

Investigating the Role of HRM in Improving Sustainable Employability in the Healthcare Sector of Saudi Arabia

Hanan Al Saleh*

1 Ministry of Education, Riyadh, Saudi Arabia

Copyright©2022 by authors, all rights reserved. Authors agree that this article remains permanently open access under the terms of the Creative Commons Attribution License 4.0 International License

Abstract

Objectives: Organizations are facing the problem of finding a skilled workforce due to the diversity of operations and emerging technologies in the healthcare sector. This has led to the need to improve sustainable employability practices for healthcare workers during their entire professional careers. The main issue is whether existing human resource management (HRM) practices contribute to the employability of healthcare workers. This study aims to investigate the extent to which the implementation and use of HRM practices can increase employees' welfare, motivation, and employability.

Methods: A descriptive analytical research approach was adopted to examine the impact of HRM practices on the sustainable employability. A total of 279 healthcare providers (HCPs) in Saudi Arabia participated in this study by completing the survey.

Findings: The results revealed a diversity of HRM practices were implemented and used to improve the motivation, health-promoting culture, and employability of healthcare workers. The number of HRM practices and healthcare workers' use and involvement in the design and implementation of HRM policies were the predictors of the perceived utility of these practices in terms of increasing motivation, welfare, and employability of the workers. The use and implementation of HRM policies also increased the satisfaction of healthcare workers with their employability and organizational performance. The implications for HCPs in Saudi Arabia to improve sustainable employability practices among healthcare workers are provided.

Novelty: We highlight the critical role of participation and engagement of employees with the design and implementation of HRM practices for enhancing the impact of HRM practices on the organizational objectives of employees' well-being, motivation and job satisfaction which subsequently are instrumental for sustainable employability in Saudi healthcare sector. Therefore, this study suggests to the policy-makers and practitioners in the government and HCPs for increasing the perceived utility of HRM practices through high level engagement of staff with HRM practices at all organizational levels in order for meeting the target of sustainable employability within Saudi Vision 2030.

Keywords HRM practices; Healthcare; Employability; Sustainable, health-promoting culture, healthcare providers, healthcare workers

1. Introduction

A sustainable workforce is considered a fundamental element in promoting organizational performance. The technological age gave birth to many dilemmas in the developed world, one of which is related to the dwindling availability of young employees with the right set of skills [1]. The issue of young workers with the desired expertise and knowledge is worse in developing countries in Asia [2][3][4] and the Middle East [5][6]. Many industrialized nations have already started to take measures to cope with the dilemma of staff shortages; for example, the official retirement age of workers has been increased to retain the skilled workforce [7][8]. As a result of these developments, not only are employees' professional careers extended, but employers have also focused on factors causing sustainable employability, such as health, motivation, family care, and satisfaction [9]. HRM interventions (policies and practices) are planned and implemented by several organizations for the development of a sustainable workforce, and empirically show the effectiveness of such interventions

for sustaining workers in the workplace [10][11][12]. There is limited data in the literature showing the nature and relative impacts of the HR practices adopted by organizations on the sustainability and employability of the workforce [13].

Therefore, this study aims to fill in this research gap by investigating the HR policies and interventions used by employers to produce a sustainable workforce and the relative impact of HR practices on sustainable employability. This study emphasizes HR practices that are not related to the traditional concept of HR practices, intending to recruit the right people at the right time for organizational productivity rather than aiming to discover the HR practices and policies that are intended to contribute to the long-term career development and employability of the people within the organization. Hence, this study holds great importance in unfolding HR practices to achieve the long-term strategic objectives of organizational productivity. A study describe [14] how health-care, family care, motivation, and career development opportunities represent the important pillars of sustainable employability, and HR practices target these characteristics to promote a sustainable workforce. The present study contributes to both research and practice by increasing knowledge and awareness of the effectiveness of HRM practices.

1.1.The present study objective

This study intends to determine the extent to which HRM practices are implemented by healthcare providers in Saudi Arabia to increase the employability, well-being, and motivation of healthcare workers. Unlike the previous studies, which focused only on older employees for HRM practices; our study involves all healthcare workers, regardless of their age. Many scholars have pointed out that HRM practices implemented by organizations might not be used as intended or remain unnoticed, thereby not causing the desired impact on the employees' health, motivation, and employability [41][42][43]. Several authors espoused the notion that HRM practices are instrumental for creating a better organizational culture, employees' well-being, and employees' retention which adds a critical value to the organizational performance through enhancement of employees' job satisfaction, however, the health-care sector in Saudi Arabia is still devoid of studies which can provide an empirical proof on the role of HRM practices on the employees' employability, elevation of morale and job satisfaction of organizational citizens (employees) [63][64]. Organizations are placing tremendous importance on the employability of their human capital through exercising the up-to-date HRM practices in order to maintain the sustained growth and productivity, nevertheless, there is no defined set of HRM practices for achieving the sustainable employability in a particular organizational setting [64]. This warrants the investigation in different settings to explore the best set of HRM practices which are effective in motivating the employees, job satisfaction and better engagement of employees with the HRM practices befitting to the nature and requirements of the work.

Therefore, our study also aims to determine the best HRM practices which can create a sustainable impact on the employability of employees in the healthcare environment in developing country like Saudi Arabia. Previous studies have indicated the failure of some HRM practices such as flexible working conditions and the design of new roles, to produce the desired outcomes on employees' engagement in the organizational environment due to a mere availability rather than the usage of such practices by employees [65][66][67]. This clearly construes to the participation in and engagement of employees with the design and implementation phases of HRM practices for increasing sustainable employability. Hence, our study also aimed to assess employees' participation in the design and implementation stages of HRM practices. We focused on employees' participation as it is reported to be positively associated with job satisfaction, employees' commitments, and work motivation. We assessed the impact of various aspects of HRM practices on improving the five key employee outcomes: perceived effectiveness of HRM practices with the improvement of sustainable employability [68], sickness-related absence [69], organizational productivity [70] in the last eighteen months; and satisfaction with the existing HRM practices [71]. These employees' outcomes are selected due to their relevance to sustainable employability, organizational survival, and competitiveness [32][40][39].

The health culture was included in our study, which represents the intrinsic value placed by employees on the HRM's health and safety policies. This variable was included as previous literature has shown an influence of the health culture on employees' burnout, sickness-related absence, and job satisfaction [39][44]. Another reason for involving health culture is that the positive perception of employees about the health culture might extract biased data from employees showing the implementation and value of

HRM practices [40]. Therefore, health-promoting culture is used as a control variable to offset the statistical overlap between HRM policies and employees' outcomes resulting from the positive image of employers in the eyes of workers. Our study, therefore, aims to evaluate the influence of the implemented HRM practices on improving organizational outcomes regardless of the status of the health culture within organizations. Of note, our study for the evaluation of implemented HRM practices was conducted from the perspective of healthcare providers (employers) in Saudi Arabia intending to refine the existing HRM policies and practices for improving employability (skills and knowledge as proxies of employability), well-being, and motivation of healthcare workers. The outcomes of our study are expected to increase sustainable employability in the healthcare sector to fulfill the Saudi Vision 2030, which aspires to uplift the performance and productivity of the Saudi healthcare system [27][45].

