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HRM Training as the Heartbeat of Mitigating Burnout and organizational commitment in the High-Stress Healthcare Environment

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Abstract

The healthcare industry addresses employee burnout as an escalating issue that significantly compromises staff well-being, productivity, and the crucial quality of patient care. The role of Human Resource Management (HRM) policies, specifically Stress Management Training (SMT) and Work Environment Training (WET) in mitigating burnout and enhancing organizational commitment (OC) has been the topic of debate for years. Data from 339 healthcare employees was collected through structured questionnaires by leveraging quantitative research design for data acquisition. The collected data was analyzed through Smart PLS-4 software, exploring both direct and mediating relationships among key constructs of this study. Results show both SMT and WET significantly reduce burnout (SMT β=0.776, WET β=0.390; $p<0.05$), validating their direct impact. Burnout mitigation was found to be a significant predictor of organizational commitment (β=0.494, $p<0.05$). A key finding from mediation analysis is that Occupational exhaustion serves as a robust mediator for the relationship between both SMT and WET and organizational commitment. Moreover, Occupational exhaustion mitigation aids as a mediator, enhancing the constructive influence of SMT and WET on organizational commitment. The results highlight the intermediating role of burnout, with WET showing a more potent influence than SMT. The results clarify the mandate for nurturing tailored HRM interventions that address both individual stress and systemic workplace challenges.

Keywords: *Burnout mitigation, Work environment training, Organizational commitment, Stress management training*

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1. INTRODUCTION

The landscape of healthcare organizations is marked by high-pressure conditions where exorbitant workloads and extended duty cycles create a high-stakes environment. The continuous drain of patient care confirms that Employee Exhaustion is an inevitable shadow of a high-stress work environment (Chen et al., 2022). Burnout is a systematic disease that drains employee vitality and undermines organizational commitment. Employee burnout in any organization can negatively impact employee well-being and can reduce job satisfaction. Exhaustion is considered a critical lever for boosting productivity in any area of healthcare service. In a healthcare setting employee burnout can be the ultimate factor of enhancing or compromising patient care (Cleland, 2024). Addressing this issue is critical, yet conventional human resource (HR) strategies have often proven inadequate in managing the unique challenges encountered in healthcare settings. These strategies, which merge physical and psychological stress management techniques, can play a crucial role in fostering resilience among healthcare workers and boosting job satisfaction (Williams & Thompson, 2023). Sustainable strategies that incorporate both physical and psychological stress management techniques can play a pivotal role in building resilience among healthcare professionals (Cockerham et al., 2023).

1.1 Research Problem

Employee Burnout in the healthcare industry has become a widespread concern (Ansari et al., 2022). The reason for conducting this study in Pakistan is to address the unique challenges faced by the country's healthcare sector, where employee exhaustion, competitive pressures, and the need for burnout management necessitate a deeper understanding of how training and development can improve commitment (Aleem & Bowra, 2020). Chronic workplace stress is a critical issue, and there is a lack of comprehensive understanding regarding the specific impacts of various training programs such as stress management training and work environment training on organizational commitment among healthcare employees (Lee et al., 2023). Sustainable HRM strategies that integrate effective physical and psychological stress management techniques are crucial. However, Conventional human resource (HR) strategies frequently fail to address the specific challenges faced by healthcare workers, making it essential to develop and implement sustainable HRM strategies customized for this sector to enhance the organizational commitment of employees (Faisal, 2023)

1.2 Research Questions

What is the extent of Stress Management Training and Work Environment Training to predict Burnout Mitigation?

What is the extent of Stress Management Training and Work Environment Training to predict Organizational Commitment through mediation role of Burnout Mitigation?

1.3 Research Objectives

To examine the extent of Stress Management Training and Work Environment Training to predict Burnout Mitigation.

To examine the extent of Stress Management Training and Work Environment Training to predict Organizational Commitment through mediation role of Burnout Mitigation?

1.4 Purpose of the Study

The purpose of this study is to assess the transformative potential of sustainable HRM practices, particularly those embedded with stress management protocols, in mitigating Chronic workplace stress and enhancing organizational commitment among employees in healthcare environments (Maslach & Leiter, 2016). By exploring these specialized strategies, the study intends to identify how tailored HR approaches can more effectively support healthcare professionals, ultimately improving employee well-being, job satisfaction, and the quality of patient care (West et al., 2016).

1.5 Significance/Justification of the Study

This research is crucial because it provides evidence for enduring stress and pressure due to employee burnout among healthcare employees. The healthcare sector has always been a high-stress environment. Failures in managing employee fatigue can erode lower job satisfaction and organizational commitment (Carley, 2024). The critical shortcoming of healthcare industry and conventional HRM policies failed to overcome these challenges. Traditional HRM strategies fail to address the specific pressures experienced by healthcare workers (Garner, 2022). The inherent flaw in traditional HRM is the lack of tailored approaches necessary to improve employee well-being (Maluegha et al., 2024).

1.6 Scope of the Study

This study will be highly engrossed in evaluating the effectiveness of sustainable HRM strategies and policies in Pakistan's healthcare system. This study concurrently measures the impact of robust stress management training on organizational commitment and employee burnout. Through this investigation, we are forged to uncover the understanding of tailored HRM strategies suitable for the high-stakes nature of Pakistan's healthcare environment. That not only integrates stress management training but also focuses on improving the inconvenience related to unethical and stressful work environments. These policies and strategies address Job-related exhaustion and enhance job satisfaction (Proudfoot, 2021). The study investigates the influence of these HRM practices on Work-induced exhaustion levels and job satisfaction simultaneously. This concept of mitigating burnout among healthcare workers provides a clear understanding of tailored HRM strategies that can better support healthcare professionals facing unique challenges (Duncan, 2024). The scope of this study is focused on analyzing HRM interventions and their

outcome in healthcare, regardless of limitations over employee status, designation, and age. (Soomro & Ramendran, 2024)

1.7 Limitations

The key concept of this research unfortunately is narrowed to only specified healthcare settings. This study focused only on private hospital setups. Thus the immediate relevance of this study narrows down due to this specific population selection (Dyrbye et al., 2017). Secondly, the study chiefly evaluates justifiable HRM practices designed that can fit into physical and psychological stress management techniques. This may overlook other influencing factors contributing to burnout and organizational commitment, such as organizational culture, leadership, and external socio-economic conditions (Subramaniam & Ramli, 2019). More this study depends on self-reported data, which may raise questions about biases such as social desirability or erroneous data collection (Moss et al., 2016). Despite these limitations, the study delivers valuable insights into sustainable HRM practices (Bakker & Demerouti, 2017).

