Serving the Employees for Enhancing Their Commitment: Evidence from the Medical Profession

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Abstract

Objective
This research aims to bridge the gap by investigating the nuanced interplay between the dimensions of servant leadership and organizational commitment among public and private sector medical professionals in Karachi.

Methodology
This study was a correlational study and to collect the data two distinct tools were devised and administered at different times, a total of 360 questionnaire were distributed among public and private healthcare employees. Out of 360 respondents, only 300 respondents completed and returned both questionnaires. Among them 147 participants were from private and 153 were from government hospitals.

Result
Three separate multiple regression analyses were employed for statistical analysis. Result show that there was a significant difference between private and public sector hospital employees. The findings of the study reveal that altruistic calling and emotional healing are the two leading factors of servant leadership in the private hospitals of Karachi, which are significantly impacting organizational commitment. Additionally, the result indicates that attributes such as wisdom, organizational stewardship, and persuasive mapping do not significantly influence employee commitment to public and private hospitals.

Conclusion
Leadership style centered on altruistic calling and emotional healing, fosters organizational commitment. For this purpose, it is imperative for the healthcare sector to take initiatives that focus on emotional healing, and create a supportive work environment that enhances personal attachment to the hospital. Eventually, it will contribute to long-term organizational success and employee well-being.

Keywords—Servant Leadership, Organizational Commitment, Medical Professionals, Public and Private Hospitals.

INTRODUCTION

Within the domain of organizational behaviour, leadership has gained significant attention. Researchers are looking at innovative ways to inspire employee creativity and cooperation while dealing with environmental challenge [1, 2, 3, 4]. Traditional leadership tactics have been superseded by new paradigms like servant leadership, which emphasizes empathy, teamwork, and a strong feeling of service to others [5, 6, 7, and 8]. It also priorities moral responsibility for employee growth and achievement [9]. Furthermore, it is inextricably linked to organizational principles, ethics, and morality, promoting fair and honest relationships with employees while cultivating a culture of trust and transparency [10]. Aside from this, servant leadership emerges as an appealing notion for healthcare organizations since it promotes teamwork, trust, patient happiness [11]. Servant leadership has consistently been proven in research to predict beneficial outcomes such as work satisfaction [12, 13], organizational commitment [14], and citizenship behaviour [15].

Servant leadership has five dimensions encompassing (i) Altruistic calling is a strong desire to positively impact others through service, which lies at the core of servant leadership ideology. (ii) Emotional healing refers to the need for patience, acknowledgment, and humility in addressing emotional wounds. (iii) Wisdom is described as the integration of knowledge with practicality. (iv) Persuasive mapping refers to the ability to motivate others without relying solely on formal authority. (v) Organizational stewardship is characterized by a deep trust in the organization's ability to contribute positively to society. This aspect of leadership involves actively supporting the organization's legacy and its societal contributions [16].

In all, there are three dimensions of organizational commitment. (i) Affective commitment refers to an individual's emotional connection and active involvement within an organization. (ii) Normative commitment is characterized by an employee's sense of obligation to the organization based on their personal values and norms. (iii) Continuance commitment, as defined, is an individual's realization

of the costs associated with leaving their current organization [17].

Despite the growing body of literature on servant leadership, its relationship with organizational commitment remains largely unexplored in certain contexts, such as the healthcare industry. Previous studies have addressed aspects of servant leadership and job satisfaction in healthcare [18], as well as servant leadership and organizational commitment [19]. However, these studies often portrayed organizational commitment as a singular construct rather than exploring its multidimensional nature. Thus, this study aims to bridge this gap by investigating the nuanced interplay between the dimensions of servant leadership and organizational commitment among medical professionals in both private and government sectors in Karachi. By employing a comprehensive research design and utilizing validated measurement tools, this research seeks to contribute valuable insights into how different dimensions of servant leadership influence various facets of organizational commitment, thereby enriching the understanding of effective leadership practices in healthcare settings.

Through this study, we aspire not only to enhance theoretical knowledge but also to offer practical implications for healthcare leaders, policymakers, and practitioners, facilitating the cultivation of a more engaged, committed, and resilient workforce in the healthcare sector of Karachi.

