
The Influence of Self-Efficacy, Optimism, Hope, Resilience on The Affective Commitment of Hospital Staff

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Abstract

Hospitals play a crucial role in both curing diseases and preventing health problems within a society. Essential to realizing a hospital's vision and mission are its human resources, particularly their affective commitment. Affective commitment, an intrinsic motivation tied to identification with the organization's values and goals, is crucial for hospital staff as it influences their attachment to the hospital's mission and overall performance. This commitment has been shown to reduce turnover intentions, enhance organizational citizenship behaviors, and improve performance and innovative behavior among hospital staff. Various factors contribute to affective commitment, including job satisfaction, work-life balance, psychological safety, and intrinsic motivation. This study explores the impact of psychological capital—comprising self-efficacy, optimism, hope, and resilience—on the affective commitment of hospital staff. A quantitative causal design was employed, involving 383 staff members from two Indonesian hospitals. Data were analyzed using multiple linear regression with Jamovi software. The results indicated significant positive effects of self-efficacy, optimism, and hope on affective commitment, while resilience showed no significant impact. Validity and reliability tests confirmed the robustness of the measurement instruments. The findings suggest that enhancing psychological capital dimensions, particularly self-efficacy, optimism, and hope, can significantly boost the affective commitment of hospital staff. This has practical implications for hospital management, highlighting the need for targeted training programs to develop these psychological traits. Future research should consider mediating factors such as leader-member exchange and explore the influence of psychological capital in different organizational contexts. By focusing on the psychological capital of hospital staff, hospitals can foster a more committed and high-performing workforce, ultimately improving healthcare delivery and patient outcomes. This research contributes to the understanding of the role of psychological factors in organizational commitment within the healthcare sector.

Keywords: Affective Commitment, Psychological Capital, Hospital Staff, Self-efficacy

INTRODUCTION

Hospitals have their own role for a country and its society. The existence of hospitals plays a role in curing disease and also plays a role in preventing health problems. Human resources are needed to realize the hospital's vision and mission and are related to the services provided to patients. One aspect

of hospital human resources that officers need to have is affective commitment.

Affective commitment occurs when individuals are intrinsically motivated or engage in a series of actions that develop from identification, association, and attachment with the values and goals of the larger organization (Mercurio, 2015). Officers who have affective commitment will certainly feel

tied to the values and vision and mission of the hospital where they work. Affective commitment or what is also known as emotional attachment to an organization is an important essence of organizational commitment(Mercurio, 2015).

The affective commitment of hospital staff has benefits for organizations in the health sector. Affective commitment can reduce the desire to leave work(Muchtadin, 2023d; Perreira et al., 2018). Affective commitment increases two dimensions of organizational citizenship behavior such as altruism and civic virtue(Muchtadin & Sundry, 2023c). The high level of affective commitment is balanced by the high level of innovative behavior of hospital staff(Jing et al., 2021). Affective commitment from hospital staff can improve their performance(Sharma & Dhar, 2016). Affective commitment is able to generate voluntary behavior at work that exceeds general rules at both the individual and organizational levels(Khan et al., 2018; Shahriyari et al., 2019). The amount of affective commitment is balanced by the amount of attachment to work(Gupta et al., 2016).

A hospital worker's affective commitment is caused by various factors. Factors such as job satisfaction, meaning of work, and endurance in facing job difficulties determine high rethe beauty of affective commitment(Akinyemi et al., 2022; Muchtadin, 2023b; Muchtadin & Sundry, 2023a). The amount of attachment to work determines the level of affective commitment(Muchtadin, 2023a; Scrima et al., 2014). The amount of learning agility is directly proportional to the amount of affective commitment(Muchtadin, 2023c). Intrinsic motivation has a positive relationship with affective commitment of hospital staff(Muchtadin & Sundry, 2023d; Töre, 2020). Hospital staff's affective commitment depends on the balance of work-life aspects and the amount of support they receive from co-workers(Muchtadin & Sundry, 2023b; Rousseau & Aubé, 2010). Psychological safety and burnout factors also determine the level of affective commitment of

hospital staff(Li et al., 2022). The salary factor causes hospital officers to be more emotionally committed to their organization(Akinyemi et al., 2022). Enjoyment at work increasingly makes officers feel more affectively committed to their organization(Jing et al., 2021). Officers who feel supported by their organization and receive procedural justice tend to have high affective commitment(Gupta et al., 2016; Sharma & Dhar, 2016).