1.8 Assumptions

It is supposed that the high-pressure atmospheres of healthcare or hospital settings have noticeably heavy workloads and long hours of duty. Hence, this job demands emotional resilience demands and opportunities to reset. This certainty supports the idea that these rudiments are the foremost contributors to the persistent Work-induced exhaustion experienced by healthcare professionals (Nash, 2025)
It is the assumption is that burnout amongst healthcare specialists extends beyond individual distress to signify some organizational challenge. This suggests that burnout leads to diminished employee well-being, lower job satisfaction, and reduced productivity (Panagioti et al., 2018).

It is contended that conventional HR burdened by outdated HR strategies, falls short of tackling the exclusive challenges of advanced healthcare. This suggests that conservative tactics may be insufficient for efficiently handling the explicit stressors and demands inherent in the healthcare environment (Gómez-Urquiza et al., 2017).

It is assumed that tailored stress management interventions planned for the healthcare setting can offer valued visions for enhancing the employee support system and boosting overall engagement and satisfaction. This suggests that focused HR practices can lead to substantial improvements in employee outcomes (Kumar et al., 2023).

1.9 Definition or Keywords

Stress Management Training: SMT is a designed program to equip workers with skills and techniques to deal with stress effectively.

Burnout Mitigation: Burnout is a feeling of physical, emotional, and mental drain driven by continued stress and the burden of patient care

Work Environment Training: WMT started as a structured program to educate employees about the safety, health, and operational standards of their workplace.
Organizational commitment: Organizational commitment is the emotional attachment and loyalty of employees towards their organization.

2. LITERATURE REVIEW

The literature related to this study highlights the profound effects of HR training programs, particularly in healthcare settings (Verhulst & DeCenzo, 2021). Prior research has emphasized the importance of sustainable HRM training in enhancing organization competencies. In healthcare, the HRM interventions are indispensable not only for optimizing employee performance but also for improving patient care and safety, which are fundamental to healthcare quality (Gilbert, 2020).

2.1 Human Resource (HR) training

To achieve these multifaceted objectives, HRM training in healthcare encompasses a broad spectrum of programs, each serving distinct yet interconnected purposes

a) Fundamentals of Human Resource (HR) Training:

Yadate (2025) confirms that Existing scholarship extensively details the profound effects of HR training programs, particularly in healthcare settings. Agrawal (2025) proves that within healthcare, HRM interventions are vital not only for optimizing employee performance but also for improving patient care and safety, which are fundamental to healthcare quality. Past research has consistently underscored how the importance of sustainable HRM training in enhancing organizational competencies.

b) Purpose of HRM-Trainings in the Healthcare:

Clinical training programs refine and sharpen the skills of frontline healthcare providers, thereby ensuring the delivery of high-quality patient care. Concurrently, Igwe (2025) confirms that non-clinical training equips non-clinical arms with essential competencies for compliance, stress management training, and effective teamwork. In essence, HRM training promotes organizational commitment and job satisfaction, crucial for maintaining a motivated and engaged workforce. Suryaninggala & Wahyulina (2025) provide evidence in their study that emphasizing sustainable HRM practices, healthcare organizations can seamlessly align their workforce with their overarching mission of delivering exemplary care, ultimately benefiting both employees and patients.

c) HR Training and Skills Development:

HR training is a vital element of comprehensive HR strategies, with direct implications for both employee exhaustion and organizational commitment. As noted by Akande and his companions (2025) when work culture is cultivated with opportunities for professional growth, employees exhibit heightened role engagement and strengthened organizational fealty. Additionally, HR training initiatives that emphasize stress management and emotional intelligence have proven particularly effective in high-pressure environments. Ly (2019) found that stress management training reduces emotional exhaustion.

2.2 Factors Effecting Organizational commitment

Organizational commitment, defined as an employee's psychological attachment to an organization, is a critical outcome for workforce stability, productivity, and overall organizational success. A robust body of literature identifies several key factors, often influenced by human resource (HR) practices and training initiatives, that significantly impact an employee's level of commitment. Prominent among these are stress management training, strategic work environment management, and comprehensive burnout mitigation efforts.

a) Impact of Stress-Management Strategies:

Stress-management strategies encompass a range of initiatives designed to mitigate employee stress and enhance well-being. These strategies include employee assistance programs (EAPs), stress reduction workshops, flexible work arrangements, and mental health support services. Molek-Winiarska & Molek-Kozakowska (2020) assert that effective stress-management strategies are crucial for alleviating the negative impacts of stress, such as burnout, decreased job satisfaction, and diminished organizational commitment. Nghiem and his fellows (2025) demonstrate that sustainable stress management training can significantly reduce stress and improve employee morale, thereby strengthening overall commitment to the organization. Stress-management programs, such as Employee Assistance Programs (EAPs), flexible work arrangements, and stress-reduction training, reflect an organization's commitment to supporting its employees, thereby fostering a more supportive work environment (Long et al., 2025).

b) Impact of Work-Environment-Management Strategies:

Work-environment-management strategies involve creating and maintaining a work setting that supports employee well-being and productivity. Key strategies include ergonomic improvements, fostering a positive organizational culture, and providing adequate resources. According to Faza (2025), a supportive work environment not only enhances job satisfaction but also strengthens employees' emotional commitment to their organization. Enhancing workplace ergonomics can reduce physical strain and discomfort, leading to higher job satisfaction and commitment. Research unequivocally demonstrates by Faber and Gräf (2025) that ergonomic interventions, such as adjustable workstations and proper equipment, significantly

improve employees' physical comfort. Additionally, the more strategically managed work environment can significantly decrease turnover intentions. OLENIUCH (2025) and his companion demonstrate that employees who are satisfied with their work environment are less likely to contemplate leaving their positions, which enhances organizational stability. When employees perceive that their needs are addressed and their working conditions are optimized, their commitment to the organization is strengthened.

