ORIGINAL ARTICLE / ОРИГИНАЛНИ РАД

Human resource management and community health services outcome – unravelling relationships in public healthcare organizations

Dragan Erić[1], Marko Slavković[2]

[1]National Health Care Institute for Ministry of Internal Affairs Employees, Belgrade, Serbia;
[2]University of Kragujevac, Faculty of Economics, Kragujevac, Serbia

SUMMARY

Introduction/Objective Human resource management and related practices represent a broad research arena in the context of healthcare organizations. Adapting human resource management practices to current labor market conditions and achieving organizational goals in the domain of satisfactory health service quality represent significant current challenges and research gap. The aim of the study is to examine the relationship between human resource management practices and health service outcomes of public healthcare organizations.

Methods The research was designed as a cross-sectional study. A structured questionnaire was used as an instrument to collect primary data. The sample consists of 257 healthcare workers employed in healthcare organizations in the public sector. To assess the statistical significance of relationships in the research model, the method of PLS-SEM is used.

Results Our study revealed the competitive salary is negatively related to community health service results (CHSR) (β = -0.177, p < 0.05) of public healthcare organizations. Study results noted that employment security is positively related to CHSR (β = 0.296, p < 0.001), as well as to training and development (β = 0.359, p < 0.001).

Conclusion The results of the study noted theoretical implications through the contribution of human capital theory and resource-based theory of the firm. The identification of human resource practices that positively contribute to health services outcomes provides clear practical implications for managers of public health organizations.

Keywords: HRM; HRM practice; health services outcome; organizational performance

INTRODUCTION

Human resource management (HRM) in healthcare organizations involves a unique set of practices designed to enhance organizational performance through the actions of healthcare personnel in interaction with patients. The concept of HRM in healthcare is critical because it directly impacts the operational efficiency of healthcare organizations [1], the quality of care provided, and can affect patient satisfaction. HRM has been identified as a critical success factor of any healthcare system and contributes to its sustainability [2, 3]. The practice of HRM supports the establishment of healthcare organizations' business models through a variety of activities, including employee relations, compliance and legal matters, recruitment and selection (RS), training and development (TD), and performance management. Each of the mentioned activities has a specific importance for operational efficiency, which is achieved by applying appropriate approaches and procedures in interaction with healthcare personnel. TD focus on providing ongoing education and training to healthcare workers to enhance their skills, competences, and knowledge. Fanelli et al. [4] reached the conclusion

that managerial and clinical competencies hold equivalent significance for healthcare professionals. The aforementioned development of the competencies establishes the background for improving performance and contributes in the development of the HRM system architecture within healthcare organizations. RS practices ensure that the organization hires skilled and competent staff, including doctors, nurses, and support staff. Successful recruitment of healthcare providers requires face-to-face meetings, building relationships with administrators, and utilizing multimodal strategies simultaneously [5]. Performance management ensures that healthcare professionals meet the organization's care delivery standards and adhere to medical protocols. Newton-Lewis et al. [6] suggested the performance management in healthcare organizations is crucial for driving organizational and system performance, but interventions should be tailored to the specific health system context. Chapman [7] noted that performance management system is crucial for strengthening health departments and effectively using resources, as it is a key factor in their long-term sustainability. A system of caring HRM practices, such as job design, training, flexible work arrangements, work-life balance,

Correspondence to:
Dragan ERIĆ
Durmitorska 9
11000 Belgrade, Serbia
dragan.eric@yahoo.com

and participation in decision making, results in an organizational climate of care and concern for employees, leading to higher levels of employee engagement [8]. The results of the research conducted by Sivapragasam and Raya [9] showed that HRM practices have a statistically significant relationship with employee-level outcomes like perceived efficacy, engagement, and well-being. The proliferation of digitization and the rapid advancement of information technology have empowered platforms and information systems to provide an extensive array of functionalities that facilitate HRM activities. A human resources information system (HRIS) enables the deployment of HRM practice more efficiently and productively by digitizing procedures and activities. On the other hand, Tursunbayeva [10] suggested that healthcare organizations and HR professionals employed within need to use HRIS responsibly, finding a balance between innovation, productivity, efficiency, and respect for legal, ethical, and compliance issues.

The importance of HRM for healthcare organizations is profound and multifaceted, deeply influencing every aspect of healthcare delivery. The direct effect of HRM practices is often complemented by positive indirect effects that are realized in different contexts. Ranjhan and Mallick [11] have found the HRM practice significantly moderates the positive relation between organizational citizenship behavior and competitive advantage in healthcare organizations. HRM practice appears as essential for developing competencies in healthcare professionals, ensuring the recruitment of skilled staff, and maintaining high standards of care delivery.

