ORIGINAL SCIENTIFIC PAPER

THE EFFECT OF INTERNAL MARKETING ON EMPLOYEES' ORGANIZATIONAL COMMITMENT THROUGH THEIR JOB SATISFACTION: THE CASE OF HEALTHCARE SECTOR IN SERBIA

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ABSTRACT

The purpose of this paper was to examine the link between internal marketing (IM) and employees' organizational commitment (OC) through their job satisfaction (JS). The data were collected through an on-line survey from 278 employees in various public healthcare institutions in Belgrade. In order to test the hypotheses, partial least squares structural equation modelling was used. The results of this research showed that employees' JS partially mediates the relationship between IM activities and employees' OC. These results are relevant for healthcare marketing professionals and managers of healthcare institutions since they show the significant role of IM in improving employees' OC and the importance of nurturing employees' JS as a job-related attitude. The obtained results are also important since they support decision makers in promoting the IM concept in healthcare sector.

Keywords*: internal marketing, job satisfaction, organisational commitment, public healthcare sector*

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INTRODUCTION

The primary goal of healthcare sector is to provide quality health services, to ensure patients' satisfaction and social well-being. Human resources possessing knowledge, skills, and abilities [1], especially medical staff, considerably contribute to the achievement of this goal. Employees who are more committed to their healthcare institution achieve better job performance [2], they contribute more to the quality of healthcare services[3] increasing patients' satisfaction [4]. Thus, it is of great importance for researchers and practitioners to find a way to enhance employees' organizational commitment - OC [5] to their healthcare institution. Previous research shows that internal marketing (IM) increases OC [3] [6] [7]. In addition, improving employees' job satisfaction (JS) was also found to be a good way to enhance OC [8]. This is crucial since committed and satisfied employees improve retention rates in healthcare institution [9], which is necessary considering that the healthcare sector is characterized by a significant employees' turnover [10]. Previous studies showed that IM in healthcare institutions affects employees' JS as well [7] [11] [12], and that IM develops based on the increase of employees' JS [13]. However, it is not thoroughly examined how to encourage employees' OC to their healthcare institution through IM. In addition, studies in this area from Serbia are scarce. Therefore, the purpose of this paper was to fill this gap in the literature by testing the model of the effect of IM on employees' OC through their JC on a sample of respondents working in the health sector in Serbia.

LITERATURE REVIEW

IM ensures "that the organization attracts, selects and retains the best employees, and that these employees see, appreciate and value their role in the delivering of excellent quality of service to external customers" through activities like vision, development, and rewards [14]. Thus, the implementation and nurturing of IM has been suggested in healthcare settings, as well [14]. JS, as the employee's job-related attitude, refers to the employee's satisfaction with different aspects of his/her job like satisfaction with job content, relationships with co-workers, management, supervisor, etc. [15]. OC represents the employee's organization-related attitude. Allen and Mayer's three-component model of OC includes its affective, continuance, and normative component [16]. The affective component relates to the employee's emotional attachment to the organization, his/her identification with it and involvement in it. The continuance component is based on the costs-related commitment that employee associates with potentially leaving the organization while normative commitment is associated with employee's sense of obligation to stay in the organization.

This paper is based on the internal marketing (IM) theory and the social exchange theory (SET). In the IM theory, it is emphasized that employees take positive attitudes in IM environment [14] [17][18][19]. According to SET, employees reciprocate to the organization with higher levels of their JS and OC after the organization has supported them through IM activities [20]. It is, also, expected that employees in healthcare institutions who adopt the IM concept will strive for higher levels of JS and OC. The model developed in this paper relies on the results of previous empirical studies which report that IM affects employees' JS [7] [11] [12] [21][22][23][24] and employees' OC [3] [7] [21][22][23][24][25]. It also builds on studies that address the mediating role of JS in the relationship between IM and employees' OC [8]; [21]; [22]. Accordingly, in this paper, it was assumed that:

H1: IM has a positive effect on employees' OC to the healthcare institution.

H2: IM has a positive effect on employees' JS.

H3: Employees' JS has a positive effect on employees' OC to the healthcare institution.