2. Literature Review

Previously, HR practices used to focus on preparing employees to undertake their organizational responsibilities and duties on a short-term basis. However, recently, the focus of HR practices has shifted from the short-term approach towards exploiting the human capital within organizations to the long-term strategy for training and investing in the employees' talent development [15][16]. The Brundtland Commission of the United Nations used the term "sustainability" to refer to the preservation of natural resources globally due to the increasing population of the world [17]. In recent decades, the term "sustainability" has gained momentum in the industrialized world to refer to the utilization of manpower and economic resources effectively and efficiently to meet long-term strategic business objectives. Organizations are, whether required by law or voluntarily, joining the ever-expanding group of businesses that include sustainability in their business operations to create a positive influence on the social and natural environment [15][17]. Organizations, in the last decade, have extended the term "sustainability" to the HRM practices for developing a sustainable workforce [18][19].

The sustainability of the workforce is defined as the ability of the workers to provide services to organizations in the long run. The Social and Economic Council has revealed that three key elements are essential for creating sustainable workforces: employability, health, and motivation. Employability refers to a worker's ability to perform job-related duties in current and future organizational settings. This increases the chances of workers finding a job in the market with a relevant employer. Motivation refers to the intrinsic and extrinsic forces which drive the behaviour of workers to continue their work [20][21]. On the other hand stressed is the critical role of intrinsic motivation for self-regulation and promoting the continuity of work in employees [22]. According to WHO [23], health represents "the state of complete physical, mental, and social well-being and not merely as the absence of disease or infirmity". Many studies have argued that health, along with motivation and employability, constitutes important variables affecting the participation of employees in the job market [24][25].

HR practices are used to focus on the workforce with experience and considerable time spent in organizations. Various strategies such as career development, promotions, and incentives were given to older employees to retain them in the organizations. However, such strategies are considered to be part of traditional HRM practices in the bureaucratic and hierarchical structures of organizations. Because of technological advancements and a scarcity of skilled labor, evolving and emerging HRM practices have repositioned themselves to serve the target workforce, regardless of age, gender, or experience in existing organizations. Skills and training are valued for all workers, thereby integrating the concept of sustainable employability into the HRM strategic framework [13] [11]. The relevance of sustainable employability in the context of the current framework of HRM practices is also promoted by the increasing emphasis on corporate social responsibility. Different studies in the Middle East [26][27], and Europe [28][29][30] have reported that the well-being, happiness, motivation, and competence of employees, regardless of age and gender, are predictors of the intention to stay in organizations [31][32].

A study revealed that employability can be positively affected by three key HRM practices: employees' training, mobility, and career development. A study found that HRM practices supporting employability are related to improving the work motivation of employees in the workplace [33]. Career development, mobility, managerial positions, and promotional opportunities are also positively associated with the work motivation of employees in the educational environment [34]. As far as employees' health and well-being are concerned, career development opportunities, training, job security, information sharing, sickness-related absence, and decentralized job design were shown to be strongly linked to the employees' health and well-being [35][36][37].

The major body of literature in HRM management is focused on the examination of the influence of HRM practices on improving organizational performance. Many studies have shown empirically that performance is linked to employees' ability to be engaged with the organizational business vision [19][12]. This creates the necessity of sustaining skilled workers for the long run, to meet the desired objectives. Nevertheless, the current literature does not sufficiently address the role of HRM policies in sustainable employability [38][39]. To date, only a limited number of studies have addressed the relationship between sustainable employability and HRM policies. For example, A study showed the relevance of HRM practices to sustainable employability. However, the study was conducted in the Netherlands, and the results could not be generalized to organizations working in different socio-cultural contexts. HRM practices and frameworks were designed to meet the needs of the social-cultural environment in which the operations of organizations are conducted. He also highlighted the need to investigate sustainable employability concerning HRM practices in organizations working in different social environments. To the best knowledge of the authors of this study, there is a scarcity of studies examining the impact of HRM practices in the healthcare environment on the sustainability of the workforce [40]. Many scholars have suggested the need for research to examine the relationship between HR practices and sustainable employability [29][30] which highlights the gap for researchers to determine the level of support provided by HR practices to sustain the employability of workers.

3. Materials and Methods

3.1. Research design

We have adopted the descriptive analytical research design, which is consistent with the objective of this study to examine the impact of the HRM practices on sustainable employability. Descriptive research design is useful in situations in which researchers aim to describe the population' characteristics, to measure and compare the associations between different variables within the sample, and to analyse the impacts of independent variables on the dependent variables [72]. The 'descriptive' component of our research design helped us to determine the relationship between the characteristics of sample (e.g., job satisfaction, absenteeism) and job-related characteristics (e.g., HRM practices; productivity), while the 'analytical' component assisted us in determining the impacts of HRM practices on the sustainable employability. Therefore, the descriptive analytical research design fits into the addressing the research problem under investigation.

Data was collected using the questionnaire from the managers in HCPs in Saudi Arabia. Questionnaire was developed based on insights from the previous literature in line with aim and objectives of this study. The Descriptive statistics was applied to the collected data in order to examine the impact of independent variable such as HMR practices on the dependent variables such as utility, job satisfaction, absenteeism as indicated in the objectives of the study.

3.1. Data sources

We have followed the three-point criteria to be fulfilled for selection of the HCPs as participants in this study. The first criterion was that the HRM practices must be clearly defined by HCPs either on their websites or their administrative manuals. The second criterion was that HCPs must be owned by Saudi nationals, or run directly by Saudi government. This is to ensure the consistency of HRM practices in accordance with organizational culture. This excludes the impact of foreign culture on HRM practices I the case of international HCPs. The third criterion was that the management of HCPs must have at least 5-year past experience in the field of HRM practices.

Based on these criteria, the 542 public and private healthcare providers (HCPs) in Saudi Arabia were extracted from the database managed by the Ministry of Health. The authorities of the HCPs were contacted via email for participation in this study. The questionnaire was attached as an electronic copy to the email sent to potential participants. Within three months, 290 HCPs responded to the questionnaire; however, 14 questionnaires were not filled out as some key sections were left blank. Therefore, 276 organizations that returned the questionnaire completed in all aspects constituted the sample for our study. Based on the size, the sample was stratified into healthcare providers (HCPs) of small size (1–25 employees), HCPs of medium size (26–50 employees), and HCPs of large size (51–90

employees). The questionnaire was filled in by HR managers (30%) and the director/owner of the organization (70%). As far as the managerial positions of the respondents were concerned, 20% were health and safety consultants; 15% had the executive secretary position, 55% held management positions such as directors and departmental managers, and 10% had administrative level positions in the administration sections of the hospitals.

3.2. Survey

The survey contained 52 questions covering themes of the perceived effectiveness of HRM practices; perceived satisfaction with HRM practices; employees' turnover, sickness-related absence, employees' participation level in the development and implementation of HRM practices, and work productivity. The details of the construct used in our study are described as follows:

3.3. Availability and use of HRM practices

This construct was measured by 20 questions involving HRM practices relating to the motivation, skills, knowledge, and well-being of healthcare workers. The questions relating to availability and use were developed from three questionnaires validated by [46][47][48]. Examples of HRM practices covered are: "recreational facilities; health facilities including health awareness programs; design of the work to the needs of the employees from a convenience perspective, adjustment of the work to the family or social life of the worker," and "team-building; training to execute the tasks effectively." Factor analysis was performed to determine the loading of factors on each other. The factor loadings were found to be in the range of 0.29–0.62, which indicated the accurate measurement of available and used HRM practices in the organizations. The reliability of the 20 dichotomous items in the construct was found to be 0.85, which indicated a good level of reliability, as reliability greater than 0.72 is considered to be good [49].

