. 2015). A growing body of evidence recommends that the majority of nations in the Middle East are currently concentrating on HRD and organisational development (see Kolachi & Akan, 2014). In the final analysis, it appears that, given complementarity of effective HR practices, each practice may have a variety of different forms of impact on OP by upgrading the retention levels and thus providing an even greater positive contribution of hospital employees.

7.2.7 Social exchange mediates the relationship between HR practices and perceived organisational performance within the health care sector.

The seventh research hypothesis tackled the indirect relationship between HRM and OP. In other words, how social exchange mediates the relationship between HR practices and perceived organisational performance within the health care sector. The results in Chapter 6 showed that HRM practices have an indirect positive impact on OP through social exchange. The results show that after including the social exchange in the equation, the two variables (internal career opportunity and training) remain significant, which means we can safely conclude that the relationship between these two HR practices and organisational performance are partially mediated by social exchange. In contrast, recruitment and selection became insignificant, which means that social exchange has full mediation on the relationship between recruitment and selection and organisational performance. Hence, it could be concluded that social exchange can play an important role in explaining the HRM-OP relationship. The former, to some extent, has mediated the relationship between HR practices and organisational performance as proposed in the theoretical framework of the present research.

Results in relation to the mediation hypothesis is important for both, theory and practice. The current findings indicate that social exchange has potentially unlocked the so called 'black box' in HRM-OP research and offer insightful theoretical explanations to the HRM-performance nexus. The research suggests that the HRM-OP relationship could be better dealt with in terms of an indirect relationship through social exchange aspects as measured in the current research. In other words, this means that HR practices would most logically have an impact on social exchange aspects such as investment in the employees, the perception of the employees on getting benefit from their performance in the long-run, employees' relationship with their hospital, and the trust between employees and their hospital. The latter, in turn, will have a positive impact on organisational performance.

These results are consistent with the theoretical perspective of Dyer and Reeves (1995), who propose that the HRM-OP relationship is rather indirect and has to go

through multiple levels to have an effect on organisational performance. Furthermore, the findings of the current research are coterminal with what is argued by Mihail and Kloutsiniotis, (2016) who stated that the performance impact on the outcomes of employees may be impacted by their understanding of the exchange relationship with their hospitals. In particular, it was shown that if workers understand their affiliation with the hospitals as being one of social exchange, emotional exhaustion has the tendency to be reduced. Far-reaching research founded on social exchange theory delivers very strong backing for the advantages of social exchange connections.

A relationship of social exchange has the characteristics of a long-run orientation, obligations, and trust, which involve the exchange of socio-emotional means (Shore, Coyle-Shapiro, Chen, & Tetrick, 2009). Particularly, it can be noted that social exchange theorists such as Gouldner (1960) study the exchanges that take place between the staff and their employers pertaining to views on reciprocity at a personal level of analysis. Wayne et al., (1997) expounded that workers aim to have a balance in their exchange relationships with organisations by having various attitudes as well as forms of behaviour equal to the level of employer dedication to them as individuals.

This study is indicative of how social exchange acted in a mediatorship capacity in the relations between HRM practices and hospitals performance. The HRM practices were related positively to social exchange. Thus, the HRM practices seem to possess a positive effect on the level of social exchange and on the communal perceptions related to social exchanges.

From an organisational context, it can be explained that employees can be perceived to be stakeholders in the social exchange relationships. To begin with, assuming that the firm originally acts in such a way as to offer the workers something of social value, the workers then assume that the company has offered something that is of social value to them. It is only at that point that the employees will get to feel that they are obliged to give in return to the company something that is similar or of greater value. Even though scholars such as Jackson & Schuler (1989) among others have not expressed the exact variables entrenched within the behavioural standpoint, the variables that have been used in earlier studies in organisational behaviour research comprise of

leader-member-exchange, organisational fairness, professed organisational support, psychological pact, organisational dedication, and work performance, among others. Notably, present findings provide strong support for the behavioural theory in relation to the proposed indirect relationship in HRM-OP research. It can be argued that the behavioural perspective provides HRM researchers an opportunity to elucidate how people participate to accomplish the organisational goals in certain situations and, that it helps to determine techniques that expand in modern and significant means. In addition, it can also be explained that the social exchange model offers a perspective pertaining to the specific intervening elements that probably account for the connection between human resource management and performance. This is suggestive of the exchange relationship being dependent on the quality of the system relating to HRM practices and the manner in which it is seen by the workers.

