

Strategic Human Resource Management Interventions and Employee Well-Being Outcomes: An Empirical Examination of Organisational Commitment and Quality of Life in the IT and Healthcare Sectors

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Abstract

While strategic human resource management (SHRM) interventions have been found to have a strong influence on employee well-being, there is not much empirical evidence to support the connection between SHRM practices and organisational commitment and quality of life, especially between contrasting organizations like information technology (IT) and healthcare. In this study, the effects of selected SHRM interventions, namely high-performance work systems, employee involvement programmes, developmental HR practices and work–life balance policies, on two specific outcomes of well-being, namely an employee's organisational commitment, and the quality of life of employees in the IT and healthcare sectors, are examined empirically. Based on the resource-based view and social exchange theory, a cross sectional survey design was used. A total of 412 full-time employees (218 IT companies vs 194 health care organisations) were recruited and completed validated, multi-item scales. Structural equation modelling was applied to test the hypothesized relationships and for sectoral differences using multi-group analysis. Results show that SHRM interventions have positive and significant impact on both organisational commitment and quality of life. There is a partial mediation between SHRM interventions and quality of life in the case of organisational commitment. Based on sectoral comparisons, the impact of work–life balance and employee involvement practices on quality of life are more evident in the healthcare sector, while in the IT sector, the developmental practices and high-performance systems have comparatively stronger associations with commitment. The results reveal the contingency of the effectiveness of SHRM and the importance of sector-specific programme design of human resources interventions. The study also adds to the body of SHRM and well-being literature by providing empirical evidence from two knowledge- and care-intensive industries, and offers managers some practical suggestions for improving employee commitment and quality of life through strategic human resource initiatives. Directions for future multi-level and longitudinal studies and limitations are mentioned.

Keywords: Strategic human resource management; Employee well-being; Organisational commitment; Quality of life; IT and healthcare sectors

Introduction

In today's organisations, wellbeing has become a key factor for sustainable performance, talent retention and future competitiveness. Recognising that employees with high physical, psychological and social well-being are

more likely to meet organisational objectives and are more resilient to workers' demands, more and more organisations are recognising this. (*Brunetto et al., 2020*). As a result, HR practices and strategies have become key managerial concerns in knowledge-intensive and care-intensive industries, in terms of their strategic match with the goals of employee well-being.

Strategic human resource management (SHRM) is a planned and integrated human resource strategy that involves introducing and executing HR strategies to foster the strategy of the organisation and satisfying the needs of the employees (*Purwadi et al., 2024*). SHRM places an emphasis on the combination of practices like high-performance work systems, employee involvement mechanisms, developmental opportunities, and work–life balance policies, rather than on personnel management. The interventions are designed to improve the effectiveness of the organisation, but also to develop positive attitudes and behaviours among employees that are essential to long-term organisational success (*Johnson et al., 2016*). The impact of employee well-being outcomes has also become a topic of increasing scholarly interest as they also benefit individuals and organisations. Well-being is multi-dimensional, focusing on attitudes toward work, life satisfaction, and quality of life generally. Organisations that promote well-being do tend to have reduced employee turnover, greater productivity and better organisational citizenship behaviours (*Rashid et al., 2024*). Although this recognition, the mechanisms by which SHRM interventions contribute to well-being outcomes have not been fully understood, especially when compared to different industrial settings.

One of the most researched well-being outcomes in organisational research is organisational commitment. Commitment is a psychological bond between an employee and their company and it's related to employee retention, performance and discretionary effort (*Bharath et al., 2023*). Therefore, SHRM practices that convey messages of organisational commitment, fairness and investment in the individual should generally be expected to positively affect affective, continuance, and normative commitment via the social exchange and perceived organisational support processes.

The concept of quality of life is a more general, and growing, concept of well-being and extends beyond the job to life satisfaction, work–life integration, health and personal fulfilment. For both workers and employers, human resource interventions to improve the quality of life in high pressure workplaces is a central issue (*Witter et al., 2020*). The literature on empirical examination of the relationship between SHRM practices and quality of life is still comparatively small as compared to that of job satisfaction and engagement. The information technology (IT) industry has a history of significant changes in technology, projects, long hours, and intense competition for looking for skilled professionals (*Bunduchi et al., 2020*). High cognitive loads, role ambiguity and difficulties in work–life balance are common concerns faced by workers in this industry. Organisational interventions that respond strategically to these environments like flexible working, ongoing training, and performance based rewards can be key factors in maintaining commitment and wellbeing.