c) Impact of Burnout Mitigation on Organizational Commitment:

Employee burnout within healthcare settings is a well-researched phenomenon. Islam and Idris (2025) defines Work-induced exhaustion as comprising emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, all of which contribute to lower job satisfaction, compromised quality of care, and increased employee turnover. Numerous studies highlight the critical role of training and development programs in alleviating burnout. Bottini and his fellows (2025) emphasize that ongoing professional development equips healthcare workers with the necessary skills to meet the evolving demands of the field, thereby reducing stress associated with perceived competency deficits. In addition, resilient HR strategies focusing on stress management training, mindfulness, and work-life balance have been associated with lower Work-induced exhaustion levels among healthcare professionals (Kim & Lee, 2025).

2.3 Methodological and Contextual Gaps

A variety of literature is available on burnout, organizational commitment, and HRM interventions for stress management. Despite the existing literature, several critical research gaps persist that need to be explored in this field. The comparative effect of SMT and WET has not been explored on a larger population. Therefore, their relative strengths and mechanisms in influencing burnout are not well defined. This leaves research gaps in the existing literature. The mediating pathway through which maximum effects of SMT and WET can be achieved is the topic of debate. Lastly, the existing literature is mainly focused on the Western healthcare system. Hence, the rule of those research does not completely apply worldwide due to cultural ethnicity of geographical concerns

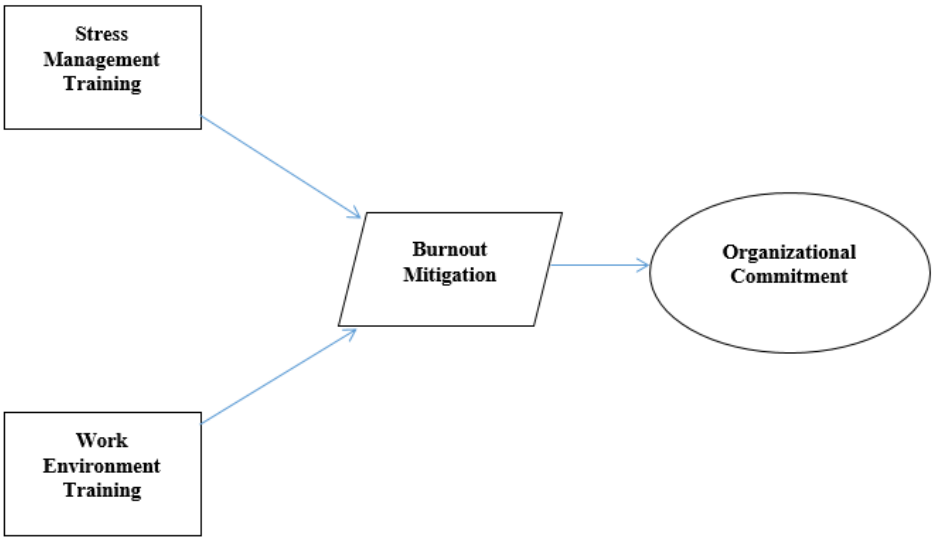

Figure 1: Conceptual Framework

2.4 Relevant Theory of the Study

As its core Social Exchange Theory explores reciprocal dynamics wherein both parties stand to gain through a symbiotic relationship. However, for this exchange to be deemed fair employers provide employees with valuable learning opportunities, while employees contribute their improved skills and increased productivity to the organization. For this exchange to be perceived as fair and mutually beneficial, the training must resonate with the personal and professional aspirations. Within the scope of this study, SET provides the theoretical lens through which to examine how organizational investments in employee well-being are perceived as benefits by healthcare employees. From a Social Exchange perspective, offering robust stress management training and support signifies the organization's deliberate investment in employee well-being and a reduction of their 'costs' associated with workplace demands. When Employees feel truly valued within the relationship they are simply more inclined to reciprocate positive treatment and care to the patients (Cross & Dundon, 2019). In the context of HR training, employees are likely to demonstrate greater commitment when they believe the organization is invested in their development. According to Di Giampaolo and his fellows (2025), employees reciprocate the resources they receive from the organization through varying levels of organizational commitment. Their research indicates that when organizations provide essential and effective work environments or stress management-related training, employees exhibit increased engagement and commitment, which in turn benefits the organization. Building on these theories, Tan and companion researchers (2005) found that both stress and work management training develop a sense of obligation or commitment toward their healthcare organization when they perceive themselves as valuable assets. The valuable perspective of sustainable and tailored training programs is further supported by those who argue that when

healthcare organizations invest in developing employees' human capital through sustainable and tailored training programs, employees feel valued and are more likely to remain committed and engaged (Dhaneesh et al., 2025).

2.5 Hypotheses Development

Aghili Dehkordi (2025) is his study, which are conducted in health sector has emphasized that evidence of positive influence of stress management training on the organizational commitment of healthcare sector employees.

H1: Stress management training (SMT) has a significant impact on burnout mitigation (BO).

Urpi and his fellows (2025 suggested that Theory of Social Exchange is a beneficial effect of work environment training on the organizational commitment of employees in the healthcare sector

H2: Work environment training (WET) significantly influence burnout mitigation (BO).

According to DeSouza (2025), his seminal research work has identified that Mitigating employee burnout positively influences stress management training and enhances organizational commitment.

H3: Burnout mitigation significantly (BO) significantly impact organizational commitment (OC)

Theory of Conservation of Resources (COR) in the research article of Rojas (2025) Theory suggest that reducing employee burnout positively affects work environment training and strengthens organizational commitment.

H4: The effect of stress management training (SMT) on organizational commitment (OC) is mediated by burnout mitigation (BO)

Padamata and Vangapandu (2025) suggest that Mitigating employee burnout positively influences organizational commitment.

