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The Relationship Between Human Resource Management Practices, Work Engagement and Employee Behavior: A Case Study in Vietnam

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Abstract

This study aims to identify the relationship between human resource management practices, work engagement, and proactive behavior of health workers in Gia Lai Province in Vietnam. Based on theoretical frameworks of human resource management, work engagement, and proactive behavior, this study developed a research model and tested its relationship between human resource management practices, work engagement, and the proactive behavior of healthcare workers in Gia Lai Province. This research has used a mixed research method with qualitative and quantitative research. The quantitative research was conducted by survey with 232 health workers. The hypotheses were tested by using structural equation modeling (SEM). The findings showed that human resource management practices have a positive and significant influence on proactive behavior, which directly influences healthcare workers' work engagement. Besides, work engagement plays a role in mediating the influence of human resource management practices on proactive behavior. This research implies that health care organizations should pay more attention to human resource management practices to improve work engagement that assists in increasing employee proactive behavior. Efficient human resource management practices help boost work engagement and, initially, improve the quality of health care services and minimize errors in treatments.

Keywords: Human Resource Management Practices, Health Worker, Proactive Behavior, Work Engagement

JEL Classification Codes: J24, M12, M55

1. Introduction

According to WHO, the six basic components of the health input system include: service delivery, human resources, information, medical products, vaccines, pharmaceuticals, technology, financing, and management to achieve public health care. Human resources are considered as one of the most basic and important components of the health system (WHO, 2006). Health care workers have to take on a special responsibility of caring for the community's health, thus requiring health workers have proactive behavior (Korczyński, 2002; Schneider & White, 2004; McClean & Collins, 2011; Hyde et al., 2013).

Proactive behavior demonstrates flexibility and initiative at work. This helps employees act positively, receive feedback and overcome challenges from themselves and the social environment (Bateman & Crant, 1993). The performance of the job will be very positive, the quality of healthcare will be improved (Schneider & White, 2004). Thus, proactive behavior is an essential and decisive factor for the organization's success (Crant, 2000; Parker & Collins, 2010; Beltran-Martin & Roca-Puig, 2013; Martin et al., 2013). To develop human resources with high initiative, human resource management practices are considered a key factor (Vermeeren, 2014).

Recognizing the importance of human resources, Gia Lai province's health care organizations pay more attention to human resource practices. The results show that the number of health workers in the province is gradually growing. By the end of 2019, the whole industry had 4,638 people, an increase of 1,077 people compared to 2010, of whom 897 were doctors, and the ratio of doctors / 10,000 people reached 6.25. Health care work and infectious diseases have been controlled, and medical services' quality is gradually improving.

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However, human resource practices have not reached its potential (Pham, 2016; Pham, 2018). The consequence of this problem is that the degree of work engagement will not be high, leading to a staff shortage (Radha Karunakaran, 2008; Elarabi & Johari, 2014; Vermeeren, 2014; Maden, 2015). Currently, the total number of health workers in the public sector is about 11.5%, which is below the expected standard. The ratio of doctors per 10,000 people is relatively low compared to the target of 8 doctors per 10,000 people. The percentage of health workers with postgraduate degrees at the provincial level is 10%; This rate at the district and commune levels is only 2.5%, while 65.2% of people have intermediate education or below. At the lower level, the number of communes lacking a doctor is 39.64% of the communes lacking a doctor. There is a shortage of university pharmacists. In addition, the health workers who are not satisfied with human resource practices will impact the proactiveness of health workers. This affects the ability to respond to health care services, posing an increased risk of making errors in diagnosis and treatment.

This study examines the relationship between human resource management practices, work engagement, and the proactive behavior of health workers. The research findings will help modify and perfect the human resources management of the health sector in Gia Lai province.

2. Literature Review

2.1. Human Resource Management Practices

Human resource management practices are related to the implementation of human resources strategy activities. Human resource management practices are demonstrated in the recognition practices, empowerment, capability development practices, as well as fair rewarding and information sharing systems (Pare & Tremblay, 2007; Yang, 2012; Maden, 2015).