Healthcare, on the other hand, is an environment of emotional work, shift work, high responsibility for the outcome of the work, and chronic resource limitations. Medical staff can face a number of risks for burnout, moral challenges, as well as physical fatigue. Employee involvement, supportive supervision, work – life policies and employee professional development might be especially important in supporting commitment and protecting quality of life in this case (*Mohamad et al., 2026*).

Comparative empirical studies of the relative effectiveness of SHRM interventions in IT and healthcare organisations are not widely available, even though these two industries experience unique challenges. Many existing studies concentrate on single industry samples and/or ignore differences between sectors as an afterthought (*Cozijnsen et al., 2020*). This void not only restricts the development of context-sensitive SHRM frameworks but it also results in the lack of such frameworks to support practice across varying organisational contexts. The present study takes an empirical approach using the resource-based view and the principles of social exchange theory to explore the relationship between certain SHRM practices and two important well-being outcomes (Organisational Commitment and Quality of Life) among employees in the fields of IT and healthcare. The study also examines the mediating effect of organisational commitment between the relationship of SHRM

and the quality of life, and evaluates whether there are sectoral differences in these linkages by applying multi-group analysis.

This research adds to the SHRM and employee well-being literature by presenting comparative evidence from two strategically significant but contrasting sectors, and provides practical implications for managers who want to design human resource interventions that can be used to increase both organisational commitment and quality of life. The rest of the paper is organized as follows. Literature review and the development of the hypotheses are presented, followed by a description of the research methodology, empirical findings, implications of findings and future directions and limitation.

Literature Review

Recent scholarship has increasingly emphasised the pivotal role of human resource management practices and workplace interventions in fostering employee well-being, organisational commitment, and related outcomes, particularly within healthcare settings. Lu, Moslehpour, Lin, and Chen (2025) demonstrated that sustainable HRM practices such as adaptive work structures, health and well-being initiatives, and supportive leadership significantly enhance employee well-being in health organisations, with perceived organisational support acting as a critical mediating mechanism that amplifies these effects and ultimately contributes to improved patient care quality. In a systematic review of organisation-directed interventions, Boskma, van der Braak, Hooft, Oerbekke, Franx, and van der Laan (2025) found that interventions focused on social resources and support, including rational emotional approaches, consistently yielded positive effects across diverse well-being outcomes, although overall evidence certainty was rated very low due to methodological limitations and heterogeneous effect sizes. Cohen, Pignata, Bezak, Tie, and Childs (2023) similarly reported that workplace interventions, predominantly mindfulness-based practices, meditation, yoga, and organisational measures such as workload reduction and peer networks, produced significant improvements in well-being, work engagement, resilience, and quality of life while reducing burnout, stress, anxiety, and depression among nurses, physicians, and allied healthcare professionals. Magotra and Arshey (2025) synthesised broader HRM trends in healthcare, highlighting the importance of strategic recruitment, retention, employee well-being programmes, workforce planning, and digital transformation in addressing shortages, burnout, and compliance challenges while optimising both workforce sustainability and patient care. Nayak, Sahoo, Mohanty, and Sundaray (2016) identified work–life balance, communication, teamwork, and empowerment as significant human resource interventions predicting quality of work life among healthcare employees, offering practical guidance for managers. Building on related themes, Kailay, Paposa, and Chhibber (2026) established through structural equation modelling that sustainable human resource management positively influences employee well-being, which in turn enhances organisational commitment and job satisfaction, with well-being serving as a partial mediator. Agarwal (2025) underscored the value of strategic HR interventions grounded in prevention, inclusivity, supportive leadership, flexible working arrangements, and evidence-based mental health programmes for reducing workplace stress and promoting long-term employee well-being and organisational stability. Earlier findings by Nayak and Sahoo (2015) revealed that employee commitment partially mediates the relationship between quality of work life and organisational performance in private healthcare units, reinforcing the importance of QWL initiatives for service quality and retention. Aras, Avci, and Goktas (2025) further showed that job satisfaction fully mediates the link between quality of work life and organisational commitment, and partially mediates its relationship with job performance among nurses, suggesting that improvements in workplace conditions enhance commitment and performance primarily through elevated satisfaction. Complementing these insights, Shabir and Gani (2020) reported a significant positive association between work–life balance and organisational commitment among women healthcare workers, particularly for affective and normative dimensions, while highlighting the role of organisational policies in managing work–non-work boundaries. Collectively, these studies affirm that integrated, supportive, and sustainable human resource practices and interventions are essential for enhancing employee well-being, organisational commitment, quality of work life, and overall effectiveness in high-pressure healthcare environments.