H4: IM indirectly affects employees' OC to the healthcare institution by increasing their JS.

METHODOLOGY
SAMPLE AND DATA COLLECTION PROCEDURE

For the purposes of this paper, we collected data through an on-line survey. Target respondents were people working in various public healthcare institutions in Belgrade (The Republic of Serbia). We applied convenient sampling technique. Contacts of managing directors of health institutions were

acquired through personal contacts. We asked managers to support our research and to send their employees an e-mail with the link to questionnaire and a request to fill it in. The data gathering lasted for two weeks and it was finished at the beginning of May 2023. At the end we obtained 278 fully completed questionnaires. According to Kline [26] and Hair et al. [27], this is a sufficient number of responses considering the complexity of the tested model and number of indicators used. The majority of the respondents in the sample were female (around 77%). Nurses and medical technicians prevail in the sample (37% medical doctors; 48% nurses/medical technicians; 15% other medical staff). The distribution of working experience of the respondents was relatively even (27% of the respondents had less than 10 years of working experience, around 27% of them had 11-20 years of working experience, around 30% had 21-30 years of working experience, and 16% had more than 30 years of experience). A larger share of respondents graduated from university or college (around 64%). Others finished high school (32%) or elementary school (4%).

MEASUREMENT SCALES

The measurement scales used in the research were taken from renewed authors in the field. The respondents were asked to indicate to which extant they agree with the presented statements in the questionnaire (1-strongly disagree, 5-strongly agree).

IM (label: IntMark) was measured through 15 questions in the questionnaire (labels IM1-IM15). The scale was adopted from Foreman and Money [14]. In our model this variable was modelled as a second order reflective construct consisting of three separate dimensions: Vision (V1-V5), Development (D1-D6) and Rewards (R1-R4). Those three variables were modelled as a reflective construct on the first level.

For the assessment of the level of *employees*' JS (label: Satisfaction), we adjusted a scale developed by Alpern et al. [15]. We were especially interested in the aspects related to job content and relationship with co-workers. Thus, we singled out from the scale items that relate to those specific dimensions of employees' satisfaction. The final scale incorporated 7 items (labelled ES1-ES7). In our model, *employees*' JS was formulated as a first order reflective construct.

OC (label: Commitment) was measured using a 24-item scale adapted from Allen and Meyer [16]. According to these authors, OC consists of three separate dimensions, namely: affective commitment (AffectComm; indicator labels: Affect1-Affect8), continuance commitment (ContComm; indicator labels: Cont1-Cont8), and normative commitment (NormComm; indicator labels: Norm1-Norm8). OC is, thus, modelled as a second-order reflective construct which is described by three reflective first order constructs - affective commitment, continuance commitment, and normative commitment.

RESULTS AND DISCUSSION

In order to test the hypotheses, we used PLS-SEM. All calculations were done in SmartPLS 4.0.9.0. software. As it is suggested in the literature [28][29][30], we conducted PLS-SEM analysis in two-steps and in order to adequately assess the measurement model, we used the disjoint two-stage approach. The obtained results are presented below.

MEASUREMENT MODEL ASSESSMENT

The primary analysis uncovered some convergent validity issues with the OC and IM scale. Thus, we had to eliminate some items that did not load well on the related constructs. There were also discriminant validity issues between IM construct and Employees' JS construct. In order to solve this problem, we eliminated some items from Employees' JS scale that had high correlations with the variable IM. After the necessary and minor adaptations of the scales used, we attained reliable and valid measurement model. The refined model is presented below (eliminated items are listed in the appendix). We summarized the results of the first and the second stage of the disjoint two-stage approach. The results are given in Table 1 and Table 2.