HRM and healthcare organization performance

The beneficial effects of HRM practices on various aspects of healthcare organizations' performance have been substantiated by a multitude of prior studies. Vermeeren et al. [12] found that HR policies positively affect the financial performance of healthcare organizations, minimize illness absence, and enhance organizational performance associated with patients. Van den Broek [13] suggests that employees play an intermediary role in the relationship between HRM and organizational performance. Therefore, HR practices should simultaneously consider both enhancing organizational performance as well as upholding employees' work–life balance. Based on a cross-section study, Nafari and Rezaei [14] noted the positive impact of HRM activities on the organizational performance of healthcare organizations. Using regression models, they came to the conclusion that statistically the most significant impact is achieved by HR practices related to TD, compensation and reward, and recruitment. Huettermann and Bruch [15] revealed the health-related HRM has a positive effect on the well-being of employees, as well as having a positive indirect impact on organizational performance. Buchelt et al. [16] suggest that healthcare organizations should transform HR practices so that performance evaluation includes both quantitative and qualitative dimensions. Important conclusions about the impact of HRM on the organizational performance of hospitals were discovered by Parayitam

et al. [17]. The results of their research showed that compensation and rewards, performance appraisal (PA), and learning culture have a positive impact on organizational performance. Also, it was revealed that RS, and TD have no influence on the hospital's organizational performance. Acosta-Prado et al. [18] noted that HRM strongly predicts innovative performance of non-profit hospitals, while innovation can also enhance organizational performance by acting as a mediator, according to Riana et al. [19], who found that HRM practice has a substantial impact on both innovation and organizational performance.

These studies suggest that HRM practices are related to improved performance in healthcare organizations, including employee satisfaction, and organizational efficiency. This establishes a framework for enhancing the quality of health services as a fundamental purpose.

HRM and health service outcome

Healthcare organizations may observe a diverse array of effects as a result of their HRM practices. The realization of the multidimensional effects of human resource practice occurs via strategic alignment, which entails guiding and leading employees to work in the direction of organizational goals and operational efficiency. Implementing HR practices at both the strategic and operational levels is essential for healthcare organizations to achieve highest level of positive outcomes. This approach is based on the argument that retaining and satisfying employees positively influences the quality of care, leading to increased patient satisfaction.

HR practices recorded a direct and positive effect on client satisfaction, according to an important finding of the research conducted by Vermeeren et al. [12]. HR capabilities have a positive and statistically significant relationship with proactive healthcare worker behaviors and a beneficial association with patient care, according to a study by Khatri et al. [20]. Furthermore, proactive healthcare worker behaviors mediate the aforementioned relationship. The aforementioned study well illustrates the connection between HR practices and health service outcomes, indicating the valorization of its effects through the behavior of employees in healthcare organizations. A research study by Oppel et al. [21] showed that investments in strategic HRM are reasonable because they have a positive effect on patient satisfaction using two mechanisms: solving physician shortage problems and reducing temporary staffing. Limited implementation of adequate human resources practices can have far-reaching consequences beyond mere diminished patient satisfaction. HR practices positively impact health service outcomes, with engagement serving as a mediating factor, according to a study by Shantz et al. [22]. Every single HR practice examined in the aforementioned study, namely communication, participation in decision making, training, opportunities for development, and training, had a positive effect on the quality of care. This finding underscores the importance of implementing strategic HRM to effectively manage personnel and guide activities.

A significant impact of HRM practices on health service outcomes can be identified. Summarizing the above, healthcare organizations have to establish HR practices that are patient-centric and prioritize service quality and patient satisfaction. The primary objectives of strategic HRM are endeavors to enhance patient-provider communication, programs to improve the patient experience, and staff training in customer service. These practices are able to ensure that the healthcare professionals are oriented towards providing high-quality patient care. The aim of the paper is to identify elements of HR practice that can have a positive effect on health service outcomes.