Based on current findings, it can further be inferred that the rise in common perceptions relative to the greater degree of social exchange can be achieved by means of the system of HRM practices (recruitment and selection, training, performance appraisal, rewards and benefits, and internal career opportunity) that altogether attract, improve and keep highly capable employees of similar levels of professionalism at any given hospital. Likewise, through improved job design, enhanced rewards and benefits systems, long-run concentration on training, participatory and incentive practices, there is experimental evidence from the present study that the HRM practices systems develop on the long-run aspects of relationship of social exchange with the hospitals, so that workers generally experience greater obligatory levels to reciprocate in kind (Mihail and Kloutsiniotis, 2016).

To our knowledge, the present study is the first of its kind, which demonstrates the important role of social exchange in mediating the HRM-OP relationship in general and in the Middle East region in particular. These findings are extensive upon the literature review by determining empirically the fundamental means that describe with greater accuracy the processes or mechanisms that are happening between organisational performance and the perceived HRM practices.

7.3 Research Conclusions

The study aimed to explore the impact of HRM practices on organisational performance within the Jordanian healthcare sector. An extensive review of existing literature exposed seven hypotheses. Five of these hypotheses tested the relationship between HR practices (recruitment and selection, training, rewards and benefit, performance appraisal and internal career opportunity) and organisational performance. The sixth hypothesis tested the relationship between HR complementarities and organisational performance. Finally, social exchange as a mediator in the relationship between HR practices and organisational performance was examined in the last hypothesis.

In the current study, the all five objectives have been achieved.

1. The first research objective was to determine the best way to measure organisational performance; the latter was measured by using subjective performance data rather than objective performance data. This study failed to employ objective performance data due to issues in relation to confidentiality, as several hospitals did not accept to share their financial information.
2. The second research objective was to examine the impact of HR practices (recruitment and selection, training, performance appraisal, rewards and benefits, and internal career opportunity) on organisational performance within the health sector in Jordan. This objective was achieved and discussed in detail in the results chapter. Overall, the findings somewhat supported the positive impacts of some of the HR practices on organisational performance in the hospitals. In this study, particularly, three of the HR practices were significantly related to organisational performance: recruitment and selection, training, and internal career opportunities. With regard to the remainder of the HR practices (performance appraisal and compensation and benefits), the results were not indicative of any distinctive contributions in terms of their relationship with OP.

3. For testing the impact of HR complementarities and comparing them with the effects of individual HR practices on organisational performance within the Jordanian health sector was the third research objective. The results were non-supportive of the proposed hypothesis. There was only one interaction effect of statistical significance, which was found to have an impact on OP. This positive interaction was found between performance appraisals and internal career opportunity. Our results concluded that the variance of HR complementarities did not significantly explain more than what the individual HR practices did. These results are confirmatory that the complementarities of HR practices have no positive impact on organisational performance as a whole, and that the individual impact of HR practices has a superior performance effect than its complementarities.
4. The fourth research objective was to explore the role of social exchange as a mediating variable between HR practices and performance in an attempt to unlock the 'black box' and offer theoretical explanations in HRM-OP research. In addition, the empirical results tackled the indirect relationship between HRM and OP. In other words, how social exchange mediates the relationship between HR practices and perceived organisational performance within the healthcare sector. The results showed that HRM practices have an indirect positive impact on OP through social exchange. Hence, it could be concluded that social exchange can play an important role in explaining the HRM-OP relationship. The former, to some extent, has mediated the relationship between HR practices and organisational performance as proposed in the theoretical framework of the present research.
5. Finally, to establish theoretical and practical implications in relation to the subject under investigation. There are theoretical contributions relating to HRM practices and organisational performance in this empirical study, which are in an under-researched context. In addition there are new implications for policy and practice in both the Jordan and wider Middle-Eastern healthcare contexts, including hospital performance and appraisal, and incentives. All theoretical and practical implications are listed in section (7.3.1 – 7.3.3).

