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RESEARCH ARTICLE

DO DISPOSITIONAL PECULIARITIES MATTER? AN INTERPLAY OF TRAITS AND ORGANIZATIONAL COMMITMENT AMONG HEALTHCARE PROFESSIONALS

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ABSTRACT

BACKGROUND:

Organizational commitment has endured heightened interest from behavioral scientists and practicing managers owing to its linkages with positive workplace behaviors and outcomes. Therefore, identifying factors that can facilitate organizations to have committed workforce is essential. Extant literature has identified several such factors; however dispositional antecedents of this attitude have remained under-represented.

OBJECTIVE:

Given the fact that many scholars have lately called for examining its dispositional antecedents, the current study has analyzed the impact of agreeableness, conscientiousness and extraversion on organizational commitment and its two dimensions- affective and normative, among hospital employees in a non-western context.

METHODS:

Using systematic sampling technique, 379 health professionals working across northern India were selected. PLS-SEM was used to assess the study's model and hypotheses.

RESULTS:

The results indicate that extraversion did not significantly influence overall organizational commitment among hospital employees. A similar outcome was found for normative commitment, while extraversion significantly impacted affective commitment. Additionally, agreeableness showed a significant positive effect on overall organizational commitment and both its dimensions. Likewise, conscientiousness was found to significantly influence overall commitment and its components.

CONCLUSIONS:

The findings highlight the varying roles of personality traits in shaping employees' commitment within hospital settings. Hence, the present study suggests the hospital authorities to give due consideration to traits particularly agreeableness and conscientiousness, while hiring, training and retaining employees. Aligning human resource practices with these psychological elements are more likely to create a base of highly committed healthcare employees.

KEYWORDS

Affective commitment, healthcare, normative commitment, personality.

INTRODUCTION

Organizational commitment stated as the employee's strong desire to maintain membership in the organization and a firm belief in its values and goals [1], has remained crucial to the field of organizational behavior [2, 3]. This job attitude has endured a lot of interest from behavioral scientists and practicing managers [4] owing to its associations with crucial employee behaviors including absenteeism [5], turnover [6-8], employee performance [9,10], and organizational citizenship behavior [9,11,12]. Consequentially, contemporary organizations including hospitals have progressively become more dependent on committed workforce for coping with serious challenges posed by shortage of resources including manpower and infrastructure, and high service demands [57]. Therefore, selecting and retaining highly committed employees has become a fundamental component of the human resource management strategy of these organizations [14-16].

Extant literature has identified two broad categories of factors predicting commitment- work characteristics and personal characteristics [9, 17, 18]. Surprisingly, research has only recently witnessed growing debates on personality traits as antecedents of this job attitude [14, 19-22]. Previously, organizational commitment scholars concluded that dispositional factors might not play a key role in shaping organizational commitment [9]. Of late, however, several calls have been made by scholars who believe that this conclusion may be premature and dispositional characteristics, including Big Five personality traits, could also prove significant determinants of organizational commitment [14,19,20]. Individuals tend to look at similar work environments distinctively as they prefer information that confirms their predispositions through selective exposure, selective perception, and selective retention [23]. Hence, individual differences in terms of personality traits other than the environmental factors [14] can affect their levels of organizational commitment. Furthermore, trait theory of personality states that traits are relatively stable characteristics that influence how an individual thinks, feels and behaves [32; 58]. Consequently, traits can also have a meaningful impact on employees' psychological attachment to the organization.

Furthermore, extraversion, agreeableness and conscientiousness traits are highly significant in hospital setting owing to the unique demands of healthcare services [24, 25]. A high level of interpersonal engagement that is required among patients, families and medical teams is supported by extraversion trait. Correspondingly, the caregiving mission of hospitals aligns well with empathy, desire to assist others, and cooperation characteristics of agreeable people. Furthermore, upholding professional standards and patient safety in stressful environment of hospitals depends upon peculiar tendencies of conscientiousness, including discipline, reliability and a strong sense of responsibility. Conversely, the other two traits of Big Five have not been regarded as positive drivers in hospital settings. Neuroticism has been associated with heightened emotional instability in a stressful work environment [24], while openness to experiences has been linked with an enhanced tendency toward abandoning a workplace [26].

However, there exists a dearth of both empirical and theoretical research on personality-commitment linkages [21, 27]. Although some researchers have emphasized that the level and forms of commitment can be molded by individual characteristics, culture and unique context [26, 27, 28, 29], this significant research domain remained under-explored. For instance, scant studies have examined these linkages in developing economies [18, 30], where collectivist values exist. Similarly, only fewer research works have highlighted how traits affect commitment in healthcare sector [31]. Against this backdrop, the present study seeks to investigate the extent to which the select traits predict organizational commitment among healthcare employees in a non-Western context. Given the theoretical focus of this research on positive psychological attachment, affective and normative commitment were considered the most relevant dimensions for inclusion. These are positive forms of commitment, often found to be strongly correlated and to frequently share the same antecedents and outcomes, thereby implying that the mindsets of desire and obligations may co-occur [9]. While continuance commitment has been largely linked with negative antecedents and outcomes [13]. Hence, the present study is an endeavor to address scholarly calls for examining the dispositional basis of this positive attitude by exclusively focusing on affective and normative commitment. Moreover, by analyzing the aforementioned relationships in a non-

Western healthcare context, the present work can add to literature by determining how people's characteristics affect their commitment to work and organization because of diversity in culture.

