STRATEGIC HUMAN RESOURCE MANAGEMENT, EMPLOYEE ENGAGEMENT, AND TRAINING STRATEGIES: KEY DRIVERS OF ORGANIZATIONAL PERFORMANCE IN JINHUA HOSPITAL

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ABSTRACT
This study delves into the analysis of Strategic Human Resource Management (SHRM), Employee Engagement, and Training Strategies in Chinese hospitals, aiming to optimize organizational performance. Through a purposive selection of 400 hospital personnel, structured surveys provided insights into the impact of these factors on hospital performance. The findings reveal that while there is a positive correlation between employee engagement and organizational effectiveness ($p = 0.000$, $b = 0.270$), the Degree of SHRM Implementation did not show a significant coefficient ($p = 0.002$, $b = -0.164$), challenging initial hypotheses. Additionally, the Training and Development Strategies did not yield significant impacts ($p = 0.099$, $b = 0.077$), highlighting areas for further investigation and strategic refinement in Chinese hospital management practices.
Keywords: Strategic Human Resource Management, Employee Engagement, Training and Development Strategies

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INTRODUCTION

This study includes all Chinese healthcare personnel at Jinhua Traditional Chinese Medicine Hospital as "population". This hospital is representative of Chinese healthcare facilities implementing and assessing SHRM (Zhang, Dare, & Saleem, 2022). HR rules and practices influence administrative, medical, and support staff.

Research reliability and validity depend on proper sample size assessment. A formula that predicts a population percentage with given absolute accuracy determines this research's sample size:

This research employs stratified random sampling. The department, job, and years of experience split hospital staff into strata. Each demographic group is sampled randomly. This method assures that the sample represents the hospital's varied staff, improving study credibility.

RO1: Analyze the Impact of the Effective Implementation of Strategic Human Resource Management (SHRM) on the Organizational Performance of Chinese Hospitals This study examines how SHRM adoption affects Chinese hospitals' organizational performance. This study examines how clearly defined human resource policies, employee participation in decision-making, consistent skill enhancement training, integration of HRM with business strategies, and SHRM implementation affect hospital performance. These include financial measures, service quality, and patient happiness.

RO2: Explore the Impact of Employee Engagement on the Organizational Performance of Chinese Hospitals

This purpose investigates whether employee engagement affects organizational success in Chinese hospitals. This study examines how employees' sense of involvement and belonging, participation in decision-making, encouragement of innovative ideas, understanding and attitude toward the hospital's future, and perceived importance of their work affect the hospital's financial performance, service quality, patient satisfaction, and industry standing.

RO3: Assess How Comprehensive Training and Development Strategies Significantly Impact the Performance of Chinese Hospitals

This project aims to link skill enhancement and career development training programs to hospital performance metrics. Results in financial performance, service quality, patient and staff satisfaction, and industry leadership are evaluated.

LITERATURE REVIEWS

Strategic human resource management (SHRM) is becoming more crucial to the productivity and performance of firms in many sectors. Strategic Human Resource Management (SHRM) is a comprehensive approach to managing people that supports a company's long-term objectives. This human resource management method emphasizes strategic coordination of an organization's human resources for competitive advantage.

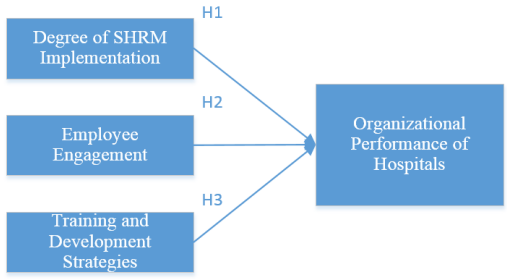
The Society for Human Resource Management (SHRM) was founded in the mid-20th century when firms realized the importance of staff management in achieving strategic goals. SHRM has evolved from administrative people management to a strategic partner in business strategy and execution over many decades. This transformation marks the organization's shift from supporting and reactive to proactive and strategic (Wei, 2024).

Chinese culture and regulation shape the healthcare industry's HRM. Chinese culture values respect for seniority and authority, rooted in Confucianism. Hospital organization and decision-making are heavily influenced by these ideas. This cultural context may affect SHRM elements like employee engagement and participation-focused management(Jiatong, Murad, & Gill, 2022).

Regulatory considerations are also crucial. The Chinese government's healthcare reforms, such as universal health coverage and primary care strengthening, affect human resource management. These guidelines frequently govern personnel, salary, and training resource allocation. The government's emphasis on healthcare quality and effectiveness has also pushed hospitals to adopt more strategic HRM

practices to boost organizational performance.
The unique challenges of the Chinese healthcare system, including as rural-urban healthcare access and medical resource distribution, create HRM concerns. Rural and impoverished hospitals struggle to attract and retain skilled healthcare workers. Therefore, novel HRM techniques are needed to solve industrial disparities.