Table 1. *Descriptive statistics, reliability, and convergent validity indicators*

Constructs and their indicators	Mean	Std. Dev.	FA	Ch. Alpha	CR	AVE
IM (second-order reflective construct)	2.879	0.028		*0.931*	*0.956*	*0.879*
Vision (first-order reflective construct)	2.805	0.029	*0.947*	0.947	0.966	0.904
V1- My organization offers employees a vision that they can believe in	2.763	1.381	0.950			
V2- My organization communicates the vision well to employees	2.727	1.348	0.967			
V3- My organization communicates to employees the importance of their service roles	2.924	1.406	0.936			
Development (first-order reflective const.)	3.291	0.079	*0.930*	0.899	0.937	0.832
D1-- My organization prepare our employees to perform well	3.263	1.378	0.924			
D3- Skill and knowledge development of employees happens as an ongoing process in my organization	3.065	1.436	0.932			
D6- In my organization, the employees are properly trained to perform their service roles	3.547	1.279	0.879			
Rewards (first-order reflective construct)	2.541	0.032	*0.935*	0.945	0.960	0.858
R1 - Our performance measurement and reward systems encourage employees to work together	2.540	1.421	0.921			
R2 - My organization measure and reward employee performance that contributes most to our organization's vision	2.453	1.377	0.942			
R3 - In my organization, those employees who provide excellent service are rewarded for their effort	2.399	1.368	0.929			
R4 - My organization has the flexibility to accommodate the differing needs of employees	2.773	1.344	0.912			
JS (first-order reflective construct)	3.516	0.100		*0.881*	*0.913*	*0.677*
EJS2- I have an accurate written job description	3.554	1.320	0.827			
EJS3 -The amount of work I am expected to finish each week is reasonable.	3.338	1.325	0.810			
EJS4 - My department provides all the equipment, supplies, and resources necessary for me to perform my duties.	3.381	1.313	0.840			
EJS6- My co-workers and I work well together	3.856	1.095	0.791			
EJS7 - I feel I can easily communicate with members from all levels of this organization	3.450	1.320	0.845			
OC (second-order reflective construct)	3.047	0.005		*0.799*	*0.879*	*0.708*
Affective commitment (first-order r. c.)	3.096	0.059	*0.892*	0.877	0.915	0.731
Affect1- I would be very happy to spend the rest of my career with this organization	3.144	1.417	0.856			
Affect2 - I enjoy discussing my organization with people outside it	2.914	1.401	0.890			
Affect3 - I really feel as if this organization's problems are my own	3.086	1.417	0.806			
Affect7-This organization has a great deal of personal meaning for me	3.241	1.295	0.865			
Continuance commitment (first-order r. c.)	3.028	0.061	*0.820*	0.822	0.869	0.527
Cont2 - It would be very hard for me to leave my organization right now, even if I wanted to	3.112	1.348	0.735			
Cont3 - Too much in my life would be disrupted if I decided/I wanted to leave my organization now	3.140	1.327	0.786			
Cont5- Right now, staying with my organization is a matter of necessity as much as desire	3.248	1.189	0.614			
Cont6 - I feel that I have too few options to consider leaving this organization	2.867	1.357	0.731			
Cont7 - One of the few serious consequences of leaving this organization would be the scarcity of available alternatives	2.878	1.294	0.772			
Cont8 - One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice — another organization may not match the overall benefits I have here	2.924	1.293	0.705			

Normative commitment (first-order r. c.)	3.018	0.052	*0.810*	0.779	0.850	0.533
Norm1 - I think that people these days move from company to company too often	3.097	1.275	0.613			
Norm2 - I do not believe that a person must always be loyal to his or her organization. (R)	2.871	1.353	0.804			
Norm5 - If got another offer for a better job elsewhere I would not feel it was right to leave my organization	2.906	1.414	0.677			
Norm6 - I was taught to believe in the value of remaining loyal to one organization	2.950	1.372	0.819			
Norm7 - Things were better in the days when people stayed with one organization for most of their careers	3.266	1.322	0.719			

Note: FA: Factor loadings; r.c.: reflective construct; The italics we used for the values obtained in the second stage of the disjoint two-stage approach

We validated measurement scales based on factor loadings, Cronbach's alpha coefficient (Ch. Alpha), composite reliability (CR) and average variance extracted (AVE) since all constructs in the model were reflective. After the refinement of the scales, all factor loadings were above the recommended boundary of 0.5 [27]. We confirmed internal consistency reliability since the values of Cronbach's alpha were all above 0.7 and CR values were all above 0.7 as recommended in the literature [31] [32]. Convergent validity was also accomplished since CR > 0.7, AVE > 0.5, CR>AVE for all constructs in the refined model [33]. Discriminant validity was assessed using Heterotrait- Monotrait ratio (HTMT). The value of this ratio for all constructs in the refined model was lower than 0.9 as it is suggested in the literature [34]. The results obtained in both stages of the disjoint two-stage approach are presented in Table 2.

