

**PRECURSORS AND OUTCOMES OF  
PSYCHOLOGICAL CONTRACT: A STUDY ON  
MULTISPECIALITY HOSPITALS  
OF NORTH INDIA**

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**By**

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## APPROVAL SHEET

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## **CANDIDATE’S DECLARATION**

I hereby certify that the work which is being presented in the thesis, entitled “Precursors and Outcomes of Psychological Contract: A Study on Multispeciality Hospitals of North India” in fulfilment of the requirements for the award of the degree of Doctor of Philosophy in Management and submitted in Galgotias University, Greater Noida is an authentic record of my own work carried out during a period from January 2019 to February 2024 under the supervision of Dr. Anamika Pandey.

The matter embodied in this thesis has not been submitted by me for the award of any other degree of this or any other University/Institute.

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This is to certify that the above statement made by the candidate is correct to the best of our knowledge.

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## ABSTRACT

In recent years, work relationships have undergone significant transformations, highlighting its crucial impact on the work environment, employee performance, engagement, and job satisfaction (Kissler, 1994; Parks & Kidder, 1994). This shift is centered around the psychological contract, an implicit understanding of mutual expectations between employees and employers (Rousseau, 1989; Robinson & Rousseau, 1994). Originating from Argyris's 1960 work and gaining momentum after Rousseau's 1989 contribution, this study explores the precursors of the psychological contract, their role in formation, and outcomes like employee engagement and intention to leave. Emphasizing the multidimensional nature of psychological contracts, including both transactional and relational aspects, the study moves into the complexity of these agreements (Rousseau, 1990; Robinson & Rousseau, 1994). Unlike prior research focusing on global assessments of contract breaches, this study considers the possibility of contracts being both over- and under-fulfilled (Feldman & Turnley, 1999).

This research seeks to uncover the complex dynamics of psychological contracts by investigating their antecedents and consequences. The study aims to scrutinize the moderating effect of person-organization fit on the outcomes of these contracts, offering valuable insights into the changing landscape of work relationships and their influence on both employee well-being and organizational dynamics.

Employing a sophisticated empirical design grounded in structured questionnaires, this research focuses on the dynamics of psychological contracts. The comprehensive two-part questionnaire meticulously captures demographic details and psychological contract-related facets. The population comprises individuals aged eighteen and above, engaged in the healthcare sectors across northern India, specifically in Delhi, Faridabad, Gurugram, Ghaziabad, and Noida. The sampling framework meticulously selects multispecialty hospitals, ensuring a judicious representation of diverse demographics. In pursuit of methodological rigour, the research secured a representative sample size of 1500 participants, strategically distributed with 250 respondents each from Faridabad, Gurugram, Ghaziabad, and Noida, alongside 500 participants from Delhi. This approach considers various factors, including measurement scales, respondent availability, potential errors, and advanced

data analysis techniques, aligning with established guidelines articulated by Sekaran and Bougie (2016) and Roscoe.

The research thoroughly investigates the multifaceted nature of the psychological contract within the healthcare sector, revealing key insights into its formation and impact on employee engagement and turnover intentions. It reveals the significant correlation between demographic and personality factors, such as age, experience, and self-esteem, and the psychological contract among healthcare professionals. It also emphasizes on the positive relationship between employer attractiveness, developmental and economic value, and the psychological contract, highlighting the strategic importance of organizational initiatives. The study also elucidates the catalytic role of person-organization fit in strengthening the association between the psychological contract and employee engagement, while mediating its impact on turnover intentions.

The research holds considerable significance for healthcare managers and decision-makers by highlighting the pivotal role of the psychological contract in shaping outcomes for healthcare workers. The findings signify the positive impact of a robust psychological contract on employee outcomes and overall well-being, providing a foundation for targeted management strategies. Recommendations include specialized programs to enhance understanding of the psychological contract, fostering trust and clear expectations, as well as initiatives to address self-esteem and provide comprehensive employee benefits. Proactive measures, such as regular communication and tailored initiatives, are suggested to manage the psychological contract effectively and reduce turnover intentions within the healthcare workforce. It emphasizes on the subjective nature of the psychological contract, urging organizations to invest in understanding unique drivers within their specific context for tailored strategies. It also provides actionable insights crucial for improving employee well-being, organizational reputation, and the overall effectiveness of the healthcare workforce.

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# **CHAPTER 1**

## **INTRODUCTION**

In recent years, there have been substantial changes in the work relationship. This shift is mostly attributable to the element that work relationships can foster a supportive and conducive work environment, which can enhance employee performance, engagement, and job satisfaction. On the other hand, negative work relationships can have detrimental effects on employee effectiveness and overall well-being. (Kissler, 1994; Parks & Kidder, 1994). Relationships at work and the psychological contract are closely related concepts that influence employee productivity. The psychological contract refers to the employees' unwritten, implicit expectations and perceptions regarding their relationship with their employer, including the mutual obligations and expectations that exist between them.

The idea of the psychological contract started gaining attention 1990 onwards while it was introduced by Argyris in 1960 itself. In 1960, research by Argyris sparked interest in the Psychological Contract. Only a tiny amount of attention was given to the topic in the first phase, which ran from 1960 to 1991. Due to the advent of additional issues in subsequent years, The Psychological Contract was often addressed from 1994 to 2004. Psychological Contract did not become a prevalent topic of study until 1989, when Denise Rousseau's significant work Psychological Contract was published. This significant increase in the Psychological Contract is typically attributed to alterations in the relationship between employer and employee. attention in the Psychological Contract developed significantly during the period of organizational reform as per Coyle Shapiro, 2007. Typically, a "psychological contract" consists of an employee's set of ideas about the working conditions they may expect to be provided by their employer (Rousseau, 1989; Robinson & Rousseau, 1994).The psychological contract is a concept that workforces have about the responsibilities they share with the company (Conway & Briner, 2009; Rousseau, 1998). There are three components to the psychological contract: Perceived obligations as they directly relate to employees, employers, and whether they have been fulfilled or violated. When two parties can predict one another's behaviour through an interface (via reasoning and evaluation of previous behavior), a covenant to continue this behaviour into the future is formed

which governs their future relationship (Weick, 1983). Therefore, to every employee who participates in the interaction, the psychological contract consists of the expectations generated during exchanges regarding the future pattern of reciprocity. Specifically, psychological contracts consist of the obligations that employees believe their employers owe them and the that employees believe they intend to give to their employers. When worker alleges that their employer has not fulfilled the expectations and obligations then it is termed as breach of psychological contract (Morrison & Robinson, 1997; Robinson, 1996).

Numerous studies have looked at the general reduction in employee and employer commitment as well as the various aspects of Psychological Contracts. (Moss,1998; Parks, 1998). Previous literature has often included anecdotal proof of the different kinds of psychological contract breaches that workers have gone through. As stated by Robinson 1996, Morrison & Robinson, 1995, Rousseau & Robinson 1994, Feldman & Turnley, 1999, a substantial study has been conducted on the adverse effect of psychological contract breach (or violation) on employee attitude and behaviour. According to the research, breaches in psychological contract result in a number of negative outcomes, including low work satisfaction, decreased confidence in the organization, increased mistrust of organizational life in general, and a greater propensity to leave. The construct psychological contract is multidimensional, yet previous research has majorly looked at the assessments of psychological contract breaches on global levels (Feldman & Turnley, 1999, Morrison & Robinson 1995 & 2000).

Consequently, because of earlier approaches to the study, it could be suggested that Transactional and Relational aspects are two distinguished components in Psychological Contracts (Rousseau, 1990; Robinson & Rousseau 1994).

This study concentrates on the Precursors of the Psychological Contract which plays their role in Psychological Contract formation and the outcome of Psychological Contract. Additionally, the majority of earlier research neglected the possibility that psychological contracts could be both over- and under-fulfilled (Feldman & Turnley, 1999). This study utilised psychological contract as a measure that captures all potential responses, from under-fulfillment to over-fulfillment, for each component to tackle this

challenge. The study aims to determine whether personality traits and employer branding are predicative factors in the development of psychological contracts, as well as how these contracts affect outcomes such as employee engagement and intention to leave. The moderating influence of person-organization fit is also explored in light of the consequences of psychological contracts.

### **1.1 Psychological Contract: Historical Background and Concept**

The introduction of Liberalization, Privatization, and Globalization, as well as the recruitment of a diverse workforce and changes in the economic environment, businesses have created an overarching challenge for the organization of maintaining a positive employee employer relationship. Personalization of the work relationship is on the rise, making it increasingly difficult for businesses to comprehend and meet the different requirements and potentials of their employees. Employer branding, on the other hand, encompasses the image or reputation a company establishes in the minds of its current and prospective employees. This includes the values, ethos, and comprehensive employee experience of the organization. A strong employer brand assists an organization in attracting and retaining competent staff members, as well as establishing a favorable image in the marketplace. Both psychological contracts and employer branding are concerned with the employee's expectations and impressions of the employer. A positive employer brand can influence employees' perceptions of their psychological contract because it fosters a sense of trust and dedication to the organization. In contrast, a negative employer brand may damage employee confidence in the organization and result in a breach of the psychological contract.

The psychological contract is a notion that emerged in the 1960s, however its roots may be traced back to the 1950s, when the science of organizational behavior was beginning to emerge. Early researchers in the topic, such as Allan Walker, Richard Walton, and Elliot Jaques, endeavored to comprehend the unwritten agreements between employees and employers and the effect these agreements had on employee attitudes and behaviors. Research into the relationship between workers and their employers, as well as the impact of expectations on workers' attitudes and actions, propelled the concept of the "psychological contract" to the forefront in the 1980s and 1990s. The



"psychological contract" between an employee and their employer is a concept that emerged during this time period.

Since then, the concept of the psychological contract has been the subject of extensive research and has become a central topic in organizational behavior and human resource management. Today, the psychological contract is acknowledged as a crucial element in determining employee attitudes, behaviors, and the entire work environment, and it is seen as a fundamental aspect of comprehending the employee-employer relationship.

Psychological Contract is regarded as a crucial tool for illuminating the intricate interaction between employer and employee. The phrase Psychological Contract first appeared in psychological literature about fifty years ago, as an addendum to the study of Organizational Behaviour (Argyris, 1960). The Psychological Contract is a vast concept that is subject to a vast array of explanations and theoretical investigations. Primarily, Psychological Contract refers to the relationship between a corporation and its employee regarding a shared future. Numerous scholars have utilized Psychological Contract to characterize the interaction concerning the employer and the employee. It also constitutes one of the basic tenets of Human Resource Management and may be interpreted as a foundation for gaining insight into the reciprocal interactions that take place within the concept's purview.

Due to the robust economic climate all across the world it is imperative for the practitioners of human resource management to contribute actively in various initiatives for boosting the performance of their firms. In order to accomplish this, we must have a thorough understanding of the distinctive aspects of employee's job performance. On the basis of a fair and honest evaluation of the employee's performance, the employee will receive awards and advancement chances (Bae, 2006). It is imperative to recall that Argyris (1960) devised the Psychological Contract to highlight the subjective aspects of the interaction between employees and supervisors. In recent years, however, under the leadership of Rousseau (1989, 1998, 2001), this early paradigm has been greatly refined to become an important research instrument for encouraging and understanding employee's commitments and impetus. Psychological Contracts have been thoroughly studied by scholars, who have categorized them into two broad categories based on the ways in which they are communicated (Robinson 1994, Rousseau 1989, Tijoriwala &

Rousseau, 1997). The two types of psychological contract which has its existence are the Transactional Psychological Contract and Relational Psychological Contract. For instance, compensation and professional advancement in exchange for diligent effort will be considered under Relational Psychological Contract and remuneration and job advancement in exchange for hard labour under Transactional Psychological Contract. Collectively, these expectations are described as the basis for employee and employer expectations for their job relationship. Levinson et al. (1962) made a very intriguing insight in which they shed further light on the Psychological Contract as an unwritten and shared expectation of both parties. In this instance, Psychological Contract underlined the intrinsic, repressed, and never articulated expectations that exist inside the work relationship. Some of these assumptions are instantaneously evident, while others are more obscure. The Psychological Contract, as defined by Schein (1965), pertains to the tacit agreements made between employers and employees. He also mentioned the Psychological Contract between an individual and an institution. With the introduction of American scholar Rousseau in 1980, the argument over the Psychological Contract grew in intensity. This agreement pertains to shared psychological expectations, which spawned Psychological Contracts in the professional relationship. Along with that, but she also highlighted how Commitment, Loyalty, and Perception all play crucial roles in the formation and maintenance of Psychological Contracts. Notably, a Psychological Contract is a process that is developed in practise, that is, employees' psychological contract is formed against the backdrop of their working relationship. Psychological Contract, according to Pemberton et al. (1996), is a worker's and an organization's perspective of their respective responsibilities in the employment relationship.

It is important to mention that the Psychological Contract is distinct from the conventional economic contract in that it relates only to the promises offered by organizations or individuals for each other that they may recognize in their mutual connection. The conventional economic contract is based on specific and real restrictions, whereas the Psychological Contract is based on societal and perceived value. An employee's commitment of creativity and devotion to an employer should be matched by the employer's provision of benefits such as security and safety in the workplace, respect in the workplace, etc. The Psychological Contract, as defined by Parks & Rousseau (1993), is a employees' expectation of the conditions under which

they would engage in a transaction with the employer. Rousseau (1990) noted that employees have several obligations pertaining to their working relationship; these implicit obligations create the Psychological Contract. It is fascinating to see the capacity of individuals to create their own realities (Van & Harre, 1993; Weick et al., 1983). Their expectations, attitude, and behaviour are shaped by their perspective of reality, rather than the totality of reality itself. To comprehend the behavior of an employee, one must comprehend their perspective, their reality, and what they observe. To comprehend the work relationship, it is necessary to identify and comprehend this one aspect of Psychological Contract. (Rousseau, 1989). Robinson (1996).

Experts conceptualize Psychological Contract as employee's view of the organization's and organization's expectations of them. Thus, the Psychological Contract is the employee's unique set of reciprocal expectations regarding their duties and those of the employer. For example, what will the employees do for the company and what will the company do for the employees? Psychological Contract consists of perceived considerations over an exchange agreement between a person and an organization (Rousseau, 1998). An individual's perception that an agreement is mutual is the basis for a psychological contract. A psychological contract is a common concept that binds the parties for a certain activity.

The business environment is continuously evolving. International integration, technological advancement, customized market requirements, etc., all contribute to the transformation of the economic environment. These alterations are converting the workplace into a constantly demanding arena. The requirements for employees have evolved through time, and there is now a need for both loyal and expendable workers, neither of which are reflected in the official contract of employment. According to Welch (2002), the psychological contract is based on the perception of lifetime work establish a paternal, feudal, and hazy type of Psychological Contract. Previously, if an employee put in their time and worked hard, their employer would take care of them for very long. However, in light of the current environment, in which no company can be considered a secure workplace, the role of Psychological Contract has to be reconsidered (Wilson et al., 2003). The relationship between employee and employer need not be viewed as an economic relationship, but rather as a long-term, mutually beneficial human partnership that results in moral responsibility for both sides.

Psychological Contract is a fundamental component of human conduct. Numerous management and behaviour theories mirror the Psychological Contract, which has yet to be completely defined and comprehended. Beyond its significance in human relationships, the concept of Psychological Contract is often misunderstood when people and businesses interact. According to the Inducements-Contributions model established by March & Simon in 1958 and Bernard's Theory of Equilibrium, the initial element of Psychological Contract that contributed towards the insight of Organizational Theories was unveiled.

Menniger (1958) and Rousseau's major study released in 1989 represent the first stage of Psychological Contract research. The very first time, the theoretical development of the concept was done, and no pragmatic exploration was conducted (Conway&Andrew,1996). Furthermore, the investigation of Psychological Contracts along distinct lines was also conducted (Conway & Briner. 2009; Roehling, 1997). As a result, the contemporary theory diverges significantly from the conventional concept of the Psychological Contract. The contemporary period is incredibly distinctive and is characterized by primarily quantitative advancements in the understanding of Psychological Contract (Conway & Andrew, 1996)

The Psychological Contract's theoretical progression is incomplete without a consideration of the Social Exchange Theory. A significant component for the explanation of workplace behaviour is the Social Exchange Theory (Mitchell et al., 2005)It has been discovered that the Psychological Contract evolved from the Social Exchange Theory (Dundon & Cullinane, 2006), and the result obtained by Argyris (1960), Levinson et al. (1962), and Schein corroborates this assertion (1973). The Theory of Equilibrium by Bernards argues that employees continued their participation in the organisation in anticipation of receiving adequate compensation. According to Blau (1964), the Social Exchange theory entails indeterminate duties whose fulfilment depends on mutual confidence.

According to Gouldner (1960), the essence of the theory of Social Exchange is the law of mutuality, which requires individuals to respond favourably or unfavourably to the treatment they receive from other individuals. If either party, the employer or the employee, declines to reciprocate, the contract becomes unbalanced (Mitchell et al.,

2005). Social Exchange models are insufficient because they do not account for the influence of employee expectations on organisational outcomes (Weinberg et al., 1979). According to Taylor and Tekleab (2003), social interaction and reciprocity play a significant part in the Psychological Contract, which is molded by reciprocal obligations as a social transaction. Furthermore, Social exchange incorporates perceived employee duties, i.e. expected enticements of Psychological Contract. This enhanced theoretical emphasis differentiates Psychological Contracts with social exchange frameworks (Coyle-Shapiro & Jacqueline 2002).

## **1.2 Concept of Psychological Contract**

Psychological Contract referred to the unwritten, mutually agreed-upon expectations between an employer and employee. Such expectations are tacit, unwritten, and unspoken, and they are mutually exclusive. Psychological Contract may be traced back to the 1960 work of Argyris, which underlined the implied relationships between a leader and subordinates.

## **1.3 Characteristics of Psychological Contract**

Rousseau (1995) argued and provided the following theory on the psychological contract in order to explain its properties. She emphasised that, in practice, psychological contract is a subjective determination that varies among individuals. Second, it is also dynamic, as it evolves over the course of the employer-employee relationship. Thirdly, the contract pertains to the joint commitments, based on established promises that both parties dedicate to their partnership in anticipation of a mutually beneficial conclusion. Lastly, psychological contracts are related to the context of the relationship: individuals or organisations cannot independently construct psychological contracts (Schalk and Freese, 1993); rather, they emerge as an inevitable consequence of the parties' interactions. There is an underlying consensus among psychological contract scholars that, despite the fact that the psychological contract is rarely openly discussed, it is a significant influence of the behaviour and attitudes of employees. Nevertheless, this does not imply that the psychological contract ceases to exist when it is spoken and made public.

## **Types of Psychological Contract**

Even if it is understandable that psychological contracts are heavily speculative at the individual level, a few researchers have sought models or specific patterns among the possible varieties of psychological contracts.

From the employee's viewpoint, the psychological contract content relates to the commitments they believe they have made to their employer, as well as those they feel their employer has made to them (Conway and Briner, 2002). Rousseau (1990) asserts that there are two separate contract types: transactional and relational. Transactional contracts refer to transitory exchanges of monetary-valued rewards and inputs (e.g., hard effort for a high wage) characterized by an absence of long-term commitment (Conway and Briner, 2005). Transactional contracts between employees and employers are nearly always brief conventional transactions. Employees with transactional-type contracts typically have limited individual responsibilities and plan to remain with the organisation for no more than two years. These workers will utilise their existing talents and will not be motivated to acquire new ones. People outside the business are able to observe and comprehend the terms of a transactional contract, and those terms are expected to remain constant throughout time (Rousseau, 1995). In comparison, relational contracts are deeper, open-ended, and feature potentially beneficial long-term transactions. (e.g. employee loyalty and commitment for job security; Rousseau, 1990). Relationship contracts require mutual dependency and a substantial amount of emotional investment. Employees with a relational contract type will develop company-specific abilities and look forward to a long-term working connection inside the organisation. Relational Contracts have both written and unwritten elements that are subject to modification and reamendment over the duration of the contract.

It was later suggested by Rousseau (2000) that two new contract forms: transitional and balanced. Balanced contracts integrate the transactional element of clearly specified performance-reward conditions with an emphasis on open-ended, relational agreements (Hui et al., 2004). Because neither party is committed to the relationship, transitional agreements cannot be regarded as psychological contracts (Hui et al., 2004 ). There appears to be confusion in the academic literature over whether the two types of contracts i.e. the transactional contract and the relational contract types are mutually exclusive or can coexist. It has been argued that they represent opposite extremities of

the spectrum of contractual arrangements (Rousseau and McLean Parks, 1993). Some empirical research examining various contract types, however, have indicated that content items divide into two distinct groups (e.g. Coyle, Shapiro, and Kessler, 2000; Rousseau, 1990), indicating that workers may have high or low levels of both transactional and relational content items. By introducing the balanced contract type, Rousseau (2000) appears to accept the notion that transactional and relational contracts can and do coexist. Recent research by Fresse and Schalk (2008) evaluated the construct and content validity of existing measures; two of the four proposed psychological instruments were created by Rousseau (1990, 2000).

The contract becomes standard if a majority of employees can be characterised as having either a transactional or relational psychological contract with their organisation. Consequently, whereas individual psychological contracts are significant in their own right, it would also be highly feasible to uncover the contract's cumulative form at the collective level (i.e., its transactional or relational nature).

#### **1.4 Theoretical background of the study**

In spite of the abundance of findings in the subject of psychological contract, the assessment of pertinent literature revealed significant gaps in the existing insight of the concept. These gaps serve as the impetus for the current study.

Most of the preceding psychological contract research focuses on the theory of social exchange. Social exchange asserts that individuals will be more willing to engage and display good work-related behaviors if they see a mutually beneficial exchange relationship between the organisation.

Regarding the scope of this thesis, variables like personality traits, organizational attractiveness, could be viewed as factors antecedent to formation of psychological contracts in employees. The quality of employees represents the degree to which organisations care about their workers by, for example, assuring fair treatment and offering participatory procedures. Additionally, Person-organization fit coworkers may affect employee perspectives when they express their individual perspectives with their organisation. P-O fit, which can be defined as "the compatibility between employees

and organisations that begins if: (a) at least one party provides what another entity requires, (b) they share fundamentally similar characteristics, or (c) both (Kristof, 1996, p. 4) in the context of value coherence (Kristof, 1996; O'Reilly, Chatman, & Caldwell, 1991).

It might be claimed that a variety of hypotheses collectively explain how personality traits, organizational attractiveness influences the formation of psychological contract and subsequently the outcomes related to fulfillment or breach of psychological contract ie Employee Engagement & Turnover intention of the employees. Consequently, it is essential that the psychological contract theory and study incorporates characteristics of different theories, such as Social exchange theory and Social Identity theory.

#### **1.4.1 Social Exchange Theory**

Social exchange theory is a theoretical framework that explains the formation and maintenance of social relationships. The theory suggests that people engage in social interactions based on a cost-benefit analysis, where they weigh the rewards and costs associated with the relationship. According to social exchange theory, social relationships are formed and maintained when the rewards outweigh the costs. Rewards may include emotional support, companionship, or tangible resources, while costs may include time, effort, or emotional investment. When individuals perceive that they are receiving more rewards than costs from a relationship, they are more likely to continue the relationship.

Several studies have applied social exchange theory to understand various types of social relationships. More recent research has expanded the application of social exchange theory to understand various types of social relationships, including workplace relationships.

Social exchange theory provides a useful framework for understanding the formation and maintenance of social relationships. The theory suggests that individuals engage in social interactions based on a cost-benefit analysis, where they weigh the rewards and costs associated with the relationship. Research has applied social exchange theory to understand various types of social relationships, including interpersonal relationships,



marital relationships, workplace relationships, and online interactions. When employees perceived that their obligations were changing in ways that were inconsistent with their expectations, they were more likely to experience negative emotions and engage in behaviours that were detrimental to the organization (Robinson, S. L., Kraatz, M. S., & Rousseau, D. M.,1994). Social exchange theory also helps in understanding how the employees who perceived high levels of support from the organization were more likely to view their employment relationship as a social exchange and to have stronger commitments to the organization (Shore, L. M., & Tetrick, L. E.,1991). Psychological contract is a key concept within social exchange theory, as it represents the implicit expectations that employees have of their employer and the organization. These expectations are formed through social interactions between the employee and the employer, and are based on promises, obligations, and perceived entitlements (Denise M. Rousseau, 1994). When an employee perceives a violation of the psychological contract, it can lead to feelings of anger, resentment, and distrust. This can result in a breakdown of the social exchange relationship, with the employee becoming less committed to the organization and more likely to engage in behaviours that are detrimental to the organization's goals. (Denise M. Rousseau, 1994). It is also observed that open and honest communication between employers and employees can help to prevent misunderstandings and violations of the psychological contract, and can foster a stronger and more positive social exchange relationship.

#### **1.4.2 Social Identity Theory**

Social Identity Theory (SIT) is a psychological framework that explores how individuals categorize themselves and others into social groups, and how these group memberships influence their perceptions, attitudes, and behaviors. SIT provides insights into the dynamics of intergroup relations and the psychological mechanisms underlying group behavior (Tajfel, H., & Turner, J. ,1979). People think, behave, and experience emotions within the framework of their social identity, which is shaped by the groups they belong to and their interactions with the social identities of others—whether on an individual basis or collectively (Tajfel, 1982). Social identity constitutes a segment of an individual's self-concept, originating from their awareness of belonging to one or more social groups, coupled with the emotional significance associated with that group membership (Tajfel, 1974). Typically, the validity of observations remains incomplete unless they are considered within the context of the significance attributed

within members' social environment (Tajfel, 1974). Likewise, group identities are not arbitrary; instead, they are delineated by norms, worldviews, and values that hold significance for the group members (Kreindler et al., 2012). According to Rousseau (1989), the formation of a psychological contract occurs when an employee perceives that their contributions create an obligation for the organization to reciprocate. For instance, employees may anticipate professional development, salary increments, and greater flexibility in working hours in return for their efforts. This conceptualization of contracts offers an alternative perspective on the employment relationship compared to its legal aspects (McCabe & Sambrook, 2013). The concept of social identity has found application in healthcare settings, particularly in the examination of the identities of healthcare professionals, including doctors and nurses ((Apker & Eggly, 2004; Callan et al., 2007; Deppoliti, 2008; Joffe & MacKenzie-Davey 2012; Kirpal, 2004; Kreindler et al., 2012; Millward, 1995; Oaker & Brown, 1986; Willets & Clarke, 2013)

Social Identity Theory posits that individuals categorize themselves and others into social groups, deriving a sense of identity and self-esteem from their group memberships. This identity can extend to the workplace, where individuals identify with their professional roles (e.g., doctors or nurses) and may form in-group/out-group distinctions. SIT suggests that individuals are motivated to maintain a positive social identity and may seek favorable comparisons between their professional group and others (Cassar, V. et al, 2017). SIT and the psychological contract intersect as individuals' social identity within a profession influences their expectations and perceptions of the employment relationship (Topa, G et al, 2009). Accordingly, it has been argued that the insights offered by social identity theory can help understand the thoughts, feelings, and behaviors of individuals working in teams and organizations (e.g., Ashforth & Mael, 1989; Haslam & Ellemers, 2005; Haslam, Van Knippenberg, Platow, & Ellemers, 2003; Hogg & Terry, 2000).

## **1.5 Rationale for the Study**

Studying the key antecedents of psychological contract formation is essential for organizations seeking to create positive and mutually beneficial employment relationships. Personality characteristics have been regularly presented, both theoretically and experimentally, as the primary explanatory variable for psychological contract breach (Guest & Conway, 2002; Katou & Budhwar, 2012). Nevertheless, this

theory does not account for the potential that different personality qualities may alter thoughts of psychological contract fulfilment or breach (Conway & Briner, 2005, 2009).

Employer attractiveness is described as a planned, long-term approach to manage the awareness and views of a company's workers, future employees, and other stakeholders. Employer attractiveness influences the formation of psychological contracts among prospective workers, which contributes to the development of the employer value proposition. This thesis highlights, from the standpoint of potential workers, the modern aspects of employer attractiveness. In addition, the influence of employer attractiveness on the establishment of a psychological contract in regard to fundamental beliefs in the healthcare industry is investigated.

Therefore, incorporating these two crucial factors, one of which functions as an organisational representation and the other as an individual representative, would offer a more complete explanation for the psychological contract's antecedent.

Understanding the interactive dynamics between the psychological contract, employee engagement, and turnover intention is essential for crafting targeted interventions that enhance organizational commitment, job satisfaction, and retention, ultimately contributing to a resilient and engaged workforce. According to Richard et al. (2009), the varieties of Psychological Contract and their fulfilment or breach have varying consequences on employee outcomes, as well as varying effects on employee attitude and behaviour (Conway et al., 2005). Previous researchers (Eisenberger & Aselage, 2003) stated that for a better understanding of the employment relationship, researchers should focus on the link between Psychological Contracts and results. Prior study has focused more on what occurs when something goes wrong, but no one has explored the Psychological Contract when all is well and there is no conflict (Conway & Briner 2009). Few studies have examined the impacts of Psychological Contract Breach, but none have done so in the Indian setting. Healthcare is regarded as one of the leading industries in India, employing highly qualified and informed workers and contributing to the country's economic growth.

This research addresses several concerns, such as the problem of employees' intention to leave, issues regarding employee engagement, etc. Employee engagement alludes to an employee's degree of interest, passion, and commitment to his or her work and the organisation. Literature suggests that fulfilment of the psychological contract, in which employees perceive that their wants and expectations are being satisfied by their employer, can lead to greater levels of engagement. On the other hand, a breach or violation of the psychological contract, in which employees believe their expectations and demands are not being met, can result in less engagement and greater unhappiness. Turnover intention refers to the possibility that an individual will leave their current job. As per the available literature, a positive fulfilled psychological contract can lower the likelihood of employee turnover if employees are content with their jobs and feel strongly committed to the firm. However, if the psychological contract is breached, such as when an employee's expectations are not met, it might raise the risk that the individual will leave their position. Previous research was unable to tackle these concerns. This study focuses on the link between Psychological Contract and employee outcomes in India's healthcare business in an effort to fill the void.

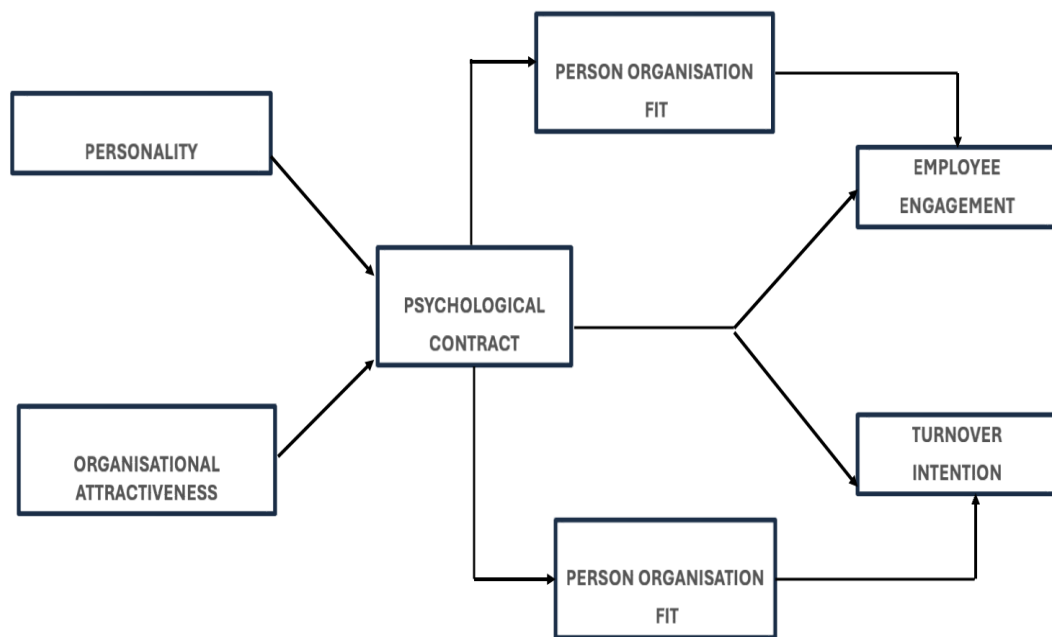
The absence of extensive psychological contract research in the Indian context necessitates an investigation to comprehend unique cultural, organizational, and workforce dynamics, providing valuable insights for effective human resource management strategies in India. Majority of Psychological Contract research has been undertaken in other nations, which is a huge study gap. The vast majority of existing psychological contract research has been conducted in Anglo-Saxon nations, exposing a paucity of study in non-Western situations (Krishnan, 2011; Katou & Budhwar, 2012; Agarwal & Bhargava, 2014). There are few studies undertaken in India on the Psychological Contract; rather, I would say that Psychological Contract research is in its infancy in India. As India is one of the world's greatest economies with a youthful and educated workforce population, more study must be conducted on the Psychological Contract and employment relationships by Indian scholars.

As India is projected to become the fourth biggest economy in the next years (Budhwar & Varma, 2012), it represents an important emerging market. India is distinguished by "distinct indigenous sociocultural, economic, legal, institutional, and political aspects," according to Budhwar (2012). In addition, the assessment of psychological contract

research in India indicated that majority studies addressed only psychological contract breach in Indian setting. To address this vacuum in the existing literature, this thesis explores the causes and results of psychological contract fulfilment or breach in the Indian context and determines if the findings presented by researchers in mostly Anglo-Saxon nations are transferable to the Indian environment. Therefore, it is imperative to investigate the Psychological Contract and its relevance to outcomes in the Indian setting.

In summary, this study reveals several theoretical and methodological shortcomings in previous psychological contract research. The purpose of the thesis is to address these fundamental literary difficulties, therefore contributing to the existing body of research. On the basis of the theoretical background and existing literature, a model for the study is proposed to examine (See Figure 1.1).

## 1.6 PROPOSED MODEL FOR THE STUDY



**Figure 1.1: Proposed Model of the Study**

### Organization of the Thesis

**Chapter 1-** Introduction: It presents the background of the study through an introduction, rationale of the study, research gaps and objectives, methodology and significance of the study.

**Chapter 2-** Review of Literature on Psychological contract, the contextual determinants which are precursors to PC, the Employee outcomes of PC and the effect of a mediating variable i.e Person Organization Fit on the relationship of PC and Employee Outcomes.

**Chapter 3-**Healthcare Industry in India, focusing on the healthcare industry in India, is a critical section that provides an in-depth exploration of the context in which your research is situated. This chapter serves as the foundation for understanding the background, challenges, and opportunities within the healthcare sector in India.

**Chapter 4** - presents research design and methodology. The chapter details the selection of respondents, sample type and size, the selection of questionnaire and controlled variables used in the study.

**Chapter 5** - Discusses the analysis of data and its interpretation. It presents a systematic overview of the research methodology, emphasizing tools and techniques used for data interpretation.

**Chapter 6** - The final chapter discusses the interpretation of the research findings and managerial implications. It concludes the study with discussion, implications, strengths, limitations and ends with some suggestions for future research.