H5: The effect of work environment training (WET) on organizational commitment (OC) is mediated by burnout mitigation (BO)

3. RESEARCH METHODOLOGY

3.1 Research Design

This study employs a quantitative, correlational research design to investigate the relationships between stress management training, work environment management strategies, burnout mitigation, and organizational commitment among healthcare employees. The objectives of this research are to augment the existing knowledge

in this field and to inform the expansion of targeted interventions and approaches, specifically designed to improve employee well-being and organizational performance through employee engagement.

3.2 Population

The population of interest for this research study comprises healthcare employees from different departments i.e. nursing, clinical, or non-clinical areas. Acknowledging the significance of holistic employee wellness is vital for cultivating a positive healthcare environment, which ultimately benefits both staff and patients. Central to this investigation are the constructs of Stress Management Training and Work Environment Training, both of which are essential for mitigating burnout and enhancing organizational commitment.

3.3 Measurement and Sampling Method

The non-probability convenience sampling method sampling method for this study will employ to ensure representation across various employee categories within high-stress healthcare environments. Participants must have a minimum tenure of six months in their current roles. The target sample size is 384 employees. This sample size will allow for a comprehensive analysis of the effectiveness of HR strategies in mitigating employee Professional exhaustion. Participants will be recruited through direct contact with HR departments of selected hospitals, internal communication channels, or online professional forums. Informed consent will be obtained from all participants prior to data collection.

3.4 Instrument Selection

To attain the investigation objectives of this study, a self-administered questionnaire was developed to quantify the core constructs of Stress Management Training (SMT), Work Environment Training (WET), Burnout Mitigation (BO), and Organizational Commitment (OC). The instrument selection process involved a systematic literature review to identify established scales with proven psychometric properties (reliability and validity) from prior studies, particularly those in healthcare contexts. Sampling method involve convenience sampling and non-probability sampling methods. And for the analysis smart PSL is going to be used. It will also reflect the reliability and legitimacy of the research variables of the study. All constructs were operationalized using consistent 5-point Likert scales (e.g., 1 = Strongly Disagree to 5 = Strongly Agree). Pilot testing confirmed the instrument's clarity, comprehension, and cultural relevance with a small group of healthcare professionals prior to full data collection. Reliability for all scales was subsequently established, with Cronbach's alpha values greater than 0.70, indicating strong internal consistency during validation.

3.5 Burnout Mitigation

Employee burnout represents a significant challenge within the healthcare sector, characterized by chronic physical and emotional exhaustion, a sense of detachment

from work, and a reduced feeling of personal accomplishment. This singularity takes thoughtful suggestions not only for employee well-being but also for the excellence in patient care and overall organizational competence.

3.6 Organizational Commitment

Organizational commitment signifies the emotional attachment and faithfulness that an employee feels for his organization. In the healthcare sector, improving organizational commitment is essential, as it has a direct effect on both employee performance and patient care outcomes.

3.7 Stress Management Training

Stress management is a vital feature of the healthcare sector, where employees frequently encounter high-pressure circumstances, emotional stresses, and considerable workloads. Effective stress management not only indorses employee well-being but also improves patient care and overall organizational performance.

3.8 Variables & Measurement of Variables

It is very evident in this study that independent variables include stress management training and work environment training. On the other hand sustainable burnout mitigation serves as the mediator variable. Lastly the dependent variables are the commitment levels of healthcare employees. For stress management and work environment training Likert scale nalayis will be used to measure the captured perceptions of respondents over stress levels and their employee engagement levels in the healthcare environment. Likert scales can assess the perceived effectiveness and significance of stress management programs, concentrating on the applicability of techniques learned and their impact on plummeting stress levels.

This information is highlighting the areas for improving is suggested training content. Likert scale also contribute to highlight their opinions on the work environment, computing features like management support and colleague collaboration. It also have specific attention for the finding of resource availability. By using the Likert scales, this study also address the challenges and measures the perceptions of organizational support among healthcare employees. Questions may cover feelings of exhaustion and the efficacy of interventions aimed at plummeting burnout.

Moreover, by assessing organizational commitment through Likert scales, investigators discover employees' loyalty and inspiration to contribute to the organization, as well as their readiness to stay despite difficulties. This multilayered method objects to deliver a nuanced consideration of how sustainable training initiatives effect employee engagement and retention within the healthcare sector.

3.9 Plan of Analysis

Data analysis summarizes the logical method for assessing the efficiency of sustainable HR training and its impact on organizational commitment in the

healthcare sector. The analysis of this study will prioritize three key dimensions: the occurrence of stress management and work environment related training creativities. Their professed success, and their influence on numerous categories of organizational commitment. Survey done through questionnaire for assessing the frequency of training initiatives and its apparent impression on employees, enhancing or reducing organizational commitment levels. Research is focus on sampling technique that targets a diverse sample of healthcare employees across various departments to ensure representation from all employee category. Both dependent and independent variables of the study scrutinized through descriptive statistics, including means, standard deviations, regression and correlation, were computed to summarize the survey responses by using PLS Software.

4. RESULTS AND INTERPRETATION

This chapter carefully analyze the dataset using SMART PLS-4 software. The major focus is to evaluate the impact of constructs (SMT/WET) that impact organizational commitment by mitigating employee burnout. It sheds light on how these elements contribute to the well-being and productivity of healthcare professionals. By employing advanced statistical methods available in SMART PLS-4, this chapter reveals the underlying patterns and relationships that are crucial for grasping the complexities of managing burnout through effective workplace and stress management strategies.

A Google survey form was developed and distributed electronically to faculty groups and healthcare professionals to collect the data. Data was collected from all healthcare department weather clinical or non-clinical areas. In addition to this distribution, several subject were approached and encouraged to assist in the survey. Therefore, a total of 339 responses were collected, with no missing data.

Table 1: Frequencies

	Frequencies	Gender	Age	Experience	Department
N	Valid	339	339	339	339
	Missing	0	0	0	0

Table 2: Gender

Gender		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	168	49.6	49.6	49.6
	Female	171	50.4	50.4	100

The gender distribution in selected data is highly stable. The gender ratio lies as males at 49.6% and females at 50.4%, representing that there is no considerable twist in the data. This reasonable representation eliminate the risk of potential gender differences in the study. This finding ensures that both perspectives are sufficiently considerable and valued. The cumulative percentages represents the strict clarity of robustness in dataset, giving the impression of reliable statistical analyses going forward.