First, recognition practices refer to non-monetary rewards, through which health organizations tangibly signal their appreciation of quality work and achievements. For most highly skilled professionals, much of their motivation comes from the recognition of work results by managers. This helps to honor the employees, recognizing the important role of employees in the organization (Agarwal & Ferratt, 1999). By implementing non-monetary rewards or careful consideration of providing feedback on employee recommendations, the organization will show a tangible appreciation of the important role of employees (Pare & Tremblay, 2007).

Second, empowerment has been defined as organizational practices devoted to increasing employee discretion and influence through task involvement (Spreitzer, 1995;

Campbell, 2000; Forrester, 2000). When the organization allows employees to take on several important roles and responsibilities, it will give employees a sense of respect & trust, thereby creating motivation to work positively, reducing the turnover rate (Eby et al., 1999).

Third, capability development practices such as job rotation programs, training, and career development programs, etc., will convey to employees that the organization considers human resources to be a competitive advantage or value assets (Morrison, 1996; Schwochau et al., 1997). This will help establish sustainable relationships with employees (Tsui et al., 1995).

Fourth, fair rewards refer to implementing performance assessments and remuneration policies that are commensurate with the employee's contributions. From the perception of fairness in salary, reward, remuneration policies, employees will find the organization's support and feel satisfied with the job (Eisenberger et al., 1986).

Finally, previous studies have shown that information sharing helps to communicate an organization's goals and values to each employee, enhancing a sense of mutual trust and that individuals who feel their essential role to the organization (Rodwell et al., 1998; Meyer & Allen, 1997). According to Lawler (1986), sharing information is one of the effective ways to promote the work engagement of employees.

2.2. Work Engagement

Work engagement refers to the interaction, connection, attachment between individuals, between individuals and organizations to achieve the organization's goals and the values of the team. Employees who want to be attached to the job will become enthusiastic and energetic at work. This helps employees to be able to better deal with the requirements of the job that they are facing (Schaufeli & Bakker, 2002; Robbins & Judge, 2012; Luthans, 2012). Not only that, when a person feels attached to the job, he or she will be more productive and devote more to their work (Van Wijnhe et al., 2011; Bakker et al., 2013). Work engagement is characterized by vigor, dedication, and absorption (Schaufeli et al., 2006).

2.3. Proactive Behavior

Proactive behavior is a form of action with a specific, conscious, and goal-oriented motivation (Grant & Ashford, 2008; Wu & Parker, 2011). Employees tend to act proactively when hoping that positive results will follow these actions. The attractiveness of those good results is the motivation for employees to act proactively at work (Robbins & Judge, 2012). In addition, the perception of the impact of current

behavior on the future will affect active behavior in each employee. This is in line with the perception that people want & need to be proactive or see value concerning working proactively to achieve a bright future (Parker et al., 2010). Proactive work is the act of taking control of all the work that is happening, at the same time seizing opportunities and anticipating and preventing problems (Bateman & Crant, 1993; Parker et al., 2010; Maden, 2015). Proactive behavior is the act of facing challenges of the status quo, offering innovative initiatives and problem-solving solutions (Crant, 2000). The proactivity of employees is measured by proactive personality (Bateman & Crant, 1993; Crant, 2000; Mohammadi et al., 2013), personal initiative (Wu & Parker, 2011; Crant, 2000; Grant & Asfjord, 2008), problem prevention, individual innovation (Parker & Collins, 2010), taking charge and voice (Crant, 2000; Parker & Collins, 2010).

3. Hypotheses Development

3.1. Human Resource Management Practices and Work Engagement

Human resource management practices significantly impact work engagement and employee performance (Isa 2011; Truss et al., 2013; Klein, 2014; Maden, 2015; Alsafadi & Altahat, 2021). Human resource management practices, including recognition practices, empowerment, capability development practices, as well as fair rewards and information sharing system, will help employees perceive that they are trustworthy, valuable, and an organization's valuable resource. Implementing appropriate personnel policies will help employees have a long-term commitment to the organization (Pare & Tremblay, 2007; Bakker & Demerouti, 2008; Alfes et al., 2010; Nguyen et al., 2020). On the contrary, the shortcomings in human resource management practices such as having no financial plan for developing motivation, inadequate facilities, the remuneration policy have not satisfied the employees. The non-material promotion has not been widely deployed, which will motivate health workers to apply for better job opportunities. The consequence is that the employee's attachment to the organization becomes "loose," the working spirit is low, and lacks the necessary initiative and creativity for satisfactory work performance (Radha Karunakaran, 2008). Organizations should be mindful that human resource management practices can help employees engage in the organization (Marescaux et al., 2012; Truss et al., 2013; Sattar et al., 2015). Consequently, the first hypothesis is developed.