## **CHAPTER 2**

### **LITERATURE REVIEW**

In the past few years, there has been a significant rise in the importance given to psychological contract research in academic circles. The psychological contract is regarded as a pertinent notion to understand the relationship between the employer and his employees and the consequences that follow which includes work patterns and work outcomes. Academic literature defines psychological contract as the overt as well as couched promise made between two concerned parties (Rousseau & Tijoriwala, 1998). All relevant details pertaining to the psychological contract and the diverse components are critical for a manager to comprehend, organise and streamline work so that any undesirable consequences do not occur. Psychological contracts refer to the belief of an employee in shared obligations between him and his employer. They are the prime concern of the management, since the attitude and behaviours of the employee is vastly impacted in diverse manners that in turn impact organisation's work output and effectualness. Earlier, the chief expectation of an employee in lieu of the work done for a company was considered to be employment stability as regards job security and work environment were concerned (Sparrow and Marchington, 1998; Martin, Staines and Pate, 1998; Beardwell et. al. 2004). The speedy evolution of business and in the economic life during the previous years has transformed organisations to a large extent. Fierce global competition, political changes and several crucial factors obliged organisations to modify their structures, making them adopt more flexible and efficient approaches that would survive competitive pressure (Hiltrop, 1995). Consequently, employee management and all corresponding alterations in employer-employee relationship underwent major restructuring.

Psychological Contracts comprise individual belief of an employee as regards the terms and conditions of a mutual agreement between him and his company (Dabos & Rosseau, 2004). Psychological Contract performs a vital part in understanding the current relationship between an employer and his employee (Zhao et al., 2007; Augustina, 2014). Academicians opine that clear perception of fulfilment of the unverbaised expectation and obligation is critical (Bal, Chiaburu& Jansen, 2010; Kasekende, 2017). It becomes imperative for an organisation to comprehend the

expectations of an employee so that value propositions can be created which are understood by both the employee as well as the organisation (De Vos et al., 2005). Employee engagement is a crucial determinant to foster optimal level of employee performance (Anitha, J., 2014). The notion of engagement has accrued great attention of organizational practitioners and academicians (Quinones, Broeck & De Witte, 2013), who have voiced globally the need for organisations to formulate strategies that can ensure the organisational quality performance of the employee at his workplace (Gichochi, 2014). Employee's engagement can make or break the organisation (Rao, 2017) hence employees are considered to be any organisation's greatest resources (Wagner & Harter, 2006).

## **2.1 Review of the Literature**

The psychological contract notion relates to the unwritten and frequently implicit expectations, duties, and understandings amongst employees and their employers. It relates to the beliefs of the two parties on their mutual commitments and is seen as a significant influence in determining the attitudes, behaviours, and motivations of workers. Research on the psychological contract have demonstrated that it may have a substantial effect on employee outcomes, such as work satisfaction, organisational commitment, and intentions to leave the business. For instance, research indicates that employees who perceive a breach of the psychological contract, such as an organization's failure to fulfil its commitments, are more inclined to witness negative emotions such as anger and frustration and are less likely to be satisfied with their jobs or committed to the organisation.

Literature indicates that personality factors can affect the formation and maintenance of psychological contracts. Personality can affect an employee's opinions of the job relationship and their expectations from the employer. Personality may also influence an employee's conduct in the job and their desire to meet their psychological contract duties. The personality of an employee can also influence their responses to a transgression of the psychological contract. Therefore it can be concluded from the research that an employee's personality can influence the development and maintenance of the psychological contract.



Employer attractiveness may significantly influence the psychological contract between an employee and their employer. The reputation, culture, values, and general image of a company can impact an employee's expectations and responsibilities.

If a company is seen as appealing, it may produce a favourable impression in the eyes of prospective and present employees such as a healthy work-life balance, professional progression prospects, a supportive work environment, and competitive remuneration and benefits. They may anticipate that their company will meet specific promises. However, if the attractiveness of an organisation is not mirrored in the job relationship, it can lead to a breach of the psychological contract. In conclusion, the attractiveness of an organisation may affect a person's psychological contract by defining their expectations and duties in the job relationship.

Employee engagement is the degree to which workers are emotionally immersed in their work and dedicated to their company. Employees that are engaged are more likely to be motivated, productive, and pleased with their occupations, which can lead to increased levels of performance and organisational success. A positive psychological contract is one in which the employer and employee have a mutual understanding and agreement on the expectations and responsibilities of the job relationship. When employees sense that their company is delivering on its promises, such as offering growth and development opportunities and a supportive work environment, they are more likely to feel valued and devoted to the firm. This can result in increased staff engagement. Therefore, we can say that psychological contract can have a substantial effect on employee engagement.

The psychological contract can significantly influence an employee's inclination to leave. The intention of an employee to quit their present position and organisation is referred to as their turnover intention. A favourable psychological contract might decrease an employee's intention to leave their position. When employees perceive that their company honours their commitments and treats them properly, they are more likely to feel pleased and devoted to the firm. This can boost their purpose to remain with the business and decrease their chances of seeking employment elsewhere. Therefore, it can be concluded that the psychological contract can have a substantial effect on an employee's desire to leave.

Person-organization fit (PO fit) can mediate between the psychological contract and employee results. The amount to which an employee's beliefs, abilities, and ambitions connect with those of the business is referred to as PO fit. When there is a strong match between the individual and the company, employees are more likely to believe that their expectations and responsibilities are being met, leading to a positive psychological contract. A good psychological contract can result in favourable employee outcomes such as work satisfaction, organisational commitment, and increased levels of engagement and vice versa. In several ways, PO fit can operate as a mediator between the psychological contract and employee results.

In conclusion, the link between the psychological contract and employee results might be mediated by person-organisational fit. A good fit between the individual and the organisation can increase the likelihood of a positive psychological contract and positive employee outcomes, whereas a poor fit between the individual and the organisation can increase the likelihood of a negative psychological contract and negative employee outcomes.

To understand this relationship let us extend the work done by other researchers on the Psychological Contract and its various facets.

### **2.1.1 Psychological Contract: An Overview**

Available literature on psychological contracts has seen considerable expansion during the last decade, chiefly under Rousseau's impact (1989, 1995, 2001). This concept, however, has a greater pedigree, with its evident roots in previous works on theory of social exchange. The key theme being that social relationships have forever comprised unspecified obligations and patchy distribution of power resources (Blau 1964). From the viewpoint of organisational analysis, social exchange constructs are plainly visible in the works of (Argyris, 1960), Levinson et al. (1962) and Schein (1965, 1978). Argyris (1960) employed the term 'psychological work contract' to depict the embeddedness of perception's power and values upheld by both the parties - organizational & individual - to employment relationships. It is significant that the previous literature depicts that employment relationship is sculpted by both social and economic exchange (Fox 1974). Taking this ahead, Levinson et al. (1962, 21) observed psychological contract as 'a chain of common expectations where all concerned parties to the

relationship might not be overtly aware but even so govern their mutual relationship to one another’.

As per Schein (1978), such mutual expectations between an organisation and the individual employee cover not merely the amount work that needs to be done for a certain amount of money, but even the entire pack of rights and duties to be performed. His vital contribution apprises us of the notion that dissatisfaction of the worker, labor unrest and employee alienation all arise from violating the psychological contract presented as overt issues like working conditions, work hours and salary - which are the foundation - not of a psychological, but a negotiable agenda. Despite this, previous interest in the psychological contract construct, even until the 1990’s, a more open consideration of its application to management theory was not evident. Awareness of the psychological contract during this period was chiefly due to an aspiration among academicians and researchers to explore novel and pioneering people-management practices within the frame of steep international competition, financial restructuring and evolving dynamics of labour markets. Rousseau was the first to lead this renaissance in the psychological contract (1989, 1990), using ‘transactional psychological contracts’ where an employee does not anticipate a long-lasting ‘relational’ process with his organisation whose basis is job security and loyalty; rather, he perceives his employment as a transaction where long hours are rendered in lieu of good contingent salary and where training is given regarding flexibility of labour market and financial reframing of employment relations. It becomes vital to admit the contextual factors that are contributory factors for cultivation of the psychological contract literature, since a large volume of it has underpinned ensuing research and analyses (Herriot 1992). From the said contextual dynamics arose a series of changes that apparently questioned several assumptions of the conventional employment relationship system.

Guest (2004a) opined that the workplace has seen increasing fragmentation due to more novel and flexible forms of employment. Additionally, managers have turned more intolerant of sluggish and time-consuming procedures of negotiation under traditional employment relation systems. As a result, promises and deals are abruptly broken because of an array of market imperatives. Alongside a decline in collective bargaining and the rising of so-called individualist values in the employee, informal arrangements are seen gaining greater significance in workplaces. Consequently, the conventional

employment relations literature is seen at variance from this constantly evolving context of the work-world. With the progressively diverse and peculiar nature of employment, a structure such as the psychological contract, mirroring the individual's needs with couched and unverballed expectations regarding employment, can appear very appealing, as an optional concept to study people at work.

In the academic research area Rousseau's work on psychological contract caught the attention of the researchers in her article in 1989 in the journal of Employee Rights and Responsibilities. This very important article differentiated in psychological contracts and implied contracts in an organisation along-with the implications of the two for the organisation and the employees. She evolved a framework of a psychological contract paradigm as a framework in comprehending the relation between the employee and employer. (Rousseau 1989) defined psychological contracts as a person's belief as regards the contextual conditions existent in a mutual agreement of exchange of two parties including the implicit belief of some assurance in exchange of few considerations that implies that both parties are bound together in a reciprocal obligation to each other. Rousseau's work emphasised on the beliefs about obligations having their basis on implied assurances and this is the point where Rousseau has brought about a difference in the psychological contract notion which is different from earlier works of the researchers. The dual pertinent angles of the definition given by Rousseau is perceived assurances, the consequent perceived duties, and perceived feelings of affinity. Rousseau (2001) also delineates certain actions that could be seen as implicit promises. She focuses on the promise part and says that the promises which are made maybe either in writing or merely verbal given as a promise that may be viewed in this manner, but may comprise of contextual actions or words. Hence, employee could see a promise given, without an explicit verbal statement of such intent being actually issued by an employer. Also, Rousseau and state clearly that while certain expectations could be contractual, not all are thus. They further state that any expectation could be considered contractual in case it is based on a promise. Perceived reciprocal obligations seem to arise from perceived promise made (Rousseau & Tijoriwala, 1998).

Schein (1965) emphasised on the significance of psychological contracts by declaring that management of organisational behaviour cannot be penned as a formal agreement

or contract, since psychological contracts are a comprehension of individual needs. He said psychological contract is formed through diverse sources throughout the procedures of recruitment. Such perception is dependent on the precision of given information and communicated by both parties throughout the procedure. In case the perceptions are inaccurate they may impact the employee's dedication, motivation and job performance. He argues that organisations enforce their own side of such psychological contracts through their power structures, where the employees covertly agree by becoming part of the organisation. He fulfils his part through ascending influence. In case the contract is not upheld, organisational functioning might lead to a situation where workers do not cooperate with authorities.

Rousseau (2012) defines psychological contracts as the perception of reciprocal agreements upheld by both parties involved. In spite of the significance of psychological contracts, there are continued debates over the operationalisation of the construct (Kasekende, 2017). The promoters of psychological contract state that this notion must be operationalised from varied perspectives (Augustina, 2014). Rousseau (2012) for instance, operationalises psychological contracts, consisting of three components: perceived employee's obligations, perceived employer's (organisation's) obligations, and perceived fulfilment/breach of employer's obligations. This means altered employment relationship that could impact the feasibility of the same (Guest, 2004; Tyagi & Agrawal, 2010), and also of an employee's subjective experience of his task alongside employment relations (Rothmann & Cilliers, 2007; Schreuder & Coetzee, 2010). Guest (1998), nonetheless, insisted on there being another aspect of psychological contracts, which is the state of psychological contracts. He considered the state of psychological contracts to be a significant antecedent of an employee's attitude and behavior, apart from the variation earlier explained by the psychological contract contents.

This state of the contract was indicated by Coyle-Shapiro and Kessler (2002) which comprises reciprocal experience, of both the employee and employer's expectations are incorporated. Hence, an employee's obligations and his expectations – from his own perspective – are incorporated within the measurement of the state of the psychological contract. Additionally Guest (1998) argued that it becomes operationalised to incorporate the diverse range of psychological variables, with meagre knowledge

regarding their mutual relationship, and psychological contracts can thus become analytic nightmares. The current work examines psychological contracts from three aspects - perceived employee obligations, perceived employer (organisation) obligations, and state of psychological contracts.

### **2.1.2 Psychological Contract: The State**

The psychological contract state delineates subjective perceptions of the employee - whether accurate or inaccurate- of the degree to which the mutual expectations are met. (Guest, 1998). This state is openly related to, but is distinctive from the “psychological contract” of the employee. Psychological contracts refer to personal belief pertaining to terms and conditions of a mutual relation between an individual and his employer (Guest, 1998; Rousseau, 2012). Every person has some set beliefs about the “ideal” returns (Rousseau, 2012) his employer has either agreed to whether in an implicit or explicit manner to give him in exchange of his work contribution. The state of psychological contracts is hence operationalised as perceived discrepancy of an employee between the “ideal” and the “actual” return - one that is perceived by him as given to him by the organisation as either reward or compensation (Guest, 1998). He also identified three vital points in the state of psychological contracts: Firstly, the degree to which an employer assumes people management practices will impact the state of the said contract. Second, such contracts are based on employee’s sense of trust and justice and the belief that the employer will honour the 'deal' that has been made. Thirdly, if such psychological contracts are positive, enhanced employee satisfaction and dedication will exert a positive influence on the workers’ and the overall business outcomes. The psychological contract has been conceptualised in diverse and multifarious ways over the last few decades (e.g., Rousseau, 1995; Schein, 1978) providing definitions along with varied descriptions like beliefs, promises, perceptions, obligations and expectations (Anderson & Schalk, 1998). Though lately research has focalised on the definition given by Rousseau, where she conceives of psychological contracts as an individual's perception and belief regarding mutual obligations between employer and employee (Morrison & Robinson, 1997; Rousseau, 1994; Rousseau, 1989, 1995, 2001).

A psychological contract allows a person to consider his own obligations against organizational obligations, and accordingly, adjust the behaviours (Morrison &

Rousseau, 1997; Rousseau, 1989, 1995, 2001). Perceptual alterations made to a psychological contract could either lead or not lead to behaviours targeted at harmfully or negatively targeting of an organisation and its existing state. Such fine balance between the perception of obligations, alongside organizational reliance on a range of behaviours that oblige us to study the processes of the manner in which an employee attributes alterations to a psychological contract inside an organization's set-up. The employee-employer relationship is quite intricate, hence it is virtually impossible to address or make explicit as written or formal contract every aspect of the employment relationship. Consequently, researchers and their studies suggest that persons create psychological contracts in order to lessen their internal feeling of anxiety and insecurity (Rousseau, 1995).

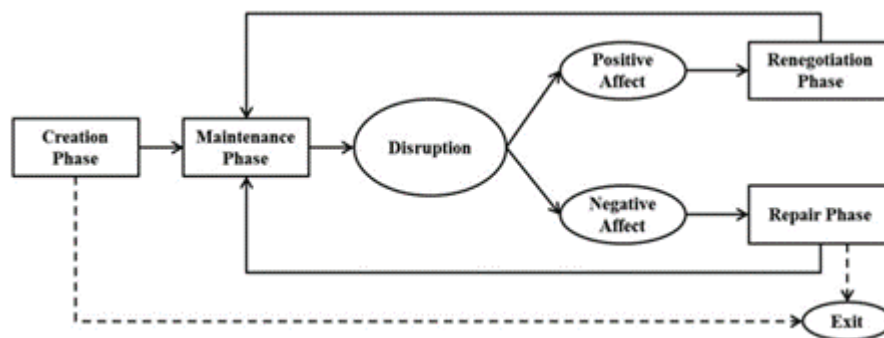


Figure 2.1 Overview of psychological contract phases and their interrelations

The Psychological Contract has been effective for comprehending and managing transaction interactions. By modernising and expanding Psychological Contract procedures to better account for their dynamic character, our objective is to expand the the explanatory capacity and utility of Psychological Contract. The model of psychological contract phases and their interrelations(fig.2.3.1.1) assists Psychological Contract researchers in constructing a more cohesive body of research that acknowledges the significance of time, aims, and affects (Rousseau, Tomprou, Hansen, 2016)

A psychological contract is subjective, multifaceted, unique to all persons, and this gives the workers a feeling that they have some influence and control over the happenings within that organisation (Anderson & Schalk, 1998). Qualitative approach showed general kinds of psychological contract violations that included: responsibilities, promotions, developmental training, compensation, job security and nature of the task, change of management and feedback (Robinson and Rousseau's,

1995). In case an employee perceives some disparity in what promises are given by an organisation and the real fulfilment of such promises, he might adjust his behaviour accordingly to what he perceives as justice; and thus impacting his individual overall contribution to the organisation. Such perceived inconsistency between the given promise and the employees' perception of what he actually receives is considered a breach of the psychological contract (Rousseau, 1995).

### **2.1.3 Types of Psychological Contract**

The concept of Psychological Contract has been widely researched in organizational psychology, and various types of psychological contracts have been identified based on their content and nature. This literature review aims to provide an overview of the different types of psychological contracts and their implications.

The transactional psychological contract is the most traditional type of psychological contract, characterized by a focus on exchange and reciprocity between the employee and the employer. This type of contract is based on the expectation of fair and equitable treatment, with the employee providing work effort in exchange for pay and benefits (Rousseau, 1995). Research has shown that a transactional psychological contract is associated with higher levels of job satisfaction and organizational commitment (Conway & Briner, 2002). However, it can also lead to a sense of entitlement and an unwillingness to go above and beyond the minimum expectations (Morrison & Robinson, 1997). The relational psychological contract, on the other hand, emphasizes the quality of the relationship between the employee and employer beyond the transactional exchange. This type of contract is based on trust, mutual respect, and a long-term commitment between the parties (Rousseau, 1995). Research has found that a relational psychological contract is associated with higher levels of job satisfaction, organizational commitment, and intention to stay (Suazo & Stone, 2020; Zhao & Hwang, 2019). However, a relational psychological contract can also be more vulnerable to breaches or violations, leading to negative outcomes such as decreased trust and job insecurity (Conway et al., 2019).

A third type of psychological contract is the balanced psychological contract, which seeks to balance the transactional and relational elements of the employment relationship. This type of contract emphasizes both the exchange of fair pay and



benefits and the quality of the relationship between the employee and employer (Zhao & Hwang, 2019). Research has found that a balanced psychological contract is associated with higher levels of job satisfaction, organizational commitment, and intention to stay compared to a purely transactional or relational contract (Bal et al., 2018).

In the past few years, researchers have also investigated the concept of the flexible psychological contract, which reflects the evolution of work arrangements and employment relationships. This type of contract recognizes that employees' expectations and obligations may change over time, and therefore, employers need to be adaptable and responsive to meet their needs (Conway et al., 2019). Research has found that a flexible psychological contract is associated with higher levels of job satisfaction, organizational commitment, and employee well-being (Suazo & Stone, 2020). However, a flexible psychological contract can also be more challenging to manage, as it requires ongoing communication and negotiation between the parties.

The psychological contract is a complex and dynamic construct that can take different forms depending on the nature of the employment relationship. The transactional, relational, and balanced psychological contracts have been widely studied, each with their own strengths and limitations. The flexible psychological contract is a newer concept that reflects the changing nature of work arrangements and highlights the importance of adaptability and responsiveness. By understanding the different types of psychological contracts, organizations can better manage their employment relationships and create positive outcomes for both employees and employers.

#### **2.1.4 Psychological Contract: Changing Nature**

With reference to psychological contracts, the breadth of its subject matter is an additional crucial factor to consider. A psychological contract may have thousands of items, making it almost difficult to list them (Kotter, 1973). Yet, it is commonly acknowledged and agreed upon by both scholars and practitioners that the substance of the psychological contract has changed through time (e.g. Hiltrop, 1995; Rousseau 1995). Recent studies indicate that the modern corporate environment has resurrected the ancient relational psychological contracts emphasising impartiality, attachment, loyalty, and long-term commitment to change (Sparrow, 2000). This is owing in part to

the greater technological transformation, the employment of contingent employees as a significant portion of the workforce, rising levels of global competitiveness, the current economic downturn, and the mass layoffs associated with the same. The new psychological contract stresses personal responsibility for professional advancement, dedication to a certain sort of work as opposed to a specific organisation, and job insecurity expectations (Cavanaugh & Noe, 1999). As the world of work continues to evolve, so does the nature of the psychological contract (Rousseau, 1995). This literature review provides an overview of the changing nature of the psychological contract and its implications for the employment relationship.

One of the key drivers of change in the psychological contract is the shift towards a more flexible and contingent workforce. Many workers today are employed on a temporary, part-time, or freelance basis, which challenges traditional assumptions about job security and long-term career prospects (De Cuyper et al., 2008). As a result, the psychological contract has become more transactional in nature, with employees seeking tangible rewards such as pay and benefits in exchange for their services (Guest & Conway, 2004). Another trend shaping the psychological contract is the growing emphasis on work-life balance and employee well-being. Today's employees are more likely to prioritize their personal lives and seek work arrangements that allow them to achieve a better balance between work and other aspects of their lives (Kelliher & Anderson, 2010). In response, employers are offering more flexible work arrangements, such as remote work and flexible schedules, to attract and retain talent (Allen et al., 2013). A new factor influencing the psychological contract is the increasing importance of employee voice and participation in decision-making. Employees today are more likely to expect a say in how their work is organized and managed, as well as opportunities for personal and professional development (Gollan et al., 2012). Employers are responding by creating more participative work environments, offering opportunities for training and development, and soliciting feedback from employees through surveys and other mechanisms.

The changing nature of work and employment has resulted in a transition towards a more transactional, flexible, and participatory psychological contract. Employers and employees must navigate these changes to establish an employment relationship that is mutually beneficial and meets the requirements of both parties.

### **2.1.5 Psychological Contract in Multispeciality Hospitals**

The multispeciality hospitals are seen evolving speedily as also growing very competitive (Rasool et al., 2021). These alterations seen occurring in hospitals environment, have resulted in altered relationship between the employer and the employees. Conventionally, psychological contract have been geared to various diverse aspects like loyalty, respect, trust amongst the employee and his employer (Swanepoel and Saurombe, 2022). Such aspects of relations are of vital significance, but the changed and unstable work environment witnessed recently has induced a shift. Hence, transactional exchanges are seen prevailing to a large extent (Braganza et al., 2021). Technological advancements are turning more and more invasive as the competition increases in the healthcare sector (Rasool et al., 2021). In order that hospitals give optimal performance, a deeply motivated and dedicated workforce is needed. Such persons who contribute qualitatively to attain the strategic goals are required. Workers seek self-actualisation more and more rather than mere monetary rewards offered by hospitals in return of their unique skills. As per Maslow's hierarchy, self-actualization is the prime need of every human being (Barnes, 2021). Highly skilled employees are needed by hospitals at each level within an organisation due to fierce competition, emerging technology and newer markets (Braganza et al., 2021).

Multispeciality hospital workers are necessarily spending several working hours every day. For them it is also a place to become engaged in goal-oriented activities, where they may discover meaning to their life and put in optimal effort at self-development. For a worker who is passionate about the work he is doing, he will naturally feel himself to be an integral component of the organisation, where he puts in extra efforts in the assigned task.

Studies suggest that the psychological contract is an important factor in employee behavior and outcomes among healthcare professionals in multispecialty hospitals. According to a research conducted in Hong Kong on the effect of psychological contract breach on job satisfaction and organisational commitment among healthcare professionals, psychological contract breach was found to be negatively associated with job satisfaction and organisational commitment, highlighting the significance of fulfilling the psychological contract in the healthcare sector (Hui and Lee, 2019). The relationship between psychological contract and job performance among Spanish

healthcare personnel was investigated in a study which concluded that a positive psychological contract was associated with increased job performance, highlighting the significance of a positive psychological contract in enhancing employee performance (Alarcon et al., 2017).

In the context of multispecialty hospitals in India, a study examined the impact of the psychological contract on job satisfaction among employees (Ramnarayan et al., 2019). The study found that the psychological contract was positively associated with job satisfaction, indicating the importance of fulfilling the mutual expectations and obligations between employees and employers in improving employee job satisfaction in multispecialty hospitals in India. Studies examined the role of the psychological contract in employee retention among healthcare professionals in India (Singh and Gupta, 2018). This study found that a positive psychological contract was positively associated with employee retention, indicating that fulfilling the mutual expectations and obligations between employees and employers can improve employee retention in the healthcare sector.

Literature states the prime focal point of psychological contracts as the peculiarity and kind of employer-employee work relationship. It has been researched that those workers who see a high level of perceived organisational prop is seen to respond very positively at the workplace; there will be augmented performance, organisational competency, and have deep attachment towards the organisation. Psychological contracts provide an opportunity for exploring the contents and procedures of employment relations through focused attention paid to overt agreements. Such understandings may be negotiated again or even altered over a period of time as a result of having been influenced owing to several contextual factors and having generated several diverse consequences (Guest, 2004).

The psychological contract theory states that employees evolve a series of obligations that are formed through the primary stages of employee-employer relationship. These are contractual obligations governing the basic behaviour, while the organisation rewards them in relation to their performance that it will capitalise upon. Multispeciality hospital employees are very prone to physical and mental fatigue as they need to face very demanding and stressful situations involving very steep risk levels as well as

psychological relations and involvement, specifically if have emotional attachment to the patient to whom they give service. Studies suggest that the psychological contract is an important factor in employee behaviour and outcomes among healthcare professionals working in multispecialty hospitals, and that interventions that aim to improve the psychological contract should consider both individual and organisational factors. In addition, these studies suggest that the psychological contract is a significant factor in employee behaviour and outcomes. Furthermore, employment connected to the medical industry are taxing not just on a physical level, but also on an emotional level due to the sensitive nature of the work. It is also believed that the health industry would be subject to ongoing reforms, times of uncertainty, and changes. As a result, the likelihood of fulfilment of psychological contracts diminishes. Age-related differences play a significant role in shaping individuals' reactions to the psychological contract (Sharif, Wahab, & Sarip, 2017). The existing literature contributes substantially to our understanding by highlighting how age and work experience influence individuals' perceptions of their roles and obligations within organizations (Ng & Feldman, 2009). Studies have explored how perceptions and reactions to the psychological contract evolve with age, particularly focusing on the transition from receiving to actively participating in the employment relationship (Vantilborgh et al., 2016). Longitudinal research emphasizes the importance for organizations to recognize and adapt to age-specific differences in managing and mitigating psychological contracts (Bal et al., 2013). There are distinct expectations and preferences across age groups, underscoring the necessity for organizations to adopt tailored approaches to effectively manage and fulfill the psychological contract for diverse segments of their workforce (Bellou, 2009).

Literature suggests that demographic factor such as work experience is crucial in effectively fulfilling promises, focusing on the necessity of aligning organizational practices with employee expectations to foster a positive psychological contract (Veldsman & Van der Merwe, 2022). Tailoring psychological contracts to accommodate the diverse experiences of expatriate employees is deemed critical for success in global assignments (Donohue et al., 2018). Individuals' work experiences significantly shape their psychological contracts, indicating the influence of accumulated professional interactions in developing and evolving these crucial understandings (Sherman & Morley, 2015). Work experience, in conjunction with age,

plays a pivotal role in shaping individuals' perceptions and expectations within the organizational context, providing valuable insights into the dynamics of the psychological contract (Ng & Feldman, 2009).

The literature demonstrates that "Years of experience" significantly impacts the psychological contract between health workers and their employers, highlighting the indispensable role of work experience in shaping these professional relationships.

H1: There is significant effect of health worker work experience on Psychological Contract with their employer.

H2: There is significant effect of health worker age on Psychological Contract with their employer.

## **2.2 Employees Personality**

Employee personality is an important factor in the workplace that can impact job performance, job satisfaction, and overall organizational effectiveness. The concept of employee personality refers to the unique combination of individual characteristics, traits, and behaviors that an employee brings to the workplace. Personality traits are relatively stable and enduring, and they have been shown to be predictive of various work-related outcomes. As stated earlier, the majority of the research that has been done on psychological contracts has been focused on contract fulfilment or breach and its repercussions. On the other hand, there has been relatively little attention given to how or why the workforce develops meticulous contract disposition. The literature, organisational factors, and employees' personal outlooks have all been examined and developed upon as potential causes for the formation of psychological contracts between employers and their workforce (Rousseau, 1995, 2001). Through the processes of choosing, construal, and enactment, personality exerts an impact on the behaviours that comprise psychological contracts. For the most part, researchers who are interested in individual differences in personality have relied on a framework known as the five-factor model (FFM) to organise the basic elements of personality. Studies conducted over the course of the past couple of decades have established links between the Big Five dimensions and a diverse array of other personality traits (John & Srivastava, 1999). During the same time period, researchers who study self-esteem have carried out number of studies in which they investigate the correlates, causes, and effects of

high and low levels of self-esteem (Baumeister, 1993; Harter, 1998). Surprisingly, this correlate of individual-difference has very infrequently been researched upon in relation to other outcome variables.

### **2.2.1 Psychological Contract & Employees' Personality**

The skewed aspect of psychological contracts entails that personality tends to affect employees' discernment of their employers' inducements, therefore influencing the inception, development, upholding and breaching psychological contracts. Observation showed in previous research the issue of disparity in perceptions of inducements provided by the employer has been vastly ignored (Porter et al.,1998). Therefore, it is imperative to find out the differences of employees' perceptions which leads to differences in the life cycle of Psychological Contract. In addition, there seems to be a connection of the personality between an array of vital employee attitude and behaviors like commitment (Spagnoli 2012), work contentment (Cooper, Carpenter, Reiner & McCord, 2014), (Spagnoli 2012), Contextual Performance (Jawahar & Carr, 2007). Most of researcher considered Goldberg's "Big Five" personality model, for studying PC, as it substantially influenced employees' organisational behaviour (Barrick & Mount, 1991; Judge, Heller, & Mount, 2002) Various researchers have linked personality's chief five factors with psychological contracts present in varying populations, which is mostly western country. Broadly speaking, features of the personality such as self-esteem, equity, sensitivity, extraversion, locus of control, conscientiousness and neuroticism, relates to transactional & also relational contracts, and these characteristics helps in predicting insight. It is found that differences in personality characteristics describes the differences in employee and employer obligations realization, this explains the requirement of looking for under-researched antecedents of the Psychological Contract (P. Agarwal,2017). Despite recognizing the importance of personality for Identification and management of psychological contracts, we barely find any empirical study in this regard especially in Indian scenario (Hassan, 2018) Conducting an empirical research study in India specifically Delhi & national capital region should be taken into consideration as a decision made on accessing various research. Since most of the research are based on Western region, it might not apply in Delhi & NCR. Also, when coming to the population considered India has very few research available for healthcare professionals which is proposed to be considered in the empirical research for defining the proposed model.

A number of studies have investigated the relationship between psychological contract and employee self-esteem. It was found out in a study that employees who perceived a breach in their psychological contract experienced a decrease in self-esteem. They argued that when employees believe that their employer has failed to deliver on promises made, it can lead to feelings of disappointment, resentment, and a sense of injustice, which in turn can have a negative impact on their self-esteem (Robinson and Morrison, 2000). It was found that psychological contract fulfillment was positively related to employee self-esteem. It is suggested that when employees perceive that their employer has fulfilled their obligations and promises, it can lead to feelings of security, trust, and positive self-evaluation, which in turn can enhance employees' self-esteem (Coyle-Shapiro and Kessler, 2002).. There is a significant relationship between psychological contract and self-esteem which is moderated by organizational support (Zhao, Wayne, Glibkowski, and Bravo, 2007). It is argued that when employees are more likely to experience positive emotions and feelings of belonging, which can enhance their self-esteem, even in situations where they perceive a fulfillment of their psychological contract.

It was found that the fulfillment of psychological contract obligations positively influenced employee self-esteem. When employees perceived that their employer fulfilled their obligations as per the psychological contract, they had higher levels of self-esteem (Bal et al., 2015). It was also found that non fulfillment of psychological contract, was negatively related to employee self-esteem (De Cuyper et al., 2014). Literature on investigation of the relationship between personality and perceptions of psychological contracts and psychological contract breach concludes that there is a modest relationship between personality and perceptions of a relational type of psychological contract. Researches also suggest weaker relationships between the values, perceived transactional-type contracts, and perceptions of contract breach. It contributes to understanding how employee personality relates to perceptions of psychological contracts and contract breach in the workplace (Cohen, A., 2012),.

In research conducted by Nikolaou, I., Tomprou, M., & Vakola, M. (2014), the relationships between the five-factor model of personality (FFM) and psychological contract inducements in Greece has been done. The study used a survey questionnaire, which incorporated measures of intrinsic and extrinsic psychological contract



inducements. The results of the study suggest that extroversion and conscientiousness are associated with intrinsic but not extrinsic psychological contract inducements, while neuroticism is associated with extrinsic but not intrinsic inducements. However, openness to experience was not associated with intrinsic psychological contract inducements as expected. Most significant contribution from this study is that it explores the relationship between personality and psychological contract inducements rather than psychological contract types.

In a study conducted by Raja, U., Johns, G., & Ntalianis, F. (2004), the connection between employee personality and psychological contract type, perceptions of contract breach, and feelings of contract violation has been revealed. The findings have shown that personality traits such as self-esteem is significantly related to reported contract type and predicted perceptions of contract breach. Moreover, personality traits moderated the relationship between perceptions of contract breach and feelings of violation. The study also found that contract type and feelings of violation were linked to employee engagement and intentions to quit. The research highlights the significance of personality characteristics in shaping psychological contracts and their outcomes.

As described by Van Tilborgh, T., Bidee, J., & Pepermans, R. (2016)., there exists a significant relationship between the personality traits and Psychological Contract. The authors suggest that transactional, relational, and ideological psychological contracts has a substantial role in this relationship. The findings suggest that there are direct relationships between personality traits and the three types of psychological contracts positively associated with relational and ideological contracts. Organizations should consider personality traits when recruiting employees, as certain traits may be associated with a lower likelihood of psychological contract breach. By selecting employees who possess agreeable and conscientious personality traits, organizations may be able to foster a stronger sense of psychological contract fulfilment, which may in turn promote employee performance and organizational growth (Jafri, H. (2012). It is investigated that the personality traits were positively associated with the perception of psychological contract breach.

Psychological contracts may be defined as the endeavour put in by an employee in order to maintain right relations in an organisation. Much evidence exists for the impact of psychological contract components on different types of work outcomes. An employee

generally evaluates the fulfilment or the breach of the elements of the psychological contract from the inducement got through promises given by earlier organisations (De Vos & Maganck, 2009). Personality Traits is the pathway to manage evolution, effort, freedom and knowledge, in moving in the direction of a stable future. In their study (DeVos & Maganck 2009) suggest that hospital employees must evolve their personality in terms of careers to feel more competent.

