

Managerial Psychology and Job Autonomy: Impact of Psychological Capital on Job Autonomy among Public Healthcare Employees

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ABSTRACT

OBJECTIVE: To determine the influence of managerial psychology on healthcare workers drawing from the construct of managerial psychology.

METHODOLOGY: A quantitative research approach based on survey design was used. The data was gathered from respondents between February - November 2020 who were chosen randomly from five tertiary-level hospitals in Sindh and 37 rural health centres. Data analysis was analyzed using SPSS Version 22 and AMOS version 22. Employing the psychological capital (PsyCap) scale and Deci and Ryan's self-determination questionnaire, this study gathered data from 385 public sector employees working in the healthcare sector, examining the association between the study variables. The inclusion criteria comprised participants who were employees in both clinical and non-clinical capacities, male and female, working in 5 designated public sector hospitals or 37 Rural Health Centres in Sindh province.

RESULTS: The findings demonstrate a favourable association between optimism and job autonomy. Hope had a significant impact on healthcare employees' job autonomy.

CONCLUSION: The findings highlight a correlation between psychological capital and job autonomy.

KEYWORDS: Psychological capital; job autonomy; managerial psychology, self-efficacy, hope, optimism, resilience

INTRODUCTION

Managerial psychology suggests applying the ideas and expertise from the study of psychology towards management-related tasks¹. It is the application of knowledge about human behavioural psychology to executive and managerial responsibilities to assist and enhance managers' performance while performing their duties². It aims to guide the managers at various organizational positions in nurturing optimal merits for developing plans for improved human resources management, problem-solving strategies and leadership traits in all sectors, including health³.

Hospitals are a vital driver of societal advancement, and they must constantly adapt their operational plan to account for fresh perspectives and societal concerns. Since devoted employees determine effectively, dependable, and high-quality healthcare delivery with emotional and psychological peace of mind, successful contemporary hospitals aim to invite and preserve highly competent professionals in clinical and non-clinical domains⁴. Despite the limited resources and low pay that may lead to employee burnout, the enormous healthcare needs necessitate a motivated and content workforce⁵.

Pakistan had its share of inherent issues with the availability and calibre of healthcare experts long before COVID-19; however, the situation has deteriorated due to the pandemic. Because of their concerns relating to managerial psychology and regarding heavy workloads, inadequate pay, unpleasant working conditions, discrimination, etc., Sindh is one of the Pakistani provinces with the most significant difficulties finding qualified medical personnel⁶. The delivery of rural health services in Sindh is severely hampered by the ongoing migration of health professionals from impoverished rural to urban areas⁷. Regrettably, in the context of the Sindh province of Pakistan hospital setting, job demand and resource considerations continue to be significant issues that concurrently influence performance and discontent⁸. Because of this, health professionals in Sindh frequently turn to additional motivational sources to support their emotional happiness with their work and job autonomy⁹.

The hospital setting depends mainly on both cadres of employees: clinical and non-clinical. Although clinicians are the premium employees in healthcare institutions, nurses, lab technicians, hospital managers, and other associated health professionals, who make up the lot of non-clinical sides, are essential to the job of doctors; and their workload and work schedule are comparable, but their working conditions vary¹⁰. In light of how frequently they lose motivation, these healthcare professionals periodically need psychological encouragement from management to rekindle their excitement¹¹.

Psychological capital

Self-efficacy, hope, optimism, and resilience are four positive managerial and psychological resources often known as psychological capital¹². Under the growth of these characteristics, psychological capital can provide a competitive advantage to organizations¹³.

Job autonomy

Job autonomy refers to the degree of control people have over how decisions are made at work, and it is regarded as a characteristic that encourages work¹⁴. 'Autonomy', a psychological concept, refers to people's feelings of control, freedom, and independence as they work to establish and realize their particular objectives, values, and interests¹⁵. Employees with high job autonomy and who have created psychological capital exhibit greater creativity and task completion¹⁶.

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Although scholars have established the association between job autonomy and other constructs, it is clear from an analysis of the current literature that there is still much work to be done in addressing the generalizability of the association between psychological capital and job autonomy among the personnel working in the health service sector¹⁷.