All 20 questions related to the availability and use of HRM practices were designed in a multiple-choice format, which measured responses on a five-item scale: 1) almost none (0-10% of employees); 2) less than half (11-40%); 3) roughly half (41-60%); 4) more than half (61-90%); 5) nearly all (91-100%). Apart from those 20 questions, participants were asked some questions about the suggestions to improve existing HRM practices.

3.4. Level of employees' participation

The level of employees' participation was measured by the five statements, which were derived from the five-item scale developed by Heller [50]. The responses to each statement were measured using the five-point Likert Scale with the following options: 1) strongly agree; 2) agree; 3) neutral; 4) disagree; 5) strongly disagree. The five statements presented to participants in this construct included: "health workers receive sufficient information regarding the HRM practices aiming to improve sustainable employability," "health workers are allowed to participate in the development and implementation stages of HRM practices," "views of health workers are considered while planning and developing the HRM practices," "health workers hold the power to decide the contents of HRM practices," and "health workers can suggest potential HRM practices for improving employability." The internal constancy of the construct was determined by Cronbach's Alpha, which was 0.83. This indicates that the reliability of the construct was reasonably high.

3.5. Perceived utility of HRM practices

The perceived utility of the HRM practices was measured by a three-item instrument validated by the ESENER Management Questionnaire [51], which included the following three items: 'Do you think that HRM practices are useful in terms of a) improving the health of your workers, b) employees' skills and knowledge (employability), and c) work motivation of your health workers. The Likert scale with five options (strongly agree, agree, neutral, disagree, strongly disagree) was used to measure responses from participants. The value of Cronbach's alpha was 0.87.

3.6. Satisfaction with employability

The satisfaction with employment caused by current HRM practices was measured by the four-item instrument developed by [52], which involved questions related to 1) skills and knowledge of employees; 2) willingness to develop further skills; 3) flexible working conditions, and 4) commitment. The responses were measured against options ranging from strongly disagree to strongly agreed on the Likert Scale. The value of Cronbach's alpha was 0.78.

3.7. Organizational performance

Organizational performance was measured using the five-item instrument validated by Oeij [52] for service-oriented organizations, which focused on gathering information about organizational performance driven by the quality of work executed by workers in the last 18 months, the financial gains of organizations from the employees' work in the last 18 months, and customers' satisfaction with the employees' work. The answers were collected against the options ranging from strongly disagree to strongly agree on the Likert Scale. The value of Cronbach's alpha was 0.88.

3.8. Sickness-related absence

The sickness-related absence was measured using a single question from the Work Survey conducted by Oeij [52]. The participants were asked to provide an estimated or exact percentage of sickness-related absences in the organization in 2017.

3.9. Organizational size

As previous studies have shown, larger organizations tend to develop and implement more HRM practices to enhance organizational performance [40][53]. Therefore, the size of the HCPs was included in our study to assess the development and execution of HRM practices.

3.10. Statistical analyses

SPSS (version 25) was used to apply descriptive statistics and correlations to the data. Moreover, we used multiple regression and analysis of variance to show whether the independent variables of interest could explain the amount of significance in the dependent variable.

4. Results

The data showed that 32% of the HCPs participating in our study were small, and 38% of the HCPs were medium-sized, with employees in the range of 26–50. 30% of the HCPs were large. These data showed that participating HCPs were evenly distributed across the sample: HCPs of small size (1-25 employees), HCPs of medium size (26–50 employees), and HCPs of large size (51-90 employees). The HCPs revealed that they have developed and implemented 12 of the 20 HRM practices. The proportions of the HRM practices implemented were in the range of 21% for the promotion of healthy eating habits and 92% for the development of Islamic work ethics. 39% of HCPs indicated that more than 90% of their workers made use of the implemented HRM practices, while 52% of HCPs reported that less than half of their workers used the implemented HRM practices. 9% of HCPs showed that workers using HRM practices were less than 10%. The most commonly used HRM practice was Islamic work ethics, followed by the training of workers. Islamic work ethics and training were taken up by 92% and more than 83% of healthcare workers at HCPs in Saudi Arabia, respectively. The percentages of all implemented and used HRM practices can be found in Appendix 1. The correlations between variables and descriptive statistics are shown in Table 1. The HCPs participating in this study were found to have a health-promoting culture. The association between workers' involvement and implementing HRM practices was moderate. Similarly, the utility of HRM practices in enhancing employee satisfaction with employability, organizational performance over the last 18 months, and reducing sickness-related absence, was revealed by our study.

Table1: Descriptive statistics, correlations, reliabilities.

Factors	HPC	IHMP	WI	PU	SE	OP	SA	UHP
Health-promoting culture (HPC)	1.00							
Implemented HRM practices (IHMP)	0.29***	0.89						
Workers' involvement (WI)	0.23**	0.13*	1.00					
Perceived utility (PU)	0.59***	0.31***	0.45***	0.47***	1.00			
Satisfaction with employability (SE)	0.39***	0.11*	0.41***	0.31***	0.58***	1.00		
Organizational performance (OP)	0.12	0.19***	0.21**	0.15**	0.29***	0.23***	1.00	
Sickness-related absence (SA)	-0.03	-0.07	-0.12	0.05	-0.03	-0.07	-0.11	
Use of HRM practices (UHP)	0.21**	0.15*	0.19**	0.12**	0.23***	0.11*	0.17**	1.00
Mean	5.36	13.23	2.56	3.76	5.02	4.04	3.56	4.98
SD	0.68	3.66	1.02	0.99	0.86	0.65	0.65	8.34
Cronbach's alpha	0.88	0.81	-	0.88	0.81	-0.84	0.74	-

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

The results relating to the difference between the size of HCPs and the extent to which the health-promoting culture, the number of HRM practices implemented by HCPs, the use of the HRM practices by healthcare workers, and employees' involvement in designing and implementing HRM practices, are presented in Table 2. The data in Table 2 show that small-sized HCPs were more active in promoting the health culture ($M = 5.15$) compared to medium-sized ($M = 3.85$) and large-sized HCPs ($M = 4.15$); $F(2, 276) = 5.56$, $p < 0.01$. Organizations' practices 10.23), $F(2, 276) = 19.23$, $p < 0.01$. As far as the use of HRM practices was concerned, the majority of healthcare workers in small-sized HCPs used the available HRM practices ($M=4.56$) compared to medium-sized ($M = 2.49$) and large-sized HCPs ($M = 2.38$); $F(2,276)= 23.26$; $p < 0.01$. The involvement of healthcare workers in the decision-making process was found to be higher ($M = 5.89$) in small-sized HCPs than in medium-sized ($M = 3.67$) and large-sized HCPs ($M = 2.98$); $F(2, 276) = 15.56$; $p < 0.001$.

