



## **Understanding Affective, Normative & Continuance Commitment through the Lens of Training & Development**

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### **ABSTRACT**

The purpose of the study was to analyze nurses' perceptions of the benefits of training and development, as well as their commitment to the organization. Training and development and three facets of organizational commitment are studied using a quantitative survey research design. Structured equation modelling using Smart PLS 3 was used to analyze 290 of 313 responses from public sector hospitals. Training and development, according to the findings, have a strong positive relationship with affective, normative, and continuance commitment. Some of these findings have ramifications for management and administrative staff of hospitals. They must first commit their nursing staff to the hospital in order to ensure the best quality services for their patients. Nurses respond with greater affective, normative, and continuance commitment when they believe a training programmed is designed to meet their professional developmental needs.



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## **1. Introduction**

The essential idea behind human resource management is to obtain and maintain a competitive edge by means of effective use of their human assets. Almost all assets which are considered traditionally significant, such as cash, capital, equipment, and buildings, are now less significant as compared to human capital because it is difficult to obtain, retain, and maintain (Jeffrey, 2013). It is an asset which cannot be copied or duplicated by rivals. Therefore, a committed & trained workforce is a source of sustainable competitive advantage and contributes to the development of the organization (Khan & Iqbal, 2020b). As specified by Meyer and Allen (1991), it is vital for organizations to understand how commitment is developed and discover ways to evolve the desired commitment in order to increase the performance and productivity of the organization.

In health care organizations, a strong level of dedication is essential for building positive employee relations, which has significant implications for the organization since it plays a vital role in providing high-quality health care (Majeed & Gillani, 2017). Lytle and Timmerman (2006) identified a substantial association between the service environment and staff commitment. A substantial shift in organizational structure and administration has occurred as the manufacturing sector of the global economy turns to the service industry. Companies have realized that their performance is heavily dependent on their human

resources (Noshad, Amjad, Shafiq, & Gillani, 2019). Since it takes time and money to train new hires to become productive, employers are increasingly concerned with employee retention (Lok & Crawford, 2001). Additionally, a higher turnover rate poses a number of challenges for effective health care delivery (Fang, 2001). To provide quality patient care, nursing staff must be proficient in their field and understand how to apply their skills and knowledge (Gillani, Shafiq, & Ahmad, 2019; Khan & Iqbal, 2020b).

Most studies focused on and explored the affective and normative dimensions of commitment more deeply than continuance commitment. (Becker, Klein, & Meyer, 2012; Eisenberger et al., 2010; Khan & Iqbal, 2020b). Therefore, much more is available and known about affective and normative commitment as compared to continuance commitment. Therefore, the question arises here, why researchers only focus on the affective and normative parts of commitment, while commitment is now seen as an exchange of benefits and a commitment with a dual nature that can occur concurrently or in tandem with other commitments (Meyer et al., 2012). A single circumstance can contribute to all three dimensions of commitment (Khan & Iqbal, 2020b; Meyer & Allen, 1997). Consequently, this study examined the relationship between training and three dimensions of organizational commitment in order to determine if a single HR practice can contribute to the development of all three commitments at the same time.

## **2. Literature Review**

### **2.1. Training & Organizational Commitment (Affective, Normative & Continuance)**

As discussed earlier, organizational commitment is a multidimensional concept. It can be defined by two aspects. One is behavioral and the other aspect is attitudinal. When an employee is attached to an organization either psychologically or emotionally, and demonstrates the desire to remain with the organization, an attitudinal approach is followed (Meyer et al., 2012). On the other hand, when employees think in terms of the cost and benefit of leaving or remaining in the organization, a behavioral approach is followed (A. Cohen, 2007; Nawaz, Afzal, & Shehzadi, 2013). In other words, organization commitment can be defined in terms of the level of attachment that an individual employee demonstrates to the organization. The level of attachment or commitment of an employee can also be analyzed. Whether employees will stay with the organization in good or bad times, protect the company's interests and assets, accept and share the goals of the organization and regularly attend work (Mahdavi, Arab, & Mahmoudi, 2014). Employees' willingness to work hard and exert effort to achieve the organization's goals and objectives, accept the organization's values, and maintain a strong desire to remain in the organization can also be classified as organizational commitment (Khan & Iqbal, 2020a).