THEORY AND HYPOTHESES DEVELOPMENT

TRAIT THEORY OF PERSONALITY

Trait theory is a key framework in the domain of personality. The theory holds that personality encompasses a variety of traits that are fundamental for understanding attitudes and behaviors of an individual. Traits represent broad dimensions of human characteristics that manifest consistency, stability and relative permanence [32]. Traits influence an individual's general approach to adjusting to and engaging in the social sphere [70]. Consequently, organizational psychologists and behavioral scientists have shown enormous interest in trait theory. Likewise, "Big Five" taxonomy has been identified as central to understanding individual differences in personality [72]. Proponents of big five taxonomy believe that employees develop specific patterns of thoughts, feelings and behaviors depending on their relative standing on the basic five traits [32; 58]. This argument holds specific relevance in healthcare settings, where employees operate in an environment characterized by high work demands and burnout. Personality traits influence how healthcare professionals cope with these challenges and utilize their personal resources at the workplace. For instance, extraverted employees may derive greater support from social interactions, agreeable employees tend to establish supportive workplace relationships, and conscientious employees are more likely to exhibit reliability and responsibility. As a result, these traits can facilitate stronger emotional attachment and normative obligations toward the organization, thereby enhancing organizational commitment.

EXTRAVERSION AND ORGANIZATIONAL COMMITMENT

Extraversion implies how assertive, dominant, active, lively and passionate an individual is [32]. Extraverts have a strong desire for sensory stimulation and are frequently social and outgoing. Due to their propensity for social interaction and building relationships with co-workers, highly extraverted employees frequently demonstrate higher levels of organizational commitment [33, 34, 35]. Extraverted employees are more likely to remember good things that happened at work and are happier in their positions. This inclination makes them feel more affectively attached to their workplace and the people over there [14,19, 27]. The extant research has also shown a positive association between extraversion and affective components of organizational commitment [33, 34]. Additionally, extraverted employees consider social interactions inside the workplace more rewarding than introverted employees due to their positive emotionality [35]. Hence, extraverted workers may feel obliged to give back to the organization for creating such a welcoming social atmosphere. This can eventually increase their normative commitment levels [19, 36]. Similarly, various hospital roles require frequent interaction with patients, families and co-workers. These interactions are often sensitive and consequential [24]. Hence, extravert employees' optimism and effective communication can play a significant role in these high-stress and emotionally charged environments [25]. This ability to build strong workplace relationships fosters a sense of belonging, which eventually can reinforce their commitment to the organization. Hence, it is hypothesized that:

H1: Extraversion positively influences organizational commitment among healthcare professionals

H1a: Extraversion positively influences affective commitment among healthcare professionals

H1b: Extraversion positively influences normative commitment among healthcare professionals

AGREEABLENESS AND ORGANIZATIONAL COMMITMENT

Agreeableness represents individual traits such as cooperativeness, tolerance, generosity and trust [37]. Agreeable individuals have the propensity to assist others [32]. This willingness might translate into a propensity to assist the whole organization, which could lead to strong work commitment [38]. Highly agreeable employees are motivated to satisfy basic needs connected to affiliation by being compliant, loyal and trusting [39]. Due to their motive of getting along with others, agreeable employees try to establish and maintain harmonious relationships with other organizational members [40, 41]. These interpersonal bonds contribute to a pleasant work environment and reinforce emotional attachments to the organization [14]. However, this association has received limited attention from researchers, though it seems theoretically sound. Additionally, agreeable individuals are kind, accommodating, and selfless. People who have these characteristics are more likely to develop obligations to their organizations. Moreover, agreeableness should be

connected to emotional warmth that positively influences an employee's social identity with the work environment [17]. This can result in enhancing his or her need to reciprocate the organization for providing a supportive social environment. Similarly, in hospital settings, team-based work of doctors, nurses and paramedics depends heavily on trust, cooperation and low interpersonal conflict. Particularly in case of critical service delivery and direct patient care, there remains a great demand for interdependence and collaboration among different healthcare professionals [24, 25]. Hence, agreeable employees are more probable to relate to a hospital's caregiving mission and to experience a sense of belonging towards it. In line with this, it is hypothesized that:

H2: Agreeableness positively influences organizational commitment among healthcare professionals

H2a: Agreeableness positively influences affective commitment among healthcare professionals

H2b: Agreeableness positively influences normative commitment among healthcare professionals

CONSCIENTIOUSNESS AND ORGANIZATIONAL COMMITMENT

Conscientiousness represents the propensity to be responsible, trustworthy, diligent, persistent, punctual and work-oriented [42]. Several scholars have proposed conscientiousness as the dispositional basis of organizational commitment [43,44]. Conscientious employees possess a "generalized work involvement tendency" [41; p. 341], owing to which these employees are more likely to form an emotional connection with the organization. Employees who exhibit high levels of conscientiousness have a strong desire to be appreciated and recognized by their employers [21]. Both tangible and intangible rewards are extremely enjoyable for these employees since they act as testimonials of their hard work. Therefore, receiving rewards may lead to more affective commitment among such employees [45]. Apart from that, highly conscientious people are also expected to have higher levels of normative commitment [14, 21]. Since they sense moral obligations to conduct honorably for their organization, these people are more likely to experience higher degrees of normative commitment [14]. Highly conscientious workers continue to carry out their obligations and responsibilities, even when they feel that their growth efforts are not being supported in any significant way [46]. Owing to their dispositions of dependability and loyalty, conscientious workers prefer establishing and upholding a long-term relationship with their organization [47]. Hence, normative commitment may be thought to be only naturally due [48].