Data collection of both gender depict equal representation of each gender in this study should be regarded as a strength rather than a limitation. The balance nature of this data collection eliminate the idea of gender biased data that only reflect the experiences of only male of female in healthcare profession. Thereby allowing for comprehensive and unbiased analyses of the study variables.

Table 3: Age

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25 - 34	167	49.3	49.3	49.3
	35 - 44	118	34.8	34.8	84.1
	45 - 54	44	13	13	97.1
	55 or above	10	2.9	2.9	100
	Total	339	100	100	

The largest segment of respondent from the totals of 339 subject falls within 25-34 year age range (49.3%). Second highest frequency was noted in the age range of 35-44 years (34.8%). Only (13.0%) of respondents belong to the 45-54 age group. The least represented age group is 55 years and older with the frequency of only 2.9%. This uneven distribution proposes that the study's outcomes may not fully capture the perspectives and experiences of older employees. It is concluded that the data represents meaningful responses of younger and middle-aged employees, the lack of representation from older groups limits the generalizability of the results. To improve the representativeness and inclusivity of future research, it would be beneficial to target a broader range of age groups, especially those 45 and above, to ensure that policy, marketing, and healthcare strategies reflect the needs of all age demographics.

Table 4: Experience

Experience					
	Experience	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 Year	31	9.1	9.1	9.1
	1-3 Years	62	18.2	18.3	27.4
	4-6 Years	65	19.1	19.2	46.6
	7-10 Years	60	17.6	17.7	64.3
	More than 10 Years	121	35.6	35.7	100
	Total	339	99.7	100	

The data specifies that a mainstream of respondents are experienced, with 35.7% having over 10 years in their field. The second largest category, accounting for 19.2%, includes individuals with 4 to 6 years of experience. This is followed by those having 1 to 3 years at 18.3% and those with 7 to 10 years at 17.7%. The group with less than a year of experience is the smallest, making up 9.1%. In total, more than 46% of respondents have between 4 to 10 years of experience. These results suggest that the study mainly represents the perspectives of individuals with a moderate to significant amount of experience, particularly those boasting over 10 years in the profession. This suggests the results are more representative of seasoned professionals. However, the smaller proportion of respondents with less than 1 year of experience may lead to an underrepresentation of newer entrants' perspectives.

Table 5: Department

Department					
	Department	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Clinical	142	41.8	41.9	41.9
	Administrative	68	20	20.1	61.9

	Support	52	15.3	15.3	77.3
	Other	77	22.6	22.7	100
	Total	339	99.7	100	

The data shows that clinical roles dominate the sample, with 41.9% of respondents in this area, followed by administrative roles at 20.1%. Support roles account for 15.3%, while other roles make up 22.7%. Cumulatively, 61.9% of respondents are engaged in clinical or administrative functions, indicating that these areas are the most represented in the healthcare industry sample. The findings suggest that the study mainly reflects individuals in clinical and administrative roles within the healthcare industry, which are likely to provide insights into core operational and patient-facing functions. However, the inclusion of respondents from support and other roles adds diverse perspectives that can enrich the findings.

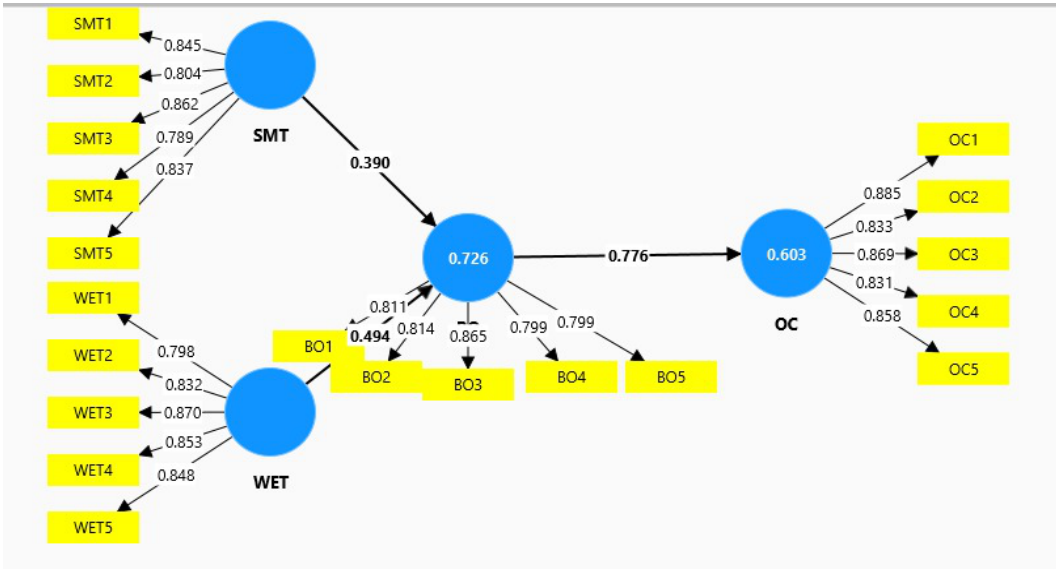

Figure 2: SME Model

Table 6: Measurement Model (Loading, Reliability and Validity)

Loading, Reliability and Validity					
Concepts	Observed Variable	Outer Loading	Cronbach's Alpha	Composite Reliability (rho_c)	AVE
Stress Management Training	SMT1	0.845	0.885	0.916	0.685
	SMT2	0.804			
	SMT3	0.862			
	SMT4	0.789			
	SMT5	0.837			
Work environment Training	WET1	0.798	0.896	0.923	0.706
	WET2	0.832			
	WET3	0.87			
	WET4	0.853			
	WET5	0.848			
Burnout Mitigation	BO1	0.811	0.876	0.91	0.669
	BO2	0.814			
	BO3	0.865			
	BO4	0.799			
	BO5	0.799			

Organizational Commitment	OC1	0.885	0.908	0.932	0.732
	OC2	0.833			
	OC3	0.869			
	OC4	0.831			
	OC5	0.858			

All items loading >0.5 indicates indicators reliability (Hulland 1999,p198)

All Average Variance Extracted (AVE) >0.5 indicates convergent validity (Bagozzi & Yi,1991: Fornell & Larcker,1981)

All composite Reliability (CR)>0.7 indicates Internal Consistency (Gefen et al,2000)

All Cronbach's Alpha (CB α) >0.7indicates for all constructs indicate that the measurement items for each latent variable exhibit strong internal consistency.