7.3.1 Implications for theory

Firstly, a significant theoretical aspect that has led the field of HR in the last era concerns the particular theoretical mechanism connecting HRM and organisational performance outcomes. This matter is called the ‘black box’; it has been debated that more investigation is required on the mechanisms linking HRM practices and OP to resolve this issue (see, for example, Bowen and Ostroff, 2004; Boselie et al., 2005; Nishii et al., 2007; Alfes et al., 2012; Almutawa, Muenjohn and Zhang, 2015; Bratton and Gold, 2017). Existing studies on the HRM practices-OP link have not sufficiently assessed the mechanisms across which HRM practices affect OP. Hence, scholars need to foster a more precise theoretical framework that explains the mechanism by which HRM impact on organisational performance, an issue which was largely addressed by the present research.

Secondly, results in relation to the mediation hypothesis is important for both, theory and practice. The current findings indicate that social exchange has potentially unlocked the so called ‘black box’ in HRM-OP research and offer insightful theoretical explanations to the HRM-performance nexus. The research suggests that the HRM-OP relationship could be better dealt with as an indirect relationship through social exchange aspects as measured in the current research. In other words, this means that HR practices would most logically have an impact on social exchange aspects such as investment in the employees, the perception of the employees on getting benefit from their performance in the long term, employees’ relationship with their hospital, and the trust between employees and their hospital. The latter, in turn, will have a positive impact on organisational performance. Hence, these results have important theoretical implications for the behavioural theory and are consistent with the theoretical perspective of Dyer and Reeves (1995), who propose that the HRM-OP relationship is rather indirect and has to go through multiple levels to have an effect on organisational performance.

Thirdly, findings in relation to HR complementarities did not support the related hypothesis. There was only one interaction effect of statistical significance; this interaction is between performance appraisals and internal career opportunity, which

has a positive significant effect on OP. As obviously revealed from the results with regard to the rest of the interaction terms amongst HR practices, no effects of significant interaction are evident. Therefore, regardless of the convincing theoretical quarrel of the HR complementarities proposition, the test of the interaction effects of HR practices failed to support such a proposition. The latter has important theoretical implications, which confirm that the individual HR practices would affect organisational performance much more strongly than dealing with them as system or complementarities of practices, which may not be enforced with all the strength and sincerity. In addition, such results may also have important theoretical implications for the institutional theory and its applications in emerging markets. As stated earlier, it is held that the Jordanian cultural and institutional scene seems to have a relatively weak effect on organisational practices, perhaps being indicative of a relatively high amount of staff turnover; this may also be reflective of how far strong unofficial networks might not altogether give a cogent alternative for more formal institutions of society in providing a solid hospital foundation for specific organisational practices as a foundation for growth (Al-Hasan & James, 2003; Hancke et al., 2007). The latter could be the reason as to why making the emergence of comprehensible, complementary sets of HR practices associated with mature markets are less likely in the context of emerging markets in general and Jordan in particular (see Hall & Soskice, 2001; Hancke et al., 2007; Darwish et al. 2015).

Finally, the results show that three of the HR practices (recruitment and selection, training, and internal career opportunities) have a direct impact on organisational performance; the latter implies that such practices can be considered an integral part of any HR bundle or integral part of HPWS because of their direct impact on OP. As measured in the present work, the following are some examples of the underlying meanings of those practices that have a strong impact on OP: hiring employees with specialised skills, recruitment and selection process which ensure proper job placement for workers; ensuring that the hospital provides continuous training for updating employee skills and knowledge; providing training programmes of high quality; hospitals providing equal opportunities to all employees; strong support for training in the area of work; fairness of promotion amongst all employees. Hence, designing HR

policies based on such practices and activities could ensure high performance among organisations.

7.3.2 Implications for practice

Firstly, the results of this research provide a critical understanding for decision makers, researchers and experts in the relationship between HRM practices and OP as mediated by social exchange, specifically within the Jordanian healthcare sector. This study helps HR managers to understand the role of social exchange and draws greater attention to the communication between employees and organisation by investing in the employees as a planned way for developing OP within the Jordanian hospital system. Specifically, in the present work it was found that investing in workers has a positive impact on OP in the long term. Moreover, the current results showed that managers believe that ensuring clear communication and expectations between employees and the hospital would influence the hospital's performance positively. For instance, if both workers and the hospital know and respect and expect their roles, this would increase the satisfaction level and lead to more effective performance. In addition, employees' relationship with the hospital should be built on a basis of trust between each them and the hospital. Notably, HR managers could attempt to clarify for employees the logic behind rewarded and unrewarded work.