METHODS

Participants and procedure

A cross-sectional study was conducted to determine the statistical significance of the relationship between HRM and health services outcomes. The study involved the participation of healthcare professionals employed by healthcare organizations located in the central region of the Republic of Serbia, including Belgrade as the capital. The research sample consisted exclusively of personnel employed by public healthcare organizations. Responses were obtained at an 85% rate, as 257 valid questionnaires were collected in total from 300 that were distributed. Women comprise the majority of the study participants at 84 percent, with the remaining individuals being males. The sample primarily consists of healthcare personnel who are under the age of 40, comprising 53% of the participants. Those aged 41 to 50 are represented at 30%, and those aged 51 and above are represented at 17%. A total of 86% of the respondents in the sample hold permanent employment status, while the remaining individuals are temporary staff members. The sample structure guarantees the essential diversification amidst a homogeneous group of healthcare professionals who are employed by public healthcare organizations.

The study was approved by the Council of the Faculty of Medical Science, University of Kragujevac, on Jun 22, 2022 (reference number 01-7218/18-52). We collected primary research data in accordance with the Declaration of Helsinki ethical guidelines. All participants were carefully apprised of the scientific objectives of the research and were assured of their anonymity. Informed written consent was noted on the first page of the questionnaire. Participants were notified that participation was voluntary, and their consent was inferred upon finishing the questionnaire. Data confidentiality was also guaranteed.

Several assumptions were implemented to mitigate the issue of common method bias. Prior to the study, all possible participants were briefed about the academic purpose of the study and guaranteed anonymity and confidentiality. Additionally, detailed directions for completing the questionnaire were provided at the start of each section. Finally, in the questionnaire itself there are clearly separated sections that contain statements that observe independent variables, dependent variable, and categorical variables.

Measurements

Primary data were gathered through the use of a structured questionnaire comprising three distinct sections. The statements containing the constructs of the independent variable were positioned in the initial section. Observations of the dependent variable were detailed in the statements forming the second section. In both sections, next to the column in which the statements were listed, there was a scale for evaluating the statements. At the end of the questionnaire, there were statements with categorical variables, such as gender, age, and employment status of the respondents. The items in the first two sections were evaluated on a five-point Likert scale.

To enhance the predictability of the research and minimize the risk of an initial error during questionnaire development, we opted for an approach that utilized standardized measurement scales. Such scales are present in previous studies through which their validation was carried out and their utility value was confirmed. We translated the measuring scales from English to Serbian before using them. In the second step, through a pilot study on a sample of 30 respondents, their validity was tested through the analysis of Cronbach's alpha coefficient. The results of the pilot study showed that the necessary criteria were met, after which the sampling continued. The following measurement scale was deployed within the study.

We measured the independent variable through six constructs that represent HR practice. The HRP scale developed by Villajos et al. [23] included constructs such as TD, contingent pay and rewards (CPR), PA, RS, competitive salary (CS), and employment security (ES). Each construct was observed using three statements, such as, *The opportunity to receive training and attend courses and workshops*, *A benefits and rewards plan that is linked to my performance*, *A fair evaluation of my performance*, *Careful selection of new employees*, and *A work contract that offers job security*.

The dependent variable was observed through the Community Health Services Results construct. In our study, it consists of statements initially noted within the Baldrige Health Care Criteria by Meyer and Collier [24]. The two items were used: *Contribution to community health programs*, and *Partnership with other organizations to improve community health programs*.

The creation of the original data set and preliminary statistical analyses were done using IBM SPSS Statistics for Windows, Version 22.0 (IBM Corp., Armonk, NY, USA). To test the relationship between HRM practices and health service outcomes, a partial least square approach to structural equation modeling (PLS-SEM) was used. Complex relationships between variables have been effectively modelled using the aforementioned method, even when normality criteria are not met or the sample size is relatively small. The outcomes for the validation of the measurement model were acquired through the employment of confirmatory factor analysis. In order to estimate the structural model and analyze the path coefficients, the standard bootstrapping procedure was applied.

RESULTS

The standard PLS-SEM algorithm procedure was launched to measure model assessment. The outcomes of the confirmatory factor analysis were used as the framework for testing the reliability and validity of measurement scales and statements. The internal consistency reliability and convergent validity analysis results of the proposed model are displayed in Table 1. Standard coefficients and benchmark values were used for evaluation. Factor loadings are significantly above the value of 0.7 for all statements contained in the constructs, which confirms their validity. For all the constructs contained in the model, the value of Cronbach's alpha (α) coefficient ranges 0.830–0.955 and largely meets the requested criteria. The composite reliability value ranges 0.892–0.956 for all latent variables and is significantly above the 0.7 standardized criterion. Average variance extracted is represented by values 0.733–0.918 and is significantly higher than the acceptable threshold of 0.5 value [25].