Research Framework
Table 1： Research Framework



Independent Variables
IV1： Degree of SHRM Implementation: Measuring the depth and breadth of SHRM adoption in hospitals.
IV2： Employee Engagement: Assessing the level of employee participation in decision-making processes.
IV3： Training and Development Strategies: The strategies and implementation of skill enhancement and career development training for employees.
Dependent Variable
Organizational Performance of Hospitals: Including financial performance, service quality, employee satisfaction.
Hypothesis
RH1: There is a positive correlation between effective implementation of SHRM and organizational performance in hospitals.
Hospital SHRM practices should boost organizational performance, according to this theory. Financial outcomes, service quality, and employee satisfaction determine performance (Yazdani, Mojtahedi, Loosemore, Sanderson, & Dixit, 2021). SHRM links human resource policies and practices to the firm's strategic goals, supporting this concept. Productivity, resource management, and staff morale rise. SHRM adoption is expected to make personnel more responsive and adaptive, improving hospital performance.
RH2: Higher employee engagement leads to improved organizational performance in hospitals.
The second hypothesis links hospital worker involvement to facility effectiveness. In this context, "employee engagement" is how much workers care about, are committed to, and enjoy their employment. When employees are more engaged in their job, they are more likely to support corporate goals, which improves performance metrics. We will use this hypothesis to examine how employee engagement affects patient care, operational efficiency, and workplace morale.
RH3: Comprehensive training and development strategies significantly impact the enhancement of hospital performance.
This hypothesis states that well-structured training and development programmes improve hospital performance the most(Yang, Liu, Huang, & Zhu, 2013). Continuous professional development is assumed to keep hospital staff up to date on medical knowledge and procedures, improving patient care. Many individuals also feel that training programs are important for employee career progression and job satisfaction, which may boost corporate performance. This study examines whether training and

development programs improve hospital metrics including patient satisfaction, mistake rates, and staff retention.

RESEARCH METHODOLOGY

Population and sample size

This study uses stratified random sampling. According to their department, role, and years of experience, hospital workers are divided into strata. A random sample is taken from each demographic stratum. This strategy ensures that the sample is representative of the hospital's diverse personnel, boosting research credibility.

Implementation of the Sampling Process

First, contact Jinhua Traditional Chinese Medicine Hospital's human resources department to receive a list of employees. This list is a frame for selecting the sample. After that, the workforce is categorized by study questions and goals-relevant criteria. To ensure objectivity, random sampling within each stratum is performed using random number generation methods.

Data Collection

Data collection is needed to study strategic human resource management (SHRM) in Chinese hospitals, particularly Jinhua Traditional Chinese Medicine Hospital. This study uses primary and secondary sources to analyze the current situation and provide effective human resource management optimisation methods.

Survey Design and Administration

The questionnaire takes into account the research goals and questions, focusing on SHRM implementation, its challenges, and its effectiveness in improving hospital performance. It asks about SHRM implementation (IV1), employee engagement (IV2), and training and development plan effectiveness (IV3). The research will survey 400 hospital employees from various categories (Fute, Oubibi, Sun, Zhou, & Xiao, 2022). To ensure appropriate representation of all employee groupings, stratified random sampling will be employed.

Data Analysis

Data will be analyzed using SPSS. The hospital's SHRM situation will be described to provide an overview. A correlation study will examine SHRM practices and hospital performance. A linear regression analysis will also be performed to see how SHRM adoption, staff engagement, and training techniques affect hospital performance.

Design of Questionnaire

The questionnaire will be written in language that is plain, straightforward, and easy to understand, making it accessible to responders with a wide range of educational experiences.

Balanced Scaling:

For several of the questions, we will be use Likert scales, which will enable for more sophisticated examination of attitudes and perceptions, as well as ensure that we have a fair variety of answer alternatives.

Confidentiality Assurance:

The questionnaire will contain a statement assuring respondents of their anonymity as well as the confidentiality of their comments, with the goal of encouraging respondents to provide honest feedback by doing so.

Without compromising the respondents' right to remain anonymous, the demographic section will compile some fundamental information about each of them. This section will contain the following items:

Age Group: Categorized into ranges (e.g., 20-30, 31-40, etc.).

Gender: Options to include male, female, and other/prefer not to say.

Professional Role: Categorizing respondents into administrative staff, healthcare professionals, support staff, etc.