Self-esteem has been found to play an important role in the formation of the psychological contract between employees and their organizations. Research suggests that individuals with higher levels of self-esteem are more likely to negotiate for and expect favorable terms in their employment relationships. It was found that employees with higher levels of self-esteem had higher levels of negotiation intentions and perceived control over their employment relationships, suggesting that self-esteem plays a role in shaping individuals' expectations and perceptions of their psychological contract (Robinson & Morrison, 2000). This includes expectations for greater job security, more opportunities for advancement, and greater autonomy and control over their work. Individuals with high self-esteem may be less tolerant of breaches of the psychological contract, leading to negative outcomes such as decreased job satisfaction, organizational commitment, and increased turnover intentions (Rousseau, 1989). Also, it was observed that employees with higher levels of self-esteem were more likely to engage in proactive behaviors aimed at managing their psychological contract, such as seeking feedback and initiating discussions with supervisors about job responsibilities and expectations (Erdogan and Bauer , 2005). Other studies postulate that employees with high self-esteem were less likely to perceive psychological contract breaches as fair and were more likely to experience negative emotions such as anger and frustration in response to these breaches. This suggests that self-esteem may play a role in shaping employees' responses to violations of the psychological contract.

Literature suggests that self-esteem may play a role in shaping individuals' expectations and perceptions of the psychological contract. Individuals with high levels of self-esteem may have higher expectations for fairness and reciprocity in their employment relationships, and may be more likely to perceive breaches of the psychological contract as personal affronts. Understanding the role of self-esteem in the formation and maintenance of the psychological contract may be important for organizations seeking

to build and maintain positive employment relationships (Rousseau, D. M., 1989 ; Robinson, S. L., & Morrison, E. W. 2000 ; Hui, C., & Lee, C. 2000 ; Hochwarter, W. A., Perrewé, P. L., & Ferris, G. R. 2003). All healthcare organisations are putting forth requests to obtain strategy on how to best manage different personality traits exhibited by the employee which eventually effects the PC fulfilment (Tomietto et. al. 2019, Lowe G., 2012). In this study, relationship between Personality Traits and Psychological contract implies a employee's degree of liking his job (O'Reilly N. et. al. 2010). Personality Traits implies a cognitive notion referring to effect the formation and maintenance of Psychological Contract (Handa M. et. Al., 2014). Despite Personality Traits being included in various earlier researches done on healthcare workers very few seem to have studied the specific connection between PC and Personality Traits. In a general review role of Personality traits as antecedents for PC formation is reported merely few earlier studies that had examined this connection. Hence, the need for further research on the subject with particular focus on the field of healthcare is required. It appears that earlier studies research had identified a significant role of Personality traits in formation of PC (Adyasha R., 2013). It seems logical to presume a similar relation and pattern between these notions among the healthcare staff. Thus, when experienced positively, the relationship between personality traits and PC ought to result in the employee having favourable attitude towards his job.

H3: Employees' personality has a significant impact on the formation of their psychological contract with their employer.

### **2.3 Employer attractiveness**

Employer attractiveness refers to the process of creating and promoting a company's identity as an employer in order to attract and retain employees (Ambler & Barrow, 1996). It involves the development of a company's reputation as a place to work, as well as the creation of a unique identity that distinguishes it from other employers (Backhaus & Tikoo, 2004). One key aspect of employer attractiveness is the creation of a compelling employee value proposition (EVP), which outlines the unique benefits and opportunities that the company offers to its employees (Berthon et al., 2005). This can include things like work-life balance, career development opportunities, and company culture. Another important aspect of employer attractiveness is the development of a strong employer brand image. This involves communicating the

company's values, culture, and opportunities in a way that resonates with potential and current employees (Backhaus & Tikoo, 2004). This can include things like company websites, social media presence, and employee testimonials.

Employer attractiveness also involves the creation of a positive candidate experience, which can help to attract top talent and build a strong employer brand (Berthon et al., 2005). This can include things like clear job descriptions, efficient application processes, and timely communication with candidates. Employer attractiveness is an ongoing process that requires continuous monitoring and evaluation. This can involve things like tracking employee satisfaction and engagement, monitoring social media and review sites for feedback, and regularly updating and refining the company's messaging and EVP (Ambler & Barrow, 1996).

Employer attractiveness is an important concept for organizations looking to attract and retain top talent. It involves the development of a compelling EVP, the creation of a strong employer brand image, the provision of a positive candidate experience, and ongoing monitoring and evaluation. Employer attractiveness refers to the level of desirability that a company holds in the eyes of potential employees (Turban & Cable, 2003). The concept of employer attractiveness is important as it influences the ability of an organization to attract and retain top talent. In this review, we will explore the various factors that contribute to employer attractiveness. One factor that influences employer attractiveness is organizational reputation. An organization with a positive reputation is more attractive to potential employees (Backhaus & Tikoo, 2004). Positive reputation can be built through a strong brand image, corporate social responsibility initiatives, and good relationships with customers and suppliers. Another factor is perceived job characteristics. Employees are attracted to jobs that offer challenging and meaningful work, opportunities for career advancement, and competitive compensation and benefits packages (Rynes et al., 2004). Job design is also important, as employees are more likely to be attracted to jobs that offer autonomy, decision-making power, and a sense of control over their work (Hackman & Oldham, 1976).

Employer attractiveness is also influenced by the perceived fit between the individual and the organization. Employees are more likely to be attracted to organizations that share their values and provide a good fit with their personality and work style (Kristof-Brown et al., 2005). This perceived fit can be influenced by the organization's culture,

mission, and values. The recruitment process itself can contribute to employer attractiveness. An organization that communicates effectively with potential employees, provides a positive candidate experience, and offers timely and informative feedback is more likely to be perceived as attractive (Ryan & Tippins, 2004). Employer attractiveness is a complex construct that is influenced by a variety of factors. Organizations that invest in building a positive reputation, offer meaningful job characteristics, provide a good fit with their employees, and maintain a positive recruitment process are more likely to be attractive to potential employees.

Another closely related concept to employer attractiveness is employer branding. Employer branding refers to the process of creating and promoting a company's identity as an employer in order to attract and retain employees, while employer attractiveness refers to the level of desirability that a company holds in the eyes of potential employees (Berthon et al., 2005).

Research has shown that a strong employer brand is positively related to employer attractiveness. Companies that are perceived as having a strong employer brand are more likely to be seen as attractive by potential employees (Berthon et al., 2005). This is because a strong employer brand signals that the company values its employees, provides a positive work environment, and offers opportunities for career development and advancement. Therefore a positive employer attractiveness can enhance the company's reputation and increase its appeal to potential employees, while a negative employer attractiveness can damage the company's reputation and reduce its attractiveness (Backhaus & Tikoo, 2004). In addition, a strong employer attractiveness can help to differentiate the company from its competitors and position it as an employer of choice. This can make the company more attractive to potential employees who are looking for a company that aligns with their values and provides a positive work environment (Ambler & Barrow, 1996). A strong employer attractiveness can help to attract and retain top talent, which can contribute to a positive employee experience and increase the company's attractiveness to potential employees (Backhaus & Tikoo, 2004).

The literature suggests that employer attractiveness is closely related to psychological contract formation because it influences the expectations that employees have of their employer and the employment relationship. The psychological contract refers to the

unwritten expectations and obligations that exist between an employer and employee (Rousseau, 1989). These expectations can include things like job security, career development opportunities, and fair treatment. Research has also shown that employer attractiveness can impact the formation of the psychological contract in a number of ways. First, a positive employer brand can create expectations of a positive employment experience, which can shape the employee's expectations of the employment relationship (Berthon et al., 2005). For example, if a company is known for providing a positive work environment and opportunities for career development, employees may expect these things to be part of their employment experience.

Moreover, employer attractiveness can impact the employee's perception of the employer's obligations and responsibilities. A strong employer brand can create expectations of a high level of support and investment from the employer, which can shape the employee's perception of the employer's obligations (Rousseau, 1995). For example, if a company is known for investing in employee development and providing a positive work-life balance, employees may expect the employer to continue to invest in these areas and fulfil these obligations.

The employer attractiveness can impact the level of trust and commitment that employees have towards their employer. A positive employer brand can create a sense of trust and commitment, which can contribute to the formation of a positive psychological contract (Backhaus & Tikoo, 2004). For example, if a company is known for valuing its employees and providing a positive work environment, employees may be more likely to trust the employer and feel committed to the employment relationship. Therefore, it can be concluded that as per the existing literature, employer attractiveness is more related to psychological contract formation because it shapes the expectations that employees have of the employment relationship, impacts the employee's perception of the employer's obligations and responsibilities, and can contribute to the formation of trust and commitment.

### **2.3.1 Psychological Contract and Employer Attractiveness**

Literature reveals significant correlation between PC and Employer attractiveness. It has been argued that forming healthy psychological contracts signifies better even employment relations enhancing the commitment in the employee. Research showed

that intention to remain are related to psychological contracts in a positive and significant way (P. Agarwal 2011).

Employer attractiveness in Banaszak-Holl's opinion, pervades every aspect of organisational life. Employer attractiveness is an unwavering component rooted deep within the mentality of the employees (Yucel, I., & Bektas, C., 2012). Additionally, Employer attractiveness seeks to embrace such norms that offer behavioural rules of diverse components that employer attractiveness comprises, norms and behaviour being the chief observable twin elements. In the current research, employer attractiveness is a reference to professionals working in a hospital and their perception towards the organisation an employer which eventually delineates formation of PC.

Earlier studies conducted in healthcare organisations have noted that organisational culture is strongly related to work contentment, leadership behaviour, turnover intent and employer attractiveness [Conway, N., & Briner, R. B. (2005); Shuck, M. B., Rocco, T. S., & Albornoz, C. A. (2011)]. Regarding this and specifically referring to PC, Slåtten et al. argues that employer culture that largely affects the frontline employee (Conway, N., & Briner, R. B. (2005). In existent studies concepts of culture, climate & attractiveness seem to be interrelated. As regards conceptual affinity, it was noted by Carlucci that climate, culture & employer attractiveness are comparable (Shuck, B., Twyford, D., Reio, T. G., & Shuck, A. (2014). Though they appear similar, they are divergent. Employer attractiveness is a result of fairly steady and deep-rooted value system based on norms, whereas culture & climate refer to the superficial components like opinion, reaction, and tendencies of the employee (Shuck, B., Twyford, D., Reio, T. G., & Shuck, A. (2014). Hence, employer attractiveness is surface manifestation of culture. Thus if an employee perceives PC positively, it exerts positive impacts on the organisational milieu. Employer attractiveness can influence the development of the psychological contract by shaping the types of expectations employees have of their employers( Bal, P. M., & De Lange, A. H. ,2015).. For example, if an organization is perceived as offering a high level of job security, employees may expect their employer to provide them with long-term employment opportunities. Alternatively, if an organization is known for its innovative culture, employees may expect their employer to provide them with opportunities for creative problem-solving and career development.

As suggested by various literature employer attractiveness plays a critical role in the formation of the psychological contract between employers and employees. By shaping job seekers' expectations of their future employment, employer attractiveness can influence job satisfaction, organizational commitment, and discretionary behaviors. As such, organizations that are able to cultivate an attractive employer brand are more likely to attract and retain high-quality talent (Guest, D. E., 2017).

H4: The perceived attractiveness of an employer has a significant impact on the formation of the psychological contract between employees and their employer.

## **2.4 Employee Engagement**

Engaging workforce is crucial to an organisation. Deci and Ryan (1985) undertook a very pertinent research on workforce engagement (Berens, 2013). Researchers further elaborates in the study that there is a differentiation between inherent and outside motivation which effects workforce engagement. Psychological needs such as autonomy, psychological relatedness and competence, are the motivators for individuals that set off the required behaviour responsible for emotional and psychological well-being of a person, which if fulfilled, naturally leads to best possible growth and functioning (Deci & Ryan, 1985). The primary needs of personal fulfilment are seen to be related directly to the commitment and dedication of the employee (Vandenabeele, 2014).

Meaningful and committed work facilitates an employee to realise his unique value in an organisation and this is what engages him. It is also observed that if the employee engagement is leveraged, there arise various opportunities for employee's autonomy, where he can even influence the other employees (Bolman and Deal 2014). Such impact translates into the advantages of inherent rewards. Work that is meaningful quite obviously allows for augmentation in employee participation, though there is no guarantee that the person will necessarily be engaged. The individual need for intrinsic rewards, influence and autonomy are needed to attain employees' engagement (Bolman & Deal, 2014). Emotional needs comprise a sense of identity development through intrinsic motivation that led to resultant outcome of engagement and interest. Employing commitment and potential can impact a person's behaviour, his goals, and individual values – all which form a healthy basis for personal identity (La Guardia, 2009). There exists a pertinent relation between flow experience and intrinsic



motivation. By flow they mean the holistic sensation that a person feels when he is completely immersed in his task (Fullagar & Mills, 2008). Such relation existing between flow and intrinsic motivation supports considering engagement as an emotional requirement for independence.

Assessment of the demographic features as they are related to employee engagement gives in-depth knowledge regarding demographic trends within employees (Buttner, Lowe, & Billings-Harris, 2012). Leaders in business may engage young workforce through providing them financial compensation. Young employees normally quit a company due to poor financial compensation even if the work is as per their desire and need (Butler, Brennan-Ing, Wardamasky, & Ashley, 2014). Millennials seem unwilling to make personal sacrifice for their work and career and have less loyalty towards the organisation they work for. (Festing & Schafer, 2014). Baby Boomers are not lured by financial rewards, but rather to loyalty and processes to the organisation (Saber, 2013). Leaders in business may employ Baby Boomers through working out long-term contracts and process-oriented organisation (Saber, 2013). Millennials will most likely quit their job if they sense lack of promotion opportunities or salary increase within their organisation (Hayes, 2015). Hence, in considering sacking or removal strategies, human resource practitioners can provide better service to their organisations by the dismissal of millennials rather than baby boomers (Hayes, 2015).

Employee engagement refers to the emotional connection that employees have with their work, colleagues, and organization, which leads to greater motivation, commitment, and performance (Bakker & Leiter, 2010). Antecedents of employee engagement can be categorized into individual, job, and organizational factors (Saks, 2006). Individual factors include personality traits, such as conscientiousness and emotional stability that predispose employees to be engaged. Job factors include the design of work tasks, opportunities for skill variety and autonomy, and feedback on performance. Organizational factors include leadership, communication, recognition, and a supportive culture that values employee well-being. The consequences of employee engagement are numerous and have been linked to various outcomes at both the individual and organizational level. At the individual level, engaged employees report higher levels of job satisfaction, well-being, and performance, and lower levels of stress and turnover intentions (Bakker & Schaufeli, 2008). At the organizational

level, employee engagement has been linked to higher levels of customer satisfaction, innovation, and financial performance (Harter et al., 2002).

Interventions to enhance employee engagement can be categorized into individual-level and organizational-level strategies (Kahn, 1990). Individual-level strategies include coaching, training, and development programs that help employees build the skills and motivation necessary for engagement. Organizational-level strategies include creating a supportive culture, providing resources and feedback, recognizing and rewarding employees, and offering opportunities for participation and voice. Employee engagement is a crucial construct that can have significant benefits for individuals and organizations. Research has identified various antecedents of engagement, such as individual traits, job design, and organizational culture, and highlighted its consequences, such as higher performance, well-being, and financial outcomes. Strategies to enhance engagement should be tailored to the specific needs and context of the organization and its employees.

### ***Types of employee engagement***

Employee engagement is a complex and multifaceted construct that can be manifested in different forms. This literature review provides an overview of research on the types of employee engagement, including its dimensions and variations.

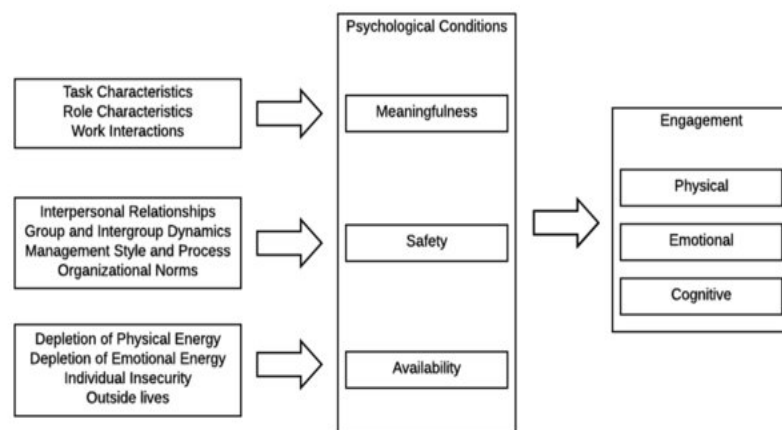


Figure 2.2 Kahn (1990) Model of Employee Engagement

One of the most widely used models of employee engagement is the three-dimensional model proposed by Kahn (1990) Figure 2.2. According to this model, engagement can be classified into three types: cognitive, emotional, and behavioral. Cognitive engagement refers to employees' identification with their work and organization, emotional engagement reflects employees' affective attachment to their work and

colleagues, and behavioral engagement reflects employees' willingness to invest effort and energy into their work. Another model of employee engagement is the job engagement model proposed by Rich, LePine, and Crawford (2010). This model distinguishes between three types of job engagement: task engagement, relational engagement, and contextual engagement. Task engagement refers to employees' absorption and focus on their work tasks, relational engagement reflects employees' positive interactions with colleagues and supervisors, and contextual engagement reflects employees' involvement in the broader organizational context. Other researchers have identified additional types of employee engagement, such as work-life engagement (Halbesleben & Buckley, 2004), work-unit engagement (Schaufeli & Bakker, 2004), and customer engagement (Mollen, Wilson, & Einwiller, 2014). Work-life engagement refers to employees' ability to balance their work and personal life, work-unit engagement reflects employees' attachment to their immediate work group, and customer engagement reflects employees' dedication to satisfying customer needs. The CARE model of employee engagement is a widely recognized framework for understanding and enhancing employee engagement in the workplace (refer to Figure. 2.3). The model was developed by David MacLeod and Nita Clarke, and it emphasizes the importance of four key elements in driving engagement:

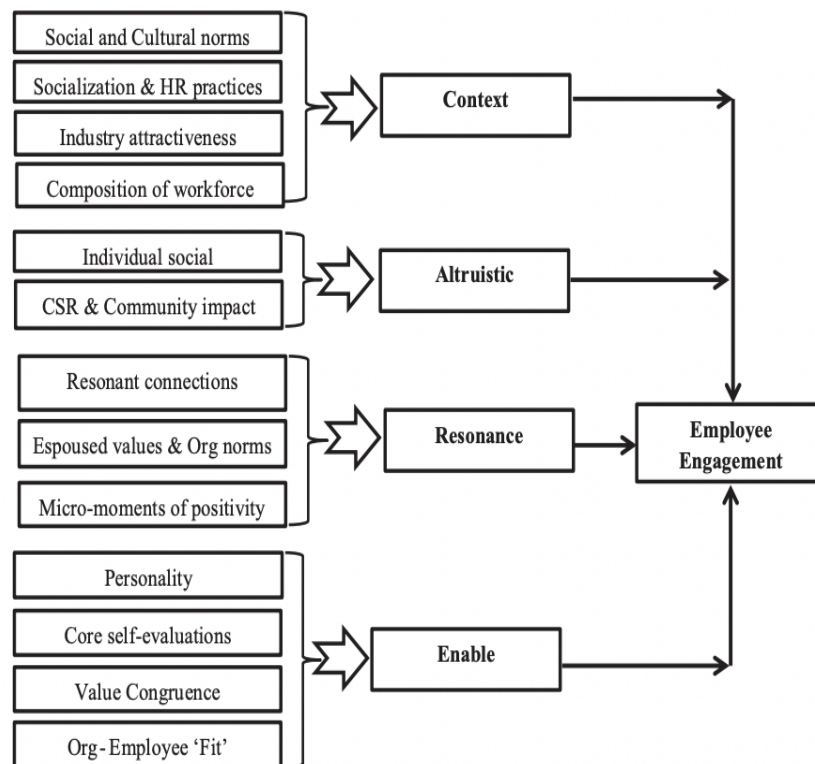


Figure.2.3: CARE model of employee engagement (David MacLeod and Nita Clarke)

The CARE model has gained considerable attention in academic literature, and several studies have explored its effectiveness in promoting employee engagement. One study by Hameed and Waheed (2011) found that the CARE model significantly predicted employee engagement, job satisfaction, and organizational commitment in a sample of Pakistani employees. Similarly, a study by Aziri (2015) found that the CARE model was positively associated with employee engagement in a sample of Macedonian employees. Other studies have focused on specific elements of the CARE model. For instance, a study by Iqbal and Raza (2016) found that the recognition element of the CARE model had a significant positive effect on employee engagement in a sample of Pakistani banking employees. Another study by Hui and Lee (2017) found that the connection element of the CARE model was positively associated with employee engagement and reduced turnover intentions in a sample of Chinese employees.

CARE model is a useful framework for promoting employee engagement. By emphasizing the importance of connection, alignment, recognition, and empowerment, the model provides a comprehensive approach to enhancing employee engagement in the workplace.

Employee engagement is a multifaceted construct that can be manifested in different forms, depending on the dimensions and variations of engagement. Research has identified various types of employee engagement, such as cognitive, emotional, and behavioral engagement, task, relational, and contextual engagement, as well as work-life, work-unit, and customer engagement. These different types of engagement have important implications for how organizations can effectively engage their employees and enhance their well-being and performance.

As per the view of Naidoo et al. (2019), employee engagement implies the degree to which a worker's heart and mind can be captured by a particular organization, thereby aiding the organizations in better performance. Positive interactions, involvement and energy are considered typical employee engagement features (Naidoo et al., 2019). To put it differently, employee engagement holds the strength required for driving organisational performance. In the opinion of Agarwal and Sajid (2017), an engaged employee comprehends his purpose, status within an organization that permits him to gain motivation and necessary drive to perform the specific jobs allotted to him with

great fervour. Agarwal and Sajid (2017) also opine that these employees are then identified as the drivers of their organization who provide a strong prop to the organization, aiding it in achieving its goals and in effectually executing its strategies, resulting in generation of right business outcomes. Naidoo et al. (2019) stated that engagement is a multifaceted construct. The emotional and cognitive and emotional aspects of which have been stated briefly below. Fulfillment of psychological contracts augments employee engagement, and induces right spirit in the employee for doing his job at the workplace, resulting in decreased turnover intentions (Swanepoel and Saurombe, 2022). These researches suggest that the factor dividing engagement from other constructs is the dynamic employment of emotions and cognitions emphasizing at the formal role performance of a person (Saks, 2006). Hence, if a person remains actively engaged, he is more liable to express himself in cognitive, emotional, and physical manners while performing his role (Kahn, 1990). As Quinones et al. (2013), suggest, an engaged employees becomes instrumental in providing active support to the organisation as his active performance of the role makes him more productive. Employee engagement is a prime source of competitive benefits, especially within knowledge-intensive organizations (Chughtai and Buckley, 2013). An engaged employee is more likely to initiate growth, innovation and revenue, generate new ideas, build new products and service, which will finally result in financial boost of the company. Owing to robust emotional connection to the organization, an employee will always willingly walk an extra mile (Cesario & Chambel, 2017).

From the start of engagement construct, scholars proceeded to study different aspects of employee engagement. Existent literature shows that employee engagement impacts all organizational outcomes at employee, as well as the organizational level. From the viewpoint of the employee's level, a positive relation existing between employees' engagement and employees' initiative over a period of time Halbesleben and Wheeler, 2008). An engaged employee is seen to be more receptive to novel experiences hence he tends to explore his environment, resulting in greater creativity and innovation in the assigned task (Fredrickson, 2001; Bakker, Demerouti, Ten Brummelhuis, 2012). This reveals that an engaged employee can translate his thoughts into action and thereby attain higher levels of job performance (Halbesleben & Wheeler, 2008; Demerouti & Cropanzano, 2010). There exists a vital correlation between employee engagement, safety, service, quality, profit, retention, and Psychological Contract (Kruse, 2012),.

Literature suggests a significant relation between employee engagement and employee outcome stating that engaged employees are generally seen portraying a deep positive emotional connection to their jobs and they are always found profitable, healthier, safer, more productive, and unlikely to quit their work and employer. The viewpoint is further echoed by four-year longitudinal research by using retail bank workers to assess employee engagement on business unit metrics and concluded that employee engagement exerted greater impact on business outcomes. Large amounts of studies show that engaged employees normally perform better than the disengaged counterparts (Shuck & Reio, 2011). In a study noted that a disengaged employee could become a serious liability to the organisation, as this results in the organization's incurring excessive costs owing to the underperformance of vital jobs that lead to widespread consumer dissatisfaction. This research brought to light prime reasons of employee disengagement as unclear competition, bullying, politics, toxicity, mistrust between employees and the management, harassment, excess control, lack of equity in salary packages. Thus, a disengaged employee or team becomes liable to exit from an organisation. Hence, the need for organisations to engage their employees at every level.

The literature states that existing, tapered aim of employee engagement focuses largely on employee obligations, affection, and organizational citizenship as well as on employee's psychological contract (Robertson & Cooper, 2010). It is also found out that employees have an increased echelon of faith when they identify significant employee engagement, appropriate leadership, and concern for the fulfilment of psychological contract of employees from their respective employers. It is observed that the psychological contract of any employee is directly associated with his performance. Therefore, we may confer that the employees' psychological contract fulfilment is a powerful predictor of their engagement with an organisation. Hence, the part played by psychological contracts, its formation, and breach, if any, cannot be overlooked in such a scenario. It is observed that in an organization the productivity of employees is forecasted by his psychological security, by the employees' perception of the fulfilment of the obligation of the organization towards the employee and few other factors like communication, availability of the resources, etc (Donald et al., 2005). This leads to the conclusion that employee engagement is highly impacted by employees' psychological security and also the trade-off between the obligations from both the

parties, the employer & the employee. It is also found in some other studies that relationships between the psychological contract of an employee and employee engagement are significant (Harter et al. ,2002) The chances of employee engagement & contribution towards an organization may decline when the employee perceives that the psychological trust relationship has been damaged (Coyle Shapiro, 2011).An explanation of a worker's view of what he may deem is relevant regarding psychological contracts and retaining the worker shows a significant relation with the engagement of a worker, his dedication to the organization and job satisfaction(V.Naidoo,2019). Employees look for fulfilling working conditions and rewards and other benefits (physical & psychological) and organizations foresee that as per common shared norms it could provide encouragement to an employee to respond through constructive approach and his behaviour to his organisation (Cropanzano and Mitchell 2005; Tekleab and Chiaburu 2011). It is therefore imperative that organisational engagement of the worker has plays pivotal role in shaping out organisational progress chart and this engagement can be effectively understood and managed when we would peep deep into employees' psychological state of mind, their expectations regarding reciprocity, which is none other than such psychological contracts the worker holds.

#### **2.4.1 Impact of Psychological Contract on Employee Engagement**

The psychological contract refers to the set of expectations and obligations that exist between employees and employers. Several studies have examined the impact of psychological contract fulfilment on employee engagement in the workplace.

Literature suggests that psychological contract fulfilment significantly predicted employee engagement, job satisfaction, and organizational commitment in a sample of Pakistani employees (Malik, Ahmad, and Khalid, 2016). Studies found that psychological contract fulfilment was positively associated with employee engagement and job satisfaction in a sample of US employees (Saari and Judge, 2004). Other studies have explored specific elements of the psychological contract. Researchers found a significant relationship between psychological contract breach and employee engagement of Indian employees (Bal, Kaur, and Kaur, 2016). It is also found that that psychological contract breach was negatively associated with employee engagement and job satisfaction in a sample of Chinese employees Zhou and Li, 2012).

In response to changing organisational dynamics, organisations are increasingly seeking to understand employment relationship processes and outcomes to improve effectiveness, productivity, and talent retention. Researchers identified that the elements of psychological contract of academic employees impacted their engagement at a university of technology (Naidoo, V., & Abarantyne, I., 2016). It was revealed that while most employees had a positive psychological contract, many were experiencing discord in the employment relationship. Both transactional and relational elements of the psychological contract were found to be essential to academic employees. The study identified factors of importance to academic employees that should be considered in the compilation of retention policies.

Researches state a significant relationship between employee engagement with organisational trust and psychological contract, it is found that employees have higher levels of trust when they perceive meaningful engagement, leadership, and psychological contract fulfilment from their employer (Jena, L. K., Pradhan, S., & Panigrahy, N. P., 2018).

Employee engagement has become an important concept for organizations in the past decade, as engaged employees are seen as strategic partners in business. This importance has increased as drivers of employee performance and well-being have been identified. HR managers are realizing the significance of employee engagement in these turbulent times and are focusing on employee physical and mental well-being to gain a competitive advantage. The three drivers of employee engagement – Psychological contract, work-life balance, and leadership – have significant impact on employee performance and well-being at the workplace (Bedarkar, M., & Pandita, D., 2014). Understanding these drivers can help organizations in improving employee engagement, thereby enhancing employee performance and well-being.

It is argued that Psychological Contract indicates an employee's feeling of resource loss, which negatively impacts employee engagement through its effect on job satisfaction (Naidoo, V., & Abarantyne, I., 2016). Literature highlights the importance of managing psychological contracts and fulfilling promises made to employees to maintain their work engagement and job satisfaction, which ultimately benefits the organization. Psychological contracts were seen as forerunners of employee retention in the workers



in the healthcare industry of South Africa. A direct and noteworthy relation between an employee's expectation from the organisation and the significance workers attached to the company meeting such expectations, to the employers trusting him and he himself trusting the employer in return, and an important, but converse relation between worker satisfaction with his existing job and his intent to quit the organisation is observed (Dhanpat and Parumasur, 2014).

The literature suggests that psychological contract fulfillment is an important predictor of employee engagement. When employees perceive that their employer has fulfilled their obligations and commitments, they are more likely to be engaged, satisfied, and committed to the organization. However, psychological contract breach can have negative consequences for employee engagement, underscoring the importance of maintaining a positive and transparent relationship between employees and employers. H5: Psychological Contract between an employee and their employer has a significant effect on the level of employee engagement.

## **2.5 TI (Turnover Intentions)**

Turnover intention alludes to employees' awareness of or considerations about quitting their current position (Akgunduz and Eryilmaz, 2018). It has been proposed that true voluntary turnover is contingent on this concept (e.g., Steeland Ovalle, 1984). Previous research has identified a wide range of variables (e.g., work satisfaction, Psychological Contract, supervisor support, etc.) that impact employee turnover and turnover intention throughout multiple domains (e.g., Aselage and Eisenberger, 2003; Harrison et al., 2006; Schaubroeck et al., 1989).

Price (1977) proposed the customary definition of the word "turnover" as the proportion of individuals in the organization who departed during the time under consideration to the average number of individuals in the organization throughout the period. Turnover as the movement of workers within the labour market, between enterprises, occupations, and stages of employment and unemployment (Abassi, 2000). Bester (2012) observed that turnover intention is rarely properly defined in published studies, which may be owing to the presumption that individuals view the phrase as self-explanatory. Turnover intentions are the most obvious predictors of actual conduct and

are hence reliable predictors of future behaviour (McCarthy, 2007). Researches characterize turnover intention as an employee's conduct in deciding whether to stay or quit the organisation (Bigliardi, 2005).

In the late 1970s, academics were already intrigued with turnover intentions. TI was described it as "the individual's perception and judgement of alternative employment opportunities" (Mobley, 1979). This concept was later swept aside as describing the turnover intention being "a conscious and purposeful desire to depart the organisation" (Meyer, 1993). Further a time dimension was added and described turnover intention as that of the subjective chance that an employee would leave his or her employment within a specific time frame and as the immediate prelude to actual turnover (Sousa-Poza, 2002).

As contrasted to genuine turnover, turnover intent is implicit. Intentions are a declaration of a certain conduct of interest (Berndt, 1981). The findings of the many research demonstrate the importance of turnover intention in determining the individual's turnover behaviour. Employees change employers for a variety of reasons, which have been of interest to both managers and scholars. Practitioners concur that keeping top performers increases customer happiness, quality improvement, succession planning effectiveness, and organisational learning and knowledge. Despite this knowledge, managers fail to retain the most talented workers (Abdul, 2008).

Both researchers and Human Resources (HR) professionals concur that employment relations are experiencing fundamental shifts with long-lasting effects on the motivation, attractiveness, and retention of skilled individuals (Turnley, 2000). Some studies assert that the instability of the corporate environment, patterns in competitiveness, globalisation, and deregulation have compelled firms to become more adaptable and productive (King, 2000). HR managers are under pressure to recruit and keep important individuals whose talents are essential to the organization's survival and growth, despite the fact that changing circumstances constitute a threat to job security for all employees at every level (Horwitz, 2003). Efforts to lower turnover rates by boosting compensation have failed, despite the fact that employees are often paid greater incomes than their peers with comparable educational and professional backgrounds.

In practice, there are two types of employee turnover: voluntary and involuntary. Involuntary turnover is often described as moves across organisational boundaries in response to initiatives such as downsizing, termination, or rules such as mandatory retirement. In contrary, voluntary turnover is described as moves beyond organisational boundaries, with absenteeism and tardiness being classed as types of disengagement with an organisation (Price, 1977).

Functional voluntary turnover is the voluntary split of an employee whom the organisation has negatively evaluated and who may be beneficial to the organisation, while dysfunctional voluntary turnover is the voluntary split of an employee whom the organisation has favourably evaluated and who may be detrimental to the organisation (Dalton, 1982). Keeping positively graded, qualified individuals is problematic since dysfunctional voluntary turnover consumes training resources and diminishes organisational efficacy (Gunderson, 1977).

Researchers have devised several turnover models. The first method, pioneered by Mobley (1978), stressed discontent with the work as the cause of employee turnover. A model of the intermediary links between work satisfaction and voluntary turnover was proposed. Consideration of resigning, appraisal of the expected usefulness of seeking for a new work and the cost of quitting, intention to search, searching for alternatives, evaluation of options, and comparison of alternatives comprise these processes. Subsequently, Lee (1994) investigated causes of turnover other than job discontent, resulting in the development and expansion of a model of turnover. This model introduces the notion of disruptions, which seem to be events or experiences that induce an employee to contemplate quitting. According to researches the wish to quit work whether involuntarily or through choice or choose a new one as per the choice of an employee is known as turnover intention (Mobley, 1982). Turnover Intention must be investigated it is normally taken in consideration if a worker does not desire it to remain part of his job. Turnover intention is capable of predicting the chances of an employee quitting his work in foreseeable future (Kim & Young, 2017). It is observed as per national survey data, the yearly turnover rate in health sector is 20% of the total worker and fifty percent among these are nurses (Indian Journal of Public Health, 2021). Attachment is regarded as the effort taken by a person to clarify his existence by participating in the firm which can be thought of positive thinking in relation to work

characterised by absorption, dedication and enthusiasm (Schaufeli, Bakker, & Van Rhenen, 2009). Hence, attachment is capable of influencing employees' turnover intent.