METHODOLOGY

The present study employed a quantitative research approach following a survey research design, collecting data from the respondents working in the Sindh province of Pakistan's healthcare industry to meet the set objectives. The data was gathered from respondents between February - November 2020 who were chosen randomly from five tertiary-level hospitals in Sindh and 37 rural health centres. Data analysis was analyzed using SPSS Version 22 and AMOS version 22. The sample was gathered from people chosen at random from Chandka Medical Teaching Hospital Larkana, Civil Hospital Karachi, Jinnah Hospital Karachi, Peoples Hospital Shaheed Benazirabad, and Civil Hospital Hyderabad. These are the five tertiary-level hospitals in Sindh.

Additionally, information was gathered from medical specialists employed by the 37 Rural Health Centers, which serve as critical primary healthcare settings. The five hospitals were also selected because of their workload and the consequent pressure on personnel, causing emotional and psychological crises in the suboptimal work environment. Furthermore, recent strike activities, complaints on media platforms about substandard work environments with burnout impact and subsequent quitting by disgruntled healthcare professionals have mostly come from employees of these significant hospitals in Sindh¹⁸. The inclusion criteria comprised participants who were employees in both clinical and non-clinical capacities, male and female, working in 5 designated public sector hospitals or 37 Rural Health Centres in Sindh province.

From 385 of the original 400 respondents, clinical and non-clinical staff, who volunteered to participate in the study, were invited. Data analysis was done using SPSS Version 22. In each hospital, a representative sample of both clinical and non-clinical employees was taken (**Table I**).

TABLE I: RESPONDENTS' PROFILE

	Clinical Staff Sample	Non-Clinical Staff Sample
Chandka Teaching Hospital Larkana	40	45
Civil Hospital Karachi	36	47
Jinnah Hospital Karachi	38	29
Peoples Hospital Shaheed Benazirabad	27	27
Civil Hospital Hyderabad	28	23
37 Rural Health Centres	31	29

Based on the indicators previously utilized to perform related work, a questionnaire data collection tool was created with a closed-ended form of response. A pilot study was also carried out on 21 respondents who were not part of the study population. The pilot test findings were used to revise the questionnaire and make minor changes to other sections to increase their reliability. Between February 2020 and November 2020, the respondents self-administered it. Before participating in the study, respondents had to complete an informed consent form. Due to the respondents' busy schedules, this method sped up the data gathering. There were five constructs: self-efficacy, hope, optimism, resilience (Psychological capital), and job autonomy.

The following hypotheses were developed:

- H1a. Hope will have a favorable impact on job autonomy.
- H1b. Self-efficacy will have a favorable impact on job autonomy.
- H1c. Resilience will have a favorable impact on job autonomy.
- H1d. Optimism will have a favorable effect on job autonomy.

Measurement of constructs

Psychological capital questionnaire (PCQ)¹⁹, the PsyCap scale was quantified. Self-efficacy, hope, optimism, and resilience are the four positive psychological resources that comprise the PsyCap scale. In the context of hospital personnel across Pakistan, Psychological Capital Theory (PsyCap) offers appropriate markers of motivation and satisfaction among employees²⁰. This scale consists of 24 questions that have been calibrated using a six-point Likert scale.

The construct of autonomy was measured using Deci and Ryan's self-determination theory questionnaire²¹. The replies to this questionnaire are adjusted using a five-point Likert scale. A strongly agreed response receives a value of 5, whereas a strongly disagreed response receives a value of 1.

Data Analysis

Descriptive statistics were calculated to find the constructs' mean, standard deviation, and skewness required to establish the normalcy of the data and choose the appropriate kind of inferential analysis. A Pearson product-moment correlation coefficient was calculated based on the findings to assess potential multicollinearity among the variables. The association between psychological capital and job autonomy was then established. SPSS version 22.0 and AMOS version 22 were used to analyze all the data, and a two-tailed probability value of 0.05 was regarded as statistically significant.

RESULTS

Descriptive Analysis

Table II displays the study's descriptive statistics concerning age, sex, educational attainment, and job length. This information aided the examination of answer variation among various respondent groups.

According to Table II, there were 67.3% females and 32.7% men in the sample. Ages 31 to 40 made up 35.3% of the sample, while ages 51 and beyond made up only 5.4% of the entire population, with 57.1% of the sample having worked for one to ten years.