H1: Human resource management practices have a positive impact on work engagement.

3.2. Human Resource Management Practices and Proactive Behavior

Previous research shows a significant relationship between human resource management practices and proactive behavior (Bergiel et al., 2009; Moideenkutty et al., 2011; Vanhala & Ahteela, 2011; Maden, 2015; Tummers et al., 2015). Effective human resource management makes the working environment better. This boosts employee knowledge, motivation, synergy, and commitment to the organization. When employees realize that they are interested in the organization, they will be motivated to express themselves (Tummers 2015; Kim, 2015).

The satisfaction of employees on human resource management practices makes them more likely to work proactively and get the best results (Hartline & Ferrell, 1996; Grant & Ashford, 2008). Erkutlu and Chafra (2012) also pointed out the importance of empowerment and individualized capacity development as part of human resource management practices to stimulate the proactive behavior of employees. Sanders et al. (2010), Hass (2014) also explained that human resource management practices are essential in proactive behavior. Lee et al. (2012) noted that satisfied employees are more likely to actively participate in providing quality services. ELvira Nica (2013) also confirmed the impact of human resource management practices on healthcare effectiveness. From those points, the H2 research hypothesis is developed.

H2: Human resource management practices have a positive impact on proactive behavior.

3.3. Work Engagement and Proactive Behavior

Work engagement has a significant effect on proactive behavior (Maden, 2015). Work engagement will directly improve employee's proactive behavior. Previous research has shown that there is a relationship between work engagement and proactive behavior. Work engagement makes employees work with their whole minds and enthusiasm (Maslach et al., 2001; Schaufeli et al., 2004). In other words, work engagement directly improves the employee's proactive behavior at work with multiple initiatives in improving the current state or creating a new state (Crant, 2000; Hakanen et al., 2008). As a result, the enthusiasm of the workforce is promoted, and the efficiency of health care tasks is enhanced (Elarabi & Johari, 2014; Vermeeren, 2014; Maden, 2015). The third hypothesis is developed.

H3: Work engagement has a positive and significant effect on proactive behavior.

4. Research Methods

This research has used a mixed research method with qualitative and quantitative research. In qualitative research, 12 constructs with 61 measurement items in the conceptual model were identified. A group discussed the constructs and measurement items with 15 participants. The qualitative research aims to explore, adjust and supplement observed variables to measure research concepts about human resource management practices, work engagement, and proactive behavior.

The quantitative research was conducted by survey with 232 respondents working in Gia Lai's health care organizations. This study applied a combination of non-probability with convenience sampling. The hypotheses were tested by using structural equation modeling (SEM). The SPSS and Amos software was used to analyze the collected data.

5. Results

5.1. The Results of Qualitative Research

Base on the results of the focus group discussions, the human resource management practices construct was revised. Human resource management practices construct has 5 dimensions. Of the 5 dimensions, the construct of fair rewards construct was edited to the construct of fair remuneration and rewards. The recognition construct has 6 indicators. Empowerment practices construct has 3 indicators. The capability development construct has 6 indicators. Fair remuneration and rewards construct has 5 indicators. The indicators of the information sharing construct were edited from 9 indicators to 4 indicators.

Work engagement construct has 3 dimensions. Of the 3 dimensions, the indicators of vigor construct were edited from 6 indicators to 4 indicators. The indicators of the dedication construct were edited from 5 indicators to 4 indicators. The indicators of absorption construct were edited from 6 indicators to 4 indicators.

The proactive behavior construct has 3 dimensions: problem prevention (4 indicators), individual innovation (3 indicators), voice (3 indicators), taking charges (5 indicators).

5.2. The Results of Quantitative Research

5.2.1. Descriptive Analysis Results

Quantitative research was conducted from November to December 2020. With 250 questionnaires distributed, the research obtained 238 survey response sheets, of which 6 survey questionnaires were not valid. 232 questionnaires were retained for analysis.