### **2.5.1 Psychological Contract & Turnover Intentions**

Psychological Contracts were seen as forerunners of employee retention in the workers in the hospitals of South Africa (Dhanpat and Parumasur, 2014). There was seen a direct and significant relationship between an employee's expectation from the organisation and the workers attached to the company meeting such expectations, to the employers trusting him and he himself trusting the employer in return, and an important, but converse relation between worker satisfaction with his existing job and his intent to quit the organisation.

Significance of psychological contracts in retention management and the relation between retention components and an employee's intent to remain in the company has been observed by a lot of researchers (DeVos, Meganck and Buyens, 2006). Conclusions revealed that poor remuneration and breach of psychological contract are the chief reasons for voluntary exit of employees. Studies, reveal that breach of a psychological contract positively affects the employee intent to quit or lessen his commitment (Turnley & Feldman, 1998). Supportive research also reveals the consequences of fulfilling a psychological contract in scientifically significant constructs exerting negative impact on a manager's apprehension on employee turnover (Robinson, 1996). Another component of psychological contracts that an employee expects in the job content that is routine in a job, indicated by variation in autonomy, works, identity, feedback, significance as also impacting perception of individual quality on the person's work-life (Baba, V. V.& Jamal 1991). Studies explicitly state that breach of a psychological contract will have negative results, turnover intention being the chief result (Kim et al, 2017). It is proved in the studies that negative results arise in face of breach of psychological contracts (Morrison & Robinson, 1997). The employee experiences emotional disbelief, disappointment, and wrath as a result of the breach of the psychological contract, which is a legitimate response to the work performance of an employee. In order to avert negative impact on the employee, a company emphasises the significance of fulfilling other components of the psychological contract.

It is revealed that fulfilment of any promise pertaining to career enhancement, financial reward, and that life and work balance doesn't impact turnover intents (Sheehan et al., 2019). Few researchers concludes in contrast, upholding the necessity for a work/life balance for feeling competent, also adding that unclassified work responsibilities are very likely to impact the working capacity of healthcare employees(Guerrero, Chenevert, & Kilroy 2017). Certain other psychological contract components must be fulfilled to avert performance breach. Breach of employees' psychological contract could be treated as a major failure of a hospital in maintaining nursing staff and lessened cost-efficiency as efforts made at replacing new employees because of the turnover (Chenevert, 2016). Sheehan et al. (2019) additionally explained that the relation between fulfilling a psychological contract on turnover intent is not moderated by employee engagement. Another research suggests that employee engagement to relations between a psychological contract and turnover intent reveals noteworthy outcomes that hold the capacity to mediate. Fulfilment of higher psychological contracts result in higher employee satisfaction and lessened turnover intents (Turnley et al, 2003). The work studies the effects of contract fulfilment from the leadership and also alterations in work engagement and intent to move periodically. The study further reveals that psychological contract fulfilment pertaining to career enhancement is significant to increase competence of healthcare employees.

Studies reveal that attachment moderates the relationship between fulfilment of elements of psychological contract on turnover intent (Van den Heuvel S., 2017). Job content is explained as routine in job that exerts impact on the perception of personal quality on work life (Baba, V. V.&Jamal 1991). Job content moves in tandem with the social milieu in work-life. In a study, Brochado& Paulo Rita (2016) state that the social milieu is the recognition of peoples of the work atmosphere and a set of organisational features that impact the members to realise their individual commitment and growth for augmenting their achievements and contentment.

Apart from influencing the event of turnover intent, attachment bears relation to fulfilment of a psychological contract. Research outcomes reveals that the fulfilment of psychological contract has a positive relation to behavior towards any changes and negatively related turnover intent (Van den Heuvel, Freese, Schalk, & van Assen, 2017). Turnover intent finds strong support as the finest option to detect the fulfilment

of a psychological contract by the leaders, if an employee is intending to quit work. The moment turns significant since turnover intent is concerned the crucial part of nursing job and the psychological health of nurses' aids in attaining quality care to the patients Pahlevan & Sharif (2018). A psychological contract also has such components that are linked to self-image in the shape of financial rewards, job contentment, social milieu, career development, and a balanced personal and work life DeVos & Maganck (2009) expected by an employee.

It can be observed that studies have demonstrated that there is a significant negative relationship between psychological contract fulfillment and turnover intention (Chen & Chen, 2017; Kowske et al., 2010; Su et al., 2013). In other words, when employees perceive that their employer has fulfilled their psychological contract, they are less likely to have the intention to leave their job. Psychological contract breach can lead to negative emotions and attitudes toward the organization, such as lower job satisfaction and higher job stress (Tekleab & Taylor, 2003). These negative attitudes, in turn, can lead to an increased intention to leave the job. Research has suggested that the fulfillment of the psychological contract can be a powerful predictor of employee turnover intentions (Su et al., 2013). When employees feel that their employer has fulfilled their obligations, they are more likely to remain committed to their job and have a lower intention to leave their position. Studies have found that the degree of psychological contract fulfillment can also moderate the relationship between other factors such as job satisfaction and turnover intention (Suliman & Iles, 2000). When an employee is satisfied with their job, the degree of psychological contract fulfillment can enhance their intention to stay with the organization.

Therefore, we may conclude that, the fulfillment of the psychological contract can be a crucial factor in retaining employees and reducing their intention to leave their job. Employers should strive to fulfill their obligations and maintain open communication with employees to foster positive relationships and increase their commitment to the organization.

H6: There is a significant relationship between the Psychological Contract and employees' Turnover Intention

## **2.6 Person Organisation Fit (POF)**

Large amounts of research in organisational behaviour have focused on the concept of Person-Organization (POF), that is based on the notion that attitudes, behaviour patterns, and other interpersonal level outcomes are not the result of person or organisational factors alone, but rather the interplay of these factors (Pervin, 1968) . He also hypothesised that when human qualities and organisational features coincide, performance, contentment, and stress levels likely to be high. The degree to which individuals share their organization's ideals may influence their level of happiness with that company. According to social psychology, individuals seek for work situations that match their personality. So, a good fit between personality and work environment ought to result in greater job satisfaction, since employees are then able to work with those who share their beliefs (Furnham & Schaffer, 1984)

Person-organization fit is related to organisational commitment, work satisfaction, and desire to leave (O'Reilly, Chatman, and Caldwell, 1991; Ambrose, Arne, and Schminke, 2008) Thus, job-seekers hunt for positions with features compatible with their personality (Schneider, 2001), while a company seeks to hire workers with personalities compatible with its ideals (Morley, 2007). Although researchers have explored the impact of fitness on a variety of outcomes, the majority of studies have focused on positive individual outcomes, such as increased satisfaction and a decreased propensity to stop. Yet, several other theories have proposed that high levels of P-O fit result with poor organisational results (B.Schneider, 1987;33; B. Schneider, Kristof, Goldstein, & Smith, in press; B. Schneider, Smith, & Goldstein, 1994;34 Walsh, 1987). Argyris (1987)<sup>36</sup> suggested that organisations with too many individuals of the "perfect type" would be susceptible to stagnation and a lack of creativity. Others have begun to pay notice to this "different side of good fit," which can lead to narrow viewpoints, an inability to adjust to a changing environment, and a lack of organisational creativity (B. Schneider, 1987; B.Schneider et al., in press).

According to Chatman (1989),<sup>37</sup> Cable and DeRue (2002)<sup>38</sup> found in their research that workers who share the organization's beliefs are more willing to contribute to the organization's bigger purposes. They demonstrated a high correlation between perceptions of organisational fit and organisational identity, perceived organisational

support, citizenship behaviours, and decisions to remain in the organisation. They came to the conclusion that when employees do not share the firm's values, they are less likely to identify with the organisation and are less eager to make extra-role contributions. As stated by Chatman (1989), congruence between individual and organisational ideals increases the extra-role behaviour of organisation members.

In P-O fit studies, employee outcomes frequently include psychological contract, work satisfaction, intentions to quit, and employee turnover (e.g., O'Reilly, Chatman, & Caldwell, 1991), among others (e.g., O'Reilly, Chatman, & Caldwell, 1991).

### **2.6.1 Psychological Contract & Person Organisation Fit (POF)**

The phrase (POF) refers to the extent to which the personal values of an employee align with those of the company for which the employee works (Kristof, 1996). As a result of the increased interest that the emergence of POF has generated in both applied and academic settings, there have been a variety of approaches to conceptualising POF (Kristof, 1996). Research has found a direct link between the concept of POF and important behavioural outcomes within organisations. These outcomes include extraordinary role for behaviour, intentions regarding turnover, intentions regarding job satisfaction as well as stress (for example, Brez and Judge, 1994; Lovelace and Rosen, 20 1996; O'Reilly, Chatman, and Caldwell, 1991). This is the case despite the myriad of different ways in which POF can be conceptualised. To be more specific, O'Reilly and colleagues have demonstrated that the Predictive Occupational Function accurately predicts job satisfaction as well as organisational commitments one year after the POF was measured. In addition, the POF provides an accurate forecast for turnover intentions after two years when the POF was measured.

In addition, Vancouver and Schmitt (1991) provided support for the idea that goal oriented has a positive association with job satisfaction and commitment, while having a negative association with the intentions for quitting one's job. Due to the numerous conceptualizations and/or operationalizations of POF, research has the capability to declare results that are misleading and confusing to readers (Rodgers, 2000). There is no one correct response to the question of how a specific person "fits" into a business or other organisation (Kristof, 1996). Because there are so many different ways that a person can go about becoming "fit," it has become impossible to settle on a single



definition for the term that is universally accepted by everyone (Adkins, Russell, & Werbal, 1994). In the body of research that has been done on POF, Kristof (1996) identified four categories that have been most frequently conceptualised. These aspects are known as personality and climate congruence, needs and supply fit, value and goal congruence, and goal and value congruence, respectively. To be more specific, needs/supply fit occurs when the needs of both the employees and the organisation are met with what each can supply to the other. This is a win-win situation for everyone involved. This is to the advantage of both parties. When an employee and an organisation have values that are congruent with one another—for instance, they may both place a high value on the idea of a learning organization—it is said that the employee and the organisation have value consistency. Goal consistency is the term used to explain the situation in which the aim of an employee and those of the organisation are in agreement with one another. The third and final type of congruence is known as personality/climate congruence, and it takes place when an employee's personality and the climate of the organisation match up. Because these are the definitions that are most pertinent to our discussion of the connection between the principle of frugality, attribution theory, and psychological contract violations, we will now go over value congruence and the needs/supply fit. Both of these topics will be covered in the following section. Value Congruence Value congruence between the individual and the organisation has been used as a conceptualization of POF in the research literature the overwhelming majority of the time (Adkins, Russell, & Werbel, 1994; Cable Sc Judge, 1996; Chatman, 1991; Posner, 1992).

Additionally, many studies have considered person-culture fit and value congruence to be interchangeable concepts (Kristof, 1996; O'Reilly et al. 1991). According to the findings of the research, a value of individuals, in addition to the image of an organisation, are essential to the core of individuals' identity; as a result, the core values are thought of as being relatively consistent; (Chatman, 1991). The extent to which the values upheld by an individual and those of the organisation are compatible with one another is an essential component of POF. Consequently, value congruence may be an essential component in comprehending why many psychological contracts, regardless of how widespread they are, do not result in undesirable patterns of behaviour. Alternately, individuals may in fact perceiving changes to their contracts related psychological as threatening if there is a lack of value congruence in their lives. This

can happen when there is a disconnect between what they say they value and what they actually do value. This could result in undesirable patterns of behaviour occurring within the organisation at a later point in time. If an employee believes that there is a lack of value congruence, then that employee might be more likely to psychological contract attributional violations that occur within the organisation to being the faulty itself, and the employee's behaviour may change accordingly if they do attribute these violations to being the fault of the organisation. When there is a disparity between the individual's values and the values of the organisation, it is possible that violations of the psychological based contracts will be attributed internally which is being faulty for the organisation. This will happen when there is a discrepancy between the values of the individual and the values of the organisation. This is because the value congruence between them makes it more likely that the values will be congruent with one another. This is due to the fact that having values that are congruent with one another increases the likelihood that other values will also be congruent. In addition, the level to which the value of employees differ from those of the organisation increases the likelihood that a breach of a psychological contract will be interpreted as renegeing on a promise made by the employee. This is because the level to which the value of employees diverge from those of the organisation increases the likelihood that the employee will be held accountable for the promise.

Job fit theory of Holland (1985) concluded that a person is more successful and contented in his work when his personality fits or matches with the essential features of an organisation. The fit or match of an employee with his organisation determines job outcomes and success. POF being linked to organisational retention and attitude, recruitment selection decisions and employee-related behaviour, it is vital to pay attention to it (Elfenbein & Reilly, 2007; Resick et al., 2007). There is pragmatic evidence to suggest that high levels of POF are related to numerous positive results. Hence the better the POF, the greater job satisfaction experienced by an employee (Liu et al., 2010; Tepper et al., 2009). It was shown by O'Reilly et al., (1991) the existing empirical association in relation to POF and organisational commitment. POF was also seen as predicting intent and turnover (Chatman, 1991; Vancouver, 1994). It is obvious that a weak POF results in job dissatisfaction leading to turnover. It is human tendency for an employee to exhibit counterproductive behaviour at work if he is unhappy. Additionally, if employees begin developing anxiety, cynicism, negative affectivity or

emotions, negative incidences in work behaviour becomes foreseeable (Aquino et al., 1999; Penney & Spector, 2002). Hence, job satisfaction of employees function as moderators in establishing relationships between POF and work behaviour.

H7: Person-Organization Fit (POF) mediates the relationship between the Psychological Contract and Employee Engagement.

### **2.6.2 PO Fit & Turnover Intention**

There are two forms of employee turnover: voluntary (self-initiated) and involuntary (controlled by the organization). Scholars have paid considerable attention to employee turnover, showing its relevance in the fields of management, human resource management, and organisational behaviour. For instance, (Holtom, Mitchell, Lee, & Eberly, 2008) discovered more than 1500 research on employee turnover, as well as multiple meta-analyses. Turnover intention, which is the individual's desire or perceived possibility of leaving a company voluntarily and permanently (Price, 2001), has been found to correlate favourably with actual turnover (Bluedorn, 1982). Consequently, turnover intention is frequently considered a significant predictor of actual employee turnover (Bigliardi, Petroni, & Dormio, 2005). The P-O fit is "the compatibility between employees and their respective employers" (Kristof-Brown, 1996, p. 1). According to studies on the P-O fit, the "fit" between the individual and the organisation enhances the probability that the individual will remain with the organisation. Often, the P-O fit is conceived of in terms of value congruence and goal congruence (Kristof-Brown, 1996; Muchinsky & Monahan, 1987). Value congruence refers to the alignment of an employee's values with those of the organisation (Hoffman & Woehr, 2006; Kristof-Brown, 1996). An individual whose values are aligned with those of his organisation would have a positive attitude towards the organisation (Arthur et al., 2006) and be inclined to continue with the company (Kim et al., 2013; Schneider, 1987). Goal congruence, on the other hand, refers to the degree of resemblance between an individual's objectives and the organization's goals (Verquer et al., 2003). Individuals are drawn to an organisation whose aims are essential in achieving their own because their goals are comparable.

Prior research has indicated a negative correlation in between P-O fit and intention to leave the organisation. According to (Verquer et al., 2003), who did a meta-analysis of 21 trials, the P-O fit was adversely correlated with the desire to stop. In addition, a

second meta-analysis of 121 research (1967-2003) conducted by Hoffman and Woehr (2006) found that the P-O fit was connected to employee turnover. Similar results were discovered in a study of premium hotels in Korea by (Jung & Yoon, 2013). These studies have repeatedly demonstrated that personnel with a high degree of P-O fit have a tendency to stay in an organisation longer.

Memon, A. (2019) provided a novel paradigm that incorporates Person-Organization (P-O) fit, employee engagement (EE), and intention to leave into a single model. This approach, based on Self-Enhancement Theory (SET) and Lewin's field theory, proposes that a good P-O fit reduces turnover intentions. The research contends that the suggested model gives fresh insights into the causal links between P-O fit and intention to leave the organisation.

The research done by Sharma, N. (2020) examined the role of employee engagement as a mediator between Person-Organization (P-O) fit and turnover intentions among employees, building on prior research that demonstrated a link between P-O fit and turnover intentions. In the case of the Indian IT industry, the results indicate that P-O fit and has a significant negative relationship with turnover intentions. This study revealed that P-O fit influences an employee's decision to stay or quit their company. To decrease employee turnover, the results of this research imply that firms should prioritise increasing P-O fit and therefore alleviate Turnover Intention.

### **2.6.3 PO FIT and Employee Engagement**

Today, post-industrial characteristics are present in the business environments of the majority of advanced and emerging economies. Consequently, their social ecology is characterised by the interdependence of individual and social development (Bell, 1973; Emery&Trist, 1973).

To explain this, we must rely on the person-organization fit theory, which posits that in order to encourage increased levels of performance, decreased absenteeism, and other positive behaviours, organisations must focus on a fit with regard to anthropomorphic qualities, employees' cumulative opinions concerning their commitment, and relevant support mechanisms. Mainstream managerial ideologies give employees more authority to make decisions and carry out their responsibilities (Biswas & Varma,

2007); and, Indian leaders who play a strategic role in human resources facilitate a semblance of psychological empowerment (see Bhatnagar & Sharma, 2005, Bhatnagar, 2007). According to research, employees utilise such autonomy to fulfil their job obligations when they comprehend a 'fit' between themselves and their employers (Arthur, Bell, Villado & Doverspike, 2006). Accordingly, organisations could perhaps recruit, retain, and develop employees who conform to their standards (Adams, Elacqua & Collarelli, 1994; Bowen, Ledford & Nathan, 1991; Rynes, Brown & Colbert, 2002). Fundamentally, the relationship between person and organisation, termed P-O fit in organisational behaviour literature, can be viewed from both a 'complementary' and 'supplementary'. Complementary fit occurs when the needs-supplies and demands-abilities criteria are satisfied, whereas supplementary fit occurs when there is an actual (direct) and perceived (indirect) congruence of values between the individual and the organisation (Cable & DeRue, 2002; Cable & Judge, 1996; Kristof, 1996; Ostroff, Shin & Kinicki, 2005). Consequently, we find that employees displaying positive influence and behaviours are more engaged and attached to their jobs and organisations, and overtly anticipate in-role and extra-role responsibilities when they anticipate a similar temperament between themselves and their employers, which is a supplementary fit (Kahn, 1996; Schneider, 1997). Complementary fit is liable for successfully implementing the outcomes of this relationship, while supplementary fit is responsible for assembling and strengthening the relationship between a person and his organisation within the realms of SET. If we examine Kristof's interpretation (1996), "complimentary fit occurs when the individual and the situation meet each other's needs" (cf. Carless, 2005), we find that "complimentary fit occurs when the individual and the situation meet each other's needs."

Relevant literature indicates that employees wish to be significantly linked with their jobs and their employers, and that this intention is strengthened when the individual's values and expectations align with those of the organisation (Cooper-Thomas, Vianen & Anderson, 2004; Ostroff & Kozlowski, 1992). We observe that a strong P-O fit influences the behaviour and well-being of the former in terms of organisational identification, commitment to the organization, and work performance (Lauver & Kristof-Brown, 2001; Meglino, Ravlin & Adkins, 1989; Meyer & Herscovitch, 2001; O'Reilly, Chatman & Caldwell, 1991; Saks & Ashforth, 1996). Consequently, we find that the concept of P-O fit has been widely utilised in the context of a wide range of

organisational research, including psychological contract, employer branding, recruitment and selection, employee engagement, and group behaviour (Adkins, Russel & Werbel, 2006 ; Ng & Burke, 2005; Kirkman, Tesluk & Rosen, 2004; Richins, 1994; Tarique, Schuler & Gong, 2006; Taris, Feij & Van Vianenm 2008; Yaniv & Farkas, 2005). According to Van Vuuren, Veldkamp, Jong, and Seydel (2007), the significance of studying the idea of P-O fit lies in the essence that it reveals how employees grow a sense of shared purpose with their employer. This ultimately results in the individual having a clearer understanding of the purpose of their job and a more increased emphasis on their work assignments. In addition, it encourages a feeling of in-group belonging among employees, which satisfies their psychological needs. According to the literature, P-O fit is a significant correlate of employee engagement. P-O fit is the conceptual alignment between organisational norms and individual values. Prior research (O'Reilly III, Chatman & Caldwell, 1991; Posner, 1992; Vancouver & Schmitt, 1991) has shown that P-O fit results in positive attitude outcomes, decreases anxiety, and increases individual commitment and involvement. P-O fit, which refers to the congruence between an employee's personal values and those of the organisation, promotes greater meaningfulness and psychological safety, thereby increasing employee engagement. Moreover, when individual values are perceived to align with organisational norms, individuals are given greater responsibilities and made to feel more empowered. According to Laschinger and Finegan (2005), these conditions are suitable for increasing employee engagement. As a result, the acceptance of our second hypothesis is consistent with prior research in that high levels of P-O fit serve as a potent precursor to cultivate significant engagement among workers.

The literature cites the importance P-O fit in generating positive emotions, attitudes, and behaviors in the workplace. As stated by Memon, M. A., Salleh, R., & Baharom, M. N. R. (2018), the P-O fit-match between an individual's characteristics and their environment enhances positive emotions, attitudes, and behaviours. In other words, when fit exists, it results in positive work-related attitudes and behaviours. Similarly, we anticipate that a high level of congruence between the employee and the employer will motivate individuals to exhibit a high level of engagement. This relationship can be adequately explained by the social exchange theory. In summary, when individuals achieve a good fit with their work and organisations, they feel obligated and tend to reciprocate with a high level of engagement. Furthermore, given that employee

engagement is the focus of contemporary research due to its negative relationship with turnover intention, it is assumed that individuals with a high level of engagement tend to stay longer and engage in fewer voluntary withdrawals. According to the literature, P-O fit predicts employee engagement, and employee engagement has been recognised as a strong predictor of outcomes (turnover intention).

H8: Person-Organization Fit (POF) mediates the relationship between the Psychological Contract and employees' Turnover Intention

## **2.7 Psychological Contract: Impact on Employee Outcomes**

The viewpoint of need-supply fit is due to the assumption that both the significant needs of both involved parties are fulfilled due to the other party's contribution to this mutual relationship. In relation to how to attribute a breach of the psychological contract, the viewpoint implies that if employee needs are fully met, then alterations in the psychological contract could be attributed outside the organisation - inadvertently or disruptively - and may hence not bear the consequences of negative behavioural outcomes as the change of the contract is not seen as the fault of the organization. But, in absence of such symbiotic relationship, employees could attribute the source of the contract breach as within the organisation (reneging). However, if a person's needs are satisfied by the organisation, he could be quite tolerant or even not so sensitive to changes occurring in the psychological contract. This could result in the person's decision to take his final attribution decision that it was not the fault of the organisation, and would shun all intentional behavioural outcomes that could exert negatively impacts on the present and future states of the organisation.

Factors impacting volunteer retention were identified in the study, such as employee commitment, HR practices and personal motivation. It also studied if empowerment fully or partially moderated the relations between a person's environmental fit and intent to remain as a volunteer. Also to see if fulfilment was a moderating factor in the relations between empowerment and person environment fit. Through a survey of 224 volunteers from Olympic games in USA it was seen that empowerment fully moderated the relations between person-environment fit and intent for continuing as a volunteer. PC fulfilment helped to moderate the relations between empowerment and person fit. The research thus concluded that to retain quality volunteers, an organization must

make sure that there is a right match of the specific job requirements, the individual and organisational objectives or mission.

## **2.8 This study and its contribution to existing literature**

Since this is an analytical research thesis, the work vastly contributes to existent literature in the field. Firstly, the notion of psychological contracts has also encompassed trust and justice. The focus remained on the prognostic capacity of the psychological contract's state, coupled with fulfilment, as regards individual performance results. A major part of this study elaborated upon the contents of psychological contracts (Conway & Briner, 2002, Gracia et al., 2007) and the precursors as well as and the results of fulfilment or violation (Conway & Briner, 2005, 2009). The current paper contributes vastly to existing previous research through exploration of diverse aspects of psychological contracts their capability to forecast individual results. Additionally it augments comprehending the distinctive explanatory power of fulfilment. Secondly, employee engagement is seen as a valid moderator in the relations between a psychological contract's state and an employees' performance. The study adds to the investigation of moderating variables in research on psychological contracts, with more focus on processes, and less on content. Thirdly, the study aids in identification of predictors of an employee's performance and also in identifying if such predictors exert an indirect or a direct impact on the outcomes. This research adds contributes to already existing studies on employee performance through determination of the influence of negative assessment of psychological contract's state and employees' engagement. Another contributory factor was the fact that employees' obligation variables and employees' expectations were to be incorporated into the psychological contract construct for a suitable model fit. Rousseau's (1995) definition is thus reinforced stating that psychological contracts that include obligations as well as expectations in psychological contracts, as also the view of Coyle-Shapiro and Kessler's (2002) that both must be incorporated in the state of psychological contracts. The review literature holds pertinent implication in medical management. Medical activity, in hospitals, is characterised by too much demands made at the psychological and at the physical (as interaction with patients). Hospitals must try to provide a vaster array of resources, alongside workplace-oriented intervention – such as autonomous workplaces that provide an employee with a flexible frame to fulfil varied job requirements. Psychological contract's fulfilment is activated constantly, by a



cognitive process of reconciliation of the work features with perception regarding the obligations and promises in the employment relations. Hence, organisations need to adopt positive steps to constantly restructure the features of the position to aid in maintaining the fulfillment of psychological contracts as employees evolve and grow with the dynamics organisation's environment both internally and externally.

This study replicates the research conducted by (Sheehan, Them, Holland, & Cooper, 2019) entitled psychological contract fulfilment, engagement and multispeciality hospitals professional turnover intention in North India. The North India multispeciality hospitals was opted for due to other reasons the employees' load is felt much more than the Special Hospital employees due to diverse offerings of service. (Elizabeth 2011).

The exhaustive review of literature has given us so many different dimensions of the notion of psychological contracts from the point of origin to the present day. The term has its origin in existing employer-employee relations as given in initial stages of its development where it was emphasised that the relationship between the multispeciality hospitals and its employees was implicit and that the understanding between the parties was that they should have mutual agreement so that the contract can be maintained between the two parties. Over the last many years, the concept has evolved from a mutual expectation between the employers and the employees to the promissory nature of the concept has defined by Rousseau in her research work. In the current scenario of changing dynamics of the global workforce in organisations the concept of psychological contract has become very important as organisations looks at different ways to keep employees happy and satisfied. The future research can be done on making psychological contract an important tool in the HR function so that it can be helpful to the employees to increase their sense of belongingness to the organisation.

## **CHAPTER 3**

### **HEALTHCARE INDUSTRY IN INDIA**

#### **3.1 Healthcare industry: An Introduction**

The healthcare industry is a vast and rapidly evolving industry that encompasses a wide range of businesses and organizations dedicated to improving the health of individuals and populations. The industry includes hospitals, clinics, medical practices, pharmaceutical and biotechnology companies, health insurance providers, public health agencies, medical research institutions, and many other types of organizations.

The healthcare industry plays a critical role in promoting and maintaining the health of people all over the world. It provides medical care and treatment for people suffering from illness, disease, or injury, and offers preventive measures to help individuals avoid getting sick in the first place. The industry is also responsible for developing new treatments, therapies, and technologies to help diagnose and treat a wide range of medical conditions. However, the healthcare industry also faces many challenges, such as rising costs, increasing demand for services, and disparities in access to care. Healthcare organizations and professionals must navigate complex regulations and policies, as well as manage a growing array of health technologies and data systems. As the industry continues to evolve, new opportunities and challenges will arise, requiring ongoing innovation and adaptation to meet the changing needs of patients and communities.

The healthcare industry encompasses a wide range of industries and professions related to the delivery of medical care, including hospitals and medical centers, clinics and physician practices, pharmaceutical and biotechnology companies, health insurance companies, public health organizations, medical research institutions. The healthcare industry is complex and constantly evolving, with ongoing challenges related to access to care, quality of care, and cost. Advances in technology and changes in healthcare policy are among the factors driving change in the industry.

##### **3.1.1 Healthcare Industry of India**

The healthcare industry in India is one of the largest and fastest-growing industry in the country. It comprises a wide range of businesses and organizations dedicated to

improving the health of the Indian population, including hospitals, clinics, medical practices, pharmaceutical and biotechnology companies, health insurance providers, public health agencies, medical research institutions, and more.

India's healthcare industry is driven by a combination of public and private industry initiatives, with the government playing a major role in providing healthcare services and resources to the population. The government has implemented several healthcare programs to improve access to healthcare for its citizens, including the National Health Mission, Ayushman Bharat, and the Pradhan Mantri Jan Arogya Yojana. India is also home to many private healthcare providers, including large corporate hospital chains that have invested heavily in infrastructure, technology, and medical expertise to provide high-quality care to patients. The Indian healthcare industry is known for its innovative approaches to healthcare delivery, including telemedicine and mHealth solutions, which leverage technology to extend healthcare services to remote and underserved communities.

Despite the significant progress made in recent years, India's healthcare industry faces many challenges, including inadequate healthcare infrastructure, a shortage of skilled healthcare professionals, and high out-of-pocket healthcare expenses for patients. Addressing these challenges will require ongoing investment in healthcare infrastructure, training and development of healthcare professionals, and policy interventions to make healthcare more affordable and accessible to all segments of the population.

In addition to the challenges mentioned, the COVID-19 pandemic has highlighted the need for increased investment in healthcare in India. The pandemic exposed the gaps in the healthcare infrastructure and the need for improved access to healthcare services, particularly in rural areas.

To address these challenges, the Indian government has taken steps to increase healthcare spending, expand healthcare coverage, and improve healthcare delivery. The government has allocated more resources to the healthcare industry in its annual budget, and has launched several initiatives to increase access to healthcare services, including telemedicine and digital health platforms. India's pharmaceutical industry is also an

important part of the healthcare industry, with the country being one of the world's largest producers of generic drugs. The industry has a strong research and development pipeline, with several Indian companies investing in drug discovery and development.

### **3.1.2 Historical Background**

The healthcare industry in India has a rich history that dates back to ancient times, with the country's traditional medical systems playing a major role in shaping the modern healthcare landscape. Ayurveda, a traditional Indian system of medicine, has been practiced for more than 5,000 years and is still widely used today. Ayurveda focuses on a holistic approach to healthcare, with treatments that incorporate herbal remedies, dietary changes, and lifestyle modifications. Another traditional medical system that has played an important role in Indian healthcare is Unani, a system of medicine that originated in ancient Greece and was later adopted by the Arabs. Unani treatments focus on balancing the body's natural humors and use a variety of herbal remedies and other therapies to restore health. During the British colonial period, Western medicine was introduced to India, and modern hospitals and medical schools were established. The Indian Medical Service was established in 1763, and the first medical college, the Medical College of Bengal, was established in Calcutta in 1835. These developments helped to lay the foundation for the modern healthcare industry in India. After India gained independence in 1947, the government took an active role in developing the healthcare industry, with a focus on expanding healthcare access and improving the quality of care. The government established the Ministry of Health and Family Welfare in 1955, and launched several healthcare programs, including the National Malaria Eradication Program, the National Tuberculosis Control Program, and the National Leprosy Eradication Program.

In the 1980s and 1990s, the Indian government introduced several reforms aimed at improving the quality of care and increasing access to healthcare services. The government launched the National Rural Health Mission in 2005, which aimed to improve healthcare access in rural areas, and introduced the Rashtriya Swasthya Bima Yojana in 2008, which provided health insurance coverage to people living below the poverty line. In recent years, the Indian healthcare industry has seen significant growth and investment, with a focus on improving healthcare infrastructure, expanding healthcare coverage, and increasing the use of technology in healthcare delivery. The

industry is poised for further growth and transformation in the coming years, as the country continues to address the challenges and opportunities of a rapidly evolving global healthcare landscape. The Indian healthcare business has a long history and a promising future, as evidenced by recent expansion and investment. The sector has the potential to become a worldwide leader in healthcare delivery, innovation, and research, despite remaining obstacles.

### **3.1.3 Dimensions of Healthcare Industry in India**

The healthcare industry in India is a complex and multi-dimensional industry that includes a wide range of stakeholders, services, and technologies. Here are some of the key dimensions of the healthcare industry in India:

1. **Healthcare delivery:** This includes hospitals, clinics, and other healthcare facilities that provide medical services to patients. There are both public and private healthcare providers in India, with the private industry accounting for a significant portion of healthcare delivery.
2. **Healthcare financing:** Healthcare financing in India includes public and private health insurance, government healthcare programs, and out-of-pocket payments made by patients. There are also several government schemes aimed at providing financial support for healthcare services, particularly for low-income and economically vulnerable populations.
3. **Medical education and research:** India has a large number of medical colleges and universities that provide medical education and training to healthcare professionals. The country is also home to several research institutions and biotech companies that are involved in drug discovery and development.
4. **Pharmaceuticals and medical devices:** The Indian pharmaceutical industry is a major player in the global market, with a focus on generic drugs and drug development. The country is also a significant producer of medical devices and equipment.
5. **Digital health:** The use of technology in healthcare delivery has seen significant growth in recent years, with the development of telemedicine and digital health platforms. These technologies have the potential to improve healthcare access and quality, particularly in rural areas.
6. **Medical tourism:** India has emerged as a popular destination for medical tourism, with patients from around the world seeking affordable medical treatments in the country. Medical tourism has provided an opportunity for Indian healthcare providers to showcase their expertise and technology, and has brought significant revenue to the industry.
7. **Public health:** India's healthcare industry also includes a significant focus on public health, including disease surveillance, prevention, and control. The government has launched

several public health initiatives, such as immunization programs, maternal and child health programs, and programs focused on controlling infectious diseases like tuberculosis and malaria.

8. **Traditional medicine:** India is home to several traditional medical systems, including Ayurveda, Yoga, Naturopathy, and Unani, which are recognized by the government and have a significant following among the population. These systems of medicine are often used in conjunction with modern medicine and are included in the national healthcare system.
9. **Healthcare regulations:** The healthcare industry in India is subject to a wide range of regulations, including those related to the safety and efficacy of drugs, medical devices, and healthcare facilities. The regulatory framework is managed by several government bodies, including the Ministry of Health and Family Welfare, the Central Drugs Standard Control Organization, and the National Accreditation Board for Hospitals and Healthcare Providers.
10. **Healthcare workforce:** The Indian healthcare industry also includes a large and diverse workforce of healthcare professionals, including doctors, nurses, allied health professionals, and support staff. There is a significant shortage of healthcare professionals, particularly in rural areas, and efforts are being made to increase the number of trained professionals and improve the distribution of the workforce.