Table 2. *Discriminant validity based on HTMT ratio*

Constructs	Affect Comm	Int Mark	Cont Comm	Rewards	Norm Comm	Develo-pment	Commi-tment	Vision
IntMark	0.782							
ContComm	0.626	0.455						
Rewards	0.761	n.a.	0.445					
NormComm	0.664	0.512	0.677	0.494				
Development	0.733	n.a.	0.460	0.851	0.469			
Commitment	n.a.	*0.738*	n.a.	0.642	n.a.	0.630		
Vision	0.738	n.a.	0.395	0.889	0.497	0.888	0.613	
Satisfaction	0.742	*0.880*	0.531	0.791	0.486	0.886	*0.727*	0.797

Note: The italics we used for the values obtained in the second stage of the disjoint two-stage approach

STRUCTURAL MODEL ASSESSMENT

The step that precedes the evaluation of the structural model is the examination of collinearity [35]. VIF values for both predictor variables in the model (IntMark and Satisfaction) were 2.782. This is below 3 which is the recommended threshold suggested by Hair et al. [28]. Next step was to assess the quality of the structural model for which we used the coefficient of determination - R^2 [36] and Stone-Geisser's Q^2 value [37][38]. For all endogenous constructs in the model, R^2 was above the recommended threshold of 0.25 [39]. For the variable Commitment R^2 was 0.470, and for the variable Satisfaction R^2 was 0.641 indicating that endogenous constructs are very well explained by exogenous constructs in the model. We conducted PLSpredict procedure (omission distance = 10) in order to calculate Q^2. The obtained results indicated that model had good predictive relevance since for all endogenous constructs Q^2 values were above zero ($Q^2_{Satisfacion}$= 0.637, $Q^2_{Commitment}$= 0.439) as it is recommended by [35].

We used Bootstrap procedure (BCa method; 5000 subsamples; two-tailed t-test; 5% significance level) in order to calculate significance of the t-value in each observed structural relationship in the model. Based on the obtained results, we evaluated the proposed hypotheses. The results of the Bootstrap procedure are presented in Table 3.

Table 3. *Evaluation of the hypotheses*

Hypotheses	Beta coefficient (β)	t-values	p-values	Supported
H1: IntMark -> Commitment	0.447	6.255	0.000	Yes
H2: IntMark -> Satisfaction	0.801	35.586	0.000	Yes
H3: Satisfaction -> Commitment	0.276	3.413	0.001	Yes
H4: IntMark -> Satisfaction -> Commitment	0.221	3.386	0.001	Yes

The results presented in Table 3 indicate that all the structural relationships in the model are significant. It was shown that there is a positive and statistically significant relationship between IM and OC (H1, β=0.447; $p<0.001$). The second hypothesis proposes that IM positively affects the level of employees' JS (H2) which was also supported (β=0.801; $p<0.001$). Our analysis showed that JS has a positive and statistically significant effect on OC (β=0.276; $p<0.001$), which confirms the third hypothesis (H3). Regarding the fourth hypothesis (H4), it was demonstrated that the indirect effect of IM on OC through JS is positive and statistically significant (β=0.221; $p<0.005$). Since the direct effect of IM on OC is also statistically significant (H1: β=0.447; $p<0.001$), JS partially mediates the relationship between IM and OC. In order to estimate the effect size of the relationships in the model, we observed Cohen's f^2 [40]. All f^2 values were above the lower bound of 0.02, thus it was concluded that all the effects are meaningful. The effect of IM on OC (f^2=0.134) and the effect of JS on OC (f^2=0.051) is weak, while the effect of IM on JS is very strong (f^2=1.782).