Affective commitment allows people to work with dedication, accept the goals and objectives of their employers, and contribute to the organization's success (Hashmi, Ahmad, & Nawaz, 2021; Ullah, Kamran, Akram, Nawaz, & Rehman, 2021). An affective commitment should result in a higher level of happiness at work, a higher level of commitment and less turnover (Javeria, 2013; Khan & Iqbal, 2020b). When an individual considers the perceived cost of time, money, and effort invested in the organization before leaving, it develops into a continuous commitment. The final component, known as normative commitment, is a sense of obligation to remain in an organization. If a worker believes that remaining a member of the organization is morally and legally correct, they are more likely to stay with the organization (Muhammad, Afridi, Ali, Shah, & Alasan, 2021).

It seems like scholars have underlined only positive facets of the commitment because management and leadership of organizations may be reluctant and unwilling to accept the fact that their employees are dissatisfied in any way. If organizations accept this fact, it requires a lot of dramatic changes that will cost a lot (Hussain, Bhatti, Nawaz, & Ahmad, 2019). Affective and normative commitment antecedents include the exchange between leader and member (leader-member exchange), the appraisal process in favor of employees, which satisfies their needs and provides the basis for self-esteem, emotional support, and the need for affiliation (Oh & Sawang, 2021; Shafiq, Hua, Bhatti, & Gillani, 2021).

Other effects of affective commitment include a positive employee appraisal process, less anxiety and greater job satisfaction, a balanced work-life approach, and increased involvement with work (Allen & Meyer, 1990; Becker et al., 2012; Javeria, 2013). Likewise, the determinants of normative commitment include the employee induction process into the organization, socialization that arises from family background, society, and through employee social contacts (Bhatti, Farhan, Ahmad, & Sharif, 2019). Moreover, continuance commitment antecedents arise from two sources: alternatives and investment. Investment sources include invested time, invested money, and invested effort that employees spend with the passage of time and during their job tenure. Therefore, employees with strong continuance commitment think in terms of these investments before leaving that they have made in the organization.

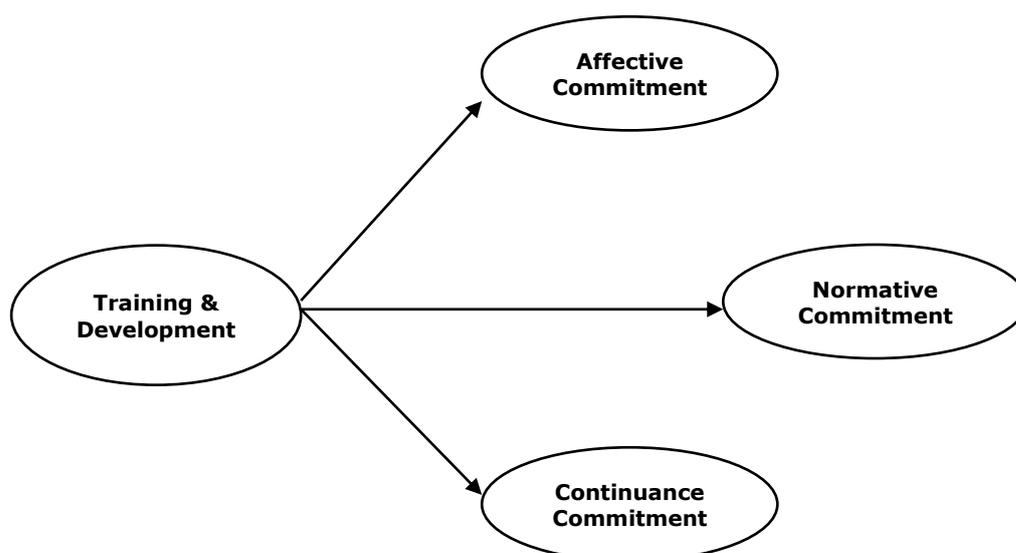
Organization commitment theory is based on social exchange theory and reciprocity norms. Gouldner (1960) defines reciprocity as a social value that requires individuals to help anyone who has helped them. It's also important to note that individuals should never injure or harm people. This is especially true in the case of employee-employer relationships, in which, regardless of whether the resources are tangible or intangible, both parties benefit from the said relationship (Khan & Iqbal, 2020a). Commitment is now seen as an exchange of benefits and a dual-natured commitment that can occur simultaneously or in conjunction with other forms of workplace commitment (Oh & Sawang, 2021).