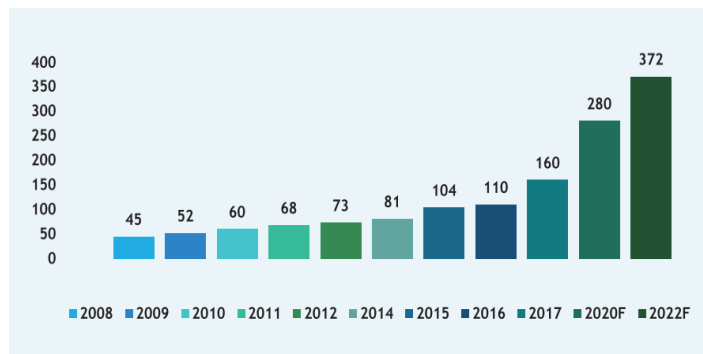


Figure 3.1. Growth Trend of India's Healthcare Sector (USD Billion, CAGR 2008-2022:16.28%)  
 (Source: Investment Opportunities Healthcare Sector, published by NITI Aayog, 2021)

Overall, the healthcare industry in India is a diverse and dynamic industry that encompasses a wide range of services, technologies, and stakeholders. With ongoing investment and innovation, the industry has the potential to become a global leader in healthcare delivery and research.

### 3.1.4 Size of the industry

The healthcare industry in India is a significant contributor to the country's economy. According to a report by the Indian Brand Equity Foundation (IBEF), the size of the healthcare industry in India was estimated to be around USD 160 billion in 2017 and is expected to grow to USD 372 billion by 2022, with a compound annual growth rate (CAGR) of around 22%. The hospital industry is the largest segment of the healthcare industry in India, accounting for approximately 80% of the total healthcare market. Other segments of the healthcare industry, including pharmaceuticals, medical devices, diagnostics, and telemedicine, are also experiencing significant growth.

The Indian pharmaceutical industry is one of the largest in the world, with a market size of around USD 41 billion in 2021, according to IBEF. The medical devices industry in India is also growing rapidly, with a market size of around USD 11 billion in 2020, and is expected to reach USD 50 billion by 2025, driven by factors such as increased healthcare spending, improved regulatory framework, and the growing demand for innovative medical devices. In addition to domestic demand, the healthcare industry in India is also a significant exporter of medical services and pharmaceuticals. Medical tourism is a growing industry in India, with the country attracting a large number of patients from around the world for medical treatments.

The healthcare industry in India is a significant contributor to the country's economy (Figure 3.1), with significant potential for growth and development in the years to come. Since it has been recognized that the healthcare business is important in terms of contributing to the overall economic growth of our nation, we are could not ignore the significance it plays in terms of the generation of job opportunities as mentioned in Figure 3.2.

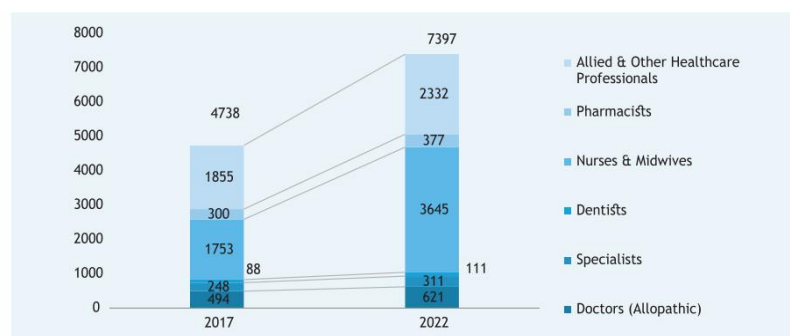


Figure 3.2: Direct Jobs in India's Healthcare Sector 2017-2022 (in Thousands)  
 (Source: Investment Opportunities Healthcare Sector, Report published by NITI Aayog, 2021)

### **3.1.5 Chief Healthcare hubs in India**

India is home to several major healthcare hubs that are known for their high-quality healthcare facilities and services. Some of the chief healthcare hubs in India are:

- **Delhi-NCR:** Delhi-NCR is one of the largest and most established healthcare hubs in India, with a wide range of multi-specialty public and private hospitals, specialty clinics, and research institutions. The region is home to several major hospitals, All India Institute of Medical Sciences (AIIMS) and the Fortis Memorial Research Institute, Indraprastha Apollo Hospital, Max Super specialty Hospital to name a few.
- **Mumbai:** Mumbai is another major healthcare hub in India, with a large number of private hospitals and specialty clinics. The city is home to several renowned hospitals, including the Tata Memorial Centre, which is a leading center for cancer treatment and research.
- **Bangalore:** Bangalore is a rapidly growing healthcare hub in India, with a focus on technology-driven healthcare solutions. The city is home to several major hospitals, including the Narayana Health Group and the Manipal Hospital.
- **Hyderabad:** Hyderabad is another emerging healthcare hub in India, with a growing number of hospitals and specialty clinics. The city is home to several major hospitals, including the Apollo Health City and the Yashoda Hospitals.
- **Chennai:** Chennai is a major healthcare hub in South India, with a focus on medical tourism and high-quality healthcare services. The city is home to several major hospitals, including the Apollo Hospitals and the Fortis Malar Hospital.
- **Pune:** Pune is a growing healthcare hub in India, with a focus on research and innovation. The city is home to several major hospitals, including the Jehangir Hospital and the Ruby Hall Clinic.

These healthcare hubs in India are known for their state-of-the-art facilities, highly trained healthcare professionals, and advanced medical technologies. They attract patients from across India and around the world, making India a popular destination for medical tourism.

### **3.2 Scanning of the Indian Healthcare Industry**

The Indian healthcare industry has been undergoing significant changes in recent years, driven by a range of factors including increasing demand for healthcare services, technological advancements, and policy support. Some key trends and developments that are shaping the Indian healthcare industry are rising healthcare spending which includes India's healthcare spending has been increasing in recent years, driven by a



growing population, increasing life expectancy, and the rising burden of chronic diseases. The government has also been increasing its healthcare spending, with a focus on expanding healthcare access and improving healthcare quality.

In this era of technological advancements, the healthcare industry in India has seen significant growth in technology adoption particularly in the areas of telemedicine, electronic health records, and medical devices. These technologies have the potential to improve healthcare access and quality, particularly in rural areas. These advancements have led to growing medical tourism in India with patients from around the world seeking affordable and high-quality healthcare services. The medical tourism industry in India is expected to continue to grow in the coming years, driven by factors such as lower costs and high-quality healthcare services.

In addition the Healthcare industry is increasing its focus on preventive healthcare with a range of government and private industry initiatives aimed at promoting healthy lifestyles and reducing the burden of chronic diseases. The government is also fast paced in terms of policy reforms. It has launched several initiatives aimed at improving the healthcare industry, including the Ayushman Bharat scheme, which provides financial support for healthcare services for low-income and economically vulnerable populations. The government has also introduced policies aimed at improving the regulatory framework for medical devices and pharmaceuticals, which has helped to attract investment in these areas.

The overall scanning of the Indian healthcare industry projects a dynamic and a growing industry, with significant opportunities for innovation and investment. While the industry faces several challenges, including infrastructure gaps, workforce shortages, and access barriers for low-income populations, ongoing investment and policy reforms are helping to drive the growth and development of the industry.

### **3.3 Investments in the Healthcare Industry**

Investing in the healthcare industry is important for a number of reasons some of which are improving health outcomes, meeting healthcare needs, driving economic growth, addressing healthcare disparities, promoting innovation etc. Therefore, investing in

healthcare is important for promoting health and well-being, meeting the healthcare needs of individuals and populations, driving economic growth, addressing healthcare disparities, and promoting innovation in the healthcare industry.

Here are some of the major public and private industry investments in the Indian healthcare industry:

- 1) **Public industry investments:** The Indian government has launched various initiatives to promote investments in the healthcare industry, including the National Health Mission (NHM) and Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). These initiatives aim to improve healthcare infrastructure, increase the availability of healthcare services, and provide financial protection to vulnerable sections of society. The government is also investing in medical education and research, with the establishment of new medical colleges and research institutions.
  
- 2) **Private industry investments:** The private industry has been investing heavily in the Indian healthcare industry in recent years. Major players in this industry include hospitals, medical equipment manufacturers, pharmaceutical companies, and diagnostic labs. For example, Fortis Healthcare, Apollo Hospitals, and Max Healthcare are among the largest hospital chains in India. Similarly, companies such as Dr. Reddy's Laboratories, Sun Pharmaceutical Industries, and Cipla are among the largest pharmaceutical companies in India. Private equity firms and venture capitalists are also investing in the healthcare industry, with a focus on innovative medical technology and healthcare startups.
  
- 3) **Foreign investments:** The Indian healthcare industry has also attracted significant foreign investments in recent years. For example, Japanese firm Mitsui & Co. has invested in the Indian healthcare industry through its acquisition of a stake in Columbia Asia Hospitals. Similarly, Malaysian healthcare provider IHH Healthcare has acquired a controlling stake in Fortis Healthcare. The Indian government has also allowed 100% foreign direct investment in the healthcare industry, further encouraging foreign investment in this industry.

On the whole, investments from both the public sector and the private sector are helping to foster the expansion and development of the healthcare sector in India. These investments are primarily directed towards enhancing healthcare infrastructure,

expanding access to healthcare services, and fostering advancement in medical technology and research.

### **3.4 Government Initiatives for Healthcare Industry**

The Indian government has launched a number of initiatives to address the challenges facing the healthcare industry and promote the growth of the industry. Here are some of the major government initiatives in the Indian healthcare industry:

**Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY):** Launched in 2018, this government-run health insurance scheme aims to provide financial protection to vulnerable sections of society, covering up to 500 million individuals. The scheme has led to increased access to healthcare services for many Indians, particularly those in rural areas.

**National Health Stack (NHS):** The NHS is a digital infrastructure initiative that aims to standardize and centralize healthcare data, making it easier for patients and healthcare providers to access and share medical information.

**National Digital Health Mission (NDHM):** Launched in 2020, the NDHM aims to create a digital health ecosystem that facilitates the exchange of health information, provides a unique health ID to individuals, and enables the creation of electronic health records.

**Pradhan Mantri Swasthya Suraksha Yojana (PMSSY):** The PMSSY is a government scheme launched in 2003 aimed at improving access to quality healthcare services in underserved regions. The scheme provides funding for the establishment of new medical colleges, upgrading of existing medical facilities, and strengthening of healthcare infrastructure.

**National Rural Health Mission (NRHM):** The NRHM is a government scheme aimed at improving healthcare delivery and infrastructure in rural areas. The scheme provides funding for the establishment of new healthcare facilities, the training of healthcare professionals, and the implementation of public health programs.

**Janani Shishu Suraksha Karyakram (JSSK):** The JSSK is a government scheme aimed at improving maternal and child health outcomes. The scheme provides free maternity and delivery services, as well as free transport and other services related to maternal and child health.

The purpose of these projects is to advance the accessibility, quality, and infrastructure of healthcare in India, as well as to encourage the expansion of the healthcare business there. It is anticipated that the government's emphasis on digital health and the expansion of health insurance coverage will have a significant impact on the healthcare industry, while initiatives such as the NRHM and PMSSY will assist in addressing healthcare disparities and improving healthcare infrastructure in regions that are currently underserved.

### **3.5 Upcoming Healthcare Service Dynamics**

Some of the potential upcoming healthcare service dynamics in India based on current trends and developments are:

**Telemedicine and digital health:** The COVID-19 pandemic has accelerated the adoption of telemedicine and digital health services in India. In 2023, we can expect to see a continued expansion of telemedicine services, with more healthcare providers and patients adopting digital health technologies to access healthcare services remotely.

**AI and predictive analytics:** The use of AI and predictive analytics in healthcare is on the rise in India. These technologies have the potential to improve healthcare outcomes, reduce costs, and increase efficiency. In 2023, we can expect to see continued growth in the use of AI and predictive analytics in healthcare, particularly in areas such as disease diagnosis and drug discovery.

**Personalized medicine:** Personalized medicine is an emerging field that uses a patient's genetic information to tailor treatments and therapies to their specific needs. In 2023, we can expect to see more healthcare providers in India adopting personalized medicine, particularly in areas such as cancer treatment and rare diseases.

**Healthcare infrastructure development:** The Indian government has been investing in the development of healthcare infrastructure, particularly in rural areas. In 2023, we can expect to see continued growth in the establishment of new healthcare facilities and the upgrading of existing ones, particularly in underserved regions.

**Health insurance:** Health insurance coverage has been expanding in India, with schemes such as Ayushman Bharat providing financial protection to vulnerable sections of society. In 2023, we can expect to see continued growth in health insurance coverage, particularly in rural areas and for marginalized communities.

### **3.6 Growth Opportunities and prospects for the Indian Healthcare Industry**

The Indian healthcare industry is poised for significant growth and development, with several growth opportunities and future prospects in the coming years. We could see an enormous demand for healthcare services with rising population, increasing life expectancy, and growing burden of diseases are driving the demand for healthcare services in India. This presents a significant growth opportunity for the healthcare industry.

The growth of the middle class in India is driving demand for high-quality healthcare services, creating a new market for private healthcare providers. Not to overlook, the adoption of digital health technologies, telemedicine, and personalized medicine is expected to improve healthcare outcomes and drive growth in the healthcare industry. To enhance such developments in healthcare industry a heavy investment is made by Indian government, with initiatives such as Ayushman Bharat and the National Health Policy aimed at improving access to healthcare services and promoting the growth of the healthcare industry.

The Indian healthcare industry is expected to continue growing in the coming years, driven by rising demand, advances in technology, and government initiatives. The industry presents several growth opportunities and prospects, particularly in areas such as telemedicine, personalized medicine, and healthcare infrastructure development. However, the industry also faces several challenges, such as inadequate healthcare infrastructure, a shortage of skilled healthcare professionals, and rising healthcare costs, which will need to be addressed in order to realize its full potential.

It is evident to us that the healthcare industry is one of the major contributors to the growth of our economy, which is something that we can embrace. Employees are the most important factor in the success of the healthcare industry because they are accountable for the delivery of high-quality healthcare services, the maintenance of a safe environment for patients, the promotion of innovation, and the guarantee of cost-effectiveness. Employers in the healthcare industry have a need to make an investment in their workers by demonstrating an awareness of their employees' psychological requirements and a willingness to respond positively to those requirements. Thus, it is inevitable to investigate the factors that led up to and followed the formation of the psychological contracts held by healthcare workers.

## **CHAPTER 4**

### **RESEARCH METHODOLOGY**

#### **4.1 Introduction**

The research study attempts to examine psychological contract and its relationships with constructs which are identified as its precursors and outcomes from review of literature. After extensive review of literature, it was found out that psychological contract lacks academic rigor and more theoretical and empirical studies are required to contribute towards construct clarity. Though there are different models and theories of psychological contract in academic and consultancy arena, but majority talks about breach of psychological contract. Review of literature lends support to the premise that it is a form of unwritten expectations, obligations, and promises that exist between employees and their employers, representing the mutual obligations and expectations that form the basis of the employment relationship. Psychological Contract for this study has been conceptualized as unwritten, implicit expectations and obligations that exist between employees and employers. It encompasses the beliefs, perceptions, and mutual expectations that individuals hold regarding their employment relationship. Therefore, the fundamental focus of the envisaged research framework lies in elucidating the impact of employee personality and employer attractiveness on the psychological contract. Concurrently, the study aims to discern the influence of the psychological contract on employee engagement and turnover intention, incorporating Person-Organization Fit as a mediating variable in this comprehensive exploration. Different sets of precursors and outcomes are identified keeping in mind psychological contract of the employees. The study has been conducted on employees of healthcare industry in the North India Region. Healthcare industry has been chosen for the study keeping in mind the human capital challenges faced by this industry and also that it is one of the fastest growing industries in India. The predictors were chosen based of the review of literature. Outcomes were chosen on the basis of review of literature and also by bearing in mind the nomological framework of similar more established constructs in the literature.

This chapter describes the research plan and technique followed to complete the study. It addresses the population, sample, sampling procedure, measures, instruments utilised

for data collecting, data administration, validity, and reliability of measures, as well as the objectives and hypotheses. This chapter presents the final measuring scale and the research phenomena utilised for the use of various statistical methods necessary for data analysis.

## **4.2 Problem Statement**

The healthcare industry is known for its unique challenges and demands, making the study of employees' psychological contract crucial in understanding their expectations, perceptions, and the resulting outcomes. However, there is a gap in research regarding the precursors and outcomes of the psychological contract specifically within the healthcare industry. This study aims to address this gap by investigating the factors that contribute to the formation and maintenance of the psychological contract among healthcare employees and examining the subsequent outcomes of this contract.

The problem at hand is the lack of comprehensive understanding of the psychological contract in the healthcare industry. Despite the importance of the psychological contract in shaping employee attitudes, behaviors, and overall organizational outcomes, limited research has explored its specific precursors and outcomes within the context of healthcare. Consequently, healthcare organizations may struggle to effectively manage employee expectations, resulting in decreased job satisfaction, low levels of commitment, and higher turnover rates among healthcare professionals. By conducting a systematic investigation into the precursors and outcomes of the psychological contract within the healthcare industry, this study will contribute to the existing literature and provide valuable insights for healthcare organizations. The findings will inform strategies to enhance employee satisfaction, engagement, and retention by aligning organizational practices with employees' expectations and fostering a positive psychological contract. Additionally, understanding the factors that shape the psychological contract in healthcare will help identify potential areas for improvement, leading to a more supportive and fulfilling work environment for healthcare professionals.



### **4.3 Research Questions**

This research study attempts to answer the following research questions:

- To what extent does employees' personality and employer attractiveness influence the formation and dynamics of the psychological contract within the healthcare industry?
- To what extent does the psychological contract impact employee engagement and turnover intention among healthcare employees?
- What is the role played by person-organization fit in defining the relationship between psychological contract and employee engagement, psychological contract and turnover intention?

The above research questions are examined and answered with the help of achieving the framed objectives in the study.

### **4.4 Objectives of the Study**

The main objective of the research study is to study the precursors and outcomes of psychological contract of employees working with healthcare industry. In addition to the main objective, the research study also attempts to analyze the different sub-objectives. The broader objectives of the study are as follows:

1. To investigate the impact of employees' age and work experience on the formation of the psychological contract among employees in the healthcare industry, in order to enhance our understanding, the underlying dynamics and implications.
2. To analyze the impact of employees' personality and employer attractiveness on the formation of the psychological contract among employees in the healthcare industry, in order to enhance our understanding, the underlying dynamics and implications.
3. To examine the extent to which the psychological contract impacts employee engagement and turnover intention among healthcare employees, with the aim of understanding the relationship between the psychological contract, employee engagement, and turnover intentions and providing insights for organizations to enhance employee well-being and retention.
4. To investigate the role played by person-organization fit in defining the relationship between the psychological contract with employee engagement and psychological contract with turnover intention.

## **4.5 Hypotheses**

H1: There is significant effect of health worker work experience on Psychological Contract with their employer.

H2: There is significant effect of health worker age on Psychological Contract with their employer.

H3: Employees' personality has a significant impact on the formation of their psychological contract with their employer.

H4: The perceived attractiveness of an employer has a significant impact on the formation of the psychological contract between employees and their employer.

H5: Psychological Contract between an employee and their employer has a significant effect on the level of employee engagement.

H6: There is a significant relationship between the Psychological Contract and employees' Turnover Intention

H7: Person-Organization Fit (POF) mediates the relationship between the Psychological Contract and Employee Engagement.

H8: Person-Organization Fit (POF) mediates the relationship between the Psychological Contract and employees' Turnover Intention

## **4.6 Research Design**

Research design is considered as a blueprint or framework to pursuit quality results successfully in the research studies. Usually, research design comprises of various alternatives to be chosen logically by the researchers related to objectives, research setting, and type of analysis and time sphere in the research. Additionally, some more decisions regarding sample type, data collection methods, assessment of variables need to be taken carefully (Cooper et al. 2006).

An empirical design is being utilized for the study, in which, structured questionnaire was used to obtain primary responses so as to standardize the responses. The questionnaire is divided in two parts, the initial part of the questionnaire collects demographic information of consumers and second part collects the information related to antecedents and consequences of Psychological Contract.

#### **4.6.1 Sample Design**

In order to get appropriate insights for study and to decide the outcome of research, sample design become extremely important because poor sample design might not exactly produce valid and reliable outcomes. Sampling frame, method, unit and sample size should be clearly defined otherwise research endeavour couldn't fulfil the thrust of the subject.

#### **4.6.2 Population**

Employees in every organization had psychological contracts i.e. in an employment exchange relationship but in this study only persons working in health and allied of eighteen years and above were allowed to participate. The population universe of the study was the people residing in the north India and the target population was people residing in the five cities identified from the region. Thus, the research population for this study comprises consumers from five cities of Delhi, Faridabad, Gurugram, Ghaziabad and Noida.

##### **4.6.2.1 Sampling Frame**

In this research study, the sample was drawn from multispecialty hospitals of North India which employs persons from a widespread demographic spectrum and across all states of India.

##### **4.6.2.2 Sampling Unit**

The sampling unit for this study consists of individuals who are eighteen years above and part of the population under consideration i.e. selected cities of NCR in this case. The respondents with varied educational background (graduate, postgraduate and professional) were allowed to participate in the research study. The following considerations were taken care of during data collection:

- The respondents must be an employee of healthcare industry.
- The respondents must be willing and at ease to participate in the research endeavour.
- The respondents must have enough time to complete the required procedure.

Hence, the sampling primarily encompassed small to medium-sized hospitals, characterized by specialities spanning from 15 to 60, and hospital capacities ranging from approximately 100 beds to 1250 beds. These hospitals serve as the primary source for data collection and analysis of responses, as mentioned in Table 4.0.

<b>Name of Hospital</b>	<b>Location</b>	<b>Specialties</b>	<b>Number of Beds</b>
Max Super Speciality Hospital	Ghaziabad	47	400
Manipal Hospital	Ghaziabad	21	300
Narender Mohan Hospital	Ghaziabad	15	70
Yashoda Super Speciality Hospital, Kaushambi	Ghaziabad	35	200
Yashoda Super Speciality Hospital, Nehru Nagar	Ghaziabad	15	300
Paras Hospital	Ghaziabad	15	50
Ambay Hospital	Ghaziabad	15	100
Felix Hospital	Noida	19	200
Apollo Hospitals	Noida	26	71
Prima Care Superspeciality Hospital	Noida	15	100
Metro Hospitals & Heart Institute	Noida	20	394
Bhardwaj Hospital & Healthcare	Noida	15	100
Yatharth Superspeciality Hospital	Noida	23	250
Fortis Hospital Noida	Noida	26	236
Max Multi Speciality Centre	Noida	30	100
Jaypee Hospital	Noida	22	1200
Hospital NCC	Noida	14	100
Apollo Spectra Hospital, Greater Kailash	Delhi	19	125
Apollo Spectra Hospital, Pusa Road	Delhi	19	150
Max Super Speciality Hospital - Saket	Delhi	27	530
BLK-Max Super Speciality Hospital	Delhi	37	650
SCI International Hospital	Delhi	15	50
Manipal Hospital	Delhi	40	380
Max Super Speciality Hospital, Shalimar Bagh	Delhi	42	280
Max Super Speciality Hospital, Patparganj	Delhi	39	400
CK Birla Hospital	Delhi	27	100
Elantis Healthcare	Delhi	19	80
Sir Ganga Ram Hospital	Delhi	48	675

Batra Hospital & Medical Research Centre	Delhi	30	495
Sitaram Bhartia Institute Of Science & Research	Delhi	16	70
Bhagwati Hospital	Delhi	25	100
Moolchand Hospital	Delhi	29	350
Pushpawati Singhanian Research Institute (PSRI Hospital)	Delhi	31	201
Venkateshwar Hospital	Delhi	34	325
Indraprastha Apollo Hospitals	Delhi	45	710
Fortis Hospital	Delhi	24	276
Bhagat Chandra Hospital	Delhi	26	85
Jaipur Golden Hospital	Delhi	25	242
St Stephens Hospital	Delhi	22	501
Mata Chanan Devi Hospital	Delhi	60	210
Metro Hospital and Cancer Institute	Delhi	20	155
Ayushman Hospital & Health Services	Delhi	26	300
Sri Balaji Action Medical Institute	Delhi	30	275
Kalra Hospital	Delhi	17	150
Fortis Escorts and Heart Institute, okhla	Delhi	21	310
Marengo Asia Hospitals	Faridabad	18	325
Asian Institute of Medical Sciences	Faridabad	29	425
Fortis Escorts Hospital	Faridabad	21	210
Accord Superspeciality Hospital	Faridabad	18	380
Asian Institute Of Medical Sciences	Faridabad	22	425
Metro Hospital	Faridabad	22	400
Sarvodaya Hospital	Faridabad	25	450
Manipal Hospital	Gurugram	27	150
Marengo Asia Hospitals	Gurugram	24	250
Max Hospital	Gurugram	45	92
CK Birla Hospital	Gurugram	28	100
Artemis Hospital	Gurugram	34	550
Fortis Memorial Research Institute	Gurugram	36	1000
Medanta-The Medicity	Gurugram	37	1250

Table 4.0: Sampled Hospital Details (Source: Authors own)

#### **4.6.2.3 Sample Size**

Number of respondents selected for a study must be the true representatives of the population in order to generalize the outcomes. To determine the final sample size for current study, some important conditions such as kind of scale employed for measurement, availability of respondents, pilot study outcomes, scope of possible errors and type of data analysis techniques were taken care of. Multi-stage sampling is used for the purpose of collecting data. In the first stage as described above the sampling frame has been decided which is North India region. In the second stage five major cities from North India i.e. Delhi, Faridabad, Gurugram, Ghaziabad, and Noida were identified for the study. For a population of 75,000 to 1,000,000 or greater a sample size of 384 must be sufficient (Sekaran and Bougie 2016). Additionally, Roscoe is cited by Sekaran and Bougie (2016) proposed that where samples may be broken into subsamples, the very least sample size of thirty would be necessary for every single category. Another thumb rule is usually that the sample should have more than 100 units in each category of major breakdowns and approximately 20 to 50 in minor breakdowns (Diamantopoulos and Schlegelmilch 2000).

Based on these considerations, a sample size of 1500 was decided as appropriate for this study comprises of 250 respondents each from Faridabad, Gurugram, Ghaziabad, Noida and 500 from Delhi (as it has largest population).

#### **4.7 Data Collection**

This study required information for assessing the employee's response to Psychological contract, turnover intention and employee engagement among respondents in NCR. Both secondary and primary data were utilized for this purpose. Primary data had been collected, with the help of a structured questionnaire. Primary data is collected with an aim for finding solution to answer the research questions. Personal interaction and online forms both are used to collect primary responses. Respondents were convinced and persuaded to provide their honest responses and during the data collection process anonymity of respondents was assured. Sufficient time was provided for filling the questionnaire.

Secondary sources of information like government publications journal articles, internal records, websites books, magazines and newspapers were also consulted for enhancing the understanding of the related concepts and theories.

#### **4.8 Development of Research Instrument**

To develop research instrument (questionnaire) for the study a combined approach by (Schwab 1980; Bollen 1989) is followed. This approach is comprises of four phases describes as:

##### **4.8.1 Defining Variables in the Study**

This study assesses the relation between dependent variables (Employee Engagement, Turnover Intention and Psychological Contract) and independent variables (Employer Attractiveness and Personality Traits). The effect of co-variable (Person Organisation Fit) on the relationship between dependent and independent variables i.e. mediation effects were also examined in this study. Further, the effect of demographic variables was also evaluated.

##### **4.8.2 Generation of Items for the Dimensions**

To generate items for determining employer attractiveness, employee engagement, turnover intention, psychological contract and personality traits, scales used in previous studies were reviewed. For developing the scale the following studies were taken into account (Millwards & Hopkins,1998; Rosenberg Self Esteem Scale, 1965; Soane et al. ,2012; Mobley, Horner, & Hollingsworth, 1978; Jung and Yoon 2013). Researcher was able to draw 70 items comprised in 6 variables for measuring responses of health workers.

##### **4.8.3 Development of Final Scale**

Along with literature review, interview technique can also be used to develop variety of statements related to the variables in the questionnaire (Dawis 1987). Therefore discussions were arranged with selected health workers, experts and research scholar's and their suggestions are also incorporated to develop items for research instruments for measuring effectiveness of employer attractiveness and personality traits in affecting health workers psychological contract, which in turn effects employee

engagement and turnover intention. The items developed through the discussion process with the health workers and others were combined with those drawn from literature to finalize the questionnaire. Suggestions to include question regarding work experience with the current employer/ tenure along with total work experience in questionnaire are also taken into consideration.

However, since the variables were taken from different sources, Common Method Variance (CMV) cannot be ruled out (Campbell and Fiske 1959). CMV can be defined as potential alterations to true correlations among observed variables. To minimize CMV this study employed several methodological precautions such as counter balancing the question order to reduce priming effects (Podsakoff et al. 2003). Further, extreme concern was taken not to include non-monotonic, double barrelled questions, and questions having vague words or phrases.

#### **4.8.4 Scale Evaluation**

The developed scale has been evaluated by examining content and face validity.

##### **4.8.4.1 Content Validity**

In this study to determine content validity generated items were presented before experts (comprises health workers, faculty members and Ph.D. students in final stages of their research) along with the definition of independent and dependent variables. After preliminary screening, 10 monotonies items were dropped. The experts advised also taken to find out whether the items comprising effect of psychological contract and personality traits in affecting health workers employee engagement and turnover intention, age, education, work experience and income were covered appropriately in questionnaire or not and their suggestions were incorporate in questionnaire. This confirms the content validity and the questionnaire with 60 items was ready for further processing and preliminary study.

##### **4.8.4.2 Face Validity**

To ensure face validity the questionnaires were distributed among 10 health workers. The questionnaire was found to be clearly understandable by respondents.



## 4.9 Format of Scale

Scale having simpler format are generally more preferable but complex format might be useful to collect responses from educated and experienced respondents. Scale having more number of better than fewer, because it is easier to reduce number of scale point but it is difficult to increase points once responses are collected (Dawis 1987). As per aforementioned discussion and considering the respondents profile, the five point Likert's scale has been adopted in study that includes:

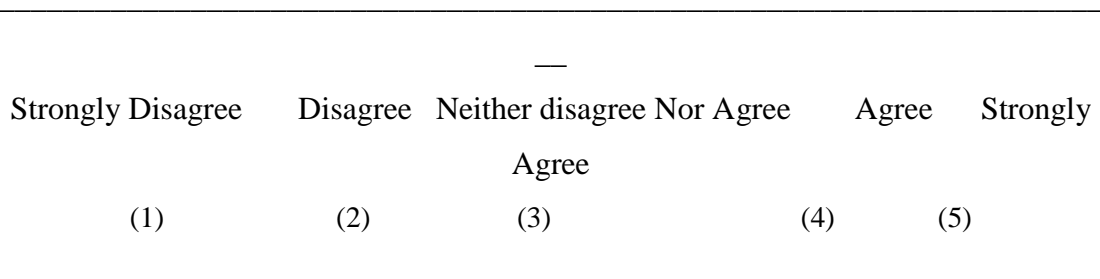


Figure 4.1: Format of Scale

## 4.10 Preliminary Study

A preliminary study was carried in to pre-evaluate research instrument. It helps to find out the potential difficulties that may arise during data collection, and also to estimate the average time required to complete the questionnaire (Lacobucci and Churchill 2010). For this purpose, taking demographic characteristics into consideration sixty respondents were selected using convenient sampling from selected cities. .

During the preliminary study, the feedback of respondents was taken regarding language used and the clarity of the question in the questionnaire and majority of respondents were comfortable with the questions and language used in the questionnaire. Based on their suggestions required modifications were done in survey instrument before using it for final collection of data.

Further, statistical techniques are employed to confirm the main survey instrument on the basis of responses of preliminary study. For finalizing the questionnaire relevance of items needs to be determined (Field 2009). This can be done by observing items having low and high standard deviations and low correlation values as they could make

the instrument worthless. So, items with insignificant correlations and high standard deviation ( $>3$ ) were eliminated. After this process the final questionnaire comprises of 52 items has been finalised.

#### 4.11 Exploratory Factor Analysis

The 52-item questionnaire designed to assess the impact of personality traits and perceived employer attractiveness on the psychological contract, with a specific focus on its influence on employee engagement and turnover intention among healthcare professionals, was subjected to Exploratory Factor Analysis (EFA) utilizing IBM SPSS version 22.

Data reduction through EFA process primarily focuses on maintaining the originality in character and nature of the variables along with decrease in their number to make simpler for multivariate analysis (Hair et al., 2010). In this study EFA was performed through Principal Component Analysis and to justify the application of factor analysis, it was ensured that the items had adequate correlations between them. The outcomes of the study (Table 4.1) illustrates that the Kaiser-Meyer-Olkin (KMO) value is in the acceptable range of 0.5 and 1.0 (Hair et al. 2010; Kaiser 1974) which supports the application of the principal component analysis for data reduction. Also, a statistically significant value of Bartlett's test of Sphericity ( $p < .001$ ) shows that there is sufficient correlation among the variables to proceed (Field 2009).

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.870
Bartlett's Test of Sphericity	Approx. Chi-Square	37512.182
	df	820
	Sig.	.000

Furthermore, the data was reduced by the following three methods (Hair et al. 2010) and the values of anti-image correlation; communalities and finally the values of rotated component matrix were examined to drop the cross loadings items.

**Method (1)** the value of anti-image correlation was taken in to consideration for removing the items. Items were reduced iteratively based on value less than .5, started

from smallest value to largest value until all items have achieved the required level of .5. Four items (PC17, PC18, EE5, EA4) was removed during the process.

**Method (2)** in this step the value of communalities was examined to assess whether the variables meet acceptable levels of explanation. The acceptable level of values was taken as 0.5 or above (Hair et al. 2010) and items were reduced iteratively one by one, started from the smallest and continued till reaching at required level of 0.5 or more. In the process three items (PC19, EA6 and EA9) were removed.

**Method (3)** the items were removed in two steps. First items with factor loading value of less than 0.4 and later having cross loading were examined and items that were having cross loadings were dropped. During the process four items (PC10, PC20, EA7 and EE9) removed to obtain final items to be implied for further processing.

The initial matrix from Principal Component Analysis and Scree Plot demonstrated that six factors explained 78.07 percent variance which is greater than the 60 percent threshold (Malhotra and Dash 2010).