Table 2: Health-promoting culture and HRM practices by size of the healthcare providers

Size of HCPs	Health-promoting culture	Implemented HRM policies	Use of HRM practices by HCWs	HCWs' involvement
Small (1-9 employees)	5.15 (0.69)	10.23	4.56	5.89
Medium (10-99 employees)	3.85 (0.73)	11.34	2.49	3.67
Large (100 or more employees)	4.15 (0.69)	13.16	2.38	2.98
$F(2, 279) =$	5.56**	19.23***	23.26***	15.56***
Total	4.23 (0.71)	13.56 (4.49)	2.86 (0.99)	4.38 (0.81)

Note: Means with standard deviations in brackets.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

The findings showed the impact of the size of the HCPs on the various worker outcomes, including the perceived utility of HRM practices, the satisfaction of healthcare workers with employability, the change in organizational performance, and sickness-related absence (Table 3). The data in Table 3 showed that small-sized organizations put higher emphasis on the satisfaction of workers with employability ($M = 7.87$), $F(2, 276) = 13.56$, $p < 0.001$, and the perceived utility of HRM practices ($M = 4.87$), $F(2, 276) = 10.56$, $p < 0.001$) than large-sized organizations ($M= 4.78$; and $M=3.85$, respectively). The size of the HCPs could not significantly influence changes in organizational performance in the last 18 months or sickness-related absenteeism. small-sized HCPs were more active in promoting the health culture ($M = 5.15$)

compared to medium-sized ($M = 3.85$) and large-sized HCPs. This is because of the fact small-sized HCPs are more concerned about the employees' satisfaction and retention, and customers' satisfaction for increasing their profile in the views of their people and customers. Heilmann et al [73] found that small sized companies implemented more HRM practices compared to medium companies to gain more productivity in the business operations, increasing satisfaction of customers, which is in line with outcomes reported by our study.

Table 3: Health-promoting culture and HRM practices by size of the healthcare providers

Size of HCPs	Perceived utility of HRM practices	Satisfaction with employability	Organizational performance	HCWs' sickness-related absenteeism
Small (1-9 employees)	4.87 (0.71)	7.87 (0.75)	5.27 (0.59)	4.33 (2.56)
Medium (10-99 employees)	3.91 (0.63)	5.36 (0.58)	5.12 (0.61)	4.33 (3.26)
Large (100 or more employees)	3.78 (0.57)	4.67 (0.52)	4.76 (0.65)	4.29 (2.59)
F (2, 279) =	10.56***	13.56***	1.23	3.67
Total	4.23 (0.71)	13.56 (4.49)	2.86 (0.99)	4.38 (0.81)

The impact of the HRM practices on the workers' outcomes, including perceived utility, satisfaction with healthcare workers' employability, the shift in organizational performance in the last 18 months, and sickness-related absenteeism, was measured using the hierarchical multiple regression analysis. Step 1 and Step 2 of the analysis measured the relationship of the foregoing variables with organizational size and the health-promoting culture. Step3 measured the relationship of the aforementioned variables with the number of HRM practices implemented by HCPs, the use of available HRM practices by healthcare workers, and the employees' involvement in the decision-making process for the design and implementation of HRM practices. The data obtained from steps 2 and 3 are presented in Table 4.

Table 4: Health-promoting culture and HRM practices by size of the healthcare providers

	Perceived utility of HRM practices	Satisfaction with employability	Organizational performance	HCWs' sickness-related absenteeism
Step 1: Health-promoting culture	0.46***	0.27***	0.46***	0.25*
Total R2	0.32	0.21	0.34	0.19
F (6, 276)	15.38***	12.32***	10.12**	7.99*
Step 3 Implemented HRM policies	0.26***	0.29***	0.18**	0.01
Use of HRM policies	0.26**	0.16***	0.32**	- 0.36**
Involvement of HCWs	0.19**	0.36***	0.41***	0.03
Total R2	0.38	0.27	0.29	0.03
F (6, 276)	15.67***	14.23***	11.11***	3.71***

Note: Total R2 involves the effect of HCPs' size in step1. Means with standard deviations in brackets.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

The results of the step 2 regression analysis revealed that HRM practices carried out by HCPs with a strong health-promoting culture were perceived to be more useful than HRM practices carried out by HCPs with a weak health-promoting culture ($\beta=0.46$, $p < 0.001$). Step 3's regression analysis revealed that perceived utility of HRM practices was higher among HCPs who used more HRM practices ($\beta = 0.26$, $p < 0.001$). Similarly, the perceived utility of available HRM practices also led to the increased use of HRM practices ($\beta = 0.26$, $p < 0.01$), and enhanced employees' involvement at the design and execution of these practices ($\beta = 0.19$, $p < 0.01$). The perceived utility of HRM practices was also reported to be effective in increasing healthcare workers' involvement in implementing these practices ($\beta = 0.17$, $p < 0.01$). There is a 39% variance in the perceived utility of HRM practices for sustaining the employability of healthcare workers in Saudi Arabia. Many other studies, in line with our study, highlighted the perception of staff about utility of HRM practices in enhancing the greater level of staff engagement

with HRM practices within the organizational contexts [74][75]. Ultimately organizations are rewarded in the form of higher productivity and performance as a result of higher level of staff's involvement and engagement with HRM practices [76].

The regression analysis in step2 showed that the satisfaction level with the health-promoting culture at HCPs participating in our study was a strong indicator of the satisfaction level with the worker's employability ($\beta = 0.27$, $p < 0.001$). Similarly, in step3, the satisfaction with workers' employability was improved when the participating HCPs reported a higher number of HRM practices ($\beta = 0.29$, $p < 0.001$), the increased frequency of the usage of HRM practices ($\beta = 0.16$, $p < 0.01$), and a higher number of employees involved in designing and implementing HRM practices ($\beta = 0.36$, $p < 0.001$). The size of the HCPs was an important factor explaining the considerable proportion of variance (32%) with regard to employability satisfaction. The higher satisfaction of employees was due to the positive perception of staff about the organizational behavior towards their well-being, which subsequently increases then higher level of staff-engagement with the HRM practices [76]. Several other studies have showed the strong relationship between the health-promoting-culture within organizations and employees' satisfaction [77][78], which was consistent with outcomes of this study.

Step 2 regression analysis revealed a strong relationship between the shift in organizational performance over the last 18 months and the health-promoting culture ($\beta=0.46$, $p < 0.001$). The increased number of HRM practices implemented by HCPs ($\beta = 0.18$, $p < 0.01$), greater use of such practices by healthcare workers ($\beta = 0.32$, $p < 0.01$), and a higher level of healthcare workers' involvement in implementing HRM practices ($\beta = 0.41$, $p < 0.001$) contributed to a significant rise in organizational performance in the last 18 months. Organizational size explains a 16% variance in organizational productivity. Similar outcomes were reported by other studies in healthcare sector. For example, Jose et al [74] reported the employment engagement with HRM practices resulted in the higher organizational performance. Shantz et al [75] showed the employee participation in HRM practices in increasing the organizational productivity and performance.