Statement Of The Problem

Although there is growing evidence that certain strategic human resource management (SHRM) interventions can have a substantial impact on the well-being of employees, there are still a number of missing links in understanding how specific types of SHRM practices affect organisational commitment and quality of life in both contrasting work sectors: information technology (IT) and healthcare. Both industries are under greater pressure to attract, retain and motivate skilled people, and workers often report higher levels of stress, work–life imbalance and lower levels of psychological commitment to their organisation. The IT industry suffers from high employee turnover rates and poor work-life balance due to a combination of factors, including the fast pace of technology change, project timelines, long hours and the lack of competition for talent for many firms, which still use 'transactional' or overly disjointed HR processes that are unable to inspire long-term employee engagement. Likewise, healthcare workers face chronic understaffing, emotional labour, irregular shifts, and increased responsibility for outcomes, which hurts their commitment and quality of life, but interventions from SHRM tend to be short-term and non-strategic in the healthcare sector. The studies in the past have largely investigated the SHRM–outcome relationships in a single industry sample or mostly on performance rather than well-being measures like organisational commitment and quality of life (*Chadwick et al., 2015*). Systematic empirical studies that compare the differential effectiveness of SHRM practices in IT and healthcare are rare, and managers have no evidence-based guidance for selecting practices that bring the greatest benefits to well-being in each context. Moreover, the role of organisational commitment as a possible mediator between SHRM interventions and quality of life has been given somewhat limited attention, limiting the understanding of how human resource strategies drive broader life outcomes (*Cooke et al., 2021*). Theoretical approaches, like the resource-based view and social exchange theory, show that logical SHRM systems can lead to human capital that is valuable and to reciprocal employee attitudes, but these arguments are not well supported by empirical studies in dual-sector designs that reflect the industry-specific requirements. Therefore, it is important to empirically examine in a rigorous manner if two selected SHRM interventions (high-performance work systems, employee involvement programmes, developmental practices and work–life balance policies) have a meaningful effect on organisational commitment and quality of life among employees in the IT and healthcare industries and whether the relations between the two are different (*Yadav et al., 2024*). This is crucial for fostering scholarly knowledge and for decision making processes to better support employees' well-being in knowledge-intensive and care-intensive organisational contexts.

Objectives Of The Study

To compare the effect of strategic human resource management (SHRM) interventions on organisational commitment of employees in IT and healthcare sector.

2. To examine the effect of SHRM interventions on employees' quality of life and to explore the intervening effect of organisational commitment.

3. To examine differences between SHRM interventions, organisational commitment, and quality of life in the IT and healthcare industries on the nature and intensity of relationships.

Methodology

The design of the study was quantitative, cross-sectional and survey in nature to determine the relationship between strategic human resource management interventions, organisational commitment and quality of life. Structured questionnaires were used to collect data from 412 full-time employees, which included 218 IT sector and 194 healthcare sector respondents. The research instruments consisted of multi item scales which were taken from the literature related to the conceptualized constructs for this study. A direct and mediating relationships between the variables of the study were tested using the technique of structural equation modeling. Multi-group analysis was also conducted to compare the strength of path coefficient between IT sector and healthcare sector. The analytical approach enabled detailed insights into the overall model and differences among the different sectors. This methodical approach gave a solid ground for making valid inferences from the empirical data.

Population And Sampling

The present study aimed to reach the following target groups: full time permanent employees in information technology (IT) companies and in healthcare organisations. These two areas were specifically chosen due to the differing nature of their work environments, complex skill needs and high stress and need for retention of employees. The sampling technique employed was non-probability purposive sampling with the intent of ensuring that only employees who had enough exposure to organizational human resource practices and work experience were sampled. The final sample was comprised of 412 respondents, of which 218 were from the IT sector and 194 were from the healthcare sector. The inclusion criteria were: part-time workers, and employed for less than one year in the organisation. To ensure that a balanced view is provided, both managerial and non-managerial employees were covered. Data was collected using a structured questionnaire which was administered on Internet or in selected organisations. Ethical procedures were strictly adhered to such as informed consent, participant consent and confidentiality. Responses that were not completed or were incomplete in an inconsistent manner were dropped in order to ensure data quality for further analysis.