Years of Service in the Hospital: Grouped into ranges (e.g., <1 year, 1-5 years, >5 years).

RESEARCH RESULTS

Results of Respondent Information data analysis

Respondents span age cohorts. About 60.3% of respondents are between 21 and 50, with a predominance in the 31-40 and 41-50 age categories. The age range shows that both early-career and experienced healthcare workers are involved.

Females made up 65.3% of responders, while men made up 34.8%. The study's fair representation of hospital workers of both genders shows its inclusivity.

Chinese hospital human resource management is complex, as seen by the distribution of answers by occupation. The greatest percentage is 51.0% healthcare professionals, followed by administrative workers (26.0%) and support staff (23%). This distribution represents the different tasks and duties of hospital workers, from frontline doctors to administrative and auxiliary staff.

Table 2：Results of Respondent Information data analysis

		Count	Column N %
1. Age Group	Under 20	0	0.0%
	21-30	101	25.3%
	31-40	95	23.8%
	41-50	146	36.5%
	51-60	58	14.5%
	Over 60	0	0.0%
2. Gender	Male	139	34.8%
	Female	261	65.3%
3. Professional Role	Administrative Staff	104	26.0%
	Healthcare Professional	204	51.0%
	Support Staff	92	23.0%
4. Years of Service in the Hospital	Less than 1 year	22	5.5%
	1-5 years	94	23.5%
	6-10 years	214	53.5%
	More than 10 years	70	17.5%
TOTAL		400.00	100.00

Hypothesis testing results-RH1

Table 3：Coefficients-Degree of SHRM Implementation[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.	Collinearity Statistics Tolerance	Collinearity Statistics VIF
1	(Constant)	4.970	.226		21.986	.000		
	Degree of SHRM Implementation	-.164	.052	-.156	-3.144	.002	1.000	1.000

a. Dependent Variable: Organizational Performance

The SHRM implementation regression coefficients provided interesting insights. The unstandardized coefficient (B) for SHRM implementation was -0.164, with a standard error of 0.052. The Beta coefficient was -0.156. The t-value for this coefficient was -3.144, which was significant at 0.002. The constant, or intercept term, was 4.970 with a standard error of 0.226.

Organizational performance decreases as SHRM adoption increases, according to the negative coefficient (-0.164). This may contradict the hypothesis that SHRM adoption improves organizational performance.

RH1 surprisingly showed a negative link between SHRM adoption and organizational effectiveness in Chinese hospitals. This shows the need of critically assessing SHRM practices in healthcare. To understand how SHRM adoption affects hospital performance, future study should examine its complexities.

Hypothesis testing results-RH2

Table 4：Coefficients-EmployeeEngagement[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.	Collinearity Statistics Tolerance	Collinearity Statistics VIF
1	(Constant)	3.066	.213		14.415	.000		
	EmployeeEngagement	.270	.048	.272	5.646	.000	1.000	1.000

a. Dependent Variable: OrganizationalPerformance

The coefficient for employee involvement was 0.270, with 0.048 standard error. This coefficient shows how employee involvement affects organizational performance per unit change.
The employee engagement coefficient is statistically significant with a p-value of 0.000, below 0.05. Thus, we reject the null hypothesis and conclude that Chinese hospital employee engagement affects organizational performance.
This data supports RH2, which states that staff involvement improves organizational performance in Chinese hospitals. The positive correlation and statistical significance suggest that hospitals with engaged staff do better in financial performance, service quality, patient happiness, and employee satisfaction.

Hypothesis testing results-RH3

Table 5：Coefficients-TrainingandDevelopmentStrategies[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.	Collinearity Statistics Tolerance	Collinearity Statistics VIF
1	(Constant)	3.924	.205		19.108	.000		
	TrainingandDevelopmentStrategies	.077	.046	.083	1.654	.099	1.000	1.000

a. Dependent Variable: OrganizationalPerformance

The independent variable Training and Development Strategies had a coefficient of 0.077 and a standard error of 0.046. This coefficient shows how a one-unit change in training and development techniques affects organizational performance. The positive coefficient indicates that organizational performance grows with training and development strategy execution.
The data analysis in this research does not support hypothesis RH3, which states that comprehensive training and development initiatives improve hospital performance. More study with bigger sample numbers and stronger methods may reveal how training and development programs affect hospital performance.