The regression analysis performed in step 2 revealed that there was no strong relationship between health-promoting culture and sickness-related absenteeism ($\beta = 0.25$, $p < 0.05$). Sickness-related absenteeism was found to be higher in organizations where healthcare workers used available HRM practices to a lesser extent ($\beta = -0.36$, $p < 0.001$), indicating that the use of available HRM practices is critical in reducing sickness-related absenteeism among healthcare workers. The organizational size explained the 21% variance in sickness-related absenteeism among healthcare workers at HCPs in Saudi Arabia. Hence, it is fundamentally important for Saudi HCPs to increase the level of use of HRM practices on behalf of staff, so that sickness-related absences can be reduced, which is only possible through engaging them with the existing or newly added practices in the organizational culture [77].

In line with findings of this study, Ogbonnaya et al [79] reported the impact of HRM practices on the employee outcomes and organizational performance in the public health-care sector, and showed that the use of the HRM practices-related to the well-being resulted in the reduction of staff absenteeism, which in return helped the organizations to achieve their goals of organizational performance and productivity. Some other studies showed the reduction in long terms and short-term absenteeism by employees as a result of the use of HRM practices oriented towards staff well-being [81][81]. These data corroborate with the findings of this study.

5. Discussion

The results of this study revealed that HCPs devised and implemented a variety of HRM practices to improve the employability of healthcare workers in Saudi Arabia. The HCPs regarded existing HRM practices as effective in enhancing sustainable employability, which they have implemented at the organizational level. In addition, employees participated in the design of the HRM practices, and showed motivation to use them. The empirical evidence showing a broad range of HRM practices bears witness to the utility and effectiveness of these practices in increasing organizational performance. The participation of employees in using HRM practices was also reported, which indicated a greater level of satisfaction among healthcare workers at the examined HCPs. The outcomes of this study demonstrated the role of implemented HRM practices in improving the sustainable employability, motivation, and welfare of the employees from the employers' perspective. These data corroborated the outcomes reported by previous studies reporting the role of HRM practices in increasing employees' motivation and welfare [43]. Some studies showed that employees' satisfaction with the development of HRM

practices can increase the frequency of the more refined and customized HRM practices within organizations, which is in line with the results of this study. In line with the participation of healthcare workers in implementing and using the HRM practices as shown in this study, many scholars have shown that employees would only participate in the implementation of HRM practices if they are designed to satisfy the needs and expectations of employees.

The main contribution of this study lies in reporting the utility of two important HRM practices, including the usage of practices by healthcare workers and participation in implementing the practices. The level of participation of employees in the planning, design, and implementation is a predictor of the utility and efficacy of the HRM practices, which is consistent with the results of this study [54][41]. Several earlier studies have indicated the importance of the use of HRM practices as a measure of employability, which is confirmed by this study [42][43].

Our study found that all worker-related outcomes, such as increased stratification with HRM practices, higher involvement in the implementation of the practices, motivation, higher welfare as indicated by decreased absence, and productivity, were related to the usage of the practices. Furthermore, we showed a fairly strong relationship between the employability of healthcare workers and their level of involvement in designing and implementing HRM policies. The participation of employees at the design stage of HRM policies was found to be a predictor of the satisfaction of healthcare workers with their employability. These results were confirmed by previous research reporting on the association between job satisfaction and employees' participation [55].

Our study contained a heterogeneous sample comprising HCPs from both the public and private healthcare sectors in Saudi Arabia, which increased the generalizability of the outcomes to both public and private sector-based HCPs. We observed that large-sized HCPs were more proactive in designing and implementing HRM practices than medium-sized and small-sized HCPs. This might be due to increased capability in terms of management and experience in handling large manpower and greater financial standing compared to the small-sized HCPs to support the development and implementation of HRM practices. Many other studies vindicated our results by showing organizational size is an important predictor of the design and implementation of HRM practices designed and implemented by public sector organizations compared to private sector firms [56][57][58].

Nevertheless, our results showed that small-sized HCPs showed a stronger health-promoting culture, higher levels of employee participation, and greater use of implemented HRM practices compared to large-sized HCPs. As far as implementation of HRM practices was concerned, small HCPs were found to show an increased utility of HRM practices in promoting sustainable employability and more satisfaction with existing employability compared to large-sized HCPs. Intriguingly, small-sized HCPs seem to be more successful in designing and implementing useful and effective HRM practices, despite the availability of limited manpower and financial resources. This can be explained by the probability of direct contact between the management of smaller organizations with their employees, which helps them to determine and incorporate employees' needs into the HRM practices, rather than exhausting their resources in designing unnecessary HRM policies. The HRM policy approach, which is customized and tailored to the employees' expectations, appears to be more useful in enhancing sustainable employability than the sub-optimized approach of developing a broad range of HRM policies as adopted by large-sized HCPs [59][60]. In addition, public HCPs stimulated more participation and satisfaction with employability by triggering a higher level of motivation to use HRM policies.

These results are comparable to data reported by earlier studies showing that organizational variables affect the implementation and use of HRM policies. For example, De Vries found that larger public organizations showed greater satisfaction with the employability of workers compared to small and private organizations [61]. Another study carried out by Fleischman [53] showed that the satisfaction of older employees with employability was higher in the public sector, and larger organizations compared to small organizations. They further showed the number of HRM practices by larger organizations for increasing employability practices was higher than in private organizations, and the average stay of workers within organizations was positively correlated to the employability practices implemented by the organizational management.

Despite several strengths of this research, including the contribution to the analysis of sustainable employability for both public and private sector HCPs from the employer's perspective in Saudi Arabia, there are some limitations to this study. The first limitation is related to the dataset originating from only employers' satisfaction with workers' employability and other employees' outcomes. Against this backdrop, the correlations determined in our research might have been inflated by the analytical tool

called the common variance method [62]. Future studies can offset this limitation by collecting data from both HRM files and the perceptions of employers. There is a possibility that employers would have expressed more positive views about their investment in HRM practices, which can be ruled out by involving employees along with employers to obtain a true picture of the role of implemented and used HRM practices in introducing sustainable employability practices within HCPs. Therefore, future studies can include both employers and employees to obtain balanced views about the relationship between the implemented HRM practices and sustainable employability.

The practical implications of the data presented in this study involve the implementation of a variety of HRM practices or a few customized HRM policies, as per employees' needs for increasing healthcare workers' motivation, welfare, and employability. We suggest the latter approach might have a more beneficial impact on sustainable employability than the former. However, it must be kept in mind that larger HCPs contain a heterogeneous population of healthcare workers with diverging needs, which can only be satisfied through adopting the approach of designing and implementing a broad range of HRM policies. The findings also emphasize the importance of increasing employees' participation in the design and implementation stages of HRM policies, so that the expectations and needs of workers can be introduced into the practices. In addition, the involvement of employees in design and participation is more likely to increase their awareness of the advantages and availability of the HRM policies and increase acceptance and adoption of the practices among healthcare workers.

6. Conclusions

To conclude, the investment of HCPs in sustainable employability practices can be highly lucrative for organizational performance. Employees' productivity improves by lowering sickness-related absences. The implementation of HRM practices can support a health-promoting culture, and employees' motivation and employability (skills and knowledge). To achieve these organizational outcomes, it is paramount for employers to encourage employees to make use of HRM practices and to participate in the design and implementation of the practices. Based on the results of our study, we highly recommend the inclusion of both young and older healthcare workers in sustainable employability programs, rather than putting a focus on only the older workforce. Young people are prone to quitting organizations due to issues with their skills, knowledge, and health-promoting culture. The health-promoting culture is highly important for healthcare workers due to increasing incidences of hospital-acquired infections among healthcare workers, which must be part of future HRM policies aiming to improve sustainable employability practices.