The analysis of outer loadings indicates strong reliability for the constructs of Stress Management Training (SMT), Work Environment Training (WET), Burnout Mitigation (BO), and Organizational Commitment (OC). Specifically, for SMT, the loadings for items SMT1 to SMT5 range from 0.789 to 0.862, confirming their reliability. Similarly, WET items range from 0.798 to 0.870, effectively capturing the essence of the construct. For the Burnout Mitigation, all items (BO1 to BO5) express loadings between 0.799 and 0.865, indicates reliable measurement across these pointers. Likewise, the Organizational Commitment items (OC1 to OC5) have loadings ranging from 0.831 to 0.885, represent strong reliability. It shows measurement tool is highly effective and can be used to capture most of the results. The overall pattern of loading suggest that training programs have the potential to significantly enhance employee well-being and commitment. It also offers a reliable origin for future research. These finding of measurement model also exposes the dynamics of any organization in terms of commitment level and need of HR interventions to overcome burnout.

The constructs in this study shows a unique range of the Cronbach's Alpha and Composite Reliability values. The values of Cronbach and reliability defined as SMT (0.885), OC (0.908), WET (0.896), and BO (0.876. They all surpass the recommended threshold of 0.7, signifying strong internal consistency for each construct. The remarkably high values of Cronbach's Alpha and Composite Reliability (rho_c), exceeding 0.90, directs the finding towards vigorous internal consistency of the constructs. It also indicates the exceptionally dependable and coherent measurement scale of SMT, WET, BO, and OC. These high reliability scores further validate that the measures employed are effective in identifying even subtle differences in the impact of HRM practices on burnout reduction and commitment enhancement.

The Average Variance Extracted (AVE) values for the constructs are SMT = 0.685, WET = 0.706, BO = 0.669, and OC = 0.732. These AVE values cross the range of the 0.5 threshold, representing good convergent validity. Therefore it is concluded that each construct of this study successfully capture variance in its indicators. These AVE values assure the enhanced validity of the measurement model. Overall, these findings of AVE propose that the constructs of this study are well-defined and provide reliable theoretical concepts to enhance the effectiveness of the study.
Discriminant Validity

Table 7: Discriminant Validity through HTMT Ratios

Discriminant Validity through HTMT Ratios				
	BO	*OC*	*SMT*	*WET*
BO				
OC	0.866			
SMT	0.918	0.811		
WET	0.931	0.871	0.957	

Alparslan and Saner (2020) familiarized the research world with Heterotrait-Monotrait Ratio (HTMT) as an unconventional and advanced approach for evaluating discriminant validity in variance-based Structural Equation Modeling (SEM). Henseler in his study clearlt state HTMT as an effective measure to identify issues of discriminant validity. It also support the idea of establishing HTMT as a valuable tool for researchers, determined to guarantee methodological rigor in SEM analyses. The HTMT ratios of this study validate fluctuating degrees of correlation among the constructs examined. Specifically, the ratios among (BO) & (OC) is (0.866), (SMT) & (OC) is (0.811), and (WET) & (OC) is (0.871) fall below the established threshold of 0.90. It suggest that these constructs are different. Moreover, the finding of this study also indicates that every construct in this study has a exclusive feature of employee experiences. On the other hand, the ratios between (BO) & (SMT) is (0.918), (BO) & (WET) is (0.931), and SMT & WET is (0.957) surpass the 0.90 threshold, indicative of a high degree of correlation among these constructs. All of the above finding of the HTM indicates strong interrelationship and interconnected nature of these variables.

Table 8: Cross Loading

Cross Loading				
	BO	*OC*	*SMT*	*WET*
BO1	0.811	0.662	0.693	0.694
BO2	0.814	0.587	0.619	0.646
BO3	0.865	0.643	0.69	0.677
BO4	0.799	0.57	0.631	0.637

BO5	0.799	0.698	0.68	0.72
OC1	0.67	0.885	0.62	0.688
OC2	0.679	0.833	0.597	0.63
OC3	0.642	0.869	0.654	0.672
OC4	0.652	0.831	0.615	0.682
OC5	0.675	0.858	0.628	0.689
SMT1	0.65	0.569	0.845	0.683
SMT2	0.618	0.591	0.804	0.689
SMT3	0.69	0.627	0.862	0.753
SMT4	0.685	0.58	0.789	0.679
SMT5	0.711	0.64	0.837	0.726
WET1	0.646	0.633	0.687	0.798
WET2	0.677	0.609	0.7	0.832
WET3	0.746	0.681	0.772	0.87
WET4	0.715	0.69	0.728	0.853
WET5	0.688	0.687	0.696	0.848

In reference to the cross-loading table, BO1 to BO5 show the uppermost loadings values such as BO3 having the strongest loading at 0.865. In contrast OC, SMT, and WET, confirming that they are most closely related to the BO construct. For example, for OC1 to OC5 show high loadings with OC1 (0.885) only. For SMT1 to SMT5 load strongly on SMT, with SMT3 showing the highest loading of 0.862. The loadings on BO, OC, and WET are all lower, confirming that the items are primarily related to SMT. Finally, for WET1 to WET5 show the highest loadings on with WET3 having the strongest loading at 0.870. The loadings on the other constructs (BO, OC, and SMT) are lower, ensuring that the WET items are clearly associated with the WET construct. Overall, the cross-loadings indicate that the items are correctly aligned with their intended constructs and do not exhibit significant overlap with other constructs, demonstrating good discriminant validity. Although a few indicators, like BO2 (0.587) and SMT2 (0.591), show slightly weaker cross-loadings on non-relevant constructs, they still load higher on their designated constructs, confirming that the constructs are distinct. These findings highlight the robustness of the model and validate the measurement of the key constructs in the study.