The results show that the number of respondents working at the provincial level is 101 (43.5%), at the district and commune level is 131 people (56.5%). Regarding gender, 88 respondents are male (37.9%), and 144 respondents are female (62.1%). Among 232 respondents, there are 66 doctors, 27 pharmacists, 110 nurses & midwives, 12 technicians, and 17 respondents who hold different positions from the above positions. Respondents with university degrees or higher accounted for 50.4%. Most of the respondents have been working in health care organizations for 5 years or more (85.8%). Respondents are managers for 17.3%; the rest are employees in the health sector.

5.2.2. Measurement Model

The measurement model has 3 constructs. There are human resource management practices, work engagement, proactive behavior. Human resource management practices are measured by 5 dimensions. These are recognition (RC): 6 indicators; empowerment practices (EP): 3 indicators; capability development (CD): 6 indicators; fair remuneration and rewards (FR): 5 indicators; information sharing (IS): 4 indicators. Work engagement is measured by 3 dimensions. These are vigor (VG): 4 indicators; dedication (DD): 4 indicators; absorption (AS): 4 indicators. Proactive behavior is measured by 4 dimensions. These are problem prevention (PP): 4 indicators; individual innovation (II): 3 indicators; voice (V): 3 indicators; taking charges (TC): 5 indicators. All indicators are measured by the Likert scale 5. The reliability analysis will be carried out through Cronbach's Alpha coefficient. The data results show the scales of empowerment, capability development, information sharing, vigor, dedication, absorption, problem prevention, individual innovation, voice taking charges passed the first test. As for the recognition scale in the first test, the RC4 variable has a total variable correlation coefficient of 0.2 less than 0.3, so the RC4 variable is eliminated. In the second test, Cronbach's Alpha coefficient of recognition scale is 0.864. In the first test, the scale of fair remuneration and rewards has variable FR1 with the total variable correlation coefficient of 0.246 less than 0.3, so the variable FR1 was eliminated, and run the second test to get Cronbach's Alpha coefficient is 0.856. The results show that Cronbach's alpha coefficients are from 0.766 to 0.877, so that the observed variables of the measurement model have good internal reliability.

Exploratory Factor Analysis (EFA) was used to evaluate convergence and discriminant values of the scales. The results of the first-factor rotation for the human resource management practices have extracted 5 factors. However, the variable FR6 was disqualified because this variable uploaded two factors 1 and factor 3, so it does not reach a distinct value. Perform the second-factor rotation for the human resource management practices to extract 5 relevant

Table 1: Fit Constructs

Construct	Indicator	Value
Human resource management practices	C _{MIN} /DF	1.048
	GFI	0.930
	CFI	0.996
	RMSEA	0.014
	PCLOSE	1.000
Work Engagement	C _{MIN} /DF	0.740
	GFI	0.977
	CFI	1.000
	RMSEA	0.000
	PCLOSE	0.999
Proactive Behavior	C _{MIN} /DF	1.012
	GFI	0.955
	CFI	0.999
	RMSEA	0.000
	PCLOSE	0.997

factors. KMO coefficient = 0.877, so factor analysis is appropriate. Sig value. (Bartlett's Test) = 0.000 (sig. < 0.05) indicates that the observed variables are correlated in the population. Rotation Sums of Squared Loadings (Cumulative%) = 58.094% > 50%. This proves that 58,094% variation of the data is explained by 5 factors. The number of extracted factors is consistent with the hypothesis about the number of components of the scale, so the scale components reach distinctive values. The factor loading coefficients are all greater than 0.5, so the scale achieves convergent value (Hair et al., 2010).

For the work engagement construct, the results of the first-factor rotation are extracted 3 factors. The variable VG2 is eliminated because it has a load factor of less than 0.5. Perform the second rotation of the factor for the work engagement to extract the 3 relevant factors. KMO coefficient = 0.831, so factor analysis is appropriate. Sig value. (Bartlett's Test) = 0.000 (sig. < 0.05) indicates that the observed variables are correlated in the population. Rotation Sums of Squared Loadings = 58.047. This proves that 58,094% variation of the data is explained by 3 factors. Three factors are extracted that are consistent with the initial