In healthcare sector, job duties and procedures are usually standardized, governed by rules, and required to adhere to professional guidelines. Healthcare workers' negligence, disregard for regulations, and lack of attention to detail can have an adverse impact on patient safety [24]. Consequentially, conscientious employees are best suited to working in such an environment. Moreover, conscientiousness has been identified by numerous researchers as the most pertinent trait in healthcare, predominantly for addressing public health emergency situations such as pandemics [25, 49]. This clearly indicates that conscientiousness aligns well with the level of professionalism required in medical settings, thereby making these employees committed to their roles and organizations. Against this argument, the study hypothesized that:

H3: Conscientiousness positively influences organizational commitment among healthcare professionals

H3a: Conscientiousness positively influences affective commitment among healthcare professionals

H3b: Conscientiousness positively influences normative commitment among healthcare professionals

RESEARCH METHODOLOGY

PARTICIPANTS AND PROCEDURE

The data were collected from employees working across tertiary care public hospitals in Jammu and Kashmir, India. Prior to data collection, necessary approvals were obtained from the relevant hospital authorities. Additionally, information regarding the total number of employees was gathered to facilitate sampling. The total population (N) was 7151. To determine the optimal sample size, the formula given by Yamane [50] was applied that yielded a required sample of 379 participants. These respondents were selected using a systematic random sampling technique. The study participants were selected at an interval of five from the list of employees provided by each tertiary care hospital.

DEMOGRAPHIC PROFILE

Out of 379 healthcare professionals, 37% were doctors, 45% were nurses, and 18% were paramedics. Out of these respondents, 42 % were males and 58% were females. It was further revealed that the majority of the respondents had

MD/MS/DNB/M.Sc. (49.10%) as their highest qualification. Most of them fall in the age group of 25-39 years (66.20%) and had less than ten years of job experience (71.50%).

MEASURES

A questionnaire containing 26 items for measuring the select personality traits and 12 items for measuring affective and normative commitment was self-administered. To measure personality traits, items were adopted from Big Five personality scale [51]. Likewise, organizational commitment scale [52] was adopted for measuring affective and normative forms of commitment. The study participants were asked to respond to these questionnaire items on a five-point Likert scale - with 1 indicating 'strongly disagree' to 5 indicating 'strongly agree'. Further, the respondents were assured about the anonymity and confidentiality of data well in advance.

COMMON METHOD BIAS (CMB)

The study used Harman's single-factor test and full collinearity test to assess CMB. The result of Harman's single-factor test revealed that the total variance explained by a single factor was 28.99%, which is below the threshold limit of 50% [53]. Moreover, the full collinearity test also indicated that there were no significant issues regarding CMB in the data because the inner VIFs of all the latent constructs (Table 1) were also below the threshold of 3.3 [53].

TABLE 1: FULL COLLINEARITY TEST

Variables	AC	AGREE	CONS	Dummy	EXTRA	NC
AC				1.192		
AGREE				1.902		
CONS				2.191		
Dummy						
EXTRA				1.781		
NC				1.309		

RESEARCH ETHICS

The data used in this study were collected on an individual basis, with all respondents' identities kept strictly confidential. The research adhered to the fundamental principles of informed consent and confidentiality. Participants voluntarily agreed to take part in the study after being adequately informed about its purpose and scope. Moreover, formal research permission was granted by the healthcare authorities (Reference Numbers: DHSK/Sch/1236-39, dated 10/02/2021, and SIMS/ACAD/Data/21-2691-95, dated 22/03/2021). The approval granted by the healthcare authorities served as the institutional clearance.

DATA ANALYSIS AND RESULTS

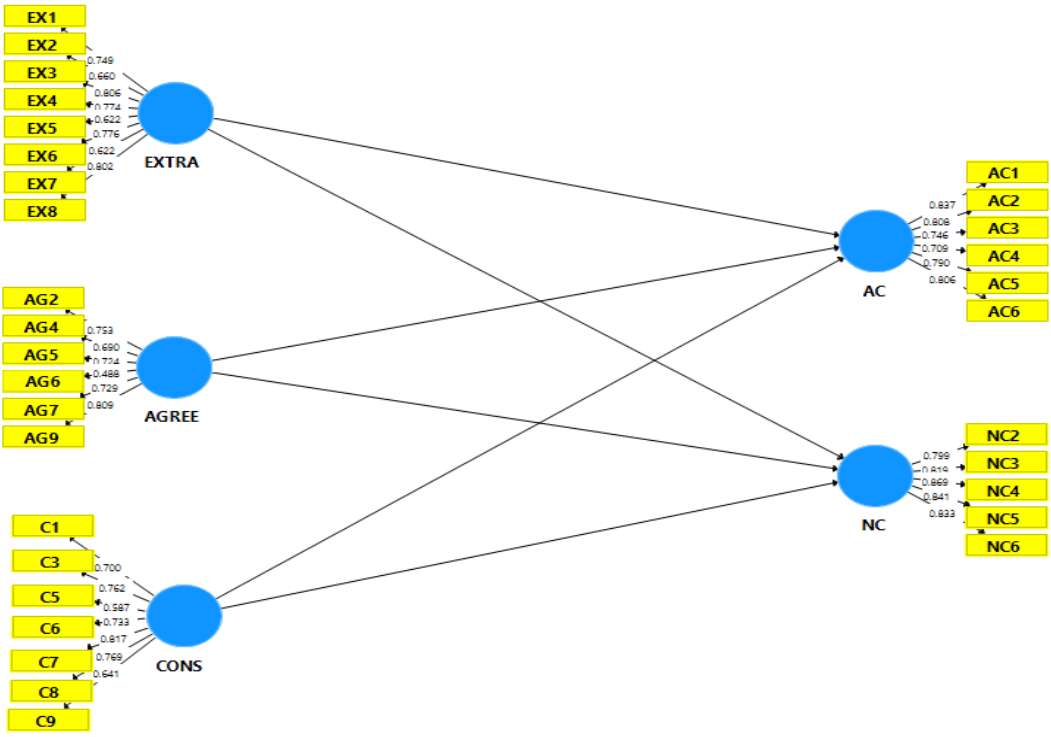
In line with the previous research, the study has employed the PLS-SEM technique through SmartPLS to analyze the data [54-56]. This technique was selected because the current study aimed to explain variance in organizational commitment which is a higher-order construct. The presence of a higher order construct adds complexity to the model. Subsequently, the two-step procedure (measurement and structural model assessment) was used to analyze the data [56] as recommended by Hair et al. [59].