Structural Model

Table 9: Path Coefficients

Path Coefficients					
	Type	*Relation*	*Coefficient*	*Standard deviation (STDEV)*	*T statistics (|O/STDEV|)*
H1	Direct Effect	***SMT -> BO***	0.776	0.033	23.414
H2	Direct Effect	***WET -> BO***	0.39	0.077	5.086
H3	Direct Effect	***BO-> OC***	0.494	0.082	6.044
H4	Mediating effect	***SMT -> BO -> OC***	0.303	0.057	5.28
H5	Mediating effect	***SMT -> BO -> OC***	0.384	0.071	5.412

The analysis reveals a strong positive relationship between SMT and BO, with a path coefficient of 0.776, a T-statistic of 23.414, and a P-value less than 0.05. This highly significant result indicates that SMT plays a crucial role in reducing burnout among healthcare workers. WET demonstrates a moderate positive effect on BO, as evidenced by a path coefficient of 0.390, a T-statistic of 5.086, and a P-value less than 0.05. Although this effect is smaller than that of SMT, it remains significant, suggesting that enhancements to the work environment can effectively contribute to mitigating burnout. The findings show that BO significantly influences OC, with a path coefficient of 0.494, a T-statistic of 6.044, and a P-value below 0.05. This supports the notion that reducing Professional exhaustion is a key factor in fostering increased commitment to the organization. BO partially mediates the relationship between SMT and OC, evidenced by a mediating effect of 0.303, a T-statistic of 5.280, and a P-value less than 0.05. This indicates that SMT reduces Professional exhaustion, which subsequently strengthens employees' commitment to the organization. Additionally, BO also serves as a mediator between WET and OC, with a mediating effect of 0.384, a T-statistic of 5.412, and a P-value less than 0.05.

Table 10: R^2 Values

R^2 Values	
Construct	*R^2*
BO	0.726
OC	0.603

The table below provides the R^2 values, which indicate the proportion of variance explained by the predictors for each dependent variable. Interpretation: The

construct BO explains 72.6% of the variance, while OC explains 60.3%. These values suggest a substantial model fit, with BO demonstrating a particularly high explanatory power.

Table 11: Model Fit

Model Fit		
	Saturated model	*Estimated model*
SRMR	0.055	0.07
d_ULS	0.632	1.014
d_G	0.386	0.415
Chi-square	776.31	819.891
NFI	0.858	0.85

SRMR values (0.055) for the saturated model and (0.070) for the estimated model) indicate a good fit, the d_ULS for saturated model is (0.632) and estimated model is (1.014). d_G for saturated model is (0.386) and for estimated model is (0.415). The Chi-square values, with the estimated model (819.891) being higher than the saturated model (776.310), reflect the complexity of the model, but they should be considered alongside other indices. Notably, the NFI value of 0.850 is below the recommended threshold of 0.90, indicating that the model's fit could be improved. Overall, while some indices suggest an adequate fit, the model would benefit from adjustments, particularly to address the higher d_ULS and d_G values and improve the NFI for a better fit with the data.

Variance Inflation Factor (VIF)

Table 12: Outer Model

Outer Model	
BO1	2.051
BO2	2.26
BO3	2.515
BO4	2.161
BO5	1.911
OC1	3.159
OC2	2.264
OC3	2.806
OC4	2.239
OC5	2.52
SMT1	2.358

SMT2	1.992
SMT3	2.506
SMT4	1.783
SMT5	2.155
WET1	2.06
WET2	2.301
WET3	2.62
WET4	2.57
WET5	2.48

VIF values greater than 5 suggest a potential issue with multicollinearity, but all the VIF values in this analysis of outer model are well below this threshold. For example, the highest VIF value is 3.159 for OC1, and the lowest is 1.783 for SMT4, with most values falling between 2 and 3. These results suggest that there is no significant multicollinearity among the observed variables (SMT, WET, BO, OC), and each construct is adequately distinct in explaining the variance of the dependent variables.

Table 13: Inner Model

Inner Model	
BO → OC	1.000
SMT → BO	3.686
WET → BO	3.686

VIF values greater than 5 suggest a potential issue with multicollinearity, but all the VIF values in this analysis of inner model are well below this threshold. For example, the highest VIF value is 3.686 for OC1, and the lowest is 1.000. This results suggest that there is no significant multicollinearity among the observed variables (SMT, WET, BO, OC), and each construct is adequately distinct in explaining the variance of the dependent variables.

Table 14: F^2 Value

F^2 Values				
Construct	Predictor	f^2	Effect Size	Interpretation
Mediator (BO)	SMT → BO	0.151	Small	SMT has a small effect on BO.

	WET → BO	0.242	Medium	WET has a medium effect
Dependent (OC)	BO → OC	1.517	Large	BO has a large effect on OC.

(SMT) has a small effect ($F^2 = 0.151$) on (BO), suggesting a modest contribution to reducing burnout. In contrast, (WET) exhibits a medium effect ($F^2 = 0.242$) on BO, indicating a stronger role in alleviating burnout and emphasizing its importance in organizational strategies. (BO), as a mediating variable, demonstrates a large effect ($F^2 = 1.517$) on (OC), underscoring its pivotal role in enhancing organizational commitment. These findings suggest that while both SMT and WET are valuable, prioritizing improvements in the work environment may yield more substantial reductions in burnout.

5. DISCUSSION

This study ensures unbiased analysis with balanced gender representation and highlights a workforce dominated by younger and middle-aged professionals, providing relevant insights into burnout and organizational commitment, though underrepresentation of older employees limits generalizability. Clinical roles (41.9%) dominate, reflecting professional exhaustion risks in patient-facing roles, while administrative and support roles add broader context. Constructs for SMT, WET, BO, and OC are validated with strong reliability (Cronbach's Alpha > 0.8) and AVE values (> 0.5), confirming their robustness and alignment with psychometric standards. These findings establish a strong foundation for analyzing the structural relationships between constructs.