Data Collection And Sources

The primary data was collected by using the structured questionnaire method with full time employees in the IT and healthcare sectors. The questionnaire was segmented into four parts, which included demographic information, SHRM interventions, organisational commitment and quality of life. The constructs were measured using multi-item scales that were validated from the literature using a five-point Likert scale ranging from strongly disagree to strongly agree. The instrument was pre-tested with a small number of respondents to check the clarity, content and reliability of the instrument before the main test. Feedback from the pilot was used to make the necessary refinements. The data collection process was achieved throughout three months, distributed by Google Forms as online questionnaires as well as questionnaire distribution by hand to increase the response rate and wider reach of the surveys. It was voluntary, and they were assured of anonymity and confidentiality of their responses. Questionnaires were not completed and these were rejected, leaving 412 completed questionnaires for statistical analysis.

Analysis And Findings

Table 1: Demographic Profile of Respondents (N = 412)

Demographic Variable	Category	Frequency	Percentage
Sector	IT	218	52.90%
	Healthcare	194	47.10%
Gender	Male	231	56.10%
	Female	181	43.90%
Age Group	21–30 years	148	35.90%
	31–40 years	172	41.70%
	Above 40 years	92	22.40%
Experience	1–5 years	165	40.00%
	6–10 years	157	38.10%
	Above 10 years	90	21.90%
Educational Qualification	Undergraduate	98	23.80%
	Postgraduate	264	64.10%

	Professional/Others	50	12.10%
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Demographic characteristics of the respondents (412) who participated in the study. The mix of the respondents' sectors was fairly even with 52.9% from IT and 47.1% from healthcare. There was moderate gender distribution with more male (56.1%) than female employees (43.9%). As far as age is concerned, most of the respondents were in the age group of 31-40 years (41.7%), 35.9% were in the age group of 21-30 years and 22.4% were above 40 years. As regards work experience, the majority (40.0%) had 1-5 years and 38.1% had 6-10 years of service in their current organisations. The majority of the sample (64.1%) had post-graduate level qualifications, which suggests that the IT and healthcare sectors are very knowledgeable. The overall demographic profile is representative and yet diverse, of full-time employees. This composition enables us to explore the links between the strategic human resource management interventions, organisational commitment and quality of life for the two sectors.

Table 2: Descriptive Statistics, Reliability and Correlation Matrix

Construct	Mean	SD	α	1	2	3
1. SHRM Interventions	3.82	0.71	0.89	1		
2. Organisational Commitment	3.76	0.68	0.87	0.62**	1	
3. Quality of Life	3.69	0.74	0.85	0.58**	0.65**	1

Descriptive statistics, reliability and inter-correlations of the major constructs of the study. The mean scores of the SHRM (3.82), organisational commitment (3.76) and quality of life (3.69) show that there was a moderate agreement among the respondents, using a 5-point scale. The internal consistency reliability was very good for all three constructs (Cronbach's alpha of 0.89, 0.87 and 0.85, respectively), which are higher than the cut off of 0.70. Significant positive correlations were found among SHRM interventions, organisational commitment ($r = 0.62$, $p < 0.01$); SHRM interventions and quality of life ($r = 0.58$, $p < 0.01$); and organisational commitment with quality of life ($r = 0.65$, $p < 0.01$). The associations indicate that the greater the perception of each of the strategic HR practices, the more positive the commitment to the organization and quality of life. The results give some initial empirical evidence of the hypothesized positive relationships between the study variables. Apart from the satisfactory reliability estimates, the inter-correlations are also quite high, which further justified the use of structural equation modelling for testing the proposed direct and mediating effects in the next analysis.

Table 3: Structural Model Results and Multi-Group Analysis

Hypothesised Path	Overall Sample (β)	IT Sector (β)	Healthcare Sector (β)	Result
SHRM Interventions → Organisational Commitment	0.61**	0.64**	0.57**	Supported
SHRM Interventions → Quality of Life	0.29**	0.25**	0.34**	Supported
Organisational Commitment → Quality of Life	0.48**	0.45**	0.52**	Supported
SHRM → Commitment → Quality of Life (Indirect)	0.29**	0.29**	0.30**	Partial Mediation

The test results of the hypothesised relationships using the structural equation modelling and multi-group analysis. SHRM interventions had a significant and positive direct effect on organisational commitment ($\beta = 0.61$, $p < 0.01$) and a significant moderate direct effect on quality of life ($\beta = 0.29$, $p < 0.01$) in the overall sample. Organisational commitment was a significant predictor of quality of life ($\beta = 0.48$, $p < 0.01$) and thus partially mediated. The results showed that the impact of SHRM on organisational commitment was higher in the IT sector as compared

to the healthcare sector ($\beta = 0.64$ vs. 0.57). The other way round, the direct influence on the quality of life was stronger for the healthcare sector ($\beta = 0.34$) than for the IT sector ($\beta = 0.25$). The indirect effect remained important in both industries – via organisational commitment. Model fit indices found acceptable model fit. The results generally validate the hypotheses of the study and reveal the similarities and differences in the effectiveness of SHRM interventions between the two sectors.