Declaration of Interest Statement

There is no potential conflict of interest among the authors.

Acknowledgments

The author would like to acknowledge the cooperation and assistance from the Ministry of Health for data collection from the organizations participating in this study.

Appendix 1: Percentage of healthcare providers implementing HRM policies and their use by healthcare workers.

Implemented HRM policies		Use of HRM practices by healthcare workers				
		Almost none (1-10%)	Less than half (11-40%)	Approximately half (41-60%)	More than half (61-90%)	Almost all (91- 100%)
Promotion of Islamic work ethics	92%	-	-	-	-	-
Training opportunities	83%	27%	30%	15%	9%	19%
Infection control measures among HCPs	79%	25%	32%	22%	28%	24%

Internship opportunities	75%	-	-	-	-	-
Provision of healthy working environment	75%	-	-	-	-	-
Balance of work and family	73%	32%	17%	29%	23%	15%
Smoking reduction measures	70%	-	-	-	-	-
Consultation with managers for career development	68%	5%	14%	17%	25%	51%
Rewards for older employees	61%	32%	25%	23%	11%	15%
Rewards for first-year employees in their first year of work	58%	-	-	-	-	-
Support for overweight workers	54%	1%	11%	25%	4%	35%
Job rotation	49%	21%	45%	15%	12%	7%
Task allocation-based employees' interests	45%	27%	41%	2%	17%	25%
Team-building for customer satisfaction	44%	24%	33%	10%	14%	10%
Performance-based rewards	41%	35%	39%	21%	9%	12%
Discouragement of exclusion	39%	15%	27%	21%	17%	22%
Information-sharing between employees and management	27%	61%	35%	3%	9%	13%
Promotion of healthy eating habits	21%	41%	25%	5%	18%	11%

REFERENCES

- [1] M. Toossi. Labor force projections to 2020, "A more slowly growing workforce," Monthly labor review / U.S. Department of Labor, Bureau of Labor Statistics, pp: 135, 2020.
- [2] A. Alex, Kwasi Dartey-Baah, and K. Amponsah-Tawiah, "A review of empirical research on global talent management." *FIIB Business Review* 8 (2), 147-160, 2019.
- [3] C. Bret, and C. J. Hartwell, "Global talent management: A life cycle view of the interaction between human and social capital." *Journal of World Business* 54 (2), 82-92, 2019.
- [4] D. Jürgen, *Global leadership talent management: Successful selection of global leadership talents as an integrated process*. Emerald Group Publishing, 2017.
- [5] B. Pawan, and K. Mellahi, "HRM in the Middle East." In *Handbook of Research on Comparative Human Resource Management*. Edward Elgar Publishing, 2018.
- [6] B. Pawan, V. K. Mellahi, and Sanjay Kumar Singh, "The state of HRM in the Middle East: Challenges and future research agenda", *Asia Pacific Journal of Management*, 36 (4), 905-933, 2019.
- [7] N. T. Van Dam, M. K. van Vugt, Vago, L. Schmalzl, C. D. Saron, A. Olendzki, , T. Meissner, , S. Lazar, W. Kerr, C. E., Gorchov, J. Fox, K. B. A. Field, W. B. Britton, J. A., Brefczynski-Lewis, D. E. Meyer. Mind the Hype, A Critical Evaluation and Prescriptive Agenda for Research on Mindfulness and Meditation. Perspectives on psychological science", *Journal of the Association for Psychological Science*, 13(1), 36-61, 2018.
- [8] D. Truxillo, D. Cadiz, L. Hammer. "Supporting the Aging Workforce: A Research Review and Recommendations for Workplace Intervention Research," *Annual Review of Organizational Psychology and Organizational Behavior*, 2015.
- [9] E. Valerie, G. Maclean, R. Raeside, and T. Chen. "Age management in the workplace: manager and older worker accounts of policy and practice", *Ageing & Society*, vol. 40, no. 4, 784-804, 2020.
- [10] E. Knies, P.L.M Leisink, R. Schoot. "People management: developing and testing a measurement scale," *The International Journal of Human Resource Management*, vol. 31, pp. 1-33, 2017.

- [11] A. Shantz, K. Alfes, L. Arevshatian, "HRM in healthcare: the role of work engagement," *Personnel Review*, vol. 45, no. (2), pp. 274-295, 2016.
- [12] J. S. Dill, J. C. Morgan. "Employability among low-skill workers: Organizational expectations and practices in the US health care sector," *Human Relations*, vol. 71, no. 7, pp. 1001-1022, 2018.
- [13] D. E. Guest, "Human resource management and employee well-being: Towards a new analytic framework", *Human Resource Management Journal*, vol. 27, no. 1, pp. 22-38, 2017
- [14] J. H. Semeijn, K. V. Karen, V. V. Tinka, H. Van, "Sustainable labour participation for sustainable careers," 2015.
- [15] U. M. Mamin. "Integrating environmental sustainability into human resources management: A comprehensive review on green human resources management (Green HRM) Practices", *Economics and management*, vol. 6, no. 1, pp. 14-19, 2017.
- [16] M. Merlina, K. Robèrt, and G. Broman. "A strategic approach to social sustainability—Part 1: exploring the social system", *Journal of cleaner production*, vol. 140, pp. 32-41, 2017.
- [17] WCED, "Our Common Future," World Commission on Environment and Development Oxford University Press, Oxford, 1987.
- [18] D. S. Federica, S. Bagdadli, and A. Camuffo, "The HR role in corporate social responsibility and sustainability: A boundary-shifting literature review" *Human Resource Management*, vol. 57, no. 2, pp. 549-566, 2018.
- [19] G. R. Charles. *Strategic human resource management*. Pearson Custom Publishing, 2021.
- [20] R. Inge, R. Scoupe, and S. Beusaert, "Unraveling the concept of employability, bringing together research on employability in higher education and the workplace", *Studies in Higher Education*, vol. 45, no. 12, pp. 2588-2603, 2020.
- [21] S. Fátima, "Revisiting the concept of employability through economic theories: Contributions, limitations and policy implications", *Higher Education Quarterly*, vol. 75, no. 4, pp. 548-561, 2021.
- [22] R. Richard, D. Edward, "Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being," *The American psychologist*, vol. 55, pp. 68-78, 2000. 10.1037/0003-066X.55.1.68.
- [23] WHO, *Constitution*. World Health Organization, Geneva, 1948.
- [24] J.J.V. Klink, U. Bültmann, A. Burdorf, W.B. Schaufeli, F.R. Zijlstra, F.I. Abma, S. Brouwer, G.J.V. Wilt, "Sustainable employability—definition, conceptualization, and implications: A perspective based on the capability approach," *Scand J Work Environ Health*; vol. 42, no. 1, pp. 71-9, 2016.
- [25] M. Suzanne L., Lars-Kristian Lunde, Markus Koch, Morten Wærsted, Stein Knardahl, and Kaj Bo Veiersted, "Physical capacity, occupational physical demands, and relative physical strain of older employees in construction and healthcare", *International archives of occupational and environmental health*, vol. 92, no. 3, pp. 295-307, 2019.
- [26] H. Alshuwaikhat, I. Mohammed. "Sustainability matters in national development visions—Evidence from Saudi Arabia's Vision for 2030," *Sustainability*, 9(3), 408, 2017.
- [27] Y.A. Alomi, "New pharmacy model for vision 2030 in Saudi Arabia," *JPPCM*, vol. 3, pp. 194-6, 2017.
- [28] W. Widodo, and C. Chandrawaty. "Assessing the effect of grit and employability on organizational commitment mediating by job involvement", *Management Science Letters*, vol. 10, no. 11, pp. 2403-2410, 2020.
- [29] S. Elizabeth, Émilie Lapointe, and Anders Dysvik, "You care about me, but can I count on you? Applying a psychological contract perspective to investigate what makes employees willing to be internally employable", *The International Journal of Human Resource Management*, vol. 31, no. 9, pp. 1157-1179, 2020.
- [30] B. Buchelt., "Contextual conditions as factors depreciating the meaning of the employability concept among physicians," *Zarządzanie Zasobami Ludzkimi*, vol. 6, no. 107, pp. 83-95. 2015.
- [31] I. H. Huis, J. G., Veld, R. Verkaik, P. Mistiaen, B. V. Meijel, A.L. Francke, "The effectiveness of interventions in supporting self-management of informal caregivers of people with dementia; a systematic meta review," *BMC Geriatr*, vol. 11, no. 15, pp. 147, .2015.
- [32] M. Veld, J.H. Semeijn, T.V. Vuuren, "Career control, career dialogue and managerial position: How do these matter for perceived employability?" *Career Development International*, vol. 21, no. 7, pp. 697-712, 2016.
- [33] O. Kamp, Emma M., Maria Tims, Arnold B. Bakker, and Evangelia Demerouti, "Proactive vitality management in the work context: Development and validation of a new instrument", *European Journal of Work and Organizational*