MEASUREMENT MODEL ASSESSMENT

In this assessment, the factor loadings of the scale items, reliability, and validity scores of the constructs are determined [59, 60]. As indicated by experts, e.g., Roy et al. [61] organizational commitment is a higher-order reflective construct, hence we have to conduct hierarchical component modeling (HCM) in two stages [62]. In the first stage, the lower-order constructs viz., three personality traits and two components of organizational commitment will be tested for their reliability and validity (figure 1), followed by the second stage in which higher-order construct- organizational commitment will be assessed (figure 2).

Stage 1: The factor loadings for all the items of lower-order constructs were found above the acceptable limit of 0.5 [63], except for six items of personality traits and one item of normative commitment. All these items were excluded from further analysis except one item (AG6) whose loading was 0.488. According to Hair et al. [63], an item with loading above 0.4 can be retained if it does not have any adverse impact on the composite reliability (CR) and average variance extracted (AVE) scores of that construct. As revealed by Table 2, the CR and AVE values for agreeableness meet respective threshold limits of 0.7 and 0.5, therefore AG6 was retained for further analysis.

FIGURE 1. LOWER-ORDER MEASUREMENT MODEL



The reliability of all study constructs was determined via Cronbach Alpha and composite reliability measures (see Table 2). All the scores for Cronbach Alpha were above 0.7 recommended level [63], hence the reliability of the lower-order constructs was confirmed. In addition, the composite reliability scores were above the threshold of 0.7. Further, the AVE values for all the selected personality traits, affective and normative commitment meet 0.5 threshold level [64]. Hence, the convergent validity for all the lower-order constructs was also established.

TABLE 2: RELIABILITY AND CONVERGENT VALIDITY SCORES

Construct	Cronbach- Alpha	Composite Reliability	AVE
Extraversion	0.881	0.900	0.533
Agreeableness	0.792	0.854	0.500
Conscientiousness	0.842	0.881	0.518
Affective Commitment	0.877	0.905	0.614
Normative Commitment	0.889	0.919	0.693
Organizational commitment	0.782	0.902	0.821

To determine the discriminant validity, HTMT ratio criterion was employed. As shown in Table 3, all the scores obtained were below the recommended value of 0.85 [65]. Therefore, the discriminant validity of all lower-order constructs stood confirmed.

TABLE 3: DISCRIMINANT VALIDITY OF LOWER ORDER CONSTRUCTS (HTMT RATIO)

Variables	AC	AGREE	CONS	EXTRA	NC
AC					
AGREE	0.415				
CONS	0.489	0.798			
EXTRA	0.367	0.586	0.650		
NC	0.697	0.453	0.464	0.283	

Moreover, cross loading criterion was employed to check whether factor loadings of all the items were stronger on the underlying construct to which they belong instead of other constructs. The results as displayed in Table 4 evidenced for discriminant validity of the lower order constructs.

TABLE 4: DISCRIMINANT VALIDITY OF LOWER ORDER CONSTRUCTS (CROSS LOADINGS CRITERION)

	AC	AGREE	CONS	EXTRA	NC
AC1	0.836	0.291	0.363	0.294	0.599
AC2	0.806	0.414	0.430	0.338	0.562
AC3	0.748	0.200	0.288	0.255	0.367
AC4	0.711	0.182	0.234	0.163	0.353
AC5	0.791	0.231	0.305	0.250	0.467
AC6	0.804	0.323	0.384	0.332	0.582
AG2	0.281	0.753	0.505	0.393	0.257
AG4	0.184	0.690	0.372	0.318	0.314
AG5	0.263	0.724	0.472	0.417	0.283
AG6	0.241	0.488	0.363	0.391	0.205
AG7	0.229	0.729	0.508	0.318	0.222
AG9	0.333	0.809	0.534	0.437	0.324
C1	0.237	0.504	0.700	0.447	0.231
C3	0.293	0.597	0.762	0.470	0.316
C5	0.333	0.310	0.588	0.332	0.282
C6	0.282	0.509	0.733	0.429	0.309
C7	0.356	0.629	0.816	0.548	0.368
C8	0.383	0.440	0.769	0.490	0.317
C9	0.299	0.278	0.642	0.305	0.217
EX1	0.189	0.333	0.319	0.748	0.137
EX2	0.227	0.239	0.314	0.660	0.124
EX3	0.328	0.517	0.543	0.806	0.280
EX4	0.248	0.531	0.519	0.774	0.225
EX5	0.141	0.180	0.273	0.622	0.056
EX6	0.348	0.474	0.594	0.776	0.339
EX7	0.193	0.169	0.331	0.622	0.052
EX8	0.286	0.437	0.432	0.802	0.254
NC2	0.428	0.305	0.336	0.220	0.801
NC3	0.518	0.295	0.296	0.182	0.821
NC4	0.614	0.346	0.417	0.282	0.870
NC5	0.495	0.296	0.292	0.271	0.837
NC6	0.594	0.349	0.354	0.255	0.833

Stage 2: In this stage, two lower-order constructs viz. affective commitment and normative commitment were entered as two indicators of the organizational commitment (OC) (higher-order construct) (Figure 2). The factor loadings of

organizational commitment were found above the threshold of 0.5. Additionally, the Cronbach alpha, composite reliability and AVE scores for organizational commitment were also satisfactory as displayed in Table 2. Using the methods of HTMT (Table 5) and Cross loading (Table 6), the discriminant validity of organizational commitment was also confirmed.