Khan and Iqbal (2020b) also asserted that employee perception of commitment is the most important factor in determining commitment, and that a single variable can affect all three dimensions of commitment simultaneously. For instance, an employee may be committed to his team, colleagues, supervisor and top management because of different commitment targets. As the organization's commitment idea is a multidimensional concept, understanding the determinants and outcomes of each commitment component that has a positive or negative impact is necessary to increase employee commitment. Assume a person is chosen to participate in a training course. Now investing time in acquiring new job-related abilities can develop a desire based on the organization's support as well as a duty based on the training benefits reciprocation.

H1: Training & development have a significant positive effect on affective commitment.

H2: Training & development have a significant positive effect on normative commitment.

H3: Training & development have a significant positive effect on continuance commitment.



**Figure 1: Theoretical Framework**

### 3. Methodology

Quantitative and descriptive research methods were used in the study. Employee views regarding the benefits of training and development and three components of organizational commitment (affective, normative, and continuance) are the focus of this study. A thorough literature review indicated that most of research in the context of training and commitment used a quantitative approach (Chambel & Sobral, 2011; Javeria, 2013; Khan & Iqbal, 2020b).

#### 3.1. Population

The aim of the current study is to examine the perceived benefits of training and development and their impact on three dimensions of organizational commitment. For the population, a selection criterion has been specified according to which all members of the population must possess specific characteristics in order to be included in the study (Polit & Beck, 2004). In this study, nursing staff were selected as participants from southern Punjab public sector hospitals.

#### 3.2. Sample Frame

According to Fink (2003), the target population can be defined and may consist of organizations, people, or any system to which the research findings of study are generalized or implemented. The sampling frame for this study was selected from the public sector hospitals of southern Punjab.

#### 3.3. Sampling Technique and Sample Size

Probability sampling and non-probability sampling are the two main type of sampling techniques. When it comes to probability sampling, every member of the population has an equal chance of being included in the sample, whereas non-portability sampling is commonly used in qualitative research and case study research design. Individually or in combination, a number of sampling techniques can be used. Common factors that influence the selection of one design over the other include the nature of the sample frame, the accuracy requirements, and the costs/time/operational concerns (Taherdoost, 2016). The intended audience consists of the nursing staff at the Public Sector Hospital in South Punjab, which is geographically dispersed. The population was divided into strata (or subgroups) based on geographic location, and a random sample was taken from each stratum. This method was used to obtain a representative sample of the nursing staff in the Southern Punjab (Nardi, 2003).

The list of nursing staff was obtained from the accounts department of each hospital, and the size of the sample was determined by considering the suggestions of various researchers. According to Comrey and Lee (1992), a sample with fewer than 50 participants is considered a weaker sample; a sample size of 100 is weak; a sample size of 200 is adequate; a sample size of 300 is good; a sample size of 500 is very good; and a sample size of 1000 is excellent. Size of sample should depend on number of items developed for some specific characteristic, according to Hair et al. (2006). It was proposed that each item be represented by 5 samples. Krejcie and Morgan (1970) developed a table using a sample size formula for a finite population to simplify the process of determining sample size for a finite population. As per the table, the sample size is 313 for population size of 1660.

**Table 1**  
**Sample Size from Each Stratum**

City	Hospital Name	Nursing Staff	Sample Size
Bahawalpur	Civil Hospital	165	31
Bahawalpur	Victoria Hospital	500	94
Multan	Nishtar Hospital	565	107
Rahim Yar Khan	Sheikh Zaid Hospital	430	81
	Total	1660	313

### 3.4. Data Collection Procedure

Data is collected in this study by self-administered questionnaire. Which is most commonly and frequently method used for data collection in research studies (Bourque & Fielder, 2003).

### 3.5. Instrumentation & Data Analysis

A study's statistical methods are dictated by the type of data collected (Fink, 2003). The commitment scale produced by Meyer and Allen (1997) was used to collect data, and the training measures were derived from Noe and Wilk (1993) study on training benefits. Data was analyzed by using Smart PLS version 3.