The factors causing affective commitment are varied. This research uses psychological capital factors which are divided into several dimensions in influencing affective commitment which have been studied by previous researchers(Clarence et al., 2021; Papacharalampous & Papadimitriou, 2021; Ribeiro et al., 2021). This research aims to determine the magnitude of the influence of self-efficacy, optimism, hope, and resilience on affective commitment in hospital staff.

THEORITICAL REVIEW

Psychological Capital

Psychological capital psychological capital is developed involving the management of positive psychological constructs of self-efficacy/confidence, hope, optimism, and resilience where these four components indicate motivational tendencies to successfully complete goals(Çavuş & Gökçen, 2015). Psychological capital describes an individual's psychological capacity that can be measured and developed to improve performance including aspects of self-efficacy, hope, optimism and resilience of psychological resources.(Nolzen, 2018).

Self-efficacy represents people's general beliefs as they demonstrate their performance and provides insights beyond actual abilities that lead to task completion; hope can be defined as an energy focused on personal goals and an alternative way or means that directs people to their goals; optimism (optimism) can be interpreted as the psychological desire and hope to expect the best and positive results that can positively influence mental and physical health; Resilience is defined as the tendency to

recover from difficulties or distressing processes, allowing people to look optimistically at burdensome situations.(Çavuş & Gökçen, 2015).

Affective Commitment

Affective commitment is an emotional attachment to an organization that is reflected in an individual's identification and involvement in the organization(Mercurio, 2015). Among other entities to which commitment can be directed, the supervisor has become an important one because affective commitment to the supervisor is known to contribute unique variation in work outcomes compared to affective commitment to the organization(Vandenberghe et al., 2017). Affective commitment increases as employee income increases(Gao-Urhahn et al., 2016). Several authors have called for attention to be directed toward developing relevant measures of affective commitment mindset by adopting deeper, new, and more comprehensive perspectives(Fernandez-Lores et al., 2016).

METHODS

A quantitative causality design was used in this research. The research population consisted of 383 officers from two hospitals in Indonesia. The sample was determined using stratified random sampling to represent the population of both hospitals. The respondents were officers from two hospitals in Indonesia

totaling 196 people, of which 67 people were taken from Hospital A and 129 people were taken from Hospital B. The data analysis method used multiple linear regression. Data were analyzed with the help of Jamovi 2.3.28 software. The instrument in this study consisted of five answer choices from strongly disagree (value 1), disagree (value 2), somewhat agree (value 3), agree (value 4), and strongly agree (value 5). The psychological capital measuring tool consists of 12 statements and is the result of adaptation(Djourova et al., 2019). The affective commitment measuring tool consists of 6 statements and is the result of adaptation(Kim, 2014).

RESULTS

Respondent Data

Respondents consisted of 157 women and 39 men. A total of 35 people have a professional bachelor's degree, 54 people have a high school/equivalent degree, 45 people have a D3 degree, 27 people have a bachelor's degree, 10 people have a D4 degree, 12 people have a D1 to D3 degree, 8 people are Sp1 graduates, 2 people are Sp2 graduates, 3 people have master's degrees.

Validity and Reliability Testing

The results of validity and reliability testing are used as conditions for hypothesis testing and are described as follows:

Table 1. Validity and Reliability Test Results

	<i>Outer Loading</i>	<i>AVE</i>	<i>Composite Reliability</i>	<i>Cronbach Alpha</i>	<i>R Square</i>	<i>f Square</i>	<i>Q Square</i>
<i>Self Efficacy</i>		0.802	0.924	0.876		0.065	
SE1	0.898						
SE2	0.924						
SE3	0.864						
<i>Optimism</i>		0.736	0.893	0.823		0.159	
OP1	0.886						
OP2	0.931						
OP3	0.746						
<i>Hope</i>		0.634	0.838	0.71		0.102	
HO1	0.849						
HO2	0.789						
HO3	0.749						
<i>Resilience</i>		0.631	0.834	0.714		0.003	
RE1	0.629						