Results And Discussion

Results of the study indicate that strategic human resource management activities directly and significantly boost employee's organizational commitment and quality of life in the IT and healthcare industries. Organisational commitment was found to partially mediate the relationship between SHRM interventions and quality of life, meaning that when employees feel that their organisation provides supportive and developmental practices they become more committed to the organisation, thus boosting their overall quality of life. Multi-group analysis also revealed differences among the sectors with SHRM practices having a greater impact on organisational commitment in the IT sector and a more significant impact on quality of life in the healthcare sector. The results are in line with the resource based theory and social exchange theory, which indicate that HR interventions that are strategically designed create reciprocal positive attitudes and well-being. The different impacts in the various sectors emphasize the need for different approaches to designing SHRM, not a single one. The overall conclusion of the study is that appropriate HRM policies can be used as a proper tool to enhance employee commitment and hence quality of life in both knowledge intensive and care intensive organisational context.

Suggestions

The study suggests that organisations in both the IT and healthcare industries should develop and execute strategic HRM measures that include a combination of interventions focused mainly on human resource development, engagement, and work–life balance. IT companies need to especially improve high performance work systems and ongoing learning opportunities to improve employee commitment in organisations with high tech environments. In the case of the healthcare organisations, the attention should be paid more intensively to the supportive work–life policies, employee involvement programmes, and stress-reduction initiatives to improve the quality of life. Both sectors should evaluate effectiveness of current HR practices regularly by leveraging mechanisms for employee feedback, and make appropriate changes. Transparency in communication, equitable in performance appraisal, and career development opportunities are recommended to strengthen psychological attachment. The interventions need to be tailored to the specific sector of SHRM and the benefits for good health cannot be captured in a single solution. Last but not least, organisations need to consider employee health a strategic concern, and invest the necessary resources to ensure that future employee health initiatives are supported on an ongoing basis.

Conclusion

This study analyzed the impact of SHRM interventions on organisational commitment and quality of life of employees in the IT and healthcare industries in an empirical study. Results validate that SHRM interventions are effective in improving both outcomes, and that an intervening variable—organisational commitment—is present between SHRM practices and quality of life. There were some differences across sectors, reflecting the differing efficiencies of particular interventions in various contexts. The findings reinforce the need for HR strategies to be closely linked to the goals of employee health and wellness. The paper helps fill the void in the literature by presenting comparative findings for two important and different areas and suggests some practical implications for management. In general, it confirms that well-designed SHRM interventions can be a major contributor to improving organisational commitment and the quality of employees' lives. Longitudinal designs may be considered for future studies, as well as the use of further mediators and moderators to better understand these relationships.