## 4. Research Findings

### 4.1. Measurement Model

The study used Smart PLS version 3 for analysis. This technique is very prominent and suggested by several researches (Hair Jr, Hult, Ringle, & Sarstedt, 2016). Analysis in PLS consists of two major steps. The first step is called a measurement model, and the second is a structural model. In the first step of measurement, model factor loading, reliability, and validity are measured. While in structural models, t-values are measured to check the relationship between the variables.

### 4.2. Individual Item Reliability

Reliability of individual items is measure by factor loading. The standard value of factor loading is 0.7 (Hulland, 1999). Items below than 0.4 factor loading should be deleted and item below 0.7 need not to deleted necessarily (Hulland, 1999). Factor loading of all items is above 0.5 and mostly are above 0.7. Reference to the table No 1, no any item is below 0.4 therefore all items are acceptable.

**Table 2**  
**Factor Loadings**

	<b>AFC</b>	<b>NOC</b>	<b>COC</b>	<b>TAD</b>
AFC1	0.718			
AFC2	0.678			
AFC3	0.813			
AFC4	0.611			
AFC5	0.732			
AFC6	0.854			
NOC1		0.721		
NOC2		0.861		
NOC3		0.91		
NOC4		0.663		
NOC5		0.589		
COC1			0.847	
COC2			0.615	
COC3			0.898	
COC4			0.575	
TAD1				0.688
TAD2				0.741
TAD3				0.862
TAD4				0.77
TAD5				0.63
TAD7				0.653

### 4.3. Internal Consistency Reliability

Cronbach's alpha and composite reliability ratings are used for examining internal consistency reliability. Chin (1998) suggests a minimum threshold of 0.7 when measuring internal reliability. A composite reliability (CR) rating of more than 0.7 is shown in Table 2. In terms of dependability, the range was from 0.782 to 0.96, while the average variance

extracted (AVE) is also over the acceptable standard of 0.5 (Hair, Hollingsworth, Randolph, & Chong, 2017).

**Table 3**  
**Composite Reliability**

	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
<b>AFC- Affective Commitment</b>	0.85	0.716	0.897	0.611
<b>NOC- Normative Commitment</b>	0.831	0.813	0.96	0.538
<b>COC- Continuance Commitment</b>	0.736	0.755	0.782	0.592
<b>TAD- Training &amp; Development</b>	0.862	0.874	0.815	0.563

#### 4.4. Discriminant Validity

When measuring discriminant validity, HTMT ratio criteria are used, which are deemed more reliable than Fornell-Larcker criteria (Henseler et al., 2014; Henseler, Ringle, & Sarstedt, 2015). As it can be seen from table 4, all values are below the yardstick of 0.85, which indicates that the study has attained discriminant validity.

**Table 4**  
**Discriminant Validity**

Variables	AFC	NOC	COC	TAD
<b>AFC</b>	0.835			
<b>NOC</b>	0.82	0.818		
<b>COC</b>	0.764	0.75	0.798	
<b>TAD</b>	0.713	0.631	0.62	0.752

#### 4.5. Analysis of Structural Model

One of the most widely used data analysis methods is bootstrapping in partial least squares, in which a variable's association with another is determined by t-value (Henseler & Fassott, 2010). Using 1.96 as a standard value, it is possible to study the link between independent and dependent variables, t-value is greater than 1.96, as shown in table 4. All of the direct hypotheses have been accepted,

**Table 5:**  
**Direct Effect**

	Original Sample	Sample Mean	Standard Deviation	T Statistics	P Values
<b>T&amp;D -&gt; Affective Commitment</b>	0.407	0.551	0.053	7.718	0
<b>T&amp;D -&gt; Normative Commitment</b>	0.63	0.539	0.029	5.326	0
<b>T&amp;D -&gt; Continuance Commitment</b>	0.513	0.463	0.032	9.133	0

## 5. Conclusion

The benefits of employee training and development have strong positive effect on all categories of organizational commitment: affective, normative, and continuous commitment. As a result, employees who perceive training and development as valuable and actively participate in training activities are more likely to be loyal to the company. It is possible to infer a range of conclusions from the findings of study. First of all, employees' social networks improve within and outside the organization. Job performance increases due to personal development benefits of training. Secondly, by participating in a training and development program, gives employees the clear opportunity to recognize the objectives of their career, identify the path to achieve those objectives, and explore the ways to pursue new career opportunities.