RE2	0.835					
RE3	0.895					
Affective Commitment		0.662	0.922	0.898	0.582	0.361
KA1	0.814					
KA2	0.812					
KA3	0.795					
KA4	0.774					
KA5	0.827					
KA6	0.858					

Table 1 shows all outer loadings values > 0.7 except item RE1, however, if we look at the number of respondents who are above 150 people, the outer loadings value > 0.45 can still be used. (Hair et al., 2019). The outer loadings self efficacy value ranges from 0.864 to 0.924. Optimism outer loadings values range from 0.746 to 0.931. The outer loadings hope value ranges from 0.749 to 0.849. The outer loadings resilience value ranges from 0.629 to 0.895. The outer loadings value of affective commitment ranges from 0.774 to 0.858.

In Table 1 the AVE value (*Average Variant Extracted*) states that all research variables are declared valid because they have an AVE value > 0.5. Self-efficacy, optimism, hope, resilience, and affective commitment each have AVE values of 0.802, 0.736, 0.634, 0.631, 0.662.

Table 1 also shows the results of reliability testing where all Cronbach's Alpha and composite reliability values in this study were > 0.7, which means that self-efficacy, optimism, hope, resilience and affective commitment were declared reliable.

Table 2. Discriminant Validity

	HO	KA	OP	RE	S.E
HO					
KA	0.78				
OP	0.62	0.72			
RE	0.73	0.59	0.62		
S.E	0.82	0.74	0.71	0.71	

Table 2 shows the results of the discriminant validity test using *heterotrait-monotrait ratio* where all scores are < 0.9, it can be said that all variables have good discriminant validity or have their own characteristics.

Test R Square, f Square, Q Square

In Table 1, the R Square value is 0.582, which means that self-efficacy, optimism, hope, resilience contribute to an increase in affective commitment by 58.2%, while the remaining 41.8% is caused by other factors outside the research.

Table 1 shows that self-efficacy has an f Square value of 0.065 (≥ 0.02 and < 0.15) so it has a low effect. Optimism has an f Square value of 0.159 (≥ 0.15 and < 0.35) so it has a

medium effect. Hope has an f Square value of 0.102 (≥ 0.02 and < 0.15) so it has a low effect. Resilience has an f Square value of 0.003 (< 0.02) so it has no effect.

The Q Square test results in Table 1 were obtained at 0.361 which is above the value of 0. These results indicate that the model has good predictive relevance. These results provide support for the relevance of the predictive model of affective commitment variables.

Hypothesis Testing

An image of the results of hypothesis testing using the T statistical value can be seen in Figure 1 below:



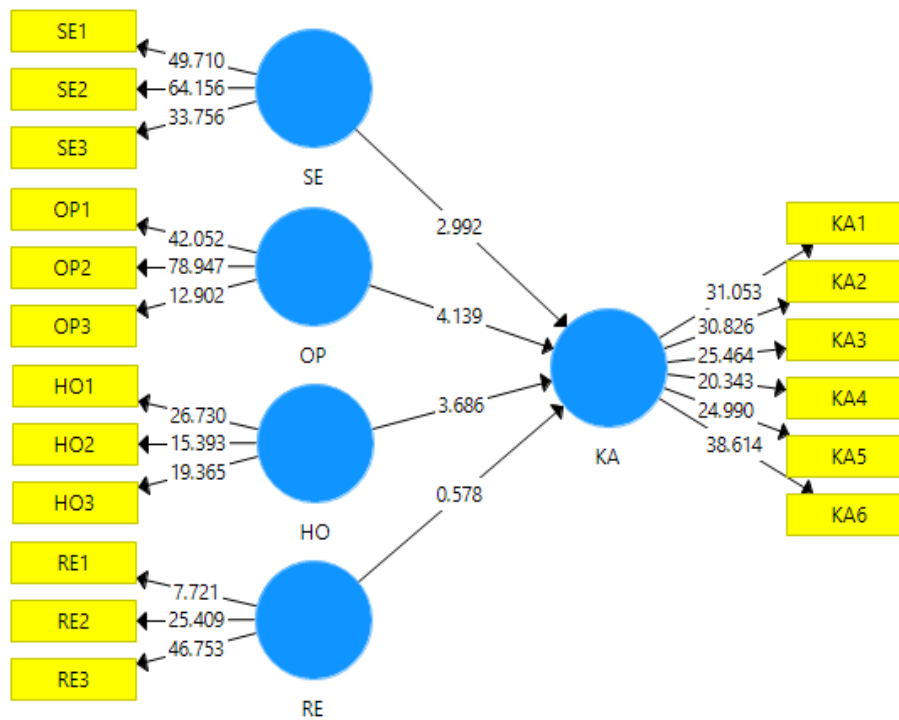


Figure 1. Path Coefficient
 Table 3. Hypothesis Testing Results

	Original Sample	T Statistics	P Values
<i>Self Efficacy</i> ► Affective Commitment	0.250	2,992	0.003
<i>Optimism</i> ► Affective Commitment	0.336	4,139	0,000
<i>Hope</i> ► Affective Commitment	0.282	3,686	0,000
<i>Resilience</i> ► Affective Commitment	0.043	0.578	0.563

Table 3 shows the results of hypothesis testing using two-way testing with 5000 resamplings. Self-efficacy has a significant positive effect on affective commitment ($r = 0.250$; $p = 0.003$ or < 0.05). These results are supported by previous research where self-efficacy is positively correlated with affective commitment (Albrecht & Marty, 2020). Affective commitment to the organization is positively predicted by self-efficacy (Orgambidez et al., 2019). Creative self-efficacy impacts affective commitment (Javed et al., 2021). The more self-efficacy increases, the more their commitment to their organization increases (Demir, 2020). Self-efficacy plays a role in forming employee commitment (Hallinger et al., 2018). The amount of affective commitment depends on the self-efficacy factor (Ribeiro et al., 2021).

Optimism significant positive effect on affective commitment ($r = 0.336$; $p = 0.000$ or $<$

0.05). These results are supported by previous research where optimism has a positive impact on affective commitment (Ribeiro et al., 2021). Previous research results show a significant relationship between optimism and organizational commitment (Bhowmik & Sahai, 2018). Leaders who show optimism will arouse higher affective commitment from their followers compared to leaders who are not optimistic (Baker, 2020). The literature on the relationship between self-efficacy, optimism, and organizational commitment supports the notion that self-efficacy and optimism are important determinants of organizational commitment (Dabas & Pandey, 2015).

Hope significant positive effect on affective commitment ($r = 0.282$; $p = 0.000$ or < 0.05). These results are supported by previous research where hope has a positive impact on affective commitment (Ribeiro et al., 2021).

Increasing hope is directly proportional to increasing employee commitment to their organization (Thakre & Mayekar, 2016). Self-efficacy has a significant positive relationship with organizational commitment (Law & Guo, 2016). Expectancy theory emphasizes goal-directed thinking across situations, whereas the concept of self-efficacy focuses on goals specific to a given situation (Law & Guo, 2016).

Resilience has no significant effect on affective commitment ($r = 0.043$; $p = 0.563$ or > 0.05). These results contradict previous research where resilience had a positive impact on affective commitment (Nasir & Siddiqui, 2022; Ribeiro et al., 2021). Previous findings provide empirical evidence of a positive relationship between resilience and OCB, the results also emphasize that resilience influences organizational commitment (Paul et al., 2016). Leader-member exchange is a factor that connects resilience with organizational commitment (Meng et al., 2019). This could be the reason for the insignificant influence of resilience on affective commitment, namely the existence of a connecting factor in the form of leader-member exchange. Other factors such as self-efficacy, hope, and optimism can also be used as mediators in the influence of resilience on affective commitment.

CONCLUSIONS

This research concludes that self-efficacy, optimism, and hope have a significant positive effect on affective commitment while resilience does not have a significant effect on the affective commitment of hospital staff.

Future researchers can use mediating variables *self-efficacy*, optimism, and hope on the influence of resilience on affective commitment. Future researchers can limit the hospital population to the level of certain city areas only. Management can increase the self-confidence, hope and optimistic attitude of its officers by providing various skills and motivation training.

This research has contributed to the importance of psychological capital dimensions in increasing the affective commitment of

hospital staff within the scope of the health sector.

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