Table 1. Measurement model and constructs

Construct and items	Loadings	α	CR	AVE
TD		0.955	0.956	0.917
TD01	0.957			
TD02	0.965			
TD03	0.950			
CPR		0.932	0.936	0.880
CPR01	0.913			
CPR02	0.960			
CPR03	0.940			
PA		0.952	0.952	0.912
PA01	0.938			
PA02	0.970			
PA03	0.956			
RS		0.953	0.954	0.914
RS01	0.958			
RS02	0.967			
RS03	0.943			
CS		0.830	0.892	0.733
CS01	0.859			
CS02	0.802			
CS03	0.905			
ES		0.918	0.926	0.859
ES01	0.907			
ES02	0.948			
ES03	0.924			
CHSR		0.911	0.911	0.918
CHSR01	0.957			
CHSR02	0.959			

TD – training and development; CPR – contingent pay and rewards; PA – performance appraisal; RS – recruitment and selection; CS – competitive salary; ES – employment security; CHSR – community health services results; AVE – average variance extracted; CR – composite reliability

The Fornell–Larcker criterion was used for analysis and conclusions about discriminant validity. The results of the analysis shown in Table 2 show that the initial value in each column is higher than any other value in the same column, that comply with the Fornell–Larcker criterion.

By validating statements and measurement scales, assumptions were made for starting the standard bootstrapping procedure and testing the relationships between the constructs.

Table 2. Discriminant validity (Fornell–Larcker criterion)

Constructs	1	2	3	4	5	6	7
1. CHSR	0.958						
2. CS	0.526	0.856					
3. CPR	0.599	0.782	0.938				
4. ES	0.670	0.686	0.606	0.927			
5. PA	0.658	0.795	0.822	0.695	0.955		
6. RS	0.658	0.803	0.716	0.738	0.868	0.956	
7. TD	0.727	0.607	0.685	0.718	0.761	0.795	0.957

TD – training and development; CPR – contingent pay and rewards; PA – performance appraisal; RS – recruitment and selection; CS – competitive salary; ES – employment security; CHSR – community health services results

Statistics related to the structural model analysis are reported in Table 3 and contain values for lower and upper confidence intervals, path coefficients for all relationships and t-values. Statistics of least square approach to structural equation modelling revealed the CS is negatively related to community health service results (CHSR) ($\beta = -0.177$, $p < 0.05$). Study results noted that ES is positively and statistically significant associated with CHSR ($\beta = 0.296$, $p < 0.001$), as well as TD ($\beta = 0.359$, $p < 0.001$). Results showed that CPR, PA, and RS are positively related to CHSR but not statistically significant.

Cross-validated redundancy index (Stone–Geisser Q^2) has been calculated for CHSR as endogenous latent variable. The value of the coefficient Q^2 was recorded as 0.570 for the independent variable and this result demonstrated an excellent score. For the same construct, the coefficient of determination explained variance (R^2) was calculated to assess the model's explanatory power. The R^2 value was 0.592 and revealed strong model's explanatory power indicating that the model provides an explanation for more than 50% of the variance. Standardized root mean square residual for the model was 0.059 and is significantly below the 0.08 criterion [26]. Goodness-of-fit is recorded within acceptable range.

DISCUSSION

The results of our study are consistent with the evidence obtained in previous research, but at the same time they bring new insight into the relationship between HRM practices and CHSR. In general, the results of the statistical analysis confirmed that HRM is an important factor for the operational capability of the healthcare system [1]. HR practice related to competitive salary has a significant negative impact on CHSR. This result reveals that current earnings in public health organizations do not meet the criterion of external competitiveness. Indirectly, this mismatch affects the motivational mechanism and weakens the potential for providing quality patient care. ES records a strong positive association with health service results and gives an indication for an indirect conclusion that

Table 3. Results of testing direct effects

Relationship	Path coefficient	t-value	95% CI (bias-corrected)	Results
CS → CHSR	-0.177*	2.132	[-0.335, -0.014]	Supported
CPR → CHSR	0.152	1.829	[-0.009, 0.315]	Not supported
ES → CHSR	0.296***	4.027	[0.157, 0.442]	Supported
PA → CHSR	0.130	1.269	[-0.076, 0.325]	Not supported
RS → CHSR	0.074	0.693	[-0.142, 0.277]	Not supported
TD → CHSR	0.359***	4.205	[0.193, 0.531]	Supported
Construct	Stoner–Geisser Q2	R2	GOF	
CHSR	0.570	0.592	0.581	
SRMR	0.059			