METHODOLOGY

For the present study, purposive sampling was chosen because the study's goal was to investigate the long-term influence of servant leadership on organizational commitment. Participants comprised healthcare professionals from both public and private hospitals, with 147 from private and 153 from government hospitals. Data was collected through two instruments. The first instrument, was to measure servant leadership dimensions [20]. The second instrument, was used to assess organizational commitment dimensions [17].

To reduce common method bias, data were collected at two different times with a one-month interval between them. Initially, 360 questionnaires were delivered to healthcare employees including doctors, nurses, paramedical staff, and pharmacists in Karachi, with a focus on those who had been engaged for at least six months. As this time frame allows employees to build ideas about their superiors' leadership styles.

At the outset, the first instrument was used to collect data on employees' perceptions of their supervisors' servant leadership styles. A total of 360 instruments were distributed, with 330 returned. At time two, the second instrument assessed organizational commitment among the 330 respondents who had

completed the previous instrument. Only 300 respondents completed and submitted the second instrument, which comprised the final data set. To analyze the data, three independent multiple regression analyses were performed.

RESULTS

Results of regression are given below:

Table 1: Affective Commitment Regression Models

Variable Name	Overall Sector Beta (β)	Overall Sector t-value	Public Sector Beta (β)	Public Sector t-value	Private Sector Beta (β)	Private Sector t-value
Constant	2.191	10.153	1.985	9.532	3.112	11.124
Altruistic Calling	0.054	1.033	0.042	1.011	0.105	2.102
Emotional Healing	0.240	4.634	0.211	3.450	0.294	4.845
Wisdom	0.005	0.088	0.002	0.065	0.019	0.254
Persuasive Mapping	-0.060	-0.964	-0.080	-0.977	0.012	0.101
Organizational Stewardship	0.027	0.430	0.024	0.421	0.084	0.296
	Adjusted R^2 = 0.138	F-Statistics = 10.610	Adjusted R^2 = 0.126	F-Statistics = 9.76.610	Adjusted R^2 = 0.152	F-Statistics = 12.728

Table 1 shows results of affective commitment models. The t value of emotional healing is greater than 2 in all the three models, indicating that it has significant relationship with affective commitment, whereas, rest of the variables do not have significant relationship with affective commitment.

Table 2: Normative Commitment Regression Models

Variable Name	Overall Sector Beta (β)	Overall Sector t-value	Public Sector Beta (β)	Public Sector t-value	Private Sector Beta (β)	Private Sector t-value
Constant	2.619	12.764	2.324	10.542	2.841	13.214
Altruistic Calling	0.16	3.232	0.144	3.045	0.23	3.491
Emotional Healing	0.128	2.608	0.102	2.465	0.148	2.799
Wisdom	-0.018	-0.314	-0.034	-0.452	0.011	0.145
Persuasive Mapping	-0.057	-0.976	-0.062	-1.14	0.014	0.178
Organizational Stewardship	-0.002	-0.035	-0.012	-0.074	0.045	0.245
	Adjusted R^2 = 0.116	F-Statistics = 8.862	Adjusted R^2 = 0.105	F-Statistics = 8.672	Adjusted R^2 = 0.132	F-Statistics = 10.590

Table 2 shows results of normative commitment models. The t value of altruistic calling is greater than 2 in all the three models, indicating that it has significant relationship with normative commitment. Furthermore, the t value of emotional healing is also above 2 in the three models, therefore, emotional healing also has significant effect on normative commitment, whereas, rest of the variables do not have significant relationship with normative commitment.

Table 3: Continuance Commitment Regression Models

Variable Name	Overall Sector Beta (β)	Overall Sector t-value	Public Sector Beta (β)	Public Sector t-value	Private Sector Beta (β)	Private Sector t-value
Constant	2.428	10.428	2.241	9.851	2.521	12.452
Altruistic Calling	0.187	3.327	0.165	3.149	0.204	3.521
Emotional Healing	0.075	1.342	0.068	1.214	0.104	2.015
Wisdom	0.02	0.306	0.013	0.294	0.049	0.512
Persuasive Mapping	0.067	1.002	0.06	0.945	0.088	1.394
Organizational Stewardship	-0.108	-1.6	-0.142	-1.791	-0.04	-0.045
	Adjusted R^2 = 0.106	F-Statistics = 8.057	Adjusted R^2 = 0.094	F-Statistics = 7.679	Adjusted R^2 = 0.149	F-Statistics = 10.327

Table 3 shows results of continuance commitment models. The t value of altruistic calling is greater than 2 in all the three models, indicating that it has significant relationship with normative commitment. Furthermore, the t value of emotional healing is also above 2 in the model that provides the results of private sector, therefore, in private sector emotional healing also has significant effect on continuance commitment, whereas, rest of the variables do not have significant relationship with continuance commitment.