Secondly, from a practical viewpoint, the outcomes of this research recommend that Jordanian hospitals could boost their performance by applying good HRM practices. The results urge Jordanian hospitals to focus more on HRM practices, by delivering a superior tolerance of the role of mainly three HR practices (recruitment and selection, training, and internal career opportunities). These practices were found to have a direct and positive effect on OP. First, recruitment and selection had a significant impact on OP. It means, for instance, that the correct selection of employees with appropriate experiences and skills could help hospitals in enhancing overall hospital performance. Second, training is also significant and contributes positively to OP within the healthcare sector. The training supported by hospitals help the staff to learn and share knowledge which can be used to improve their individual performance and which

ultimately results in the improvement of the overall performance of hospitals. In the current research, this was measured by a number of variables such as the continuous training provided by hospitals for developing employee skills and knowledge, and the importance of the induction familiarising the new workers with the hospital system. Internal career opportunity was the third HR practice to significantly and positively impact on hospitals' performance. We found that HR managers pay attention to career paths in their hospitals; HR managers stated that the majority of workers are aware of the possibilities for their promotion. This HR practice was reflected by the fairness of the promotion system, strong support for training in the area of work, and the support provided by hospitals to keep up-to-date with developments in the field.

Thirdly, the current research offers several critical inferences with probable degrees of impact within healthcare set-ups, particularly relating to the hospital administrators. Correspondingly, it is imperative to establish an alignment between employees and organisational value in order to improve the workers' experience at work. Congruently, Bowen, Ledford, and Nathan (1991), support this recommendation in their study findings, which state that for successful organisations, the best selection model is to identify and engage employees demonstrating a correspondence with the organisation's characteristics. However, the hiring process, according to Leat and El-Kot (2007) shows a tendency for the managers to prefer the candidates with requisite job competency over those who show a disposition coherent with the organisational culture.

Fourth, the managers should make certain that optimal on-going training opportunities are made available to the employees, with the aim of strengthening the employees' continued connect and association with the organisational culture. The framework of these training programmes as such should be underpinned by the missions and objectives of the organisation. Also, the training should be structured to impact on improvement and augmentation of the job-related skills with a concurrent career development. For instance, the current study shows that training can best be reflected by orientation for the new employees in ways that familiarise them with hospital norms

and values. Continuous training for updating employee skills and knowledge and the training programmes themselves should be of a high quality.

Fifth, according to the present work, performance appraisal had no significant impact on hospitals performance. This result suggests that performance appraisal did not help as an influence and enabler for the hospitals in improving employees' efficiency and performance. However, the present study provided suggestions for HR managers to boost the performance of employees and hospitals. This might be accomplished by having clear employee evaluation criteria, establishing result oriented performance appraisal, and understanding the importance of performance appraisal on employees' commitment towards their work. Accordingly, it is recommended that the method of performance appraisal should be managed correctly so as to enhance the effectiveness of OP.

Sixth, it is also recommended, based on the study findings, that improved fair incentives' systems be implemented by the top management in hospitals. These revised systems can include supplementary benefits like non-cash benefits, overtime wages, and health care, besides the basic benefits.

Seventh, it is recommended by the current study that the implementation of an 'open door' policy will ensure that the hospitals are more attuned to the opinions of their employees, particularly the lower-level employees. Also, the addition of a constant feedback provision will facilitate the implementation of an honest evaluation system warranting expectations in accordance with the employee's output.

Eighth, this study is important to Jordanian (private and public) hospitals for highlighting concerns regarding HRM practices that influence the overall organisational performance. The results may also help the Ministry of Health in Jordan to take suitable measures to further develop the sector. Managers and employees need to share a rich thoughtfulness with regard to what constitutes tolerable conduct within their hospitals. Hence, there is the necessity to produce specific procedures and

guidelines related to HR practices. These HR guidelines will help to increase the productivity of OP.

Lastly, as regards the HR professionals as well as the hospitals' managers, the current study, at the managerial level, furnishes relevant results. These results, in fact, provide a realistic projection in tandem with theoretical arguments for an augmented insight of the HRM practices towards positively impacting the organisations' performance.