This study significantly highlight the crucial role impactful HRM interventions for reducing burnout and improving organizational commitment within high-stress healthcare settings. SMT has a strong impact on reducing burnout ($\beta=0.776$, $p < 0.05$), support the study of Grant (2025). In their study of meta-analysis they stated that, stress management programs by HR considerably reduce occupational stress. On the other hand Training (WET) contributed to burnout mitigation ($\beta=0.390$, $p < 0.05$), consistent with research by Cleland (2024), which emphasized the efficiency of workplace improvements, such as enhanced team interconnection, in improving burnout.

This study explains the mediating role of burnout (BO) between SMT/WET and Organizational Commitment (OC). The relationship among these constructs aligns with Rehman and his companion's (2024) findings, which validate that high burnout levels has negative impression on commitment and productivity. However, this study also notorious by another nuanced relationships, such as the stronger mediating role of WET ($\beta=0.384$) compared to SMT ($\beta=0.303$). This vision balances the conclusions of Buchs (2024), who noticed that sympathetic and supportive work environments have more positive impact on commitment level than individual-

focused interventions in reducing burnout and enhancing commitment.
This results of the study align with recent research by Gatica-Hayne (2025), which recognized burnout as a key factor in decreased organizational commitment within the healthcare sector. But some differences is also noticeable to influence the findings, such as individual stress flexibility towards HRM trainings might offer more vigorous results than experiential in this study, particularly in structured transitional periods (Hubbard, 2024).

Under the insight of this study it is confirm that HRM strategies play a crucial role in reducing burnout and enhancing organizational commitment. However, it also underscores the importance of implementing customized interventions to deal both individual and systemic sources of stress in a healthcare sector.

When healthcare organizations devote in employee well-being through stress management training, generating a helpful work atmosphere, and integrating exhaustion mitigation efforts, these actions are perceived by employees as valuable benefits that reduce their inherent job exhaustion. According to Social Exchange Theory, employees are then reciprocate perceived organizational investments by their organizational commitment, thereby striving to maintain a balanced and mutually beneficial relationship with the organization.

5.1 Comparative Effectiveness of SMT and WET

Stress Management Training SMT and Work Environment Training (WET) are the exploratory factors of this study. The results of this study state that SMT and WET both mitigate burnout effects on employees and enhance organizational commitment. However, the comparative analysis of the research is consistent with the effectiveness of SMT is less than WET. SMT equips individuals with coping strategies, showing a strong direct effect on reducing burnout (β=0.776). A slightly larger mediation effect of WET (mediated effect through burnout: β=0.384) was seen on organizational commitment (mediated effect: β=0.303) compared to SMT. While individual resilience is vital to balance work-life stress, interventions like promoting positive organizational culture hold greater leverage in replacing work-related stress fatigue with sustained employee commitment.

6. CONCLUSION

This study highlights the significance of Stress Management Training (SMT) and Work Environment Training (WET) in mitigating employee exghaustion. The study further supports the compelling evidence that both SMT and WET are instrumental in cultivating organizational commitment. Stability in gender distribution and representation of younger and middle-aged subjects (49.3% aged 25-34, 34.8% aged 35-44), lends credibility to its insights regarding burnout dynamics within healthcare. It's clear from this study's results that both (SMT) and (WET) significantly impact burnout mitigation. Preliminary observations suggest a potentially stronger WET shows a slightly stronger effect on organizational commitment. BO significantly influences Organizational Commitment (OC), highlighting the role of work-related stress fatigue reduction in enhancing commitment. Mediation analysis of the study

reveals that BO acts as an association between SMT & WET with OC. WET has a slightly stronger mediation effect. This model established considerable descriptive control ($R^2 = 0.726$ for BO, 0.603 for OC), and effect size analysis proposed that improving the work environment has a greater impact on burnout than stress management alone. The findings of this research accentuate the imperative for targeted HRM strategies to significantly reduce burnout and promote organizational commitment. Future research should focus on expanding demographic diversity and refining HRM interventions for broader applicability.

6.1 Recommendations/suggestions

Future research should address demographic gaps by including older employees, early-career professionals, and underrepresented job roles to capture diverse perspectives on burnout and commitment. Expanding to different cultural and regional contexts can uncover variations in HRM effectiveness. Longitudinal studies are needed to examine the sustainability of work-related stress fatigue mitigation strategies, while refining constructs like stress management and work environment training could resolve overlaps. Investigating the role of technology, gender-specific interventions, and organizational policies can enhance HRM practices. Exploring additional mediators (e.g., job satisfaction) and moderators (e.g., leadership styles) would enrich the understanding of relationships between HRM, burnout, and commitment.

6.2 Policy Implications

The findings of this research carry significant policy implications for healthcare organizations seeking to mitigate burnout and enhance organizational commitment. Organizations should prioritize investing in (SMT) and (WET) as part of their HRM strategies to improve employee well-being and productivity (Stadler et al., 2022). Given study proved that WET showed a slightly stronger impact on work-related stress fatigue reduction. Healthcare providers may consider focusing more on enhancing the work environment, such as improving workplace conditions, supporting work-life balance, and fostering a positive organizational culture. Additionally, policies that integrate burnout mitigation programs into employee development plans can help maintain high levels of organizational commitment, reduce turnover, and ultimately improve patient care. Future policies should also ensure that HRM interventions are inclusive, addressing the unique needs of diverse age groups, roles, and work experiences within the healthcare workforce.

6.3 Area for further research

For healthcare organizations, future research should focus on several key areas to further explore the impact of HRM strategies on burnout and organizational commitment in healthcare. Longitudinal studies can assess the long-term effects of SMT and WET to determine their sustainability. Research should also explore age and role-specific interventions, particularly for older employees and non-clinical roles, to tailor burnout strategies effectively. The integration of technology in HRM interventions, such as virtual tools for stress management, presents a

new opportunity for improving employee well-being. Interdisciplinary studies combining HRM with psychology and sociology could deepen the more profound understanding over root cause of the burnouts. Additionally, examining the direct link between work-related stress fatigue mitigation and patient care outcomes, as well as studying cultural and regional variations in HRM practices, would enhance the generalizability of findings. Finally, future research should be expand to investigate other mediators and moderators, such as job satisfaction and leadership styles, to refine and personalize HRM strategies further.

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