Table 6：Summary of data analysis results

Hypothesis	Description	Supported/Not Supported
RH1	Effective implementation of SHRM positively correlates with organizational performance in hospitals.	Not Supported
RH2	Higher employee engagement leads to improved organizational performance in hospitals.	Supported
RH3	Comprehensive training and development strategies significantly impact hospital performance.	Not Supported

RH1 (Effective Implementation of SHRM and Organizational Performance):
This hypothesis is not supported as the coefficient for IV1 (Degree of SHRMImplementation) is not significant (p = .002.b=-.164).
RH2 (Employee Engagement and Organizational Performance):
This hypothesis is supported. The analysis shows a significant positive relationship between employee engagement (IV2) and the organizational performance of hospitals (p = 0.000,b=.270).
RH3 (Training and Development Strategies and Hospital Performance):
This hypothesis is not supported as the coefficient for IV3 (Training and Development Strategies) is not significant (p = .099,b=.077).、

DISCUSSION & CONCLUSION

Conclusion

RH1 investigated Chinese hospital performance after SHRM implementation. SHRM implementation adversely affected hospital performance, contrary to predictions. Though hypothesised to be positive, the evidence suggests additional investigation into this perplexing outcome. SHRM adoption and organisational alignment should be examined to understand SHRM's complex impact on hospital performance.

RH2 found positive outcomes on worker engagement and hospital performance. The empirical study strongly relates employee engagement to organisational effectiveness in Chinese hospitals. Staff engagement is crucial for hospital operations. A healthy workplace where employees feel valued, engaged, and motivated increases hospital performance.

RH3 studied how comprehensive hospital training and development affects performance. It found a positive correlation but was not statistically significant. Training and development improved organisational performance, however the coefficient was not statistically significant, suggesting caution. More rigors studies are required to understand the intricate interaction between training programmes and hospital performance.

DiscussionContrary to expectations, SHRM implementation does not affect Chinese hospital performance. Previous study associating SHRM to organisational performance is contradicted. Chinese healthcare's context may explain this discrepancy. Hospitals have complex regulations, economic constraints, and government requirements that may inhibit SHRM implementation. Geography, ownership, and hospital size may impact SHRM adoption and effectiveness. Future research should analyse these contextual aspects to determine how SHRM influences Chinese hospital performance.

Employee engagement is positively correlated with organisational performance, supporting research on the relevance of engaged employees. This illustrates that employee engagement drives organisational performance across sectors (Sopiah, Kurniawan, Nora, & Narmaditya, 2020). This suggests that hospital managers and HR professionals should foster an empowered and engaged workforce. Employee participation in decision-making and recognition improves hospital performance and engagement.

Contrary to predictions, hospital performance was unaffected by training and development. This contradicts training studies that boost organisational performance. However, methodological limits and context must be considered when interpreting this finding. The non-significant connection may be attributed to measurement error, sample heterogeneity, or unexplained variables (Alshurideh, 2022). Due to its complexity, assessing training programme success needs a deeper look at content, delivery, and employee receptivity. Future research should use longitudinal designs, qualitative approaches, and broad measurement frameworks to explore the complicated relationship between training and development programmes and hospital performance.

Contributions to Theory and Practice

Theoretical Contributions

The research shows that contextual variables are important by showing that Strategic Human Resource Management (SHRM) deployment did not affect organizational performance in Chinese hospitals. This study defies general literature assumptions and emphasizes the necessity to comprehend the healthcare industry's particular regulatory, fiscal, and political restrictions.

Multifaceted Approach:

The report recommends combining SHRM concepts with employee engagement and development activities for HRM. Traditional HRM viewpoints are expanded by this theoretical framework, which emphasizes how behaviors affect organizational success. A move from linear models to holistic viewpoints is needed to assess HRM's influence on hospital performance.

Practical Implications

Strategic Alignment:

The study's findings may help hospital administrators and HR professionals integrate HRM with company objectives and context. Knowing SHRM adoption has no direct influence on performance pushes hospitals to reevaluate budget allocation and strategic goals.

Employee-Centric Strategies:

The research emphasizes staff engagement's importance in hospital success. Practical consequences include creating a welcoming workplace, asking employee input, and empowering employees. These tactics boost employee happiness and corporate performance.

Recommendations

Future study should include hospitals from varied cultural, economic, and healthcare system backgrounds. Cross-cultural research would help explain organizational performance and HRM strategy efficacy across cultures.

Combining qualitative and quantitative methods reduces self-reported survey bias. Triangulating data from numerous sources would improve study reliability and validity and help explain the complicated linkages between HRM practices and organizational performance.

Longitudinal study designs allow researchers to track temporal changes and identify causal links between HRM interventions and organizational results. SHRM, employee engagement, and training programmes' long-term efficacy and sustainability might be determined via longitudinal research.

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