7.3.3 Methodological Implications

Firstly, research in relation to HRM-performance should always pay attention to Common Method Variance (CMV) in order to obtain reliable and valid results. Given the absence and difficulties surrounding the access and collection of objective financial performance (see Singh et al. 2016), CMV has been always an issue as several studies have relied on a single respondent when collecting HRM and performance data. There are two main methods for controlling potential CMV issues in quantitative research: (a) formation of firm practical strategy of the study and (b) applying statistical controls. Both techniques have been considered in this study in order to control possible CMV. This work has used two separate questionnaires and two different respondent groups to avoid possible CMV. To ensure reliable results, hospital managers were chosen to fill in the OP section and HR managers were chosen to fill in the HRM practices section.

Secondly, the current study also presents other methodological implications in the way it was conducted. For instance, the study employed a population sample, (i.e., through quantitative research methodology), and included all the Jordanian public and private hospitals. Since the number of hospitals is small in Jordan, 'population-sample design' was used in this study. In other words, this study considered the whole population rather than the selection of a specific sample of those hospitals. This produced more reliable results and achieved the overall objectives of this research - it also resulted in more generalised findings.

Finally, future work can benefit from utilising the current research's framework and findings by providing a reference to the HRM practices' system and its association with organisational performance in Jordan.

7.3.4 Research Contributions

The present research contributes to our understanding in relation to the HRM-performance link in the following ways:

Firstly, the primary critical contribution of this research is towards highlighting to the hospital managers the importance of focusing on the HRM practices and organisational performance' intersect. As such, Jordanian hospitals could aim towards ensuring augmented comprehension and adoption of motivation and evaluation factors at the workplace, which, in turn, will result in an increased attention on the HRM practices. Hence, the resulting optimal workplace environment will serve as an effective motivator for the employees. Some of the current research's empirical results which contribute to existing theoretical debate are pointed out in the following discussion.

Secondly, the study reveals an apparent gap and an inadequate exploration of the impact of HRM on OP and its mechanism by existing HRM research. Although limited research is evident with respect to the HRM practices outcomes, with respect to the exploration of its antecedents - especially that of organisational influence, the apparent dearth is particularly significant. Hence, the present work contributes to the HRM-performance stream of research by providing evidence for the value-added HR practices through their effects on organisational performance. This work confirms that at least a number of practices such as recruitment and selection, training and internal career opportunity can have a direct and positive impact on organisational performance outcomes.

Thirdly, the findings about the mediation hypothesis contributed vitally to both, theory and practice. The results showed that social exchange has rather unlocked the black box in HRM-OP study and provided clear theoretical justifications to the HRM-

performance connexion. The study proposes that the HRM–OP link could be dealt with as an indirect connection through social exchange as tested in the present study. That is to say, that HR practices would most rationally have an influence on social exchange aspects such as considering workers as capital, the beliefs of the workers that they should receive benefits from their hard work in future, and the trust and relationship between the management and workers. The latter, in turn, will have a positive impact on organisational performance. Thus, these outcomes have essential theoretical implications for the behavioural theory and are consistent with the theoretical perspective of Dyer and Reeves (1995).

Fourthly, most prior work in relation to HRM-performance research has been conducted in the context of developed nations, such as the US and Western Europe. Therefore, it has been held that it is difficult to reach generalised conclusions from existing results, and that there is a need for more research and empirical investigations from different contexts, particularly non-Western contexts (e.g., Paauwe, 2009; Guest, 2011; Darwish et al., 2015). Hence, the current research responds to such calls, being conducted in a non-Western context; furthermore, it is the first of its kind in Jordan and in its healthcare sector in particular. The findings might also assist the Ministry of Health in Jordan to initiate appropriate procedures to improve the healthcare sector. This study will assist the hospitals in Jordan to focus on the most effective HR practices in order to enhance organisational performance.

Fifthly, the empirical findings from the present study reveals that hospital performance is underpinned critically by the processes of recruitment and selection, training, and internal career opportunity, and, that this finding is specifically relevant to the managers. In consideration of the significant impact of HRM practices on organisational performance, it is essential that the potential bottom-line implications specific to highly committed hospital departments are brought forward to the attention of the managers. As such, the significance of HRM, in terms of offering benefits beyond the employees' immediate and individual performance, such as the employee's contribution to the departmental and organisational performance, should be given the necessary weight by the managers. Thus, the current study offers the practical

recommendation that a variety of types of intervention, which the managers may undertake, should in fact be undertaken. These include recruiting based on skills and following the processes that are relevant for the jobs of specific candidates. Furthermore, they ought to understand the importance of induction for new workers, of providing good training for new and old workers, and also making sure of having an adequate promotion system in place.