References

- [1] Brunetto, Y., Dick, T., Xerri, M., & Cully, A. (2020). Building capacity in the healthcare sector: A strengths-based approach for increasing employees' well-being and organisational resilience. *Journal of Management & Organization*, 26(3), 309-323.
- [2] Purwadi, P., Widjaja, Y. R., Junius, J., & Mahmudah, N. (2024). Strategic human resource management in healthcare: Elevating patient care and organizational excellence through effective HRM practices. *Golden Ratio of Data in Summary*, 4(2), 236-241.
- [3] Johnson, A., Nguyen, H., Groth, M., Wang, K., & Ng, J. L. (2016). Time to change: A review of organisational culture change in health care organisations. *Journal of Organizational Effectiveness: People and Performance*, 3(3), 265-288.
- [4] Rashid, I., & Amin, F. (2024). Mediating role of quality of work life between work-related social capital and life satisfaction among health professionals. *Arab Gulf Journal of Scientific Research*, 42(4), 1700-1715.
- [5] Bharath, M. (2023). Something beyond paycheque to boosting employee retention: evidence from a South Indian hospital. *Vilakshan-XIMB Journal of Management*, 20(1), 114-129.
- [6] Witter, S., Hamza, M. M., Alazemi, N., Alluhidan, M., Alghaith, T., & Herbst, C. H. (2020). Human resources for health interventions in high-and middle-income countries: findings of an evidence review. *Human Resources for Health*, 18(1), 43.
- [7] Bunduchi, R., Tursunbayeva, A., & Pagliari, C. (2020). Coping with institutional complexity: Intersecting logics and dissonant visions in a nation-wide healthcare IT implementation project. *Information Technology & People*, 33(1), 311-339.
- [8] Mohamad, P. B., & Oktini, D. R. (2026). Work Life Quality, Employee Engagement, and Productivity Among Nurses: Insights From A Public Healthcare Organization. *Journal of Scientific Research, Education, and Technology (JSRET)*, 5(2), 1751-1763.
- [9] Cozijnsen, L., Levi, M., & Verkerk, M. J. (2020). Why industrial methods do not work in healthcare: An analytical approach. *Internal medicine journal*, 50(2), 250-253.
- [10] Lu, M. K., Moslehpour, M., Lin, P. K., & Chen, T. W. (2025). Impact of sustainable HRM practices on employee Well-being in health organizations: the mediating role of perceived organizational support. *American journal of health behavior*, 49(2), 78-92.
- [11] Boskma, A., van der Braak, K., Hooft, L., Oerbekke, M., Franx, A., & van der Laan, M. (2025).
- [12] Cohen, C., Pignata, S., Bezak, E., Tie, M., & Childs, J. (2023). Workplace interventions to improve well-being and reduce burnout for nurses, physicians and allied healthcare professionals: a systematic review. *BMJ open*, 13(6), e071203.
- [13] Magotra, A., & Arshey, A. (2025). The role of human resource management in enhancing employee well-being and patient care in healthcare settings: A review. *Indian Journal of Medical Sciences*, 77(3), 1.
- [14] Nayak, T., Sahoo, C. K., Mohanty, P. K., & Sundaray, B. K. (2016). HR interventions and quality of work life of healthcare employees: An investigation. *Industrial and Commercial Training*, 48(5), 234-240.
- [15] Kailay, M., Paposa, K. K., & Chhibber, P. (2026). Employee well-being as a mediating variable in sustainable human resource management, organizational commitment, and job satisfaction of healthcare professionals: A structural equation modeling approach. *International Journal of Healthcare Management*, 19(1), 93-106.
- [16] Agarwal, A. (2025). Workplace mental health: Strategic HR interventions for employee wellbeing. *Scriptora International Journal of Research and Innovation (SIJRI)*, 45-55.

- [17] Nayak, T., & Sahoo, C. K. (2015). Quality of work life and organizational performance: The mediating role of employee commitment. *Journal of Health management*, 17(3), 263-273.
- [18] Aras, Y., Avcı, K., & Goktas, M. (2025). The mediating role of job satisfaction in the impact of quality of work life on organizational commitment and job performance. *Journal of Health Organization and Management*, 1-17.
- [19] Shabir, S., & Gani, A. (2020). Impact of work–life balance on organizational commitment of women health-care workers: Structural modeling approach. *International Journal of Organizational Analysis*, 28(4), 917-939.
- [20] Chadwick, C., Super, J. F., & Kwon, K. (2015). Resource orchestration in practice: CEO emphasis on SHRM, commitment-based HR systems, and firm performance. *Strategic management journal*, 36(3), 360-376.
- [21] Cooke, F. L., Xiao, M., & Chen, Y. (2021). Still in search of strategic human resource management? A review and suggestions for future research with China as an example. *Human Resource Management*, 60(1), 89-118.
- [22] Yadav, R., Yadav, M., & Vihari, N. S. (2024). High-performance work system and learning orientation in offline, online, and hybrid workplaces: the mediating role of affective commitment. *The Learning Organization*, 31(1), 122-136.
- [23] Aharon, A. A., Madjar, B., & Kagan, I. (2019). Organizational commitment and quality of life at work among public health nurses in Israel. *Public Health Nursing*, 36(4), 534-540.
- [24] Jafari, N., Heidari, A., Kouhestani, E., & Khatirnamani, Z. (2024). Relationship between Quality of Work Life and Organizational Commitment among Healthcare Staff in Gorgan, Iran. *Journal of Occupational Hygiene Engineering*, 10(4), 307-316.
- [25] Magharei, M., Mohebbi, Z., & Jafari, S. (2021). Relationship between quality of professional life and organizational commitment in intensive care unit nurses. *Frontiers of Nursing*, 8(4), 399-406.