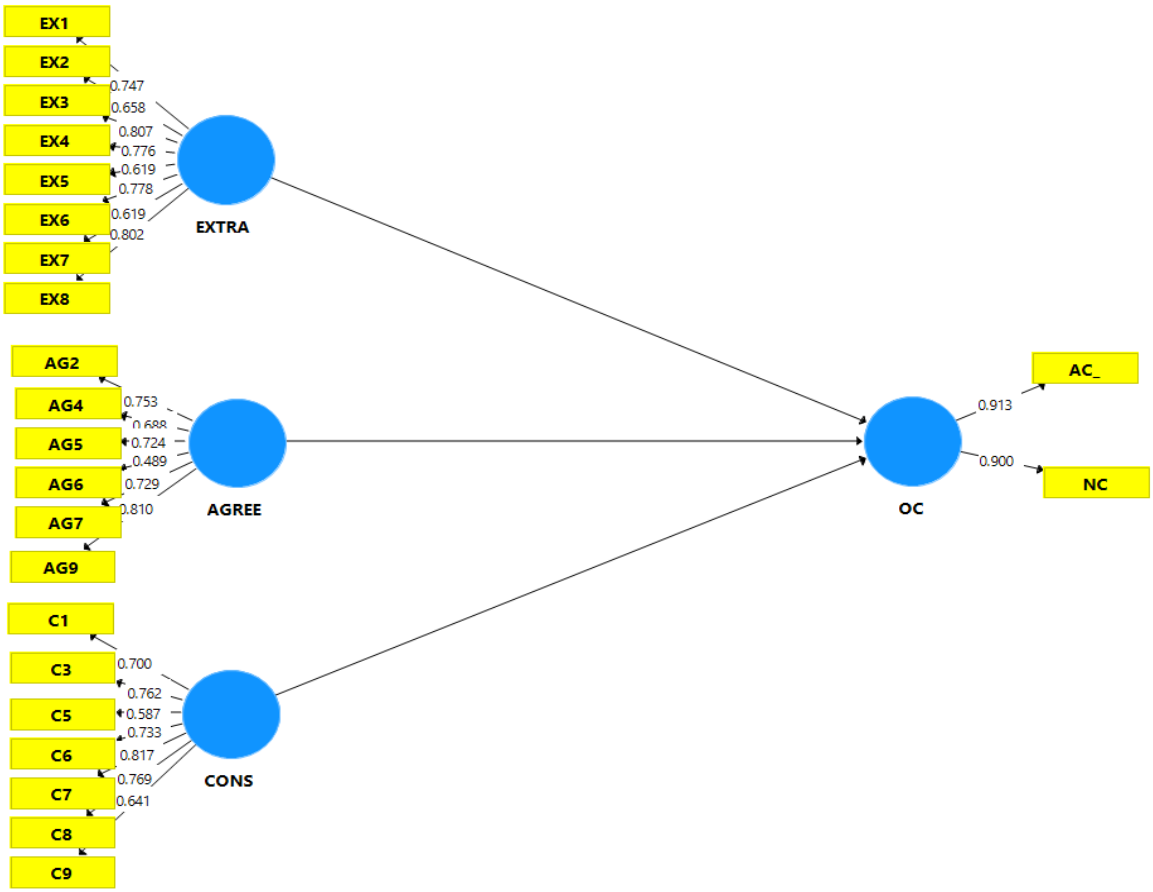
TABLE 5: DISCRIMINANT VALIDITY OF HIGHER ORDER CONSTRUCT (HTMT RATIO)

Variables	AGREE	CONS	EXTRA	OC
AGREE				
CONS	0.798			
EXTRA	0.586	0.650		
OC	0.524	0.573	0.386	

TABLE 6: DISCRIMINANT VALIDITY OF HIGHER ORDER CONSTRUCTS (CROSS LOADINGS CRITERION)

1.	2. AGREE	3. CONS	4. EXTRA	5. OC
6. AG2	7. 0.753	8. 0.506	9. 0.394	10. 0.298
11. AG4	12. 0.688	13. 0.372	14. 0.319	15. 0.273
16. AG5	17. 0.724	18. 0.472	19. 0.418	20. 0.301
21. AG6	22. 0.489	23. 0.363	24. 0.390	25. 0.247
26. AG7	27. 0.729	28. 0.508	29. 0.320	30. 0.249
31. AG9	32. 0.810	33. 0.534	34. 0.437	35. 0.363
36. C1	37. 0.504	38. 0.700	39. 0.448	40. 0.259
41. C3	42. 0.597	43. 0.762	44. 0.471	45. 0.336
46. C5	47. 0.310	48. 0.587	49. 0.330	50. 0.340
51. C6	52. 0.509	53. 0.733	54. 0.430	55. 0.326
56. C7	57. 0.629	58. 0.817	59. 0.549	60. 0.400
61. C8	62. 0.441	63. 0.769	64. 0.491	65. 0.387
66. C9	67. 0.278	68. 0.641	69. 0.304	70. 0.286
71. EX1	72. 0.333	73. 0.319	74. 0.747	75. 0.182
76. EX2	77. 0.239	78. 0.314	79. 0.658	80. 0.196
81. EX3	82. 0.517	83. 0.543	84. 0.807	85. 0.337
86. EX4	87. 0.531	88. 0.519	89. 0.776	90. 0.262
91. EX5	92. 0.181	93. 0.273	94. 0.619	95. 0.111
96. EX6	97. 0.475	98. 0.594	99. 0.778	100.0.380
101.EX7	102.0.169	103.0.331	104.0.619	105.0.138
106.EX8	107.0.437	108.0.432	109.0.802	110.0.299
111.AC	112.0.368	113.0.441	114.0.361	**115.0.913**
116.NC	117.0.384	118.0.412	119.0.295	**120.0.900**

FIGURE 2. HIGHER ORDER MEASUREMENT MODEL



STRUCTURAL MODEL ASSESSMENT

This assessment involves testing hypotheses and determining the explanatory power of the model. The study utilized bootstrapping procedure with 5000 subsamples to test the statistical robustness of results. Moreover, significance levels for one-tailed testing along with bias-corrected and accelerated (BCa) bootstrap confidence intervals approach were employed to run the procedure. Table 7 reveals the results of all the research hypotheses.