Sixthly, the study contributed in testing the HR complementarities proposition. This testing found that dealing with HR practices individually is more effective than dealing with them as a bundle. Also, it was suggested based on the current findings that the unique institutional environment of Jordan plays an important role in shaping the HR practices. For instance, in some hospital's departments such as the maternity ward, it is not allowed for male nurse to access due to the culture and this supposed to be taken into account in the recruitment and selection stage by hiring female nurse in such departments. This would ultimately lead for more patient satisfaction, which influence the OP. Another example would be the relationship between performance appraisal and OP which was not significant at all (both direct and indirect). The latter could reflect an institutional or cultural barriers to overall acceptance of employees' performance appraisal in the context of the Middle East (see Idris, 2007; Darwish et al., 2015).

Seventhly, this study adds a new knowledge to the HRM field in the Middle East. Also, since the Middle Eastern countries share similar values and systems, these research findings should help the Middle Eastern countries to know the importance of HR practices and their synergetic effects on organisational performance. In addition, the work can be of benefit from an utilisation of the current research's framework and findings in the way of their providing a reference to the HRM practices' system and its association with organisational performance in Jordan. In addition, the results in relation to the mediation hypothesis (social exchange) display a perspective concern to the particular intervening elements that could be an explanation for the link between HR practices and OP. Also this the first study, which employs such a theoretical framework in explaining the link between HR practices and OP in Middle East. These findings are comprehensive upon the literature review by determining empirically the

main means that define with accuracy the mechanisms that are happening between HR practices and OP.

Finally, the study further contributed to the existing HRM-OP stream of research by using two different surveys and two different groups of managers so as to avoid potential CMV concerns. Hospital managers completed the OP survey and HR managers completed the HRM practices. This could render greater credence in the current research findings in relation to the HRM and performance interplay – globally and in a Middle Eastern emerging market in particular.

7.3.5 Research Limitations

Despite the contributions of this work, we acknowledge a number of limitations, which are essential to “establish the boundaries, exceptions, and reservations inherent” (Creswell, 2003, p. 147). Firstly, the cross-sectional study design impedes drawing any conclusions with respect to causality. Although it could be argued, based on present findings, that some of the HR practices should lead to enhanced OP, the cross sectional design does not allow us to rule out the possibility of reverse causation (Darwish et al. 2015). Hence, a longitudinal design could be employed to enhance the reverse causation possibility and overcome time-lag effects in relation to the HRM-OP link (Andersen et al., 2007). Secondly, although the whole population of the health sector was targeted, this study is applied on one sector only; hence, the sample size could be bigger and more diverse. Thirdly, the assessment of HRM practices intersect with organisation outcomes is not governed by any stipulated or regulatory HR practices. As such, the five HR practices reviewed specifically in the study may only provide a restrictive representation of the organisations’ HR practices. Irrespective of this, the most commonly studied practices in the public and government sector, as regards the association between HRM practices and organisational performance, have been included in the current study. Fourthly, limited content-rich information is available due to the evident dearth of research on the association between HRM and performance in hospitals. This restriction is further augmented due to the limited research on the association between HRM and performance in Jordanian hospitals.

Irrespective of the study limitations, the findings from this study make an important academic contribution towards the existing literature in relation to the association between HRM and performance. The current study findings, notwithstanding these limitations, offer concrete evidence of intersection between the HRM practices and hospitals performance. As such, the data from the study can function as a propelling foundation for the academic scholars and practitioners alike for further exploration of these relationships.

7.3.6 Future Directions

Healthcare is a service-oriented industry and as such, the service delivery is ‘by and to’ people. This scenario mandates an optimal comprehension of and insight into the HRM issues to ensure any healthcare programme’s success. As such, in order to expand the frontiers and explore novel avenues, which will benefit the human race across the globe, it is essential to conduct extensive research and put forward innovative solutions in the healthcare systems.