**Table 4.2: Total Variance Explained using Principal Component Analysis**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	14.145	34.499	34.499	14.145	34.499	34.499	12.856	31.356	31.356
2	6.974	17.010	51.509	6.974	17.010	51.509	5.826	14.210	45.566
3	4.079	9.948	61.457	4.079	9.948	61.457	4.960	12.097	57.662
4	3.102	7.566	69.023	3.102	7.566	69.023	3.445	8.402	66.064
5	2.062	5.030	74.053	2.062	5.030	74.053	3.125	7.621	73.686
6	1.959	4.778	78.831	<b>1.959</b>	<b>4.778</b>	<b>78.831</b>	<b>2.110</b>	<b>5.146</b>	<b>78.831</b>
39	.008	.019	99.991						
40	.003	.006	99.998						
41	.001	.002	100.000						

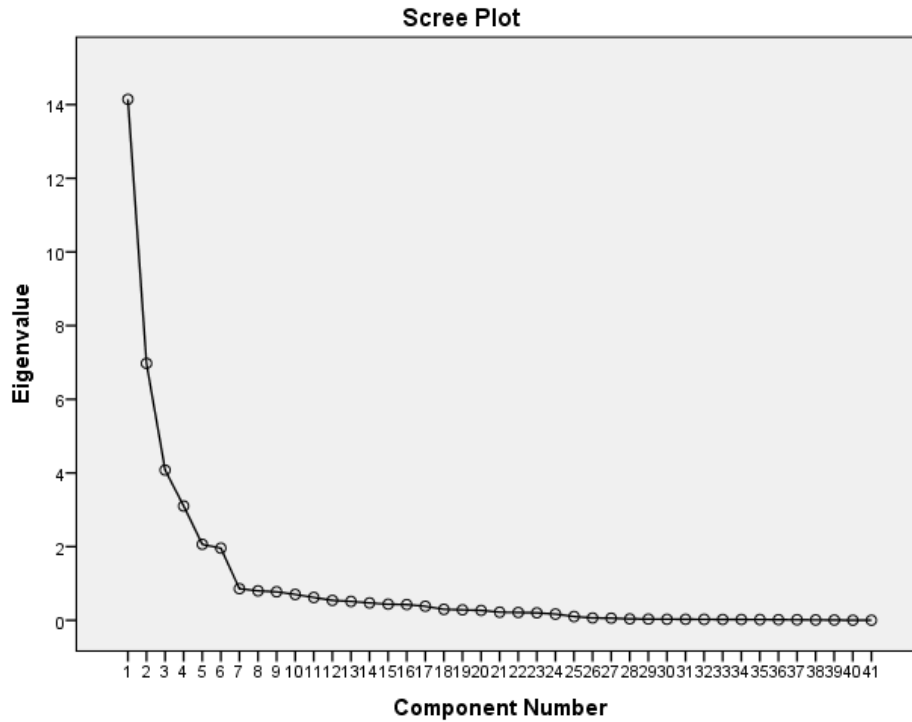


Figure 4.2: Scree Plot

The change in the pattern of items was observed during the EFA process. Outcomes from preliminary study suggested 52 items in 6 dimensions. Whereas, the results of EFA suggested six dimensions with 41 items having 15 items in one factor, 5 items in two factors and 7, 6 and 3 items in remaining three factors (Table 4.3).

**Table 4.3: Exploratory Factor Analysis**

Items		$\beta$	$\alpha$	CR	AVE
<i>Psychological Contract</i>			.987	.893	.623
PC7	I work only the hours set out in my contract and no more.	.971			
PC12	It is important to be flexible and to work irregular hours if necessary.	.967			
PC11	My job means more to me than just a means of paying the bills	.965			
PC13	I expect to develop my skills (via training) in this company.	.950			
PC14	I expect to grow in this organization.	.944			

	PC9	I work to achieve the purely short-term goals of my job.	.944			
	PC15	To me working for this organization is like being a member of a family.	.933			
	PC8	It is important not to get too attached to your place of work.	.931			
	PC5	I come to work purely to get the job done.	.927			
	PC6	As long as I reach the targets specified in my job, I am satisfied.	.923			
	PC4	All in all, I am inclined to feel that I am a failure.	.912			
	PC16	I feel this company reciprocates the effort put in by its employees.	.867			
	PC2	At times, I think I am no good at all.	.866			
	PC1	I do this job just for the money.	.841			
	PC3	It is important not to get too involved in your job.	.788			
<b><i>Employee Personality</i></b>				.844	.901	.646
	PT1	I feel that I have a number of good qualities.	.834			
	PT2	At times, I think I am no good at all.	.805			
	PT3	I wish I could have more respect for myself.	.761			
	PT4	All in all, I am inclined to feel that I am a failure.	.724			
	PT5	I take a positive attitude toward myself.	.654			
<b><i>Employer Attractiveness</i></b>				.871	.882	.599
	EA8	The organization provides an attractive overall compensation package.	.924			
	EA3	Feeling more self-confident as a result of working for a particular organization	.806			
	EA1	You feel the desire to stick with the organization because of the opportunities that come from experience in a professional workplace.	.802			
	EA2	Feeling good about you as a result of working for a particular organization.	.733			

	EA5	The organization helps in gaining career-enhancing experience.	.645			
<b>Person Organisation Fit</b>				.951	.885	.609
	PO4	My values match those of current employees in this organization.	.949			
	PO6	This organization has the same values as I do with regard to concern for others.	.933			
	PO5	I have affections and affinity for this organization.	.914			
	PO1	I really fit this organization.	.834			
	PO3	My organization meets my major needs well.	.830			
	PO2	I feel that my personal values are a good fit with this organization.	.800			
<b>Employee Engagement</b>				.871	.885	.609
	EE6	I share the same work attitudes as my colleagues	.919			
	EE8	I feel energetic in my work.	.917			
	EE7	I feel positive about my work.	.917			
	EE1	I focus hard on my work.	.868			
	EE3	I pay a lot of attention to my work	.868			
	EE4	I share the same work values as my colleagues.	.860			
	EE2	I concentrate on my work.	.818			
<b>Turnover Intention</b>				.775	.885	.609
	TI3	As soon as possible, I will leave the organization	.891			
	TI2	I will probably look for a new job in the next year	.860			
	TI1	I often think about quitting my present job	.717			
<p><math>\beta</math> Factor Loadings; <math>\alpha</math> Cronbach's Alpha; CR Construct Reliability Coefficients; AVE Average Variance Extracted</p> <p><b>Extraction Method: Principal Component Analysis.</b></p> <p><b>Rotation Method: Varimax with Kaiser Normalization.</b></p>						

## 4.12 Scale Reliability

Reliability can be described as "the proportion of variance attributable to the true score of the latent variable" (DeVellis 2016). If same output obtained after repeating the research, the measures would be considered reliable (Field 2009). The study of reliability is as important as study itself because the ability to identify important outcomes can be affected due to influence of errors in measurement in researcher's data at one end (Thompson 2002) and the purpose of the testing instrument can be blighted significantly at other end due to non-measurement of reliability (Fornell and Larcker 1981; Hair et al. 2010). Therefore, before moving further to apply various tools such as confirmatory factor analysis and structural modelling, the internal consistency reliability, item reliability and construct reliability have been measured in the present study.

### 4.12.1 Internal Consistency

The continuity of the responses across the items (variables) within a single measurement scale can be assessed by internal consistency (Field 2009). For this purpose, Cronbach's Alpha remains primary method to evaluate scale reliability (Kline 2015). The developed scale provides poor outcome and reports diverse nature of measures (i.e. the construct) if the Cronbach's alpha reports lower value (Field 2009). Generally, the values of Cronbach's alpha greater than .70 is accepted as upper limit and the values between 0.60 and 0.70 are acceptable as lower limit for the internal consistency (Hair et al. 2010; Santos 1999).

**Table 4.4: Summary of Cronbach's Alpha**

	Psychological Contract	Personality Traits	Employer Attractiveness	Person Organisation Fit	Employee Engagement	Turnover Intention	Overall Scale
<b>Cronbach's Alpha</b>	.987	.844	.871	.951	.961	.775	.872
<b>No. of Items</b>	15	5	5	6	7	3	41

The value of 0.60 is acceptable for newly developed scale (Nunnally 1978; Nunnally and Bernstein 1994). As self-developed scale was employed for this study therefore 0.60 was set as the cut off value for the alpha coefficient. As per Table 4.4 Cronbach's Alpha values of all the sub-scales are above .60 and for the overall scale is 0.872 which satisfy the required level of 0.60.

#### 4.12.2 Item Reliability

Item reliability refers to degree of variance in an item because of associated primary construct rather than to error (Field, 2009). The standardized factor loading of an item can be examined to study the reliability of the item. For the sample size greater than 350, the factor loading of 0.3 and above is regarded as acceptable (Hair et al. 2010). While factor loading of 0.4 and above regarded as acceptable irrespective of the sample size (Field 2009). On the basis of the norms of ‘variance explained’ factor loading of 0.71 can explain 50 percent of the common variance and therefore has been considered as best while factor loading value of 0.32 is considered as poor because it is able to explain only 10 percent of common variance (Comrey and Lee 1992). Thus, 0.32 and above values of standardized factor loading should be regarded as acceptable. The standardized factor loading in the current study is greater than 0.5 for all the items in six constructs (Table 4.3). Thus, the item reliability is not an issue.

#### 4.12.3 Construct Reliability

The items of latent variables were examined to measure construct reliability. The value of composite reliability was examined to confirm construct reliability. Fornell and Larcker (1981) suggested the benchmark value to prove composite reliability as 0.70 and it further can be checked by measuring average variance extracted (AVE). The acceptable value for AVE is 0.5 and excellent is 0.7 and above (Malhotra and Dash 2010). Values of composite reliability and average variance extracted can be calculated by using following formula (Raykov 1997)

$$\text{Composite Reliability} = \frac{(\sum \lambda_i)^2}{(\sum \lambda_i)^2 + \sum (\epsilon_i)}$$

Where,  $\lambda$ = standardized factor loading for item i and  $\epsilon$ = indicator measurement error for item i. The error variance ( $\epsilon$ ) is as:

$$\epsilon_i = 1 - \lambda_i^2$$

Composite reliability value of .970 (Table 4.5) for this study is more than the criteria of 0.61 and above (Hair et al. 2010; Malhotra and Dash 2010). Thus, data can be processed further with the same factors.



**Table 4.5: Average Variance Extracted and Composite Reliability Extracted**

<i>Factors</i>	<i>CR</i>	<i>AVE</i>
PC	.893	.623
PT	.901	.646
EA	.882	.599
PO	.885	.609
EE		
TI		

Henceforth, the major objective of factor analysis is to summarize data which would lead to relationships or patterns that could be easily interpreted and comprehended. In this research study the ‘Psychological Contract’, ‘Employee Personality’, ‘Employer Attractiveness’, ‘Person Organisation Fit’, ‘Employee Engagement’ and ‘Turnover Intention’ are emerged as four significant factors and these factors have been named based on the perception statements belonging to them.

#### **4.13 Proposed Research Methodology for Objectives and Hypotheses**

After the reliability and validity for the questionnaire is established with EFA, next step is to test the hypothesis and fulfil the research objectives laid for the study. It is proposed to employ Structural Equation Modeling (SEM) for hypothesis testing in this study. Structural Equation Modeling is a multivariate data analysis technique that facilitates to study the relationships among Latent variables (LVs) and Measured Variables (MVs). Measured variables also known as observed variables are the one which can be directly measured in some way. In fact, these are the variables that consist of responses of consumers collected through the questionnaire or interview. But latent variables cannot be measured directly and thus are unobservable. These variables are the representations of covariance between two or more observed variables (Field 2009). In this study there are two independent variables namely employee personality, employer attractiveness, and three dependent variable i.e. psychological contract, employee engagement and turnover intention along with person organisation fit as a mediating variable. All these six variables are latent variables which are measured by the observed variables including all dimensions and questions provided in questionnaires.

**Table 4.6: Research Methodology for Objectives and Hypotheses**

S. No.	Hypotheses	Proposed Statistical Method
1	<b>Objective 1:</b> To investigate the impact of employees' age and work experience on the formation of the psychological contract among employees in the healthcare industry, in order to enhance our understanding, the underlying dynamics and implications.	ANOVA
	<b>H1:</b> There is significant effect of health worker work experience on formation of Psychological Contract with their employer	
	<b>H2:</b> There is significant effect of healthcare worker age on formation of Psychological Contract with their employer.	
2	<b>Objective 2:</b> To investigate the impact of employees' personality and employer attractiveness in the formation of the psychological contract among employees in the healthcare industry, in order to enhance our understanding, the underlying dynamics and implications.	SEM
	<b>H3:</b> Employees' personality has a significant impact on the formation of their psychological contract with their employer	
	<b>H4:</b> The perceived attractiveness of an employer has a significant impact on the formation of the psychological contract between employees and their employer	
3	<b>Objective 3:</b> To examine the extent to which the psychological contract impacts employee engagement and turnover intention among healthcare employees, with the aim of understanding the relationship between the psychological contract, employee engagement, and turnover intentions and providing insights for organizations to enhance employee well-being and retention.	SEM
	<b>H5:</b> Psychological Contract between an employee and their employer has a significant effect on the level of employee engagement.	
	<b>H6:</b> There is a significant relationship between the Psychological Contract and employees' Turnover Intention	
4	<b>Objective 4:</b> To investigate the role played by person-organization fit in defining the relationship between the psychological contract with employee engagement and psychological contract with turnover intention	SEM
	<b>H6:</b> Person-Organization Fit (POF) mediates the relationship between the Psychological Contract and Employee Engagement	
	<b>H6:</b> Person-Organization Fit (POF) mediates the relationship between the Psychological Contract and employees' Turnover Intention	

## **CHAPTER 5**

### **DATA ANALYSIS AND RESULTS**

The present chapter represents the data analysis for the information gathered from healthcare workers in various multispecialty hospitals across North India. Data about the antecedents and consequences of psychological contract amongst the respondents was collected and analysed. The statistical tests used were descriptive analysis, correlation, ANOVA, Confirmatory Factor Analysis (CFA) and Structural Equation Model (SEM). The analysis was done using IBM SPSS Statistics and AMOS software; which are extremely powerful tools for deciphering survey data.

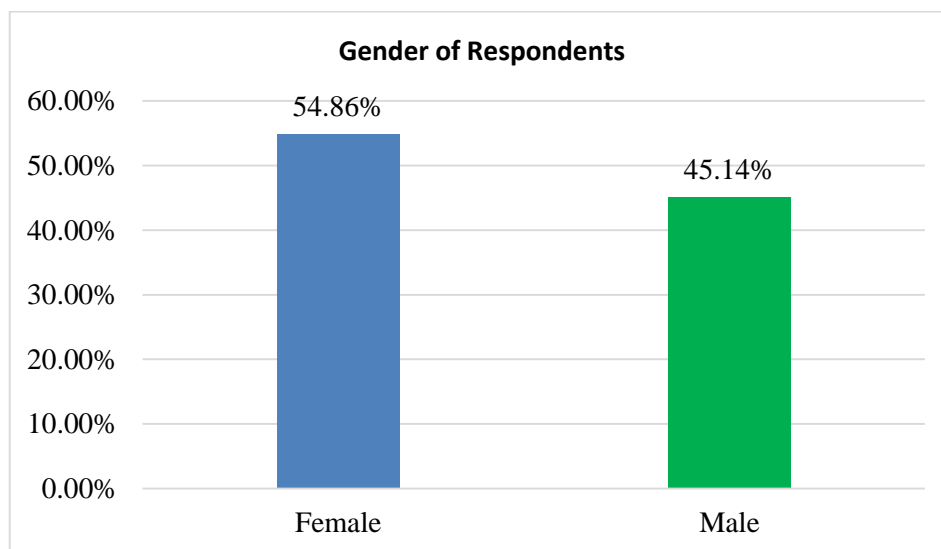
To collect the data pertaining to the influence of personality and employer attractiveness on the formation of psychological contract, and subsequently, the impact of the psychological contract on turnover intention and employee engagement among respondents, with a mediating role of person-organization fit, a total of 700 questionnaires were distributed across multispecialty hospitals in North India. Of these, 514 questionnaires were deemed suitable for inclusion in the study, while the remaining were excluded due to issues such as missing values and overwriting. The achieved response rate for the study was 73.4%.

#### **5.1 Demographic profile of respondents**

During the data collection phase, comprehensive demographic information regarding various aspects of the respondents was gathered and subsequently analysed. This meticulous examination presented a profound insight into the demographics of the studied area and its local populations. The precise analysis of demographics is instrumental in drawing meaningful conclusions and formulating insightful recommendations based on the study's findings.

The comprehension of the influence exerted by social norms and power structures on the lives and opportunities accessible to diverse groups of men and women is facilitated through an examination of gender distribution. Within the realm of development, a pivotal aspect that merits significant attention is gender. Hence, an analysis of the genders of respondents was done by the researcher. The analysis showed that majority, 514 of the respondents i.e., 54.86 % were female (n=282), 232 that is 45.14% were male as represented in Figure 5.1.

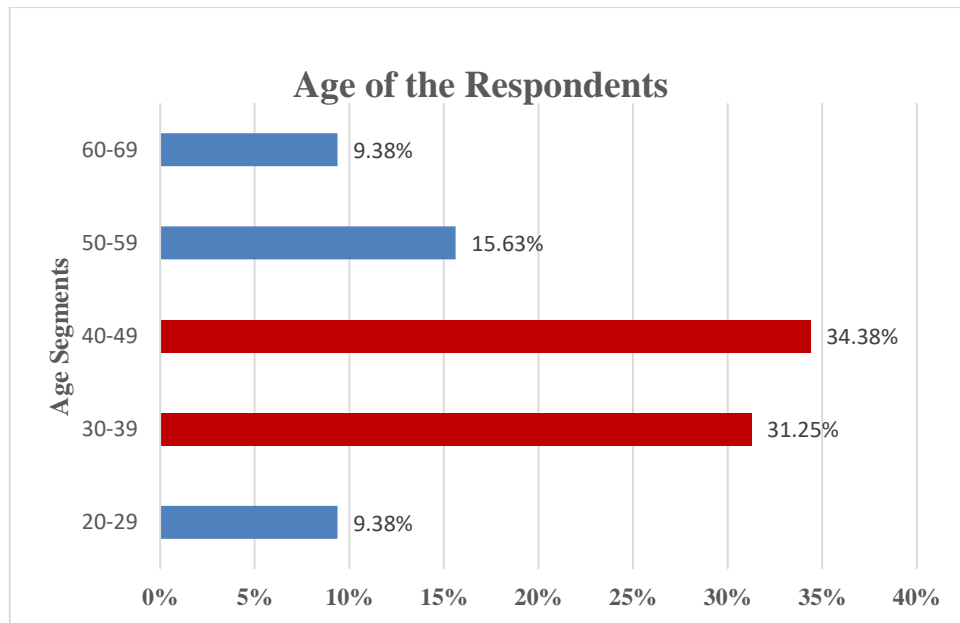
In the healthcare industry, gender differences regarding the dynamics of the psychological contract may be negligible, due to the primary commitment shared by all professionals to the principles of the Hippocratic Oath. This oath, which emphasizes the sacred duty of care, ethical conduct, and patient well-being, serves as a unifying force exceeding gender boundaries within healthcare professions. Research suggests that both male and female healthcare professionals prioritize patient care, empathy, and ethical behaviour, associating closely with the principles outlined in the Hippocratic Oath (Indradevi & Veronica, 2018). Also, the sincere pledge to maintain these principles fosters a shared sense of responsibility and commitment among all practitioners, irrespective of gender, thus minimizing disparities in their perceptions of the psychological contract. Also, the hierarchical structure and professional norms inherent in healthcare settings further diminish the gender differences in the dynamics of psychological contract. It emphasizes adherence to professional standards and protocols, encouraging everyone to work together for patient care and the organization's goals.



**Figure 5.1: Gender of Respondents**

The examination of population distribution based on age constitutes a paramount demographic categorization. The study of age occupies a central position in demographic statistics, as it plays a crucial role in comprehending the economic and cultural dynamics within our society. This analytical framework proves instrumental in evaluating the attained level of development in both the economy and culture of the examined region.

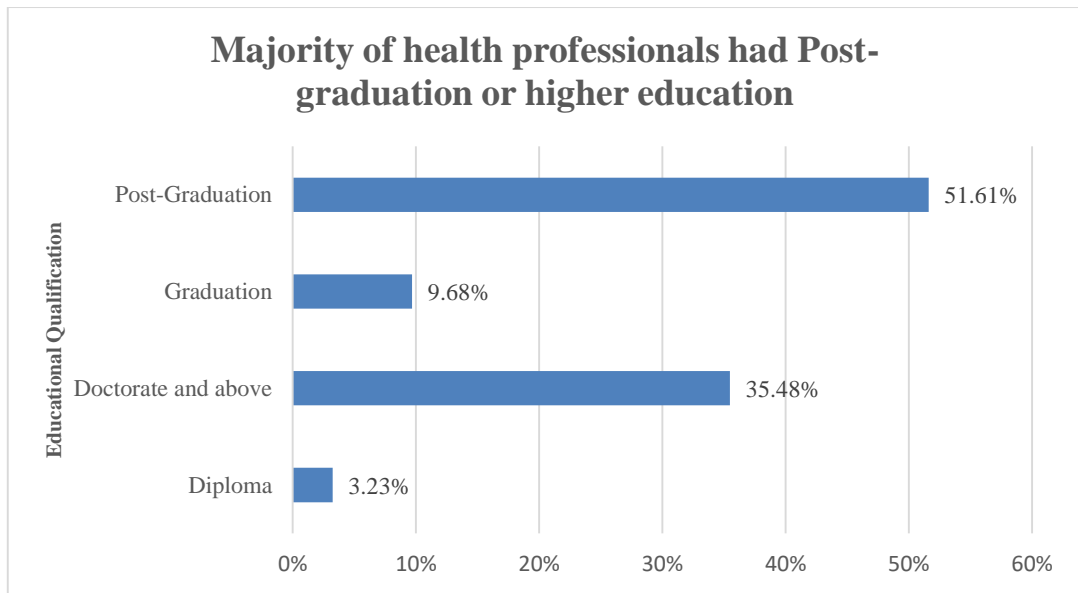
In the current study (Figure 5.2) majority of respondents are from age groups 30-39 and 40-49, Out of total 514 respondents 34.38% that is 177 had their age between 40 to 49 years. 161 respondents (31.25%) had age between 30 to 39 years, followed by 80 respondents of 50 to 59 years and 48 respondents for 20 to 29 years and above 60 years of age.



**Figure 5.1 Age of Respondents**

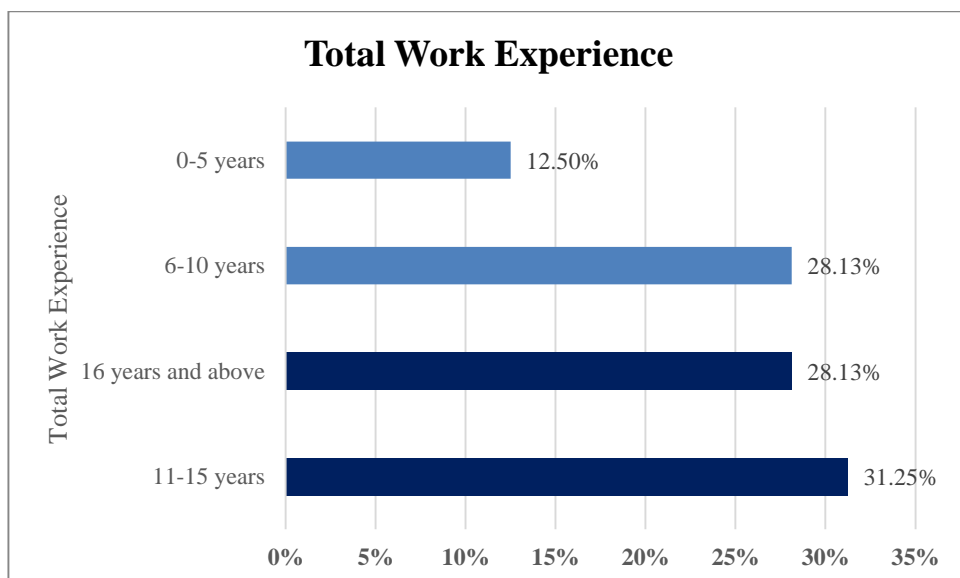
Analysing the educational background of respondents provides insights into the distribution of knowledge, skills, and access to opportunities within a population, thereby shedding light on disparities and potential areas for intervention. Understanding the educational profile of respondents contributes to informed policy-making, as it unveils patterns that can guide the development of targeted initiatives aimed at enhancing educational access, promoting workforce skills, and fostering overall societal development.

In this study, as represented in Figure 5.3, out of the total 514 health professional 265 (51.61%) were post-graduates. 35.48% that is 182 of the total respondents had doctorate or higher education. 50 respondents (9.68%) were graduates and 3.23% (17) had diploma.



**Figure 5.3 Education of Respondents**

An experienced person is more aligned to the changes in trends and demands and knowledge directly leads to development of proficiency and ability to deliver professional service to the target audience. Considering the same, analysis about the years of experience in the health sector was done by the researcher. 161 (31.25%) respondents had 11-15 years of experience; 145 (28.13%) out of the 514 respondents had more than 16 years of experience; whereas 145 (28.13%) and 64 (12.5%) had 6-10 years and 0 to 5 years of experience in health sector respectively as shown in fig 5.4.



**Figure 5.4 Total Years of Work Experience**

For any organization its employees are the true assets. It is the employees of the organization which assure effectual and flourishing performance of an organization. It is the employees that strive and deliver their level best to achieve their goals and lead the business to new heights. The tenure of the employees plays a vital role in establishing outlook about the organization.

In the present study, 129 (25%) employees of the total 514 had more than 11 years of work experience with the current employer. 274 (53.13%) had work experience between 6 to 10 years with the current employer. 112 (21.88%) had less than 5 years with the current employer. The same is displayed in the Figure 5.5.

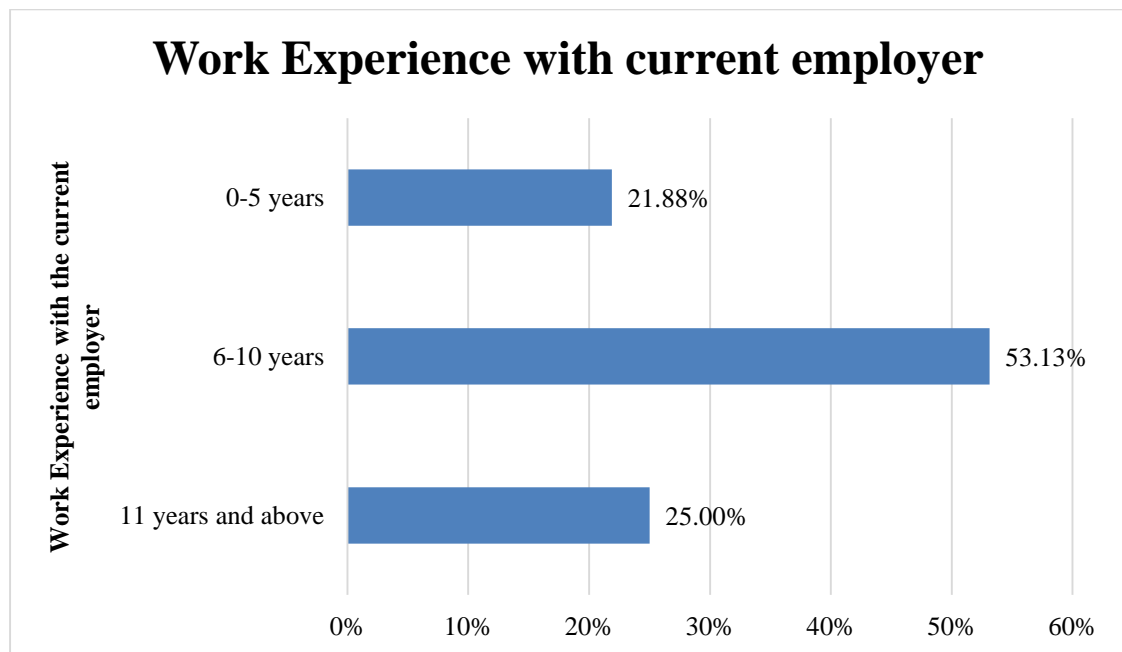


Figure 5.5 Work Experience with current employer

## 5.2 Data Screening

Data screening is a crucial initial step in preparing data for multivariate statistical applications, as it enables the utilization of diverse quantitative methods for analysis (Hair et al., 2010). Data screening comprises of checking for missing data, outlier's identification, and measurement of distributional characteristics. Measuring the normality of data, skewness and kurtosis is also extremely important because incorrect assumption of normality can affect the model estimation methods (Tabachnick and Fidell 2007).

### **5.2.1 Missing Data and Treatment**

Researchers had pointed out that missing data is one of the most encountered problems faced in survey research, it could happen due to negligence of researcher in feeding data or when respondents did not answer one or more questions in the questionnaire (Field 2009). Preliminary results indicates that out of 700 questionnaires received from respondents 66 did not respond, 85 had missing values and 35 questionnaires had overwriting issues hence were deemed unfit for the study. It was decided to exclude these questionnaires from the analysis because incomplete and invalid questionnaires could bias the outcomes and consequently leads to several issues in analysis of data that can produce erroneous results. This makes the number of usable questionnaires for the study to be 514.

### **5.2.2 Outliers Screening**

Hair et al. (2010) describes outliers as the cases with scores that are substantially different from the rest. Detection of both univariate outliers and multivariate outlier becomes extremely important as they can potentially bias the mean values and escalate standard deviation (Tabachnick and Fidell, 2007).

Present study primarily employed structural equation modelling that involves multivariate analysis therefore Mahalanobis D<sup>2</sup> test was employed for identification of multivariate outliers. In case of Mahalanobis D<sup>2</sup> test if the value of observations related to  $D^2/df$  exceeds from 2.5 in small and 3 or 4 in large samples respectively are regarded as likely outliers (Hair et al. 2010). Only 15 cases of outliers were reported in the study. Until it is not proved that the outliers can truly deviate the outcomes and affect assumptions, they can be retained (Hair et al. 2010) and appropriately it was decided to retain the observations having outliers.

### **5.2.3 Assessing Normality**

In multivariate analysis the normality is considered as fundamental assumption (Hair et al. 2010). Multivariate normality implies that almost all variables in the analysed data set have univariate normality, the distribution of any pair of variables is bivariate normal and almost all pairs of variables have linear and homoscedastic scatterplots (Kline 2015). The overall distribution of the data should also be normal. Multivariate and univariate normality can be measured by observing the skewness



and kurtosis values of the data, as well as Mardia's coefficient. Mardia's coefficient can be measured by the following formula  $p(p+2)$  where  $p$  indicates the number of variables in the study. If Mardia's coefficient or multivariate kurtosis is lower than  $p(p+2)$  then the combined distribution of the variables is multivariate normal (Bollen 1989). Table 5.1 shows the values for skewness and kurtosis used to test for normality, as well as the values of Mardia's co-efficient for health sector employee's questionnaire.

**Table 5.1: Data Normality Assessment (for health sector employees' response towards Extracted Factors)**

Variable	min	max	skew	c.r.	kurtosis	c.r.
PT1	1.000	5.000	-.561	-5.191	.052	.239
PC3	1.000	5.000	-.872	-8.076	.629	2.912
PC2	1.000	5.000	-1.389	-12.852	1.783	8.253
PC1	1.000	5.000	-1.536	-14.214	2.525	11.685
PO1	1.000	5.000	.657	6.077	-.395	-1.828
PO2	1.000	5.000	.464	4.299	-.717	-3.318
PO3	1.000	5.000	.849	7.854	-.048	-.222
TI1	1.000	5.000	-.346	-3.207	.212	.983
TI2	1.000	5.000	.142	1.313	-1.148	-5.311
TI3	1.000	5.000	-.014	-.126	-1.029	-4.760
EA5	1.000	5.000	-.357	-3.301	-.695	-3.214
EA3	1.000	5.000	-.444	-4.108	-.716	-3.315
EA2	1.000	5.000	-.453	-4.188	-.799	-3.696
EA1	1.000	5.000	-.559	-5.170	-.355	-1.642
EE1	1.000	5.000	-.298	-2.755	-.743	-3.440
EE2	1.000	5.000	-.063	-.584	-1.017	-4.706
EE3	1.000	5.000	-.038	-.356	-.915	-4.235
EE4	1.000	5.000	-.127	-1.177	-.843	-3.899
PT3	1.000	5.000	-.623	-5.767	.512	2.372
PT4	1.000	5.000	-.750	-6.938	.598	2.769
PT2	1.000	5.000	-.657	-6.081	.258	1.194
<b>Multivariate</b>					<b>93.691</b>	<b>34.171</b>

Although there is no consensus regarding an acceptable degree of nonnormality but for univariate normality the absolute values of skewness should be less than 3.0 and kurtosis must lower than 10 (Kline 2015). As per table 5.1 for all variables of questionnaire, values of skewness are less than 1 and of kurtosis lower than 2 except PC1 therefore all variables except PC1 are normally distributed but since the values of skewness are between -0.014 and -1.536 which shows that most of the data is negatively skewed. Negative skewed data was likely to be in study as most of the

respondents preferred to agree or strongly agree to the survey dimensions. For the present study with observed variables (i.e.,  $p=21$ ) value of multivariate kurtosis is 93.691 (Table 5.1), which is less than Mardia's coefficient value of  $21(21+2) = 483$  satisfying the condition of normality.

Thus, it is concluded that the data is normally distributed as it suffices the condition of both univariate and multivariate normality.

#### **5.2.4 Homoscedasticity**

Tabachnick and Fidell (2007) illustrated homoscedasticity or heteroscedasticity as the variability in scores for one variable roughly similar to the values of all other variables. Equal variation between variables will be the pre-requisite assumption in multiple regressions as the failure of homoscedasticity in multivariate analysis indicates the presence of non-normality or higher error of measurement at few levels in independent variable(s) (Hair et al. 2010).

The Levens's test of equal variance is the most popular method to determine the homoscedasticity (Field 2009). The Levene's test was conducted during the assessment of demographic association of variables and results demonstrated that assumption regarding homogeneity of variance was not violated.

#### **5.2.5 Multicollinearity**

Multicollinearity occurs when correlation matrix has three or more cases of highly correlated variables ( $r=.90$  or above) with independent variable (Hair et al. 2010). Variance Inflation Factors (VIF) and tolerance impact can detect multicollinearity. VIF is the inverse of tolerance effect and tolerance effect indicates that variability specified by independent variable is unique (not explained by any other independent variable). The lower tolerance (below 0.1) and larger VIF (above 10) indicates the presence of multicollinearity and the variable in question may be redundant (Field 2009). As in this study there are three dependent variables (Employee Engagement, Turnover Intention and Psychological Contract) and two independent variables (Employer Attractiveness and Personality) therefore, multicollinearity has been tested between these variables. As per table 5.2 the values of tolerance are above 0.1 and none of the VIF values for the predictor variables in this example are greater than 5, which indicates that multicollinearity will not be a problem in the regression model.

**Table 5.2: Multicollinearity Statistics**

Model		Collinearity Statistics	
		Tolerance	VIF
1	PT	.834	1.198
	EA	.840	1.191
	PC	.882	1.134
	PO	.941	1.063
	TI	.975	1.025

*Dependent Variable: EE*

### 5.3 Response towards Extracted Factors

The very first objective of the present study is to recognize and examine the impact of factors essential for the formation of psychological contract of employees working in healthcare sector of North India region. The results demonstrated in Table 5.3 shows that the mean scores of responses towards Employer Attractiveness (EA), Personality (PT), Employee Engagement (EE), Turnover Intention (TI) and Psychological Contract (PC), Person-Organization Fit (PO) do not carry much difference.