TABLE II: RESPONDENTS' DETAILS

Gender of respondents	Frequency	Percent
Female	126	32
Male	259	65
Total	385	100.0
Age of respondents		
Less than 25 years	131	32
26-35 years	136	34
36-45 years	97	24
46 and above	21	9
Total	385	100.0
Work experience of respondents		
5-10 years	220	55
11-19 years	140	35
20 years and above	25	10
Total	385	100.0
Education Level		
Middle	27	7
Diploma	153	38
University degree	133	33
Masters	72	22
Total	385	100.0

Table III displays the variance analysis of the research variables concerning age. It aimed to determine if multiple age groups reacted differently to the study's constructs. A significant value over 0.05 indicates no difference in the age groups at a 95% confidence level. Since each significant value for self-efficacy, hope, optimism, resilience, and autonomy was higher than 0.05, this is the case for Table III.

The goal was to see if there were any statistically significant variations between men's and women's responses to items towards constructs; it also reveals that the significant values of each construct are higher than 0.05, indicating that differences in responses based on gender possessed no statistical significance at the 95% confidence interval and could not be counted on to draw inferences for this study.

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Table III displays the analysis of the variance of the research constructs concerning age groups, highlighting whether various age groups reacted differently towards each construct. A significant value over 0.05 indicates no difference between the age groups at a 95% confidence level.

In the case of **Table III**, the considerable values for hope, optimism, self-efficacy, resilience, and job autonomy were discovered to be above 0.05.

TABLE III: FINDINGS OF THE ANOVA TEST TO COMPARE VARIABLES ACROSS AGE GROUPS

	Quantity of Squares	df	Mean	Square	F	Sig.	
Hope	Among groups		18.592	1	18.592	11.448	0.101
	In groups		1425.952	878	1.624		
	Total		1444.544	879			
Optimism	Among groups		105.464	1	105.464	87.745	0.520
	In groups		1055.299	878	1.202		
	Total		1160.762	879			
Self-efficacy	Among groups		56.006	1	56.006	81.006	0.063
	In groups		607.038	878	0.691		
	Total		663.044	879			
Resilience	Among groups		0.407	1	0.407	0.350	0.554
	In groups		1022.120	878	1.164		
	Total		1022.527	879			
Job autonomy	Among groups		5.655	1	5.655	5.854	0.096
	In groups		848.108	878	0.966		
	Total		853.762	879			

DISCUSSION

This study highlighted the impact of psychological capital on job autonomy among public healthcare employees in Sindh. Healthcare professionals' resistance to control and fundamental psychological need for some degree of independence is a significant source of healthy organizational behaviour.

The present literature recognizes various factors as significant determinants of job autonomy among employees. The correlations were analyzed using the data gathered from 385 Sindh Pakistan health practitioners. The findings reveal a connection between hope and job autonomy. Similarly, optimism and self-efficacy significantly affect job autonomy in the health-delivery industry, except resilience, which positively impacts employees' freedom. The current research submits a correlation between psychological capital and job autonomy. This finding is compatible with recent findings²². A recent study has also discovered a positive association between employees' psychological happiness and job autonomy²³. This study did not find any significant variance between clinical and non-clinical employees.

The public healthcare employees in Sindh management status still need improvement. A solid strategy for public healthcare employees in Sindh management reform is the fusion of managerial psychology and its impact on job satisfaction.

There are numerous issues worth researching and a wide range of applications for future research which may address the likely effects of managerial psychology on workers' psychological health, organizational ownership, job satisfaction, and employee engagement in public healthcare employees in Sindh, thus it is anticipated that research in this area will become more in-depth and produce more vibrant results.

CONCLUSION

This study aimed to discover the impact of psychological capital on job autonomy among public healthcare employees in Sindh province. Based on the findings, the current research submits that hope and job autonomy are interlinked, and optimism and self-efficacy can also significantly influence job autonomy. A worker's degree of independence bridges the gap between diverse levels of organizational authority and enables employees to carry out their duties. Employees with more freedom in their work environments are more imaginative and creative and come up with more creative solutions to challenges. Employees with professional autonomy are better able to establish trusting connections with their superiors and grow in confidence. More independence improves job satisfaction, and increasing autonomy lowers dissatisfaction.

Conflict of Interest: The authors have no conflict of interest to declare.

Financial Disclosure / Grant Approval: No funding agency was used for this research.

Data Sharing Statement: The data supporting this study's findings are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

AUTHOR CONTRIBUTIONS

Qureshi SR: Conceptualization, methodology, data collection, results,

Larik AR: Introduction, methodology, editing, formatting

Mahar Q: Analysis, discussion, conclusion

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