Moreover, the exploration of behavioural perspective grants the HRM scholars the optimised opportunity to explicate on the participation of individuals in initiatives oriented towards organisational goals’ accomplishment. Additionally, it contributed towards identifying progressive techniques in modern and significant means. As such, specific intervening elements are highlighted through the social exchange model, and these extend towards underpinning the HRM and performance connection. This integration of variables highlights the influence of the HRM practice systems’ quality on the exchange relationship and its perception by the employees. Correspondingly, future research will benefit from exploring additional mediating factors in the context of the on-going employee-employer exchange.

As such, in consideration of the above, the study recommends the following:

- The causal relationship between HRM practices and organisational performance through social exchange should be clarified and explicated in future research. Notably, longitudinal designs should be employed in future

work in order to conclusively replicate the present findings, although such design and data are hard to obtain they are unavailable in numerous cases (Huselid, 1995; Darwish et al., 2015).

- The previous legacy of maximal HRM practices oriented research in Western societies can be used in comparison with the current study to draw proportional inferences.
- Future researchers should also consider different mediating variables such as hospital culture, hospital climate, economic exchange, and legal and regulatory environment. This may help in providing further theoretical explanations and insights in relation to the mechanism in which HR practices impact on organisational performance.
- Future researches should continue testing for HR complementarities, particularly in emerging markets due to the lack of investigation in this area in the developing countries. It would be very interesting to reveal more information in relation to why making the emergence of comprehensible, complementary sets of HR practices associated with mature markets, are less likely in the context of emerging markets. The latter is indeed a very important issue to be explored in depth in future work.

It is also recommend measuring the organisational performance through using both objective and subjective performance together for best results. In this study, only subjective performance was used due to the difficulty of revealing this kind of information by hospitals for reasons relating to confidentiality. However, objective performance could be considered in future work to reflect a better picture of the actual performance of hospitals.

7. 4 Summary

This chapter made a summary of and discussed further the results of the study in relation to literature and other relevant studies on the issues dealt with. The discussion chapter is organised around the research hypotheses addressed in this study. The present chapter also presents the research conclusions in terms of research implications

for theory and practice, research methodology, research contributions, research limitations and future research directions.

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Appendix A: Questionnaires

*Tamara Mohammed
The Business School
University of Gloucestershire, Cheltenham
Gloucestershire, GL50 2RH, UK*



Dear Participant,

I am a PhD student at the University of Gloucestershire. I am seeking your help with my studies by completing the attached questionnaire in relation to Human Resource Management Practices in the Healthcare sector. This questionnaire is designed to gain knowledge about how these HR practices impact on the overall organisational performance.

It would only take 8-10 minutes to fill out this survey. All the information provided by you will be kept confidential and anonymous. The overall results of the study would be shared with you upon your request (by sending an e-mail to the above corresponding address).

If you receive this survey by mistake could you please re-send it to the right person, which is (HR manager).

Thank you for your participation


Tamara Mohammed

4	Hospital prefers promotion from within when filling vacant position					
D	Training					
1	New employees familiarise with organisational norms and values (orientation)					
2	Hospital provides continuous training for updating employee skills and knowledge					
3	Training programmes are constantly revised or updated to fit with present requirement					
4	All training programmes are of high quality					
5	Our hospital provide equal opportunities to all employees					
E	Performance Appraisal					
1	Employee evaluation criteria are clear					
2	Performance appraisal is result oriented					
3	Feedback is provided on a regular basis by the management					
4	Employees are satisfied with performance appraisal result					
5	Performance appraisal can impact the employee's commitment towards work positively					
F	Compensation and benefits					
1	Hospital relates to compensation system with the level of knowledge and skill acquired by employees' knowledge and skill					
2	Compensation is directly linked to employee's performance and there is an attractive compensation system					
3	Job performance is an important factor in determining the incentives and compensation of employees					
4	Compensation system is rewarded by innovative idea					
5	Good job performance is noticed and rewarded					
6	Top management prefers participation in decision making with all levels of jobs					