As indicated by results, extraversion did not have any significant influence on overall organizational commitment among hospital employees which is evident with its p-value beyond 0.05 level, hence this hypothesis (***H1***) was not supported. However, extraversion has a significant positive impact on affective commitment (β = 0.122, p < 0.01**).** Although the effect size is modest, it is significant in OB research where personality traits often produce small but stable effects [66]. Hence, ***H1a*** stands supported. Furthermore, it was also revealed that extraversion has no significant impact on normative organizational commitment (β = 0.026, p > 0.01**).** Hence**, *H1b*** was not supported.

The table also reveals that agreeableness has a significant positive impact on organizational commitment **(**β = 0.165, p <0.01**)**, thereby supporting ***H2.*** This finding indicates that healthcare employees who are agreeable, kind and cooperative tend to exhibit high level of commitment towards their organization. Moreover, agreeableness has significant positive impact on affective commitment (β =0.108, p <0.01) and normative commitment (β =0.194, p <0.01). Hence, sub-hypotheses ***H2a***, and ***H2b*** were also supported.

Likewise, as hypothesized ***(H3)***, conscientiousness trait was found to exert a significant and substantial influence on the level of overall organizational commitment (β =0.312, p <0.01). Highly conscientious healthcare employees are more likely to form enduring psychological bonds with their workplace. Furthermore, the findings also indicated significant positive impact of conscientiousness on both affective (β =0.297, p <0.01). and normative (β =0.269, p <0.01). forms of commitment. Hence, ***H3*** and its sub hypotheses ***H3a*** and ***H3b*** were all supported in the current study.

Additionally, ***Coefficient of Determination (R^2)*** calculated to assess the explanatory power of the model revealed an adjusted R^2 value of 0.240. Since the study model comprises multiple independent variables, therefore adjusted R^2 was used. Adjusted R^2 accounts for the number of predictors and penalizes for adding irrelevant variables. Therefore, it provides a more accurate estimate of the model's explanatory power [67]. In this study, the adjusted R^2 value indicated that 24% of the variance in organizational commitment was explained by the select personality traits. Though this value might seem to be moderate, it is not unusual in social science research because several factors interact and affect human behaviors and attitudes. Moreover, this value is in line with recommended score of 0.10 or above [68]. Hence, it can be concluded that the explanatory power of the model (figure 3) was satisfactory. It suggests that personality traits have a significant, though not exclusive, influence on organizational commitment. Moreover, the R^2 values for affective commitment and normative commitment were 0.230 and 0.201 respectively, when modeled separately as lower order constructs. These values also indicated moderate explanatory power of the respective models. Furthermore, Stone-Geisser's Q^2 value for organizational commitment was 0.194 (greater than 0), which confirmed the predictive relevance of the model.

FIGURE 3. STRUCTURAL MODEL (AFTER BOOTSTRAPPING)