Emotional attachment determines an employee's desire to stay with the company. Since employees' emotions drive their affective commitment, normative commitment is founded on their sense of duty. An employee's commitment to the organization is generated when he or she believes that it is morally and legally correct to remain a member. According to previous research on training and development and employee commitment,

the results presented here are in line with previous findings (Khan & Iqbal, 2020a, 2020b). Moreover, many employees have continued commitments based on the time they have served in the organization. It was suggested that employee turnover would be reduced when organizations choose to invest in their human assets (Chambel & Sobral, 2011; Muhammad et al., 2021). Similarly, L. Cohen, Manion, and Morrison (2000) found that employees stay for a long duration in organizations which provide training opportunities for staff.

Ling, Qing, and Shen (2014) found a substantial positive relationship between training and organizational commitment. Workers' perceptions of training and development benefits influenced their loyalty (Sirdeshmukh, Ahmad, Khan, & Ashill, 2018). According to this study, nurses' commitment is influenced by the perceived benefits of having opportunities for training and development. A Mutual investment relationship can be created by an organization using the social exchange theory (Khan & Iqbal, 2020b). The results clearly indicated that commitment largely depends on how employees perceive it. Even a single HR practice like training can create a sense of desire (affective commitment), a moral obligation (normative commitment) and an investment of time (continuance commitment) subject to whether employees consider it as organizational support, a benefit that needs to be reciprocated or an investment of time by employees to gain job-related specific skills, respectively.

When nursing staff perceive the training opportunities as a satisfaction of their needs, they become part of social exchange and reciprocate to the organization with the most desirable output, i.e., affective, normative & continuance commitment.

## **5.1. Implications for Theory and Practice**

According to the study, there are a number of recommendations that can be derived from the relationship between training and development. The following are the contributions to theory and practice for hospital management and administration.

Monitoring employee commitment to the organization should be formalized by preparing quarterly management reports on employee attitude and behavior toward the job, duration of employment and other performance-related information that will aid in monitoring employee commitment. By assessing employee commitment continuously in a systematic manner, it helps the organization to make an informed and timely decision to make the employee committed and reduces turnover.

Nurses' commitment to the organization should be enhanced through a training and development program. This means that, to improve service quality, the content of training and development programs should cover all aspects and dimensions of organizational commitment (affective as well as normative and continuous). Hospital management should develop policies and training programs targeted towards the genuine needs of nursing staff to enhance their skills and make them realize that the organization is caring for them. Before designing a training program, an analysis should be done, namely training needs analysis, in order to determine the diverse needs of different employees. For example, fresh employees should have different training than senior employees. The content of training should be different for each training program and strategies should be formulated to provide training opportunities throughout the career so that each employee can learn and grow on a continuous basis.

One of the major challenges for organizations is to keep track of the return on investment made in training employees. Therefore, a process should be determined to monitor the performance of employees after providing training opportunities. This study also fills up the gap in literature that exists regarding the development dimensions of commitment (affective, normative, and continuance) simultaneously with a single construct, namely training and development.

## 5.2. Limitations

The study was constrained by time and budget. Secondly As a second point, the study sample was chosen from public hospitals in southern Punjab As a result, there are fewer likelihood of generalization to privately operated hospitals. The study used survey methodology, which introduced some limitations that are built in to this type of study, like unclear answers by respondents, differences in motivation of respondents and the level of knowledge of respondents. Lastly, during the data collection, the resistance of respondents to sharing or providing information and the government bureaucratic structure produced some hindrances.

## 5.3. Future Research

According to the study, there is a link between training and development as well as three dimensions of commitment. Research in the future should examine other HR strategies, such as employee compensation and corporate culture, to see if they can develop two or all dimensions of commitment at the same time. The scope can be enlarged by examining the three dimensions of commitment simultaneously with any other HR practices. This study is quantitative in nature. Therefore, future research should utilize the mixed method approach to collect data both with a questionnaire and interviews for in-depth analysis of commitment so that more subjective conclusions can be drawn about why employees choose or do not choose to get committed to an organization.

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