Table 2: Correlation of Latent Variables with Comparison $\sqrt{\text{AVE}}$

Human resource management practices								
	CR	AVE	MSV	CD	RC	FR	IS	EP
CD	0.872	0.577	0.218	0.760				
RC	0.867	0.568	0.225	0.466***	0.754			
FR	0.857	0.599	0.188	0.356***	0.434***	0.774		
IS	0.824	0.540	0.132	0.247**	0.354***	0.265**	0.735	
EP	0.804	0.578	0.225	0.460***	0.475***	0.421***	0.363***	0.760
Work Engagement								
	CR	AVE	MSV	AS	DD	VG		
AS	0.836	0.560	0.099	0.749				
DD	0.817	0.528	0.150	0.314***	0.726			
VG	0.852	0.657	0.150	0.312***	0.388***	0.810		
Proactive Behavior								
	CR	AVE	MSV	TC	PP	V	II	
TC	0.878	0.589	0.055	0.768				
PP	0.848	0.582	0.137	0.211**	0.763			
V	0.785	0.550	0.137	0.231**	0.370***	0.742		
II	0.766	0.522	0.067	0.235**	0.229**	0.259**	0.723	

hypothesis of the number of components of the scale, so the scale's components reach distinctive values. The factor loading coefficients are all greater than 0.5, so the scale achieves a convergent value (Hair et al., 2010).

The results of the first-factor rotation for the proactive behavior construct are extracted from 4 relevant factors. KMO coefficient = 0.822, so factor analysis is appropriate. Sig value. (Bartlett's Test) = 0.000 (sig. < 0.05) indicates that the observed variables are correlated in the population. Rotation Sums of Squared Loadings = 57.329. It means 57.329% of the variation in the data is explained by 4 factors. Four factors are extracted that are consistent with the hypothesis of the number of components of the scale, so the scale's components reach distinct values. The factor loading coefficients are all greater than 0.5, so the scale achieves convergent value (Hair et al., 2010).

Table 3: Fit Mode

Indicator Value	
C _{MIN} /DF	1.119
GFI	0.939
CFI	0.974
RMSEA	0.023
PCLOSE	1.000

Table 4: Path Coefficients Between Variables Research

	Estimate	S.E.	C.R.	P
WE ← HRP	0.559	0.121	4.610	***
PH ← WE	0.230	0.104	2.210	0.027
PH ← HRP	0.434	0.111	3.905	***

Confirmatory Factor Analysis (CFA) was used to evaluate convergence and discriminant values of the scales. The results show that all standardized coefficients of the human resource management practices, the work engagement, the proactive behavior are greater than 0.5. Thus, the observed variables are significant in CFA analysis.

The assessment criteria used by CMIN/DF, GFI, CFI, RMSEA, PCLOSE have big higher mean values, the higher the variation on the variables that can be explained by the model. CMIN/DF (<2), GFI (>0.9), CFI (>0.9), RMSEA (<0.06), PCLOSE (>0.05) indicate good fit.

The results show that CR values are greater than 0.7 and AVE are greater than 0.5, so the scales ensure convergence. The square root of AVE is greater than the correlations among the variables; the MSV value is less than AVE, so that it can be stated that it was appropriate to measure the dimensions of each variable.

Indicator model fit values were suitable. CMIN/DF value is 1.119 less than 2, GFI value is 0.939 greater than 0.9, CFI value is 0.974 greater than 0.9, RMSEA value is 0.023 less than 0.05, PCLOSE value is 1.000 greater than 0.05. Implying that the model has a good fit.

5.2.3. Hypothesis Testing

The test between human resource management practices variable with work engagement has an estimated value is 0.559. CR value is $4.610 \geq 2.00$ on sig. 0.05, indicating a positive and significant value. It stated that H1 was accepted.

The test variables human resource management practices with proactive behavior have a value estimate of 0.434 with CR value of 3.905. CR value is $3.905 \geq 2.00$ with sig 0.05, then H2 was accepted, human resource management practices have a positive and significant influence on proactive behavior.