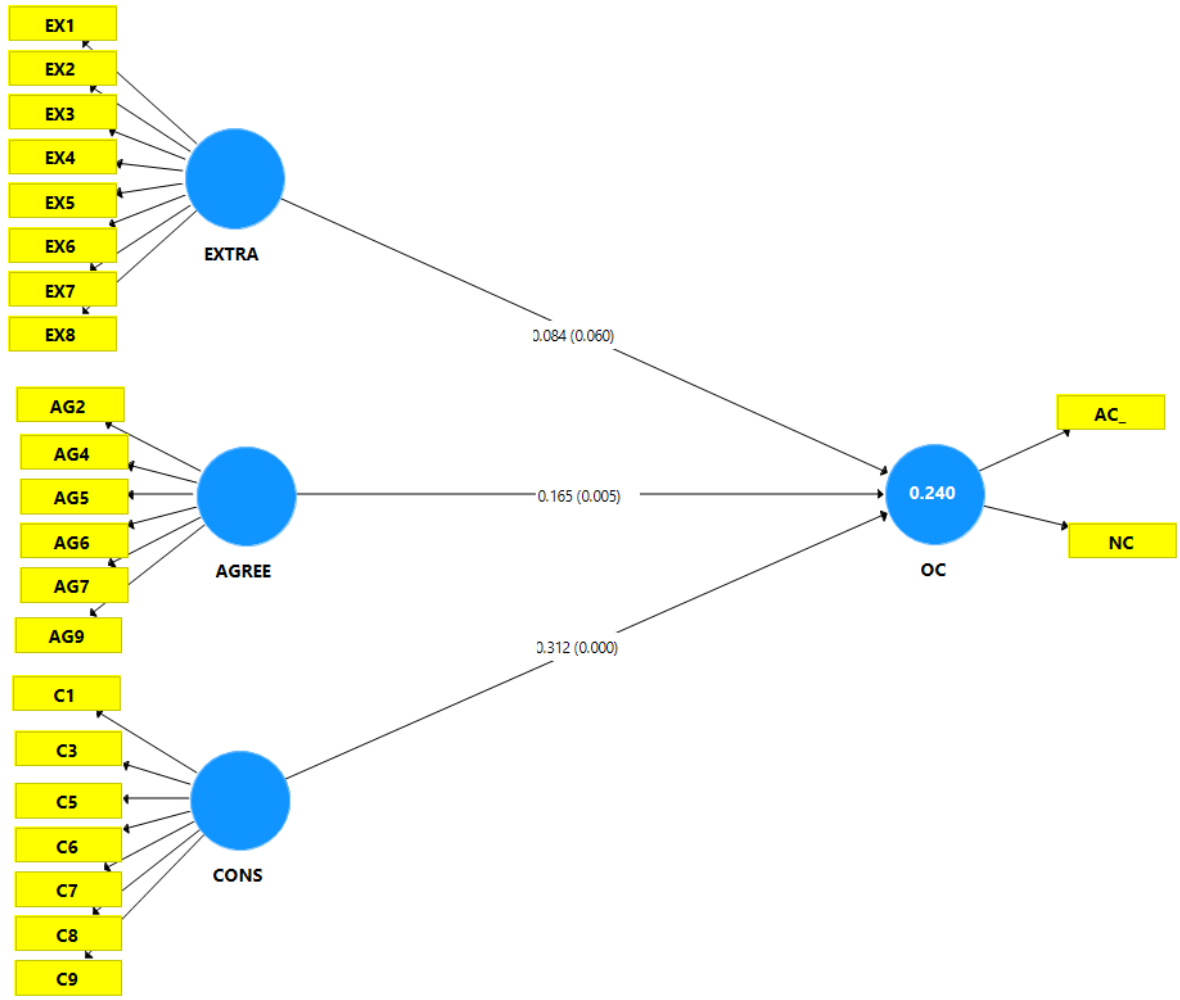


TABLE 7: HYPOTHESES TESTING (PATH COEFFICIENTS, T VALUES, AND P VALUES)

Hypotheses	Coefficient	S. D	t- value	p-value	LLCI	ULCI	Decision
(H1) Extraversion-> OC	0.084	0.063	1.559	0.060	-0.008	0.166	Not supported
(*H1a*) Extraversion-> AC	0.122	0.059	2.067	0.002	0.030	0.228	Supported
(*H1b*) Extraversion-> NC	0.026	0.054	0.475	0.317	-0.058	0.122	Not Supported
(H2) Agreeableness-> OC	0.165	0.063	2.595	0.005	0.059	0.265	Supported
(*H2a*) Agreeableness-> AC	0.108	0.065	1.649	0.050	0.006	0.222	Supported
(*H2b*) Agreeableness-> NC	0.194	0.066	2.934	0.002	0.088	0.305	Supported
(H3) Conscientiousness-> OC	0.312	0.068	4.567	0.000	0.200	0.421	Supported
(*H3a*) Conscientiousness-> AC	0.297	0.074	4.008	0.000	0.173	0.414	Supported
(*H3b*) Conscientiousness-> NC	0.269	0.071	3.786	0.000	0.150	0.383	Supported

LLCI- lower limit confidence interval

ULCI- upper limit confidence interval

DISCUSSION AND IMPLICATIONS

The study did not find extraversion exerting any significant influence on the level of organizational commitment among hospital professionals. Since extraverted individuals have inclinations towards sociability and positive affectivity, these employees tend to get more attached to their organizations. Besides, in case of public hospitals, immense traffic of patients is witnessed on a daily basis. The shortage of healthcare workers in hospitals makes the situation even more challenging [13]. According to [69, 71], owing to heavy workload, extended working hours, and insufficient rest time, healthcare professionals experience high stress, which leads to burnout, thereby minimizing their social interactions to the least. The lack of socialization might not bode well with these extraverted workers, leading to lower levels of organizational commitment. Moreover, given such circumstances, hospitals might not provide a welcoming social atmosphere to extraverted employees. Due to this deficiency, healthcare employees may not be expected to feel obliged to reciprocate to the organizations and show higher levels of normative commitment. Furthermore, a study by Spagnoli and Caetano [73] in the Portuguese context reported that extraversion had no significant impact on normative commitment, hence substantiating the study findings. On the other hand, the study has revealed a positive effect of extraversion on affective commitment. The plausible explanation might be that the extraverted employees' optimism plays a significant role in emotionally charged hospital environments [25]. Their ability to remember good things at the workplace may also foster their level of affective commitment. This finding is in line with previous studies [34] that have also found extraverted employees emotionally attached to their workplace.

The study has also revealed agreeableness as a significant antecedent of organizational commitment and its two components, which is in line with several studies that have assessed the relationship in other contexts [19,21, 26, 42]. This finding suggests that agreeable employees may develop commitment primarily through a sense of moral obligation towards their organization rather than solely through emotional attachment. Thus, the result holds particular relevance in

healthcare environments, given the profession's emphasis on teamwork, trust, prosocial behavior, patient care, and adherence to ethical responsibilities [24, 25]. Agreeable people are characterized by cooperation, compassion, altruism, loyalty, and concern for maintaining interpersonal relationships [39, 40]. These characteristics may make them more likely to remain committed, as they may perceive a moral obligation to support colleagues, patients, and the broader goals of the organization.

Moreover, the findings revealed that conscientiousness trait exhibits a significant positive effect on both forms of commitment. In line with several previous studies [22, 43, 47], this study has also found conscientiousness as a relevant trait to determine overall commitment. Owing to their features of dependability, dutifulness, and achievement-seeking, conscientiousness has been identified by numerous researchers as an important trait in healthcare [25, 49]. This indicates that conscientiousness aligns well with the level of professionalism required in hospital settings. This might result in making these employees exhibit high levels of affective and normative forms of organizational commitment. The study provides important theoretical and practical implications to the existing body of literature.