**Table 5.3: Health care respondents' response towards Extracted Factors in NCR**

#### Descriptive Statistics

		PC	PT	EA	EE	TI	PO
N	Valid	514	514	514	514	514	514
	Missing	0	0	0	0	0	0
Mean		4.2802	3.9144	3.5759	3.1887	2.8171	2.2374
Std. Deviation		0.8648	0.75217	0.93193	1.0803	0.98012	0.96027
Variance		0.748	0.566	0.869	1.167	0.961	0.922
Minimum		1	1	1	1	1	1
Maximum		5	5	5	5	5	5

## 5.4 Studying Relationship between PT, EA, PC, PO, EE and TI

This section of the study reports about the relationship between Employer Attractiveness and Personality, Psychological Contract, Employee Engagement, Turnover Intention and Person-Organization Fit.

**Table 5.4: Pearson Correlation Values of Variables**

	PC	PT	EA	TI	EE	PO
PC (Psychological Contract)		.336**	.393**	.108*	.170**	.292**
PT (Personality)	.336**		.407**	.167**	.169**	.268**
EA (Employer Attractiveness)	.393**	.407**		.118**	.353**	.118**
TI (Turnover Intention)	.108*	.167**	.118**		0.014	.109*
EE(Employee Engagement)	.170**	.169**	.353**	0.014		.456**
PO (Person-Organisation Fit)	.292**	.268**	.118**	.109*	.456**	
N=514						
*. Correlation is significant at the 0.05 level (2-tailed).						
**. Correlation is significant at the 0.01 level (2-tailed).						

The correlation Table 5.4 suggests a significant relationship amongst Employee Engagement, Turnover Intention, Psychological Contract, Employer Attractiveness and Personality. The confirmatory factor analysis was conducted to delineate the dimensions of the Psychological Contract (PC) and associated variables. The table illustrates a statistically significant and strong correlation of Psychological Contract (PC) with Personality (PT), Employer Attraction (EA), Employee Engagement (EE), Turnover Intention (TI) and Person-Organization Fit (PO Fit),

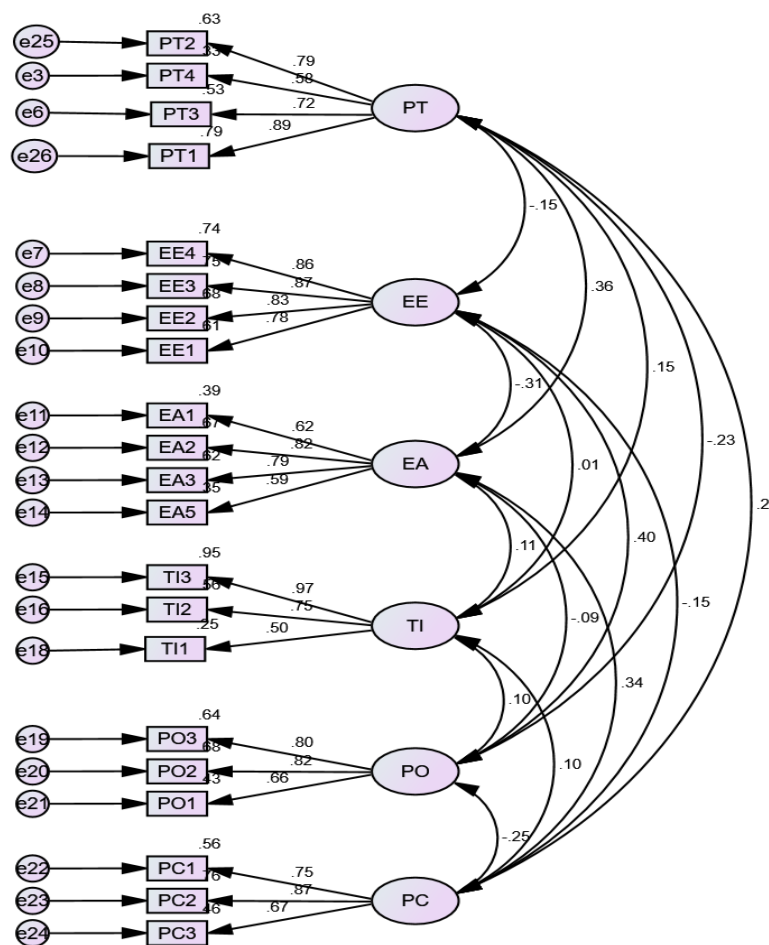
## 5.5 Confirmatory Factor Analysis

A Confirmatory Factor Analysis (CFA) is required before testing hypotheses using structure equation modeling. As also outlined previously in the literature review self-developed questionnaires has been used, hence exploratory factor analysis was employed first to extract identified dimensions and to develop latent structure (Table 4.3) and later extracted latent structure was validated in context to theoretical explanation by employing CFA. CFA validates a pre-specified factor

structure and goodness of fit, hence, extensively used for measuring psychometric properties of measurement instruments (Anderson and Gerbing 1988).

### 5.5.1.1 Results from Confirmatory Factor Analysis for Developing Measurement Model

Extracted factors with 41 items (Table 5.7c) comprises of 6 constructs to measure. Healthcare employee's response towards psychological contract and other constructs obtained through EFA were subjected to validation from CFA using IBM AMOS 23 to reach the optimum model fit. Initial outcomes of EFA were assessed on the basis of factor loading, scale reliability and construct reliability, suggest good fit at first. A parsimonious measurement model was developed by extracted constructs. The measurement model obtained through is carrying the 22 items. It is evident from the figure 5.6 below.



**Figure 5.6: Examination of Model fit and Estimation method showing Relationships between Employee Engagement, Turnover Intention, Psychological Contract, Employer Attractiveness and Personality Traits.**

The CFA method primarily helps in deciding a particular model that represents the data and its validation through the various model fit indices. The model has to be acknowledged perpetually to determine whether the model fit parameters found to be good. In case if model fit doesn't find satisfactory than model fit parameters can be improved by re-specification of the model. Generally, fit indices are categorized as absolute or incremental indices as discussed below:

- (1) ***Absolute Fit indices*** – they directly measure that how well observed data can be reproduced through developed model (Hair et al. 2010). Absolute fit indices include measures like Chi-square ( $\chi^2$ ) statistic, degree of freedom ( $df$ ) Goodness-of-Fit Index (GFI), Tucker Lewis Index (TLI), Standardized Root Mean Square Residual (SRMR), and Root Mean Square Error of Approximation (RMSEA) and significance level (p-value) provides most basic assessment to evaluate how well theory fits to observed data. The sample size may have adverse effect on Chi-square (Kline 2015) therefore  $\chi^2/df$  is being used to reduce the effects of sample size.
- (2) ***Incremental Fit Indices*** – Normed Chi Square, NFI (Normed-Fit-Index), CFI (Comparative-Fit-Index), TLI (Tucker-Lewis Index), and IFI (Incremental-Fit-Index) are some of the popular incremental fit indices which compares the fit of model with alternative models (Hair et al. 2010).
- (3) ***Estimation Method*** – Helps in determining the parameters and fit indices for developed model accurately. Some of the estimation methods are Maximum Likelihood (ML), Unweighted Least Square (ULS), Asymptotically Distribution Free (ADF), and Scale-Free Least Square (SFLS). For the measuring responses of health care professionals towards employee engagement, data has been collected from 514 respondents that considered as sufficient sample size for CFA as per population and normality has also been assessed, thus, in these circumstances the Maximum likelihood (ML) was considered most appropriate estimation method Because according to the outcomes of a simulation performed by Shah and Goldstein (2006), fit indices like GFI, CFI were not considerably influenced by the stipulation of non-normality or even with a small sample size if ML estimation method is applied. Table 5.5 shows goodness of fit measures of this study along with the acceptable threshold values as suggested by Hair et. al. (2010) and Hu and Bentler (1999).

**Table 5.5: Model Fit Statistics for Measurement Models**

Measure	Estimate	Threshold	Interpretation
CMIN	459.909	--	--
DF	174	--	--
CMIN/DF	2.643	Between 1 and 3	Excellent
CFI	0.941	>0.95	Acceptable
SRMR	0.047	<0.08	Excellent
RMSEA	0.057	<0.06	Excellent
PClose	0.042	>0.05	Acceptable

Recommended value source: (Hu and Bentler 1999)

### 5.5.1.3 Examining Standardized Residuals

None of the residual value should be more than 2.58 (Byrne 2001). A look at the table 5.6 revealed that some of the residual values are greater than 2.58 but they are in tolerable limits as univariate and multivariate normality is ensured (Hair et al. 2010).

**Table 5.6: Standardized Residual Values for Measurement Models**

	PT1	PC3	PC2	PC1	PO1	PO2	PO3	TI1	TI2	TI3	EA5	EA3	EA2	EA1	EE1	EE2	EE3	EE4	PT3	PT4	PT2	
PT1	0.00																					
PC3	-1.34	0.00																				
PC2	-0.06	-0.11	0.00																			
PC1	0.21	0.55	-0.10	0.00																		
PO1	0.02	1.17	-0.50	0.08	0.00																	
PO2	-0.74	0.76	-1.54	1.22	-0.44	0.00																
PO3	0.63	1.70	-0.68	2.01	0.46	0.02	0.00															
TI1	0.55	-0.22	3.51	-0.95	-2.50	-2.20	-2.99	0.00														
TI2	-0.84	-1.11	-0.59	-0.73	-0.76	0.01	0.17	0.35	0.00													
TI3	0.40	-1.07	0.37	0.03	-0.35	0.61	-0.26	-0.03	0.00	0.00												
EA5	0.94	0.30	1.54	0.87	1.37	-0.56	1.41	0.97	-0.35	-0.18	0.00											
EA3	-0.82	-0.96	-0.82	-1.31	0.91	-0.85	0.57	1.59	-0.74	0.10	-2.07	0.00										
EA2	-0.47	0.59	0.15	-0.11	1.10	-0.78	0.78	1.62	0.37	-0.13	-0.46	0.89	0.00									
EA1	-1.20	0.92	0.75	0.04	0.07	-2.10	-0.20	1.33	0.09	0.02	4.81	-0.28	-1.45	0.00								
EE1	1.54	0.50	-0.28	0.29	-0.56	-0.71	-1.92	-0.96	-0.70	-0.57	-0.89	0.37	0.90	-1.04	0.00							
EE2	0.47	0.41	-0.31	0.09	-0.20	0.85	-0.25	0.06	0.67	0.74	0.32	-0.85	-0.91	-1.02	-0.50	0.00						
EE3	-0.39	-0.29	-0.69	0.77	0.93	1.28	-0.61	-0.74	-0.16	-0.47	-0.04	-0.93	-0.36	-1.48	0.81	-0.49	0.00					
EE4	1.16	0.65	-0.23	1.18	-0.38	0.38	-0.31	0.26	0.31	0.29	1.75	0.87	1.67	0.15	-0.32	0.71	-0.23	0.00				
PT3	0.10	-0.70	0.19	0.29	-0.93	-1.32	0.80	1.69	-1.08	-0.82	2.05	0.61	-0.30	-0.72	0.51	0.44	-0.18	1.48	0.00			
PT4	-0.53	-1.38	0.51	-0.10	-0.43	-0.71	0.65	0.55	0.33	0.44	3.37	2.20	3.02	2.13	-2.45	-2.88	-3.81	-2.42	0.67	0.00		
PT2	0.19	-0.60	0.13	1.80	0.81	-0.18	1.17	0.62	-1.10	-0.18	1.01	-0.25	-0.62	-0.55	0.43	-0.61	-0.69	-0.26	-0.51	0.10	0.00	

### 5.5.1.4 Examining Validity

In context of validity measurement, before proceeding to employ structural equation modeling both convergent and discriminant validity were ensured in this study. The validity evaluation of extracted factor measurement scale has been detailed hereunder:

**Table 5.7: Average Variance Extracted and Composite Reliability for Measurement Model**

	CR	AVE	MSV	MaxR(H)	PC	PT	EE	EA	TI	PO
<b>P C</b>	0.810	0.590	0.115	0.840	<b>0.768</b>					
<b>P T</b>	0.780	0.549	0.127	0.913	0.293** *	<b>0.741</b>				
<b>E E</b>	0.902	0.697	0.163	0.953	0.149** *		<b>0.835</b>			
<b>E A</b>	0.802	0.508	0.127	0.962	0.339** *	0.356** *	0.314** *	<b>0.713</b>		
<b>TI</b>	0.799	0.586	0.024	0.978	0.098** *	0.154** *	0.013** *	0.106** *	<b>0.767</b>	
<b>P O</b>	0.807	0.585	0.163	0.980	0.252** *	0.234** *	0.404** *	0.095** *	0.099** *	<b>0.765</b>

\*\*\*  $p < 0.001$

For the present study i) Composite Reliability (CR) values are more than 0.7, ii) Average Variance Extracted (AVE) is more than 0.5 and ii) CR is more than Average Variance Extracted (i.e.,  $CR > AVE$ ) (Table 5.7) thus, the convergent reliability has been established as all three criteria are achieved (Bagozzi and Yi 1988; Anderson and Gerbing 1988).

Ascertaining of discriminant validity confirms that extracted constructs are different from each other and do not overlap. To ascertain the discriminant validity of the study the value of inter-construct correlation and square root of AVE are compared. And for the study the values square root of AVE is more than inter-construct correlation of all factors therefore the discriminant validity is established (Fornell and Larcker 1981; Hair et al. 2010).

## **5.6 Results of Structural Equation Model of the Study**

### **5.6.1.1 Structural Equation Model for Measuring Impact of Psychological Contract of Health Care employees on Employee engagement**

Outcomes of Confirmatory Factor Analysis and validation of measurement model for HealthCare employee's response towards Employee engagement suggests that the 5 extracted factors comprise of 18 items are ready for further analysis of data through Structural Equation Modelling. Thus, the relationships could be examined and modelled between the dependent, independent variables, latent constructs, paths and their associated observed variables. The final model for measuring Employee



Engagement through Person-Organisation Fit, Psychological Contract, Employer Attractiveness and Personality Traits presented in Table 5.8.

**Table 5.8 Structural Model for Measuring Impact of Psychological Contract of Health Care employees on Employee engagement**

<i>Psychological Contract</i>	1.	PC1	I do this job just for the money.
	2.	PC2	At times, I think I am no good at all.
	3.	PC3	It is important not to get too involved in your job.
<i>Employer Attractiveness</i>	1.	EA1	You feel the desire to stick with the organization because of the opportunities that come from experience in a professional workplace.
	2.	EA2	Feeling good about you as a result of working for a particular organization.
	3.	EA3	Feeling more self-confident as a result of working for a particular organization
	4.	EA5	The organization helps in gaining career-enhancing experience.
<i>Personality Traits</i>	1.	PT1	I feel that I have a number of good qualities.
	2.	PT2	At times, I think I am no good at all.
	3.	PT3	I wish I could have more respect for myself.
	4.	PT4	All in all, I am inclined to feel that I am a failure.
<i>Person Organisation Fit</i>	1.	PO1	I really fit this organization.
	2.	PO2	My organization meets my major needs well.
	3.	PO3	I feel that my personal values are a good fit with this organization.
<i>Employee Engagement</i>	1.	EE1	I focus hard on my work.
	2.	EE2	I concentrate on my work.
	3.	EE3	I pay a lot of attention to my work
	4.	EE4	I share the same work values as my colleagues.

#### **5.6.1.2 Structural Equation Model for Measuring Impact of Psychological Contract of HealthCare employees on Turnover Intention**

Outcomes of Confirmatory Factor Analysis and validation of measurement model for HealthCare employee's response towards Employee engagement suggests that the 5 extracted factors comprise 18 items are ready for further analysis of data through Structural Equation Modelling. Thus, the relationships could be examined and modelled between the dependent, independent variables, latent constructs, paths and their associated observed variables. The final model for measuring Impact of Psychological Contract of HealthCare employees on Turnover Intention consists of following items (Refer to table 5.9).

**Table 5.9 Structural Equation Model for Measuring Impact of Psychological Contract of HealthCare employees on Turnover Intention**

<i>Psychological Contract</i>	1.	PC1	I do this job just for the money.
	2.	PC2	At times, I think I am no good at all.
	3.	PC3	It is important not to get too involved in your job.
<i>Employer Attractiveness</i>	1.	EA1	You feel the desire to stick with the organization because of the opportunities that come from experience in a professional workplace.
	2.	EA2	Feeling good about you as a result of working for a particular organization.
	3.	EA3	Feeling more self-confident as a result of working for a particular organization
	4.	EA5	The organization helps in gaining career-enhancing experience.
<i>Personality Traits</i>	1.	PT1	I feel that I have a number of good qualities.
	2.	PT2	At times, I think I am no good at all.
	3.	PT3	I wish I could have more respect for myself.
	4.	PT4	All in all, I am inclined to feel that I am a failure.
<i>Person Organisation Fit</i>	1.	PO1	I really fit this organization.
	2.	PO2	My organization meets my major needs well.
	3.	PO3	I feel that my personal values are a good fit with this organization.
<i>Turnover Intention</i>	1.	TI1	I often think about quitting my present job
	2.	TI2	I will probably look for a new job in the next year
	3.	TI3	As soon as possible, I will leave the organization
	4.	EE4	I share the same work values as my colleagues.

## 5.7 Examining the Output Results of Structural Equation Model

The assumed relationships between the variables through structural model required to be tested primarily by employing two accepted ways of determining model fit: the  $\chi^2$  goodness-of-fit statistic and fit indices (Hair et al. 2010; Shah and Goldstein 2006). This evaluation process comprises the examination of the parameters estimates, significance of parameters estimates and standard errors, squared multiple correlation coefficients for the equations, the fit statistics, modification indices and the standardized residuals. These include  $\chi^2$  value and other indices of the model fit like such as  $\chi^2/df$ , GFI, CFI, SRMR and RMSEA (Hu and Bentler 1999).

### 5.7.1 Examining the Model Fit for Measuring Impact of Personality & Employer Attractiveness on formation of Psychological Contract of Health Care employee's & impact of Psychological Contract on Employee engagement

There are 5 latent variables and 18 measured variables in SEM model for measuring HealthCare employee's response towards Employee engagement (Figure 5.10) Also the

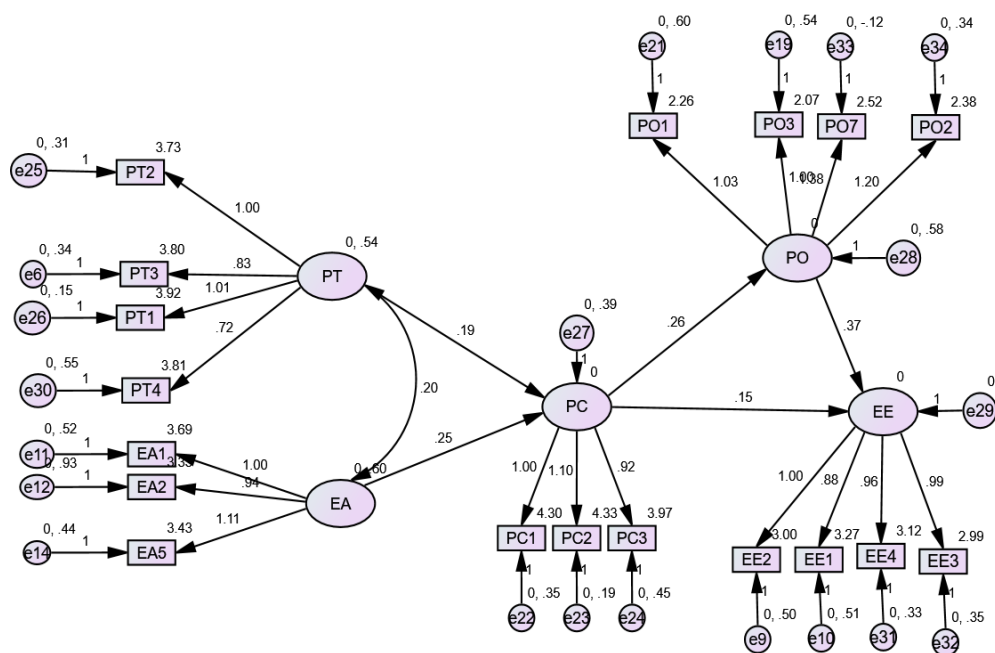
model statistics suggests that the hypothesized model is recursive in nature i.e., unidirectional in nature. The next step is to check the model fit of above relationship.

**Table 5.10: Model fit Statistics for Structural Model for Measuring HealthCare employee’s response towards Employee engagement**

Measure	Estimate	Threshold	Interpretation
CMIN( $\chi^2$ )	335.936	--	--
DF	129	--	--
CMIN/DF ( $\chi^2/df$ )	2.604	Between 1 and 3	Excellent
CFI	0.960	>0.95	Excellent
SRMR	0.071	<0.08	Excellent
RMSEA	0.056	<0.06	Excellent
PClose (P value for the model)	0.089	>0.05	Excellent

**Recommendation source: Hu and Bentler (1999); Kline (2015)**

The results (Table 5.7) show acceptable fit with regard to Chi-square ( $\chi^2/df = 2.604$ ), Comparative Fit Index (CFI = 0.960), Root Mean Square Error of Approximation (RMSEA= 0.056), and SRMR 0.071.



**Figure 5.7: Path Analysis for structural model of Measuring the Impact of PT & EA on formation of Psychological Contract of Health Care employee’s & impact of PC on Employee engagement**

### 5.7.2 Examining the Model Fit for Health Care employee's response towards Turnover Intention

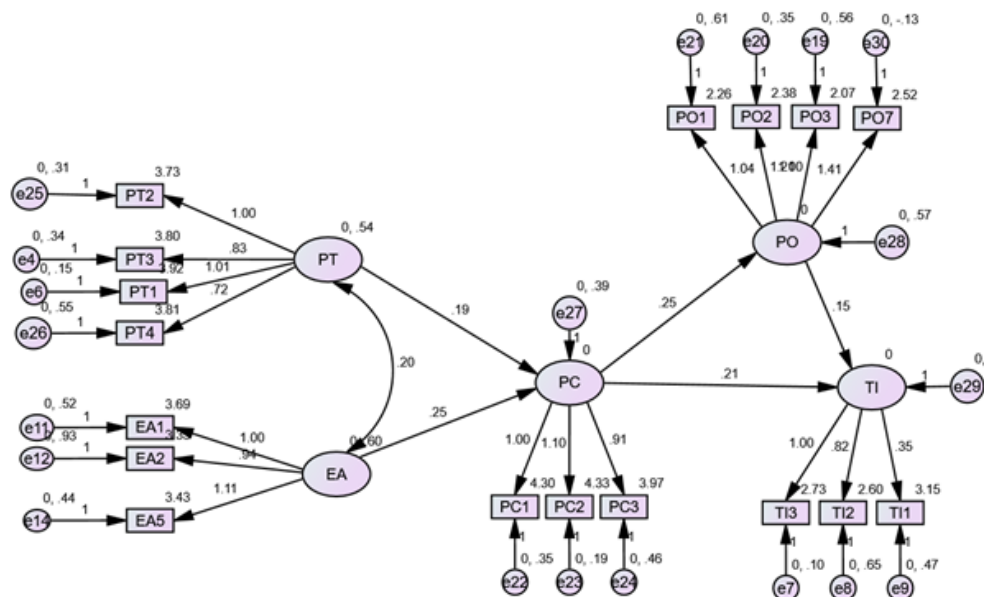
There are 5 latent variables and 18 measured variables in SEM model for measuring HealthCare employee's response towards Turnover Intention (Figure 5.7b) Also the model statistics suggests that the hypothesized model is recursive in nature i.e., unidirectional in nature. The next step is to check the model fit of above relationship.

**Table 5.11: Model fit Statistics for Structural Model for Measuring HealthCare employee's response towards Turnover Intention**

Measure	Estimate	Threshold	Interpretation
CMIN( $\chi^2$ )	266.967	--	--
DF	113	--	--
CMIN/DF ( $\chi^2/df$ )	2.363	Between 1 and 3	Excellent
CFI	0.964	>0.95	Excellent
SRMR	0.060	<0.08	Excellent
RMSEA	0.052	<0.06	Excellent
PClose (P value for the model)	0.364	>0.05	Excellent

**Recommendation source: Hu and Bentler (1999); Kline (2015)**

The results (Table 5.8) show acceptable fit with regard to Chi-square ( $\chi^2/df = 2.023$ ), Comparative Fit Index (CFI = 0.969), Root Mean Square Error of Approximation (RMSEA= 0.076), and SRMR 0.083.



**Figure 5.8: Path Analysis for Structural Model for Health Care employee's response towards Turnover Intention**

## 5.8 Hypotheses Testing

This section of the study provides insights and answers to the research objectives and Hypothesis of the study. As discussed in the chapter 4 of the thesis, there are four main objectives. The objectives have led to development of 8 hypotheses which have been analysed in the research. Each objective and supporting hypothesis have been taken one by one and appropriate tests are used to test them.

### 5.8.1. Psychological Contract and Demographics

**Table 5.12: Levene's Test of Homogeneity of variances- Psychological Contract**

Test of Homogeneity of Variances			
Levene Statistic	df1	df2	Sig.
.108	3	510	.955

Since the Levene's test for homogeneity of variances is not significant ( $p > 0.05$ ), it is concluded that the population variance for each group is approximately equal.

#### Impact of health worker experience on Psychological Contract

**H1: There is significant effect of health worker experience on Psychological Contract with their employer.**

A one-way ANOVA test was conducted to study whether the Psychological Contract is different for health worker having different experience in the same organization.

**Table 5.13: One-way ANOVA result for health care employees Psychological Contract across work experience categories**

		Sum of Squares	df	Mean Square	F	Sig.
<b>Psychological Contract</b>	Between Groups	2.690	2	1.345	1.804	.0006
	Within Groups	380.968	511	.746		
	Total	383.658	513			

\* Significant at 5 % level

Results indicates that there was statistically significant difference between groups as determined by one-way ANOVA ( $F= 1.804$ ,  $p = .0006$ ). Score on health worker experience was statistically significantly different for groups based on experience as explained in Table 5.13

Further to assess the significance of differences between pairs of group means Tukey HSD post hoc test was applied and the results are presented in table 5.14 below.

**Table 5.14: Post Hoc test result for Psychological Contract**

Dependent Variable	Experience		Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
	(I) Exp	(J) Exp				Lower Bound	Upper Bound
Psychological Contract	0-5 years	6-10 years	.08434	.09611	.005*	.0102	.1416
		11 years and above	.13137	.09580	.007*	.0938	.3565
	6-10 years	0-5 years	.08434	.09611	.005*	.1416	.0102
		11 years and above	.21571	.11513	.047**	.0549	.4863
11 years and above	0-5 years	.13137	.09580	.050**	.3565	.0938	
	6-10 years	.21571	.11513	.047**	.4863	.0549	

\*Significant @ 0.05 level and \*\* Significant at 10 % level

The Tukey HSD post hoc test result given in Table 4.43 indicates that there is a statistically significant mean difference among the health worker having different work experience. The positive mean difference indicates that the employees having a work experience of between 6- 10 years and 11 years above show higher psychological contract obligations than other categories (0-5 years). Hence it can be concluded that ‘Years of experience’ produced a significant effect on the formation of psychological contract of health worker with their employer. In the light of this the hypothesis  $H_1$  namely “There is significant effect of experience of healthcare worker on the formation of Psychological Contract with their employer” is accepted.

**$H_2$ : There is a significant effect of health worker age on the formation of the Psychological Contract with their employer.**

A one-way ANOVA test was conducted to study whether the Psychological Contract is different for health worker belonging to different age groups.

**Table 5.15: One Way ANOVA of Psychological Contract across different age groups**

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
Between Groups	1.055	3	.352	.469	.004
Within Groups	382.602	510	.750		
Total	383.658	513			

*Significant at  $p < 0.01$*

Results indicates that there was statistically significant difference between groups as determined by one-way ANOVA ( $F=0.469$ ,  $p =0.004$ ). Score on health worker experience was statistically significantly different for groups based on experience as explained in Table 5.15. Further to assess the significance of differences between pairs of group means Tukey HSD post hoc test was applied and the results are presented in table 5.16 below.

**Table 5.16 Post Hoc test result for Psychological Contract of health care employees**

<b>Dependent Variable</b>	<b>Age Group</b>		<b>Mean Difference (I-J)</b>	<b>Std. Error</b>	<b>95% Confidence Interval</b>	
	<b>(I) Age (Binned)</b>	<b>(J) Age (Binned)</b>			<b>Lower</b>	<b>Upper</b>
<b>Psychological Contract</b>	20-30	30-40	.05570	.16923	.26609	.40203
		40-50	.08825	.10773	.13828	.28882
		>50	.01276	.12188	.26312	.22118
	30-40	20-30	.05570	.16923	.40203	.26609
		40-50	.03255	.14666	.27561	.30508
		>50	.06845	.16331	.39805	.24655
	40-50	20-30	.08825	.10773	.28882	.13828
		30-40	.03255	.14666	.30508	.27561
		>50	.10100	.09785	.29692	.09261
	>50	20-30	.01276	.12188	.22118	.26312
		30-40	.06845	.16331	.24655	.39805
		40-50	.10100	.09785	.09261	.29692

*An analysis of the above table brings out that:*

The Tukey HSD post hoc test result given in Table 4.43 indicates that there is a statistically significant mean difference among the health workers belonging to different age groups. The positive mean difference indicates that the health worker in age group of more than 30 years show higher psychological contract obligations. Hence it can be concluded that “Age” produced a significant effect on formation of **psychological contract of healthcare worker with their employer**. In the light of this the hypothesis H2 namely “**There is significant effect of health worker age on the formation of Psychological Contract with their employer**” is accepted.

### **5.8.2. Relationship amongst Personality Traits, Employer Attractiveness, Psychological Contract, Person Organisation Fit, Employee Engagement and Turnover Intention**

The regression weights in structural equation modelling help in the identification of significant paths and testing of hypotheses. The demonstrated model for the study indicates the relationship amongst various constructs of personality traits, employer attractiveness, psychological contract and person organisation fit on employee engagement and turnover intention. The structural model demonstrates the path drawn from exogenous variables to endogenous variables and all the paths are statistically significant at .001, .01 and .05 levels (Table 5.8a and Table 5.8b). The Tables 5.8a and Table 5.17 also presents the values of standardized regression estimates and helps to examine the direct association between the study constructs.

**Table 5.17: Structural model output – Regression Weights for Measuring Health Care employee’s response towards Employee engagement**

			Estimate( $\beta$ )	S.E.	C.R.
PC	<---	EA	.253***	.052	4.881
PC	<---	PT	.187***	.051	3.693
PO	<---	PC	.256***	.053	4.853
EE	<---	PO	.367***	.057	6.403
EE	<---	PC	.152*	.075	-2.027

**\*\*\* indicates  $p < .001$  \*  $p < 0.050$**



**Table 5.18: Structural model output – Regression Weights for Measuring Health Care employee’s response towards Turnover Intention**

		Estimate( $\beta$ )	S.E.	C.R.
TI <---	PO	.149*	.060	2.464
TI <---	PC	.214*	.085	2.515

\*\*\* indicates  $p < .001$  , \* indicates  $p < .05$

It is clearly demonstrated by the outcomes of SEM using analytical software AMOS 23.0, assumed relationship of personality & employer attractiveness on psychological contract; and impact of psychological contract on EE & TI with person organisation fit as a mediator is found to be significant. Thus, analyses show that all the hypotheses of the study are accepted. This goes on to establish that most of the assumed factors envisaged to affect Psychological Contract, Employee Engagement and Turnover Intention were indeed found to be impacting it. In the following paragraphs, the outcomes of individual hypotheses will be discussed one by one.

The impact of antecedent variables of Psychological Contract is presented in Table 5.8a. The testing of Hypothesis 3 &4 is referring to the above-mentioned.

**Testing H<sub>3</sub>: Employees' personality has a significant impact on the formation of their psychological contract with their employer**

The findings presented in Table 5.17 indicate that the third hypothesis, stating a significant positive correlation between Personality and Psychological Contract, has been accepted ( $\beta = .187$ ,  $p < .001$ ).

**Testing H<sub>4</sub>: The perceived attractiveness of an employer has a significant impact on the formation of the psychological contract between employees and their employer.**

The outcomes indicate that Employer Attractiveness has contributed positively towards the formation of Psychological Contract between employee and the employer ( $\beta = .253$ ,  $p < .001$ ). Thus, the hypothesis proposing that Employer Attractiveness has a positive influence on the formation of Psychological Contract is accepted.

Further, the hypothesis 5&6 represents the impact of Psychological Contract on outcome variables. The analysis value is shown in table 5.17.

**H<sub>5</sub>: Psychological Contract between an employee and their employer has a significant effect on the level of employee engagement.**

Based on the analysis results, the hypothesis asserting that Psychological Contract has a positive impact on Employee Engagement is substantiated. The Psychological Contract between an employee and their employer demonstrates a significant effect on Employee Engagement ( $\beta = 0.152, p < .001$ ).

**H<sub>6</sub>: There is a significant relationship between the Psychological Contract and employees' Turnover Intention**

As per the results of analysis hypothesis that Psychological Contract between employees and organisations positively influences Turn over intention is accepted. Thus, Psychological Contract had significant effect on Turn over intention of employees ( $\beta = 0.214, p < .05$ ).

**H<sub>7</sub>: Person-Organization Fit (POF) mediates the relationship between the Psychological Contract and Employee Engagement.**

**H<sub>8</sub>: Person-Organization Fit (POF) mediates the relationship between the Psychological Contract and employees' Turnover Intention**

**Testing H<sub>7</sub>: There is a significant association between Psychological Contract and Person Organisation Fit.**

As per the results of analysis hypothesis that Psychological Contract between employees and organisations positively influences Person organisation Fit is accepted. Thus, Psychological Contract had significant effect on Person organisation Fit ( $\beta = 0.256, p < .001$ ).

**Testing H<sub>7</sub>: There is a significant association between Employee Engagement and Person Organisation Fit.**

As per the results of analysis hypothesis that Fit between employees and organisations (PO) positively influences Employee Engagement is accepted. Thus, Person Organisation Fit had significant effect on Employee Engagement ( $\beta = 0.367, p < .001$ ).

**Testing Hs: There is a significant association between Turnover intention and Person Organisation Fit.**

As per the results of analysis hypothesis that Fit between employees and organisations (PO) positively influences Turn over intention is accepted. Thus, Person Organisation Fit had significant effect on Turn over intention ( $\beta = 0.149, p < .05$ ).