Psychology, vol. 27, no. 4, pp. 493-505, 2018.

- [34] A. Hanzla, Shahid Nawaz, and M. Imran Rasheed. "Self-efficacy, self-esteem, and career success: the role of perceived employability." *Journal of Management Sciences*, vol. 6, no. 2, pp. 18-32, 2019.
- [35] K. Chung-Wha, Sze Man Chong, and Jung E. Ha-Brookshire, "How fashion can achieve sustainable development through a circular economy and stakeholder engagement: A systematic literature review.", *Corporate Social Responsibility and Environmental Management*, vol. 27, no. 6, pp. 2401-2424, 2020.
- [36] H. Sven, Jörg Felfe, and Katharina Klug, "High-performance work practices, employee well-being, and supportive leadership: spillover mechanisms and boundary conditions between HRM and leadership behavior." *The International Journal of Human Resource Management*, vol. 33, no. 10, pp. 2109-2137, 2022.
- [37] Ho, Hoang, and Bård Kuvaas, "Human resource management systems, employee well-being, and firm performance from the mutual gains and critical perspectives: The well-being paradox." *Human Resource Management*, vol. 59 no. 3, pp. 235-253, 2020.
- [38] R. Carbery, C. Cross, (Eds.), "*Human resource development: A concise introduction*". Palgrave, 2015.
- [39] M.K. Al-Hanawi, S.A. Khan, H.M. Al-Borie, "Healthcare human resource development in Saudi Arabia: emerging challenges and opportunities—a critical review," *Public Health Reviews*, vol. 40, no. 1, pp. 1, 2019
- [40] J.F. Ybema, T. V. Vuuren, K.V. Dam, "HR practices for enhancing sustainable employability: implementation, use, and outcomes," *The International Journal of Human Resource Management*, pp. 1-22, 2017.
- [41] J. Paauwe, "HRM and Performance: Achievements, Methodological Issues and Prospects," *Journal of Management Studies*, vol. 46, no. 1, pp. 129-142, 2017.
- [42] K.N. Veth, B.J.M. Emans, B.I.J.M.V.D Heijden, H.P.L.M. Korzilius, A. H. De Lange, "Development (f)or Maintenance? An Empirical Study on the Use of and Need for HR Practices to Retain Older Workers in Health Care Organizations", *Human Resource Development Quarterly*, vol. 26, pp. 53-80, 2015.
- [43] El-Sholkamy, Mona, and Tara Fischbach, "The Knowledge and Human Development Authority: Innovation in Human Resource Management and People's Happiness.", In *Future Governments*. Emerald Publishing Limited, 2019.
- [44] R. Sajjad, M.O. Qureshi, "An assessment of the healthcare services in the Kingdom of Saudi Arabia: an analysis of the old, current, and future systems", *International Journal of Healthcare Management*, pp. 1-9. 2018.
- [45] M.F. Alharbi, "An analysis of the Saudi healthcare system's readiness to change in the context of the Saudi National Healthcare Plan in Vision 2030," *International journal of health sciences*, vol. 12, no. 3, 83, 2018.
- [46] Alshammari, Abdulrahman Abdullah, "The impact of human resource management practices, organizational learning, organizational culture and knowledge management capabilities on organizational performance in Saudi organizations: a conceptual framework.", *Revista Argentina de Clínica Psicológica*, vol. 29, no. 4, pp. 714, 2020.
- [47] Motalebi G, Masoud, Nastaran Keshavarz Mohammadi, Karl Kuhn, Ali Ramezankhani, and Mansour R. Azari. "How far are we from full implementation of health promoting workplace concepts? A review of implementation tools and frameworks in workplace interventions", *Health promotion international*, vol. 33, no. 3, pp. 488-504, 2018.
- [48] Y, Jan Fekke, Tinka van Vuuren, and Karen van Dam, "HR practices for enhancing sustainable employability: implementation, use, and outcomes", *The International Journal of Human Resource Management*, vol. 31, no. 7, 886-907, 2020.
- [49] Creswell, John W., and Vicki L. Plano Clark, "*Designing and conducting mixed methods research*", Sage publications, 2017.
- [50] S. Andres, and R. Fernandez, "The HRM-performance relationship revisited: Inspirational motivation, participative decision making and happiness at work (HAW)." *Employee Relations*, 2017.
- [51] C. María Luisa, Juan Carlos Aldasoro, and Jon Iradi, "New and emerging risks management in small and medium-sized Spanish enterprises.", *Safety science*, vol. 113, pp. 257-263, 2019.
- [52] Yerkes, Mara A., Stéfanie CH André, Janna W. Besamusca, Peter M. Kruiyen, Chantal LHS Remery, Roos van der Zwan, Debby GJ Beckers, and Sabine AE Geurts, "Intelligent'lockdown, intelligent effects? Results from a survey on gender (in) equality in paid work, the division of childcare and household work, and quality of life among parents in the Netherlands during the Covid-19 lockdown." *PLoS one*, vol. 15, no. 11, e0242249, 2020.
- [53] M. Fleischmann, F. Koster, J. Schippers, "Nothing ventured, nothing gained! How and under which conditions

employers provide employability-enhancing practices to their older workers," *International Journal of Human Resource Management*, vol. 26, no. 22, pp. 2908–2925, (2015).