The results presented in this paper showed that all hypotheses were confirmed. Our findings are consistent with the results of previous studies [3] [7] [8] [11] [12] [21][22][23][25]. These findings also support the principles of the IM theory and the SET. Employees in healthcare institutions that adopted the IM concept developed positive job- and organization-related attitudes which is in line with the IM theory [14] [17][18][19]. Besides, employees reciprocated to the healthcare institution by demonstrating higher levels of JS and OC since the healthcare institution supported them with IM activities. This notion is in line with the SET [20]. Results of our study contribute to the understanding of the improvement of employees' OC to the healthcare institution in the context of IM practice. Finally, this paper uncovers the complexity of the relationship between IM and OC. One part of the effect of IM on OC is realized directly and one part of that effect is transmitted indirectly through the improvement in employees' JS.

CONCLUSION

This paper suggests that public healthcare institutions in Serbia can strengthen employees' OC by adopting IM practices and by cultivating employees' JS. For these institutions to be successful in implementing IM practices, managers should communicate to their employees a vision that they can believe in. Managers are also advised to pay attention to the employees' development and rewarding of their employees.

The results of the current research are relevant for healthcare marketing professionals and managers of healthcare institutions since they show the significant role of IM in improving employees' OC as well as the role of employees' JS in the relationship between IM and OC. By communicating the vision to employees, organizing trainings and education, by supporting professional and career development of their employees and by evaluating and rewarding their success, managers can contribute to improving employees' JS and OC. These IM activities lead to employees' satisfaction with job content and satisfaction with their relationship with co-workers. IM activities further lead to employees' emotional attachment to the healthcare institution, identification with it and involvement in it, to the continuation of work in the institution, and to a sense of obligation to stay in their institution. Only satisfied and committed employees are ready to deliver high quality of healthcare services. The results of this study support decision makers in promoting the IM concept in healthcare sector and highlight the importance of OC and IM in the sector that is a people focused.

This paper contributes to the better understanding the IM – employees' OC relationship in the health sector. It also emphasizes that it is not enough to explain solely the direct impact IM on employees' OC, rather it is crucial to uncover the mechanism through which IM affects OC. In order to motivate employees to achieve better performance and this way to contribute to the quality of healthcare services and patients' satisfaction, it is essential that healthcare institutions act on employees' OC through IM activities and also by increasing employees' JS.

Our study included various public healthcare institutions in Belgrade, thus the implications of this research are applicable to healthcare sector in Serbia and potentially to healthcare sector in the countries with similar level of development and analogous economic and social context. The main limitations of this study are associated with the general limitations that relate to convenient sampling technique. Thus, it is suggested to use random sampling in future research. Secondly, this research is a type of cross-sectional study, so it would be beneficial to conduct a longitudinal study in the future. In addition, the findings of our study encourage researchers to further investigate the link between IM and other job- and organizational-related attitudes.

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APPENDIX

Item eliminated from the model:
Vision (IM scale):
V4- In my organization, considerable emphasis is placed on communicating with employees.
V5- The data my organization gathers from employees is used to improve their jobs, and to develop the strategy of the organization.
Development (IM scale):
D2- My organization views the development of knowledge and skills in employees as an investment rather than a cost.
D4 - In my organization, employees are taught "why they should do things" and not just "how they should do things".
D5- In my organization we go beyond training and educate employees as well.
Employees' JS scale:
EJS1- I am satisfied with my chances for promotion.
EJS5- The buildings, grounds and layout of this health facility are adequate for me to perform my work duties.
AffectComm (Employees' OC):
Affect4 - I think that I could easily become as attached to another organization as I am to this one (R).
Affect5 - I do not feel like 'part of the family' at my organization. (R)
Affect6 - I do not feel 'emotionally attached' to this organization. (R)
Affect8 - I do not feel a strong sense of belonging to my organization. (R)
ContComm (Employees' OC):
Cont1 - I am not afraid of what might happen if I quit my job without having another one lined up. (R)
Cont4 - It wouldn't be too costly for me to leave my organization now. (R)
NormComm (*Employees' OC):*
Norm3 - Jumping fromi organization to organization does not seem at all unethical to me. (R)
Norm4 - One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain.
Norm8 - I do not think that wanting to be a 'company man' or 'company woman' is sensible anymore.

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