DISCUSSION

The findings of the present study reveal that altruistic calling and emotional healing are the two leading factors of servant leadership in the hospitals of Karachi, which are significantly impacting organizational commitment. These factors become particularly important when organizations aim to retain employees over the long term. Additionally, the research indicates that attributes such as wisdom, organizational stewardship, and persuasive mapping do not significantly influence employee commitment to hospitals.

Among the eight variables studied, emotional healing impacts affective commitment, which pertains to employees' attachment to a hospital based on shared attributes and values. Altruistic calling and emotional healing also influence normative commitment, which involves effecting change in employees' lives and fostering connections that lead to longer-term retention. Furthermore, altruistic calling significantly affects continuance commitment, as efforts to positively impact employees' lives reinforce their commitment to the organization.

Moreover, there was a significant difference between private and public sector hospital employees, as results of private hospitals are showing more significant correlations due to their specific organizational contexts and priorities. Healthcare sectors consistently seek ways to enhance employee commitment [21]. Private hospitals, due to competitive pressures and the need to retain skilled staff, may place a greater emphasis on strategies that enhance commitment levels. Besides environmental factors, the leadership style adopted in hospitals significantly influences employees' organizational commitment [22. Leadership styles play a crucial role in normative commitment, creating positive emotional states through effective communication [23]. The leadership style prevalent in private hospitals may be more aligned with servant leadership components, which emphasize emotional healing and altruistic calling as core elements. This leadership style fosters an environment in which employees feel a higher sense of normative commitment. Furthermore, private hospitals tend to have a more concentrated and defined organizational culture and set of values than public hospitals, and this clarity in culture and values can magnify the impact of servant leadership qualities like emotional healing and altruistic calling. Emotional healing influences emotional commitment, and generates a sense of tolerance and humility, which is critical for organizational cohesion [24]. Affective commitment is crucial for employee retention which stems from a personal connection to the workplace [25]. Altruistic calling significantly influences normative commitment, reflecting employees' sense of obligation based on personal values [24]. Normative commitment entails caring for the organization, promoting fairness, social responsibility [26], and encouraging long-term affiliations.

Furthermore, personnel in private hospitals may have different expectations of their work environment than those in public hospitals. They may value emotional support from their organizations and colleagues. Thus, emotional healing is highly correlated with normative commitment, indicating a sense of belonging and respect within the organization [27].

Moreover, private hospitals often have more resources available for employee development, support programs, and initiatives that foster emotional healing and altruistic calling. Individuals commit when they sense personal rewards, hence altruistic calling has a strong relationship with continuance commitment [28]. Strong organizational values and commitment result in increased employee retention [29].

CONCLUSION

In conclusion, supervisors play a central role in cultivating a supportive work environment conducive to long-term commitment and growth [30]. These leadership qualities are vital for organizational growth and employee satisfaction. Moreover, effective leadership, particularly centered on altruistic calling and emotional healing, fosters organizational commitment, contributing to sustained organizational success and employee well-being.

RECOMMENDATION

Several recommendations are being proposed to enhance organizational commitment within hospital settings:

To enhance emotional healing for affective commitment, it is essential to implement one-on-one counseling sessions or problem-solving techniques at the workplace to foster tolerance and humility. Moreover, initiatives should be taken that focus on emotional healing, creating a supportive environment that enhances personal attachment to the hospital.

To improve normative commitment, the hospital's communication channels must be improved in order to speed working operations and decrease staff

misconceptions. Furthermore, use group talks and communication-building activities facilitated by the human resources department to create connections and instill a feeling of responsibility in employees.

To promote continuance commitment, programs and activities focused at improving employees' lives, establishing a work-life balance, and addressing their personal growth and development requirements are required. Provide possibilities for skill development, career growth, and overall well-being to foster long-term commitment to the organization.

By applying these suggestions, hospitals can create a workplace that fosters emotional well-being, improves communication and collaboration, and reflects a commitment to employee development and satisfaction. These efforts can have a substantial impact on organizational commitment levels and help to ensure the long-term success and retention of talented healthcare workers in the hospital setting.

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