- [54] B. Ulrik, and Rosa Lisa Iannone, "Approaches to learning in the context of work–workplace learning and human resources", *Journal of Workplace Learning*, vol. 33, no. 5, pp. 317-333, 2021.
- [55] Shahzad, Imran Ahmed, Muhammad Farrukh, Nagina Kanwal, and Ali Sakib, "Decision-making participation eulogizes probability of behavioral output; job satisfaction, and employee performance (evidence from professionals having low and high levels of perceived organizational support)", *World Journal of Entrepreneurship, Management and Sustainable Development*, 2018.
- [56] B. Helena, and Anna Bagieńska, "HR practices for supporting interpersonal trust and its consequences for team collaboration and innovation", *Sustainability*, vol. 11, no. 16, pp. 4423, 2019.
- [57] B. Rutger, Peter M. Kruyen, Beatrice IJM Van der Heijden, and Sandra Van Thiel, "One HRM fits all? A meta-analysis of the effects of HRM practices in the public, semipublic, and private sector." *Review of Public Personnel Administration*, vol. 40, no. 1, pp. 3-35, 2020.
- [58] F. Sergio, and Hal G. Rainey, "Managing successful organizational change in the public sector", *Debating public administration*, pp. 7-26. Routledge, 2017.
- [59] B. Roozeboom, Maartje C., Roosmarijn Schelvis, Irene LD Houtman, Noortje M. Wiezer, and Paulien M. Bongers, "Decreasing employees' work stress by a participatory, organizational level work stress prevention approach: a multiple-case study in primary education", *BMC Public Health*, vol. 20, no. 1, pp. 1-16, 2020.
- [60] B.I.J.M.V.D Heijden, T.C.V. van Vuuren, D.T.A.M Kooij, A.H. de Lange, "Tailoring professional development for teachers in primary education", *Journal of Managerial Psychology*, vol. 30, no. 1, pp. 22–37, 2015.
- [61] van Harten, Jasmijn, Nele De Cuyper, David Guest, Mel Fugate, Eva Knies, and Anneleen Forrier, "Introduction to special issue on HRM and employability: mutual gains or conflicting outcomes?" *The International Journal of Human Resource Management*, vol. 31, no. 9, pp. 1095-1105, 2020.
- [62] O. M. Everton, "Response bias in research on religion, spirituality and mental health: a critical review of the literature and methodological recommendations." *Journal of religion and health*, vol. 59, no. 2, pp. 772-783, 2020.
- [63] E. Mallick, R. K. Pradhan, H. R. Tewari, & L. K. Jena, "Organizational citizenship behaviour, job performance and HR practices: A relational perspective", *Management and Labour Studies*, vol. 39, no. 4, pp. 449-460, 2014.
- [64] R. K. Pradhan, S. Dash, & L. K. Jena, "Do HR practices influence job satisfaction? Examining the mediating role of employee engagement in Indian public sector undertakings", *Global Business Review*, vol. 20, no. 1, pp. 119-132, 2019.
- [65] B. P. Fleuren, A. de Grip, N. W. Jansen, I. Kant, & F. R. Zijlstra, "Unshrouding the sphere from the clouds: Towards a comprehensive conceptual framework for sustainable employability", *Sustainability*, vol. 12, no. 16, pp. 6366, 2020.
- [66] A. A. Davidescu, S. A. Apostu, A. Paul, & I. Casuneanu, "Work flexibility, job satisfaction, and job performance among Romanian employees—Implications for sustainable human resource management", *Sustainability*, vol. 12, no. 15, pp. 6086, 2020.
- [67] F. Pace, E. Ingusci, F. Signore, & G. Sciotto, "Human Resources Management Practices Perception and Extra-Role Behaviors: The Role of Employability and Learning at Work", *Sustainability*, vol. 13, no. 16, pp. 8803, 2021.
- [68] J. F. Ybema, T. van Vuuren, & K. van Dam, "HR practices for enhancing sustainable employability: implementation, use, and outcomes", *The International Journal of Human Resource Management*, vol. 31, no. 7, pp. 886-907, 2020.
- [69] F. Latorre, D. Guest, J. Ramos, , & F. J. Gracia, "High commitment HR practices, the employment relationship and job performance: A test of a mediation model", *European Management Journal*, vol. 34, no. 4, pp. 328-337, 2016.
- [70] K. N. Veth, , Korzilius, H. P., Van der Heijden, B. I., Emans, B. J., & A. H. De Lange, "Which HRM practices

enhance employee outcomes at work across the life-span?”. *The international journal of human resource management*, vol. 30, no. 19, pp. 2777-2808, 2019.

[71] H. Mudor, “Conceptual framework on the relationship between human resource management practices, job satisfaction, and turnover”, *Journal of economics and behavioral studies*, vol. 2, no. 2, pp. 41-49, 2011.

[72] A. Omair, “Selecting the appropriate study design for your research: Descriptive study designs”, *Journal of health specialties*, vol. 3, no. 3, pp. 153, 2015.

[73] P. Heilmann, R. Forsten-Astikainen, & S. Kultalahti, “Agile HRM practices of SMEs”, *Journal of Small Business Management*, vol. 58, no. 6, pp. 1291-1306, 2020.

[74] G. Jose, PM, N., & V. Kuriakose, “HRM practices and employee engagement: role of personal resources-a study among nurses”, *International Journal of Productivity and Performance Management*, 2022.

[75] A. Shantz, K. Alfes, & L. Whiley, “HRM in healthcare: the role of work engagement”. *Personnel Review*, vol. 45, no. 2, pp. 274-295, 2016.

[76] K. Akerjordet., Furunes, T., & Haver, A, “Health-promoting leadership: an integrative review and future research agenda”, *Journal of advanced nursing*, vol. 74, no. 7, pp. 1505-1516, 2018.

[77] L. Yao, P. Li, & H. Wildy, “Health-promoting leadership: Concept, measurement, and research framework”, *Frontiers in psychology*, vol. 12, pp. 602333, 2021.

[78] A. Bregenzer, B. Milfelner, S. Šarotar Žižek, & P. Jiménez, “Health-promoting leadership and leaders’ listening skills have an impact on the employees’ job satisfaction and turnover intention”, *International Journal of Business Communication*, 2329488420963700, 2020.

[79] C. Ogbonnaya, & D. Valizade, “High performance work practices, employee outcomes and organizational performance: a 2-1-2 multilevel mediation analysis”, *The International Journal of Human Resource Management*, vol. 29, no. 2, pp. 239-259, 2018.

[80] J. W. Arbogast, Moore-Schiltz, L., Jarvis, W. R., Harpster-Hagen, A., Hughes, J., & Parker, A. “Impact of a comprehensive workplace hand hygiene program on employer health care insurance claims and costs, absenteeism, and employee perceptions and practices”, *Journal of occupational and environmental medicine*, vol. 58, no. 6, e231, 2016.

[81] D. E. Gues. “Human resource management and employee well-being: Towards a new analytic framework”. *Human resource management journal*, vol. 27, no. 1, pp. 22-38, 2017.