TD – training and development; CPR – contingent pay and rewards; PA – performance appraisal; RS – recruitment and selection; CS – competitive salary; ES – employment security; CHSR – community health services results; GOF – goodness-of-fit; SRMR – standardized root mean square residual
*$p < 0.05$;
**$p < 0.01$;
***$p < 0.001$

healthcare organizations with a lower turnover rate achieve good health service results [21]. HR practice related to TD achieves the strongest relationship with health service results. This unequivocally confirms that a wide range of opportunities for learning and competence development of employees in public healthcare organizations contributes to the quality of health services. This relation is indirect rather than direct and can be realized through the activation of intrinsic motivation which can have a positive effect on job satisfaction [27] and create the potential for better performance of healthcare professionals. Summarizing the above, it can be concluded that the practice and policy of HRM can play a significant role in increasing the quality of health service results of public healthcare organizations, both through improving patient care and quality of life [20, 28], and increasing client satisfaction [12]. Despite previous research that indicated the importance of managing the performance of employees in healthcare organizations, the results of our study did not reveal the association between performance appraisal and health service results [7]. An important result of the study is the absence of effects of HR practices related to CPR, and staffing policy. This provides an incentive for new research and focusing attention on certain elements of HR practice.

The analysis of the individual relations included in the research model of our study provides a clear theoretical contribution. Confirmation of a statistically significant relationship between TD activities of HRM and CHSR is in accordance with human capital theory [29]. Investments in human capital contribute to the creation of potential for increasing productivity and organization's value towards improving knowledge and competence. The results of the study also greatly support the key postulates of the resource-based theory of the firm [30]. Healthcare professionals employed in public healthcare organizations have been identified as an important factor that affects the performance of healthcare organizations and contributes to their sustainability.

CONCLUSION

The analysis of the relationship between HRM practice and community health services outcome showed that HR practices can be effective in contribution to the improvement of the quality of service of public health organizations. Based on the obtained results of the study, it is possible to identify theoretical implications with a clear practical purpose. The conclusion is that not all HR practices implemented in public healthcare organizations have the same effect on CHSR. The proven effectiveness of TD as well as ES shows that positive changes in CHSR can be expected by focusing on this HR practice. This result can also be achieved through HR practices related to competitive salary, with prior fulfillment of external equivalence conditions. Further research will be aimed at increasing the sample through the participation of healthcare professionals who are employed in private healthcare organizations. This would create assumptions for multigroup analysis, comparison of HR practices in private and public healthcare organizations and conclusions about their effectiveness.

Conflict of interest: None declared.

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Управљање људским ресурсима и исход здравствених услуга − разоткривање односа у јавним здравственим организацијама

Драган Ерић[1], Марко Славковић[2]

[1]Завод за здравствену заштиту радника Министарства унутрашњих послова, Београд, Србија;
[2]Универзитет у Крагујевцу, Економски факултет, Крагујевац, Србија

САЖЕТАК
Увод/Циљ Управљање људским ресурсима и повезане праксе представљају широко истраживачко подручје у оквиру здравствених организација. Прилагођавање пракси управљања људским ресурсима текућим условима на тржишту рада и постизање организационих циљева у домену задовољавајућег квалитета здравствене услуге представљају значајне текуће изазове и стварају изазов за истраживање. Циљ студије је да испита однос између праксе управљања људским ресурсима и исхода здравствених услуга здравствених организација у јавном сектору.
Методе Истраживање је конципирано као студија пресека. За прикупљање примарних података коришћен је структурирани упитник. Узорак чини 257 здравствених радника запослених у здравственим организацијама у јавном сектору. За процену статистичке значајности односа у истраживачком моделу примењен је метод структурних једначина.

Резултати Наша студија је показала да је пракса конкурентних зарада негативно повезана са исходом здравствених услуга (β = -0,177, p < 0,05) здравствених организација у јавном сектору. Резултати студије су показали да је сигурност запослења позитивно повезана са исходом здравствених услуга (β = 0,296, p < 0,001), као и са обуком и развојем запослених (β = 0,359, p < 0,001).
Закључак Резултати студије имају теоријске импликације кроз допринос постојећој теорији људског капитала и теорији фирме заснованој на ресурсима. Идентификација праксе управљања људским ресурсима која позитивно доприноси исходу здравствених услуга даје јасне практичне импликације за менаџере здравствених организација у јавном сектору.
Кључне речи: управљање људским ресурсима; пракса управљања људским ресурсима; исход здравствених услуга; организационе перформансе