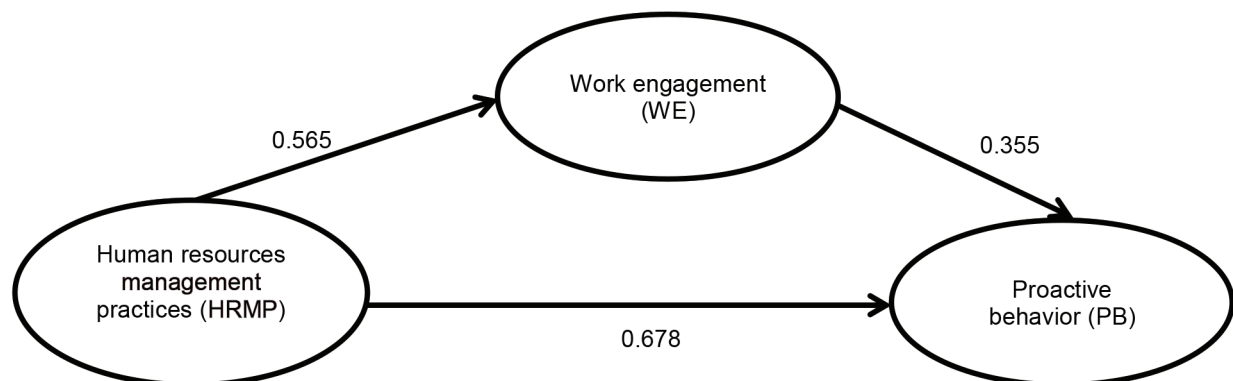


Figure 1: Structural Equation Modeling

Relationship of work engagement with proactive behavior, test result showed the positive and significant value that was the value of loading estimate 0.230 with CR value 2.210 (CR value ≥ 2.00 on sig. 0.05 indicated that H3 was accepted).

The path coefficient human resource management practices to proactive behavior were strongest (0.678), following human resource management practices to work engagement (0.565), and the lowest was work engagement to proactive behavior (0.355).

Based on the calculation, the R^2 value of the dependent variable work engagement is 0.320, which means variations in work engagement variables can be explained by human resource management practices variables. The value R^2 of the dependent proactive behavior variables is 0.858, which means proactive behavior variables can be explained by human resource management practices variables. While the rest is explained by other variables outside the research model.

6. Conclusion

The finding indicated that human resource management practices have a positive and significant impact on work engagement. Health care organizations are highly regarded for providing flexibility, autonomy and freedom to employees in managing and performing their work. It also helps health workers fully aware of their job responsibilities and can be resilient when things do not work well at work. Besides, health care organizations encourage employees to apply new skills in the context of daily work in accordance with their field of work so that employees feel full of energy in their workplace. When health care organizations treat health workers as valuable resources, they will become more dedicated to their work. Therefore, health care organizations in Gia Lai Province should pay more attention to implement empowerment practices, capability development, fair remuneration and rewards, information-sharing practices, and recognition practices. This affects work engagement, including vigor, dedication, and absorption.

The results indicated that human resource management practices have a positive and significant influence on proactive behavior. If the human resource management practices (including empowerment practices, capability development, fair remuneration and rewards, information-sharing practices, and recognition practices) are good, then, in that case, health workers will show improvement in proactive behavior. Health care organizations that apply good and appropriate human resource management practices can directly improve their proactive behavior. As the practices of human resources improve, it will also affect the proactive behavior of health workers in the field of problem prevention, individual innovation, voice, taking charges. Therefore, health care organizations should apply

good and appropriate human resource management practices to encourage employees to be tied to work and demonstrate higher proactive behavior.

The findings also indicated that work engagement has a positive and significant influence on proactive behavior. When health worker's engagement in work is high, they feel enthusiastic, proud, and happy when working intensively. This motivates health workers to develop procedures, find root causes to problems and spend much time planning how to prevent possible problems. Besides, high work engagement encourages health workers to take the initiative and be responsible.

This research provides basic information to health care organizations in applying human resource management practices following employees' needs to improve work engagement and proactive behavior. Efficient human resource management practices help boost work engagement and initiality, which in turn improves the quality of health care services and minimizes errors in treatments.

This study has several limitations that should be addressed for improvement in future studies. The quantitative was conducted at one time. If it is conducted, research for an extended period of time may have better results. This study uses a non-probability with convenience sampling, which is done on non-construction in health care organizations in Gia Lai Province.

Therefore, future research may try to research over a more extended period of time by using probability, applying cluster analysis to validate the research results. The addition of other variables is also recommended for further research.

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