G	Internal Career Opportunity				
1	Our hospital provides support to keep up-to-date with developments in our field				
2	Strong support for training in our area of work				
3	Employees have good opportunities of being promoted within this hospital				
4	The promotion process used by our hospital is fair for all employees				
5	Employees who desire promotion in this hospital have more than one potential position they could be promoted too				
6	Qualified employees in the job have the opportunity to be promoted to positions of greater pay and/or responsibility within the hospital				
H	Social Exchange				
1	Our hospital has made a significant investment in its employees				
2	The things employees do on the job today will benefit their standing in this hospital in the long run				
3	There is a lot of give and take in the employee's relationship with the hospital				
4	Employees worry that all efforts on behalf of the hospital will never be rewarded				
5	Employees don't mind working hard today as they know they will eventually be rewarded by our hospital				
6	Employees' relationship with our hospital is based on mutual trust				
7	Employees try to look out for the best interest of the hospital because they can rely on our hospital to take care of them				
8	Even though employees may not always receive the recognition from our hospital they deserve, they know their efforts will be rewarded in the future				

Thank you very much for your participation

*Tamara Mohammed
The Business School
University of Gloucestershire, Cheltenham
Gloucestershire, GL50 2RH, UK*



Dear Participant,

I am a PhD student at the University of Gloucestershire. I am seeking your help with my studies by completing the attached questionnaire in relation to the organisational performance and business environment of your Hospital.

It would only take 2-4 minutes to fill out this survey. All the information provided by you will be kept confidential and anonymous. The overall results of the study would be shared with you upon your request (by sending an e-mail to the above corresponding address).

If you receive this survey by mistake could you please re-send it to the right person, which is (Hospital General Manager/CEO/Director).


Thank you for your participation

Tamara Mohammad

A	Organizational Performance					
Compared to your rivals (competitors) in the same industry, how would you rate the following in terms of your hospital's performance on a 1 to 5 scale? Please tick the appropriate number on the following scales: (1 = Lowest performing / 5= Highest performing).						
		1	2	3	4	5
1	Holding market share					
2	Growth in sales					
3	Profitability (after tax)					
4	Staff productivity					
5	Quality of medical product and services					

Thank you for your participation

Appendix B: Consent Letter from Ministry of Health


وزارة الصحة

الرقم: ٩٧٠٥ / حفظ / ١
التاريخ: ٢٠١٧ / ١٠ / ٢٩ الموافق

مدير مستشفى البشير المكلف
رئيس لجنة أخلاقيات البحث العلمي

تحية طيبة وبعد ،،،

أرفق طياً صورة عن الاستدعاء المقدم من الدكتورة تمازرا فهد محمد محمد بخصوص طلب السماح لها اجراء بحث بعنوان :

" مدى تأثير مهام ادارة الموارد البشرية على اداء المستشفى "

"The impact of HR practices on organizational performance : An empirical investigation in the health care sector in Jordan "

وذلك من خلال جمع المعلومات المتعلقة بالبحث من مدراء الموارد البشرية في المستشفيات الحكومية التابعة لوزارة في المملكة .

ارجو التكرم بالاطلاع واعلامي رأيكم حول امكانية الموافقة على اجراء البحث اعلاه .

وتفضلوا بقبول فائق الاحترام ،،،

مدير تطوير الموارد البشرية المكلف

الدكتورة سوسن جباعته

المملكة الأردنية الهاشمية
وزارة الصحة
مديرية مستشفى البشير
١ تشرين الثاني ٢٠١٧

المملكة الأردنية الهاشمية

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In the Name of Allah, the Most Gracious, the Most Merciful

Ministry of Health

No.: Developing/Plans / 9970

Date: 7/11/2017

Director of Hospital

Dear Sir,

Attached is a copy of the letter of Al Basheer Hospital Director / Head of Scientific Research Ethics Committee No.M B A/Ethics Committee/15514 date 5/11/2017 including agreement to Dr. TAMARA FAHID MOHAMMAD MOHAMMAD :

"The impact of HR practices on organizational performance: An Empirical investigation in the health care sector in Jordan"

that is by collecting the data which has relation to the research from directors of human resources in the government hospitals which belong to ministry in the kingdom.

Kindly see and facilitate the mission of research procedures above.

Accept our best regards

Director designate /HR Development

Dr. Sawsan Jabaateh

I am, **Dr.Wasef Marashdeh**, a member of the Jordanian Translators Association, do hereby certify that the foregoing is a true and correct translation of the document attached. In Irbid Jordan , on 26/11/2017

Owais AL-Qarni

Training & Development

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