**5.8.3 Examining Standardized Regression Weights**

The degree of change in dependent variable for each one-unit change in the variable predicting for it has been explained by each standardized regression coefficient. As it can be noticed from the table 5.19 when EA (Employer Attractiveness) and PT (Personality) goes up by 1 standard deviation, PC (Psychological Contract) goes up by 0.253, and 0.187 units respectively while 1 unit of standard deviation change in PC (Psychological Contract) brings 0.152 standard deviation change in EE (Employee Engagement).

**Table 5.19: Standardized Regression Weights for Measuring Psychological Contract and Employee engagement**

			Estimate( $\beta$ )
PC	<---	EA	.253***
PC	<---	PT	.187***
PO	<---	PC	.256***
EE	<---	PO	.367***
EE	<---	PC	.152*

\*\*\* indicates  $p < .001$  , \* indicates  $p < .05$

**Table 5.20: Standardized Regression Weights for Measuring Turnover Intention**

			Estimate( $\beta$ )
TI	<---	PO	.149*
TI	<---	PC	.214*

As it can be noticed from the table 5.8b 1 unit of standard deviation change in PC (Psychological Contract) brings .214 standard deviation change in TI (Turnover Intention).

### 5.9 Examining Squared Multiple Correlations

Table 5.21 presents the squared multiple correlation ( $R^2$ ) of the 2 latent variables in the structure model. It is clear from the table that predictors (Personality & Employer Attractiveness) of PC (Psychological Contract) explain 16.5 percent and EE (Employee Engagement) explains 10.1 percent of their variance. Outcomes suggest that variables are significantly estimated.

**Table 5.21: Squared Multiple Correlations for Measuring Employee engagement**

	Estimate
PC	.165
EE	.101

**Table 5.22: Squared Multiple Correlations for Measuring Turnover Intention**

	Estimate
TI	.021

It is clear from the Table 5.22 that predictors of TI (Turnover Intention) explain 2 percent of their variance in study2. Outcomes suggest that variables are moderately estimated.

### 5.10 Examining Standardized Direct, Indirect and Total Effects

The health care employee's response towards Psychological Contract and its effect on outcome variables comprises of both direct and indirect effects for the latent variables hence interpretation of standardized total effects has been reported. Effects were interpreted as per the guidelines given by Kline (2010) which states that standardized path coefficients with absolute value less than .10 as small effect, .30 as medium effects and absolute value .50 or above as large effects.

**Table 5.23: Standardized Total Effects for Measuring Health Care employee’s response towards formation of Psychological Contract and its effect on Employee engagement**

	PT	EA	PC	PO	EE
PC	.202	.290	.000	.000	.000
PO	.045	.064	.222	.000	.000
EE	.033	.047	.163	.280	.000

Results from standardized total effects (Table 5.23) clearly indicate that all dependent variables are significantly affected by Personality Trait of employees and Employer Attractiveness.

### **5.11a Measuring the Mediating Effect of Person Organisation Fit on relationship between Employee Engagement and Psychological Contract**

Mediation effects were tested using Amos and bias-corrected confidence estimates. In this model, the indirect effect estimates the degree to which Psychological Contract exerts an indirect effect on Employee Engagement through fit between Person and Organisation (PO fit) (the mediator). Mediation effects (the indirect path) were tested using bootstrapping with bias-corrected confidence estimates, defining confidence interval (99% to account for multiple comparisons) with 5000 bootstraps resample. And results indicate indirect effect of Psychological Contract on Employee Engagement is in this case the effect size was 0.16, with a 95% confidence interval which did not include zero; that is to say the effect was significantly greater than zero at  $p < .001$ . (Table 5.24) which indicates significant mediation effect. (Table 5.12) also indicates mediation in the model ( $z = 3.677$ ,  $p = .0002$ ). Based on above results hypothesis (H<sub>7</sub>) - “Person Organisation Fit mediates the relationship of Psychological Contract and Employee Engagement.” is accepted.

**Table 5.24: Mediation Analysis- (Psychological Contract, Employee Engagement and Person Organisation Fit)**

	Coeff	S.E.	t	p
(A path) Psychological Contract -> Person Organisation Fit	.256	.053	4.853	.000
(B path) Person Organisation Fit -> Employee Engagement	.367	.057	6.403	.000
(C path) Psychological Contract -> Employee Engagement	.080	.074	4.75	.000
(C' path) * Psychological Contract -> Employee Engagement	0.152	.075	-2.03	.001

\*Effect of Psychological Contract on Employee Engagement having a controlling variable named Person Organisation Fit

**Table 5.25: Bootstrap Results for Indirect Effects of Psychological Contract on Employee Engagement in presence of Psychological Contract**

	Effect	Boot SE	BootLLCI	BootULCI
Person Organisation Fit	.0794	.0202	.0437	.1221

**Table 5.26: Sobel Test for Indirect Effects of Psychological Contract on Employee Engagement in presence of Psychological Contract**

Effect	SE	Z	p
.0794	0.022	3.677	.0002

### **5.11b Measuring the Mediating Effect of Person Organisation Fit on relationship between Psychological Contract and Turnover Intention**

Mediation effects were tested using Amos and bias-corrected confidence estimates. In this model, the indirect effect estimates the degree to which Psychological Contract exerts an indirect effect on Turnover Intention through fit between person and organisation (PO fit) (the mediator). Mediation effects (the indirect path) were tested using bootstrapping with bias-corrected confidence estimates, defining confidence interval (99% to account for multiple comparisons) with 5000 bootstraps resample. And results indicate indirect effect of Psychological Contract on Turnover Intention is in

this case the effect size was 0.16, with a 95% confidence interval which did not include zero; that is to say the effect was significantly greater than zero at  $p < .001$ . (Table 5.26) which indicates significant mediation effect. Sobel test (Table 5.29) also indicates mediation in the model ( $z = 3.677$ ,  $p = .0002$ ). Based on above results hypothesis (H<sub>7</sub>) - “Person Organisation Fit mediates the relationship of Psychological Contract and Turnover Intention.” is accepted.

**Table 5.27: Mediation Analysis- (Psychological Contract, Turnover Intention and Person Organisation Fit)**

	Coeff	S.E.	t	p
(A path) Psychological Contract -> Person Organisation Fit	.256	.053	4.853	.000
(B path) Person Organisation Fit -> Turnover Intention	.149	.060	2.464	.05
(C path) Psychological Contract -> Turnover Intention	.054	.051	1.52	.045
(C' path) * Psychological Contract -> Turnover Intention	0.214	.085	2.515	.001

\*Effect of Psychological Contract Turnover Intention when controlling for Person Organisation Fit

**Table 5.28: Bootstrap Results for Indirect Effects of Psychological Contract on Turnover Intention in presence of Psychological Contract**

	Effect	Boot SE	BootLLCI	BootULCI
Person Organisation Fit	.013	.0114	.0358	.0101

**Table 5.29: Sobel Test for Indirect Effects of Psychological Contract on Employee Engagement in presence of Psychological Contract**

Effect	SE	Z	p
.377	0.010	1.52	.05

## 5.12 Summary of Hypotheses Tested for Study

Hyp.	Dependent Variable	Effect type	Independent Variable	Path Coeff Estimate ( $\beta$ )	F-Value	S.E.	C.R. (t value)	Decision (Hypothesis accepted if p-value < .05)
H <sub>1</sub>	Psychological Contract	Direct	Work Experience		1.804***			Accepted
H <sub>2</sub>	Psychological Contract	Direct	Age		0.469*			Accepted
H <sub>3</sub>	Psychological Contract	Direct	Personality Traits	0.187***		0.051	3.693	Accepted
H <sub>4</sub>	Psychological Contract	Direct	Employer Attractiveness	0.253***		0.052	4.881	Accepted
H <sub>5</sub>	Employee Engagement	Direct	Psychological Contract	0.152*		0.075	2.027	Accepted
H <sub>6</sub>	Turnover Intention	Direct	Psychological Contract	0.214***		0.085	2.515	Accepted
H <sub>7</sub>	Employee Engagement	Indirect	Psychological Contract	0.08***		0.074	4.75	Accepted
H <sub>8</sub>	Turnover Intention	Indirect	Psychological Contract	0.054*		0.051	1.52	Accepted
*** p<.001, * p<.05								

Table 5.30: Summarized Results of Hypotheses



## **CHAPTER 6**

# **RESULTS, CONCLUSIONS, MANAGERIAL IMPLICATIONS AND DIRECTIONS FOR FUTURE RESEARCH**

This chapter consists of results, discussion, conclusions, implications, suggestions, limitations of the study, significance of the research and scope for further study.

### **6.1 Results and Discussions**

#### ***Results within the context of psychological contract***

The psychological contract is defined as the implicit and subjective beliefs that delineate a reciprocal exchange agreement between employees and employers (Anandh, et al, 2024; Fallatah & Halawani, 2024; Zheng, 2023). Specifically, it encompasses the employees' perceptions of the reciprocal safety obligations existing between themselves and their supervisors (Bankins & Formosa, 2020). In the scholarly discourse, psychological contracts are commonly framed as an employee's perceived terms of exchange within the employer-employee relationship (Coyne, 2022). These mental models or schemas serve as frameworks guiding employees in understanding the dynamics of their exchange relationship with the organization. Notably, the fulfilment and obligation associated with the psychological contract are identified as antecedents influencing knowledge-sharing behaviour within organisations (Gallani et. al. 2019). In this context, psychological contract fulfilment exhibits a correlation with knowledge sharing and in shaping knowledge-sharing behaviour.

For collection of data a total of 700 questionnaires were distributed among multispecialty hospitals in North India. The study examined the relationship of personality, employer attractiveness as precursor of psychological contract, and turnover intention, employee engagement an outcome of psychological contract while exploring the mediating role of person-organization fit. A total of 514 questions were deemed suitable for the analysis. The remaining data was excluded due to missing values and overwriting problems. The rate of response was 73.4%.

### **6.1.1 Demographic Associations with Psychological Contract**

During data collection, a comprehensive analysis of several demographic factors was conducted, yielding important insights about the demographics of the area under study. This thorough analysis of demography not only improved the comprehension of the region but also established the basis for precise conclusions and significant recommendations. An essential component investigated was the influence of demographic variables such as age, gender, years of overall experience, and so on. The gender analysis indicated that among the total respondents (n=946), a significant majority of 54.86% were female (n=514), while the remaining 45.14% were male respondents (n=432). This gender segregation provides insight into the presence of males and females in the study, allowing a perspective to understand and tackle potential discrepancies in societal norms and power dynamics within the community. These insights enhance our grasp of the local situation, leading to well-informed conclusions and specific recommendations for development projects. Out of the 514 participants, the majority (34.38%) belongs to the age category of 40-49, while 31.25% are in the age range of 30-39. The study focuses on 80 participants between the ages of 50 and 59, 48 participants in the 20-29 age range, and 48 participants who are 60 years or older. The study identifies a statistically significant mean difference in psychological contract obligations among health workers across different age groups. Specifically, a positive mean difference is observed, signifying that health workers aged over 30 exhibit higher psychological contract obligations. This suggests a noteworthy impact of age on the psychological contract between health workers and their employers. In conclusion, the variable "Age" significantly influences the psychological contract dynamics within the health worker-employer relationship, highlighting the importance of considering age-related factors in understanding and managing psychological contract obligations in the healthcare sector. The current study supports existing literature that suggests demographic factors, including age, have a noticeable impact on the psychological contract. Older employees are often displayed to have a greater perception of obligations as compared to their younger colleagues. It is suggested that age-related differences indeed play a role in shaping the intensity of individuals' reactions towards the psychological contract (Sharif I., Wahab S. R. A., & Sarip A., 2017). Existing literature makes a substantial contribution to the understanding of the psychological contract by elucidating the influence of age and work experience on individuals' perceptions of their roles and obligations within the organizational context

(Ng and Feldman's, 2009). Research has examined how perceptions and reactions to the balance of psychological contracts change with age, with a focus on the shift from being on the receiving end to taking on a more active role in the employment relationship (Vantilborgh et al. 2016). In a longitudinal exploration of age-related variations in responses to psychological contract research has emphasised the need for organizations to recognize and adapt to age-specific differences in managing and mitigating the psychological contracts (Bal et al. 2013). Research also reveals distinctive expectations and preferences, urging organizations to adopt tailored approaches to effectively manage and fulfill the psychological contract for various age segments of their workforce (Bellou V., 2009).

These insights allow for well-informed judgments and focused initiatives to further progress society. Out of the 514 health professionals surveyed, the study reveals a well-educated cohort, with 51.61% holding post-graduate qualifications and 35.48% possessing doctorates or higher education. Graduates and diploma holders constitute 9.68% and 3.23%, respectively. Emphasizing the importance of experience in adapting to industry trends, the analysis of respondents' years of experience in the health sector indicates a significant portion with 31.25% having 11-15 years, 28.13% having more than 16 years, and 28.13% having 6-10 years. In terms of organizational loyalty, 25% have over 11 years of service, 53.13% have 6-10 years, and 21.88% have less than 5 years with their current employer. The study reveals a statistically significant correlation between psychological contract obligations among health workers with varying levels of work experience. A positive mean difference particularly highlights that employees with 6-10 years and over 11 years of experience demonstrate higher psychological contract obligations compared to those with 0-5 years of experience. The current study is consistent with existing literature that suggests demographic characteristics, particularly work experience, have a noticeable impact on the psychological contract. This highlights the idea that differences in work experience play a key role in shaping how individuals perceive and expect things in their work relationships. Work experience plays an instrumental role of in effectively delivering on promises, emphasizing the importance of aligning organizational practices with employee expectations for a positive psychological contract (Veldsman, V.D. Merwe's , 2022). Research emphasizes on the critical importance of tailoring psychological contracts to align with the diverse experiences of expatriate employees in the global

context, highlighting this as a key factor for achieving success in international assignments (Donohue et al. 2018). The research also suggests that individuals' work experiences contribute significantly to shaping their psychological contracts, highlighting the influence of accumulated professional interactions in the development and evolution of these crucial employment understandings (Sherman, Morley, 2015). Research also underscores that work experience, alongside age, plays a pivotal role in shaping individuals' perceptions and expectations within the organizational context, providing valuable insights into the dynamics of the psychological contract (Ng, Feldman, 2009).

The research conducted indicates that 'Years of experience' has a substantial impact on the psychological contract between health workers and their employers. This highlights the crucial function of work experience in shaping these professional relationships.

### **6.1.2 Measuring Effect of precursors on formation of Psychological Contract**

The primary aim of this research is to investigate and understand the influence of key factors crucial for shaping the psychological contract among employees in the health sector within the Delhi NCR region. The results reveal intriguing insights indicating a minimal distinction in mean scores for responses related to Employer Attractiveness and Personality. Employing a five-point Likert scale, this study evaluates overall scores for various dimensions, including Employer Attractiveness, Personality, Psychological Contract, Employee Engagement, and Turnover Intention. The results suggest a noteworthy similarity in perceptions regarding Employer Attractiveness and Personality among the respondents.

### **6.1.3 Personality and Psychological Contract**

The results indicated that personality had a significant impact on the formation of Psychological contract of Healthcare workers. Evidence from a number of studies supported these findings. Literature has revealed that personality has a substantial impact on the psychological contract, highlighting the complex interaction between personal and professional obligations. This highlights the crucial need of considering both psychological contracts and personality when dealing with employee outcomes in the healthcare industry (Bose N. et al,2022). Study has also revealed that personality has a substantial impact on the psychological contract, highlighting the complex

interaction between personal traits and professional obligations. This underscores the crucial need of considering both psychological contracts and personality when dealing with employee outcomes in the healthcare industry (Bose N., Ghosh., Fazeelath, Tabassum. (2022)). Studies have explored an intricate connection between personality and psychological contracts, which provides valuable understanding of how individual variations influence employee conduct and interactions within the organizational setting (Korkmazyürek et al., 2021). Research indicates that there is a deep relationship between individual personalities and the creation and development of psychological contracts, which in turn affects employee engagement in corporate settings (Pandey & Pandey, 2021). Researches also emphasizes the complex connection, indicating that personality affect the desire to leave a job through their influence on the psychological contract between employer and employee (Saeed, 2020). It is suggested that individual personalities significantly influence how employees interpret and respond to the psychological contract, highlighting the importance of considering personality dynamics in understanding reactions to perceived contracts (Jafri, 2014). Studies illuminates the interconnectedness, indicating that individual personalities significantly influence the formation and dynamics of psychological contracts, providing valuable insights into the intersection of personality and employment expectations (Tallman, Bruning's, 2008). The research delved into how employee personality traits shape their psychological contracts and the findings underscore the interplay between individual personality characteristics and various aspects of Psychological Contract (Raja U et al., 2004). It is found in a study that personality traits significantly effecting psychological contract, underscoring the intricate interplay between individual characteristics and professional commitments. The findings of this study emphasized the critical significance of taking into account both psychological contracts and personality traits when addressing employee outcomes among healthcare professionals (Bose N., Ghosh., Fazeelath, Tabassum. (2022)).

This study therefore provides insight on substantial impact of personality on the formation and dynamics of psychological contracts, emphasizing the intricate interplay between individual and professional commitments. This highlights the need to consider both psychological contracts and personality in understanding and managing employee outcomes, particularly in healthcare settings. This research collectively highlights the

complex relationship between personality as a precursor to the psychological contract which aids in shaping employee conduct and engagement.

#### **6.1.4 Employer Attractiveness and Psychological Contract**

In this study, we focused on two pivotal subcomponents of the Employer Attractiveness: development value and economic value. The selection of these components was informed by their relevance to our investigation into the psychological contract. The development value, rooted in social exchange theory, encapsulates the reciprocal relationship between employer and employee, incorporating both material and social benefits. This dimension emphasizes the significance of growth opportunities provided by organizations, which, in turn, fosters a sense of commitment and engagement among employees. Schlager et al. (2011) highlights the importance of a strong mentoring culture and training opportunities, while Tansky & Cohen (2001) note that the form of development value received influences employee commitment and organizational identification. Economic value (ECO) in the context of employee attraction, as described by Berthon et al. (2005), is characterized by firms offering competitive benefits, bonus packages, and average wages. Rooted in social exchange theory, the reciprocity of individual actions and rewarding behaviors shapes the employer-employee relationship, emphasizing fair and reasonable exchanges. Economic value, a crucial element in this dynamic, involves both the content and process of exchange, particularly focusing on economic benefits. Employees contribute their skills to the organization with the expectation of receiving economic rewards, contingent on their effectiveness and capacity. This reciprocal relationship encourages greater contributions from employees when they perceive increased economic benefits. The results indicated that Employer Attractiveness has a significant impact on the formation of psychological contract of Healthcare workers. Evidence from a number of studies supported these findings.

#### **6.1.5 Psychological contract and Employee Engagement**

The study assesses the impact of the psychological contract on employee engagement. employee engagement can be broken down into three specific facets: intellectual engagement, social engagement, and affective engagement. Recognizing the significance of comprehending how the psychological contract affects intellectual, social, and affective engagement, our research aims to measure and explore the intricate

interplay among these dimensions. This investigation sheds light on the dynamics that characterize the relationship between the psychological contract and the diverse facets of employee engagement, considering various demographics and professional backgrounds.

The results indicated that Psychological Contract has a significant impact on the Employee engagement of Healthcare workers. Evidence from a number of studies supported these findings. Studies shows that The psychological contract is pivotal in determining employee engagement in an organization, and it is often overlooked in formal employment agreements (Dzunani, A., Ngobeni, Musa, Saurombe., Renjini, Joseph. , 2022). Studies also revealed that a strong psychological contract between employees and their employers, high levels of employee engagement, and a moderate level of job stress (Ishtiaq , M., & Zeb , M. (2020).

#### **6.1.6 Psychological Contract and Turnover Intention**

The study is grounded in the recognition that the psychological contract, representing the mutual expectations and obligations between employees and their organizations, plays a pivotal role in shaping employees' Turnover Intention. As employees form perceptions of the psychological contract, these perceptions become integral in influencing their inclination to entertain thoughts of continuing or leaving their current employment. Through empirical analysis and theoretical exploration, our research aims to offer insights that contribute to both the theoretical frameworks underpinning psychological contract research and the practical implications for organizational management and human resource practices. The results indicated that Psychological Contract has a significant impact on the Turnover Intention of Healthcare workers. Evidence from a number of studies supported these findings. Studies found that psychological contract have direct and indirect effects on turnover intention (Ahmad, Azmy., Iyus, Wiadi., Handy, Risza. ,2023; Liang, Zhu. ,2023; Hao, Lv., Guofeng, F., Wang., Muhammad, Waleed, Ayub, Ghouri., Zhuohang, Deng. 2023). Studies also suggests that higher levels of psychological contract (PC) fulfilment are associated with lower turnover intentions (Johannes, Marcelus, Kraak., Yannick, Griep., Pierre, Barbaroux., Chandrashekhar, Lakshman. (2022)

### **6.1.7 Person Organisation Fit (PO Fit)**

This research measures the mediation of PO Fit on relationship between Psychological Contract and employee engagement and Psychological Contract & Turnover Intention. Person-Organization Fit (P-O fit) is a concept that refers to the compatibility between an individual and the organization they work for. It assesses the degree to which an individual's values, goals, and abilities align with those of the organization, as well as their compatibility with other members of the organization. In this study, P-O fit is operationalized or measured as "general compatibility," and the assessment involves asking target respondents to indicate their fit with their current organization in terms of values, goals, abilities, and relationships with other members. Here value refers to the alignment between the individual's personal values and the values of the organization, goals involve assessing whether an individual's career and personal goals align with the goals and objectives of the organization, abilities focuses on whether the skills and abilities of the individual are a good match for the requirements of the job and the organization and relationship with other members concerns interpersonal compatibility of the individual with their colleagues and other members of the organization. In this study PO Fit is found to be significantly mediating the relationship between psychological contract & employee engagement as well as relationship between psychological contract & turnover intention. Evidence from a number of studies supported these findings.

## **6.2 CONCLUSION**

This thesis has explored the multifaceted nature of the psychological contract within the healthcare services sector, emphasizing the varied impact of demographic and personality factors on its formation. The review of literature and research demonstrates a significant correlation between age, experience, and psychological contract among healthcare professionals. Individuals characterized by advanced age and extensive professional experience exhibit a heightened commitment to their roles, reflected in their attitudes, dedication, and voluntary contributions to the healthcare domain. This signifies the importance of organizational tenure and maturation in fostering a deeper sense of accountability and alignment with job responsibilities. The research also illuminates the pivotal role of employees' personality, specifically focusing on self-esteem, in shaping the psychological contract. The positive



relationship between self-esteem and the formation of constructive expectations highlights the reciprocal nature of this dynamics. Higher levels of self-esteem contribute to the establishment and maintenance of psychological contracts, indicating the potential for interventions aimed at strengthening self-esteem to enhance overall job satisfaction and performance. The research underscores the positive relationship between age, experience, and psychological contract, emphasizing the importance of organizational tenure and maturation in fostering commitment and accountability among healthcare professionals. The recognition of the influence of self-esteem on the psychological contract highlights the need for interventions aimed at bolstering employees' self-esteem to enhance overall job satisfaction and performance.

This research elucidates the consequential and positive relationship between employer attractiveness and the psychological contract within the healthcare industry. Organizations strategically investing in both the developmental and economic value for their workforce are more likely to cultivate positive employment relationships, contributing to individual job satisfaction and the overall success of healthcare organizations.

The findings collectively suggest that recognizing and leveraging individual differences in age and personality, particularly self-esteem, can inform targeted human resource management strategies within healthcare organizations. By encouraging environments that support positive self-esteem and acknowledging the influence of age and experience, organizations can cultivate positive employment relationships, ultimately enhancing employee engagement, satisfaction, and overall well-being in this critical sector. The research emphasizes the intricate dynamics of the psychological contract, urging organizations to consider these factors for effective management and the cultivation of positive employment relationships in the healthcare industry.

The literature reviews along with the empirical examination provides a profound interplay between the psychological contract, employee engagement, and turnover intentions in shaping the organizational strategies. The positive impact of the psychological contract on employee engagement underscores the importance of fostering a positive and mutually beneficial employment relationship within the

healthcare sector. On the top of this, the study highlights the critical role of the psychological contract in mitigating turnover intentions, a crucial concern in an industry where talent retention is paramount for maintaining consistent and high-quality patient care.

This research therefore emphasizes the catalytic role of person-organization fit in enhancing the positive association between the psychological contract and employee engagement. It is found that aligning individual values, skills, and goals with organizational culture and objectives fortifies the psychological contract, leading to heightened levels of engagement. The research also identified mediating effect of person-organization fit in the relationship between the psychological contract and both turnover intentions and employee engagement. This in turn explains the critical significance of fostering an organizational culture that aligns seamlessly with the values and expectations inherent in the healthcare workforce. This observation emphasizes the pivotal role of congruence between individual perceptions of organizational values and goals and the prevailing organizational culture in influencing the complex interplay between the psychological contract, turnover intentions, and employee engagement within the healthcare sector. In essence, it accentuates the strategic importance of organizational initiatives aimed at cultivating a work environment that resonates with the values and expectations of healthcare professionals, thereby serving as a key determinant in shaping their engagement levels and mitigating turnover intentions.

In conclusion, this thesis has explored the critical dynamics of the psychological contract within the healthcare sector, offering valuable insights into the factors shaping its formation and consequent impact on employee engagement and turnover intentions. It provides a comprehensive understanding of the multifaceted nature of the psychological contract in the healthcare sector, offering actionable insights for organizations to enhance employee well-being. Through a thorough examination of various elements, the study emphasizes the significance of recognizing individual differences, prioritizing employee development, and fostering a supportive organizational culture. The findings collectively emphasize on the importance of these considerations for organizations seeking to enhance employee well-being, cultivate a

resilient and committed healthcare workforce, and adeptly address challenges associated with turnover intentions.

### **6.3 RECOMMENDATION AND MANAGERIAL IMPLICATION**

This study holds paramount significance for healthcare managers and decision-makers, emphasizing the crucial role of the psychological contract in healthcare workers. The findings highlight that a robust psychological contract positively influences employee outcomes, offering a valuable foundation for crafting targeted management strategies. The Human Resource department can leverage this insight to create regulations addressing both logistical and psychological dynamics between medical professionals and organizations. Also, the study lays the groundwork for future research, exploring the intersections of employee personality, employer attractiveness, engagement, and turnover intention. The strategic importance of employer attractiveness is underscored, emphasizing the need for a favorable employer reputation to attract and retain top-tier healthcare professionals.

The research reveals a strong correlation between employee personality and the psychological contract, enabling healthcare managers to implement more tailored human resource strategies. The insights obtained from the study would empower healthcare administrators to develop strategies enhancing the psychological agreement, improving employee engagement, and consequently, the overall quality of healthcare. The research highlights the importance of trust in the psychological contract, providing insights for managers to build trust, commitment, and loyalty among employees. Recognizing and addressing discrepancies through regular feedback mechanisms can proactively alleviate turnover risks.

Therefore, in light of this research's findings, several recommendations could be proposed for the healthcare sector. Firstly, managers and decision-makers should consider implementing specialized programs aimed at enhancing teams' understanding of the psychological contract, equipping them with skills to cultivate and sustain positive relationships with healthcare workers. Emphasis in these programs should be placed on fostering trust, establishing clear expectations, and promoting reciprocal relationships to ensure that management practices align with the

needs and expectations of healthcare professionals, thereby fostering a positive work environment. In addition to this healthcare organizations are advised to focus on enhancing self-esteem and overall well-being through initiatives such as workshops, counselling services, and mentorship opportunities. By recognizing and addressing the influence of self-esteem on the psychological contract, organizations can proactively contribute to higher job satisfaction, performance, and overall employee well-being in the healthcare sector.

Besides, it is recommended that healthcare organizations design a comprehensive set of employee benefits extending beyond monetary compensation, including professional development opportunities, continuous learning initiatives, and career advancement programs. This holistic approach will not only enhance the organizational allure but will also establish a positive psychological contract by showcasing a commitment to employee growth and well-being, contributing to heightened attractiveness, greater employee satisfaction, and the enduring success of healthcare organizations. The healthcare organizations may also consider implementing proactive measures to manage the psychological contract of employees, involving regular communication, feedback mechanisms, and tailored initiatives to ensure employees' expectations are acknowledged and met. This approach would foster sustained engagement and might reduce turnover intentions within the healthcare workforce. Lastly, healthcare organizations should be encouraged to recognize the subjective nature of the psychological contract, acknowledging its variation across sectors, organizations, and employees. Investment in understanding the unique drivers shaping the psychological contract within their specific context is vital, allowing for the tailoring of strategies and practices accordingly.

Concluding to this we may say that the research contributes actionable insights crucial for enhancing employee well-being, organizational reputation, and overall healthcare workforce effectiveness.

## **6.4 LIMITATIONS**

Various limitations are recognized in this research that require consideration. The emphasis on a particular geographic region, particularly North India, raises concerns

regarding the applicability of the results to a wider context. Differences in cultural, organizational, or regional factors may affect the development of psychological contracts in various healthcare settings. The use of a cross-sectional design, which collects data at a certain moment, restricts the investigation of changes in the psychological contract over time. Longitudinal research could provide a deeper insight into the evolution of psychological contracts and their impact on outcomes in the healthcare sector. The study's sample size was limited to 514 employees, and the use of self-reported data may lead to social desirability bias, where respondents may supply responses that they think correspond with expectations. This bias could impact the accuracy of the reported connections between variables, potentially leading to an overestimation of the observed positive associations. The study examines factors like age, experience, personality, employer attractiveness, and person-organization fit. However, not including other variables like organizational climate, leadership styles, or specific job roles could restrict a more detailed understanding of the psychological contract. Recognizing these constraints is essential for understanding the study's findings and directing future research efforts.

## **6.5 SCOPE FOR FURTHER STUDY**

The study's scope presents opportunities for future research across various industries, including Manufacturing, Banks, Information Technology Enabled Services (ITeS), Software, Business Process Outsourcing (BPO), and Retail markets. Extending the application of the findings to diverse sectors can provide a broader understanding of psychological contracts.

While this study primarily focused on the relationship between Psychological Contract and its precursors (employee personality & Employer Attractiveness) and outcomes (employee engagement & Turnover intention), future studies can explore areas beyond the current objectives. Investigating additional dimensions and factors can contribute to a more comprehensive understanding of psychological contracts. Prospective research endeavours could develop an insight into the cultural dimensions influencing psychological contract formation within the healthcare sector. Examining how cultural variations impact professionals' expectations, perceptions, and

commitments can offer valuable insights for developing culturally sensitive and adaptable strategies.

Longitudinal studies tracking the evolution of psychological contracts over an extended period in the healthcare industry would provide a dynamic understanding. This approach could capture changes in psychological contract dynamics and their implications on employee engagement and turnover intentions over time. Given the diversity in healthcare specialties with unique challenges, a focused investigation into how psychological contracts differ among healthcare professionals in distinct roles, such as nursing, medicine, or administration, would unveil specific sectoral considerations, facilitating tailored interventions. Considering the continuous integration of technology in healthcare, future studies could explore how technological advancements influence the psychological contract.

Technological advancements introduce new dynamics to the workplace, influencing the nature of tasks, communication channels, and expectations. Professionals may experience shifts in their job roles, requiring them to acquire new skills or adapt existing ones. This evolution can impact their psychological contract – the unwritten expectations and obligations between employees and their organizations. Looking ahead, the future of the psychological contract in healthcare is intricately linked with the industry's ability to effectively integrate and leverage technology. Understanding professionals' perceptions and adaptations to technological changes can inform strategies to manage expectations and cultivate positive psychological contracts in an evolving work environment. The future study, therefore, might look into organizations' proactive efforts to understand, address, and adapt to the evolving technological landscape, ensuring a mutually beneficial relationship between healthcare professionals and the organizations they serve.

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**APPENDIX 1**  
**QUESTIONNAIRE**

**SECTION 1**

**PERSONAL INFORMATION**

1. Please indicate the age group you belong to

- 20 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 -69

2. Please specify your gender identity

- Male
- Female
- Others

3. Please specify your highest level of educational qualification

- 12th/Intermediate
- Graduate
- Post- Graduate
- Doctorate
- Others

4. Please provide the name of the organization where you are currently employed

.....

5. Please indicate your monthly income (INR)

- Up to 20,000
- 20,000 to 40, 000
- 40,000 to 60, 000
- 60,000 and above

7. Please specify your total years of work experience

- 0-5 years
- 6-10 years
- 11-15 years
- 16 and above

7. Please state the tenure of your employment with your current employer

- 0-5 years
- 6-10 years
- 11-15 years
- 16 and above

## SECTION 2

1. Please indicate the extent to which you agree or disagree with the following statements:

SD = Strongly Disagree, D = Disagree, N = Neutral,  
A = Agree, SA = Strongly Agree

I work only the hours set out in my contract and no more.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
It is important to be flexible and to work irregular hours if necessary.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
My job means more to me than just a means of paying the bills	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I expect to develop my skills (via training) in this company.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I expect to grow in this organization.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I work to achieve the purely short-term goals of my job.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
To me working for this organization is like being a member of a family.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
It is important not to get too attached to your place of work.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I come to work purely to get the job done.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
As long as I reach the targets specified in my job, I am satisfied.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I feel this company reciprocates the effort put in by its employees.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
At times, I think I am no good at all.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I do this job just for the money.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
It is important not to get too involved in your job.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA



### SECTION 3

Please indicate the extent to which you agree or disagree with the following statements:

SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, SA = Strongly Agree

I feel that I have a number of good qualities.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
At times, I think I am no good at all.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I wish I could have more respect for myself.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
All in all, I am inclined to feel that I am a failure.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I take a positive attitude toward myself.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA

### SECTION 4

Please indicate the extent to which you agree or disagree with the following statements:

SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, SA = Strongly Agree

You feel the desire to stick with the organization because of the opportunities that come from experience in a professional workplace.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
Feeling good about you as a result of working for a particular organization.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
Feeling more self-confident as a result of working for a particular organization	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
The organization helps in gaining career-enhancing experience.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
The organization provides an attractive overall compensation package.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA

## SECTION 5

Please indicate the extent to which you agree or disagree with the following statements:

SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, SA = Strongly Agree

I really fit this organization.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I feel that my personal values are a good fit with this organization.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
My organization meets my major needs well.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
My values match those of current employees in this organization.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I have affections and affinity for this organization.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
This organization has the same values as I do with regard to concern for others.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA

## SECTION 6

Please indicate the extent to which you agree or disagree with the following statements:

SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, SA = Strongly Agree

I focus hard on my work.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I concentrate on my work.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I pay a lot of attention to my work	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I share the same work values as my colleagues.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I share the same work attitudes as my colleagues	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I feel positive about my work.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I feel energetic about my work.	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA

## SECTION 7

Please indicate the extent to which you agree or disagree with the following statements:

SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, SA = Strongly Agree

As soon as possible, I will leave the organization	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I will probably look for a new job in the next year	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA
I often think about quitting my present job	<input type="radio"/>	SD	<input type="radio"/>	D	<input type="radio"/>	N	<input type="radio"/>	A	<input type="radio"/>	SA