THEORETICAL IMPLICATIONS

This study contributes to the literature on organizational commitment by addressing the underexplored role of personality traits as its antecedents [21, 27]. While previous research primarily focused on situational and job-related factors, this study reinforces the argument that dispositional characteristics significantly shape organizational commitment [14, 19]. By demonstrating the impact of agreeableness and conscientiousness on both affective and normative commitment, the study supports the trait-based perspective of organizational behavior. Furthermore, the findings revealed agreeableness as relatively stronger predictor of normative commitment than affective commitment among healthcare professionals. This finding highlights the criticality of agreeableness in hospital settings for making employees feel more obligated to maintain their end of the social exchange by expressing normative commitment. Additionally, the findings challenge prior assumptions that extraversion universally fosters commitment. It is believed that extraverted employees frequently demonstrate higher levels of organizational commitment due to their propensity for sociability and building relationships with co-workers. The sense of belonging that is fostered by these social ties has a positive impact on commitment [35]. Additionally, the growing body of research has corroborated this assertion [14, 33, 34]. However, the present work has not found extraversion having any significant impact on organizational commitment among the healthcare employees. The probable reason could be heavy workload and staff shortages in public hospitals that might hinder socialization. This highlights the need for context-specific examinations of personality-commitment relationships. Moreover, this study enriches the cross-cultural understanding of organizational commitment by exploring these dynamics in a non-Western setting. Cultural diversity affects work attitudes, and the study's findings contribute to refining commitment models in varying sociocultural environments. The results also provide empirical backing to research that emphasizes the interplay of dispositional and contextual factors in shaping workplace attitudes.

PRACTICAL IMPLICATIONS

The study's findings hold significant practical relevance for hospital administrators in particular and HR professionals in general. Given that agreeableness and conscientiousness strongly influence organizational commitment, hospitals should incorporate personality assessments into their hiring and selection processes. Identifying candidates with these traits may lead to a more committed workforce, ultimately improving patient care and the operational efficiency of healthcare organizations. Such committed healthcare workers could display better resilience in times of extreme work pressure, thereby reducing their likelihood of experiencing occupational burnout [74]. Furthermore, organizations can design specialized training programs to foster these traits among employees. For example, workshops that foster empathy and teamwork can boost agreeableness, while training in goalsetting and time management skills can improve conscientiousness. Mentorship initiatives that involve pairing employees with their role models can also promote development of more responsible behaviors. These organizations can also utilize team composition strategies to maximize performance and team dynamics. The study also suggests hospital management to create opportunities for social engagement that can enhance organizational attachment among extraverted employees.

Additionally, to mitigate stress and enhance commitment, hospital administrators should focus on improving working conditions. Implementing policies that promote work-life balance, mental health support and peer recognition can enhance employees' psychological well-being. This can reduce occupational stress and strengthen their organizational commitment. By integrating these insights into HR strategies, hospitals can improve employee retention, job satisfaction and overall organizational performance. This will ultimately result in benefiting both healthcare professionals and patients.

CONCLUSIONS

The study has tested linkages between the select personality traits and organizational commitment among hospital workers. The results revealed a significant impact of agreeableness and conscientiousness on their commitment levels. However, in case of extraversion, a significant impact was reported on affective commitment only. Hence, this study has contributed to the literature on organizational commitment by way of examining personality traits as antecedents to this job attitude. In that, this study has attempted to address recent scholarly calls by scholars who believe that dispositional characteristics play a significant role in shaping commitment [14,19,20]. This study has also added to the limited pool of such empirical works in a non-western context, thereby augmenting the literature by determining how individual predispositions influence his work commitment because of diversity in culture [26, 27]. In the light of these findings, the present study suggests that the hospital authorities should give due consideration to traits particularly agreeableness and conscientiousness while selecting, training and retaining employees. Through the alignment of human resource practices with these psychological elements, healthcare organizations can improve resilience and employee engagement. Ultimately, such strategic initiatives could prove instrumental for enhancing organizational performance. Simultaneously, these could assist in safeguarding long-term sustainability of the healthcare workforce amid global staffing shortages and growing environmental uncertainties.

LIMITATIONS AND FUTURE RESEARCH AVENUES

The present study, however, suffers from a few limitations. Although the study has focused on healthcare sector, the core insights derived have a broader applicability. Organizations in similar demanding, people-centered sectors, including education, social work or customer service might find it useful to consider these traits while designing various HR strategies. However, generalizing the results to other sectors should be ideally supported by further empirical studies. Future research is, therefore, suggested replicating the study in other sectors and cultures, in order to test the applicability of the current framework. In line with several studies [20, 61], the present study has measured organizational commitment as a reflective construct and examined affective and normative dimensions only. However, such exclusion may also limit the generalizability of the findings. Moreover, the moderate level of explanatory power (R^2 =0.24) of the model indicates that a large proportion of the variance remains unexplained. Hence, incorporating continuance commitment in the model could enhance the results. Similarly, several individual, organizational and contextual variables including work engagement, perceived organizational support, person-organization fit, ostracism or occupational burnout, could also influence the relationship between personality and commitment. Hence, future research is suggested to add some individual, organizational or contextual variable to the model as mediator/moderator to enhance its explanatory power. Moreover, the responses for dependent and independent variables were collected from the same source. Though statistical tests revealed no significant issues regarding CMB, there still remains a chance of biasness. Future research can obtain responses from various sources at different time intervals to avoid any possibility of CMB. Additionally, longitudinal research designs should be used by future research instead of cross-sectional designs to gain more valid insights about the relationship.

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The authors declare they have no competing interests

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