Sudarshan Research Journal
Volume – 2, Issue - 9, September-2024
ISSN No: 2583-8792
Impact Factor: 3.179 (SJIF)

THE INFLUENCE OF DEMOGRAPHIC VARIABLES ON EMPLOYEE'S WORK ATTITUDE AND SELF-EFFICACY IN INDIAN HEALTHCARE SETTINGS

Vijay Rewadiya[1], Dr. Nirmala Chaudhary[2]

[1] Research Scholar, University School of Management, Kurukshetra University, Kurukshetra, India
[2] Professor and Chairperson, University School of Management, Kurukshetra University, Kurukshetra, India

ABSTRACT

This study examines the impact of key demographic variables—age, education level, work experience, and income—on employees' work attitudes and self-efficacy in the Indian healthcare sector. Utilizing a quantitative research design, data were collected from 438 healthcare workers across various hospitals in India through structured surveys. Descriptive statistics and One-way ANOVA were employed to analyse the relationships between these demographic factors and both work attitudes and self-efficacy. Results indicate that age significantly influences self-efficacy and work attitudes, with employees aged 31-40 reporting higher self-efficacy and those aged 41 and above demonstrating more positive work attitudes. Work experience also correlates with work attitude, particularly among those with over 20 years of experience. However, educational qualifications and income did not significantly affect self-efficacy or work attitudes. The study concludes with recommendations for targeted policies and training programs that enhance workforce motivation and effectiveness by acknowledging demographic diversity in Indian healthcare institutions.

Keywords: - Age, Demographic variables, Education level, Healthcare Sector, Income, One-way ANOVA, Self-Efficacy, Work Attitude, Work Experience.

Sudarshan Research Journal
Volume – 2, Issue - 9, September-2024
ISSN No: 2583-8792
Impact Factor: 3.179 (SJIF)

I. INTRODUCTION

In today's rapidly evolving healthcare landscape, understanding the factors that influence employee behaviour and performance is crucial for improving organizational effectiveness. Employee work attitude and self-efficacy—two key determinants of workplace success—are shaped by a variety of factors, including individual demographic characteristics. In the context of the Indian healthcare sector, where professionals face high demands and challenges, it is essential to explore how demographic variables like age, education, work experience, and income impact these critical attributes.

This study aims to scrutinize the impact of demographic factors on employees' work attitudes and self-efficacy in Indian healthcare settings. By analysing the relationships between these variables, the study seeks to uncover patterns that can help healthcare organizations tailor policies and interventions to better meet the needs of their diverse workforce. Through quantitative analysis of survey data from healthcare workers across India, the study provides important insights into how demographic diversity can be leveraged to foster a more motivated and effective workforce.

A. Work Attitude

Work attitude, encompassing job satisfaction, job involvement, and organizational commitment, plays a pivotal role in shaping employee behavior and performance within an organization. These components of work attitude reflect how individuals perceive and engage with their work environment, directly influencing their motivation, productivity, and overall contribution to organizational success.

a. **Job Satisfaction** is a widely studied construct in organizational behaviour, representing an employee's overall contentment with their job. It involves the evaluation of various job aspects such as tasks, rewards, and working conditions (Locke, 1976). High levels of job satisfaction are associated with improved performance, lower turnover, and enhanced well-being (Judge et al., 2001). In healthcare settings, job satisfaction is critical as it directly affects the quality of patient care and employee retention (Lu et al., 2019).

b. **Job Involvement** refers to the extent to which employees psychologically connect with their job and view their work as a vital part of their life (Kanungo, 1982). Highly involved employees tend to be more committed, engaged, and motivated to achieve higher performance levels (Brown, 1996). This is particularly relevant in healthcare, where

highly involved employees demonstrate greater responsibility and dedication to patient outcomes (Prakash et al., 2019).

c. **Organizational Commitment**, another key facet of work attitude, refers to an employee's emotional connection, involvement, and sense of identification with their organization (Meyer & Allen, 1991). Strong organizational commitment fosters loyalty and reduces turnover intentions, contributing to organizational stability and performance (Meyer et al., 2002). In healthcare settings, committed employees are more likely to engage in behaviors that promote both patient and organizational welfare (Chiu & Tsai, 2007).

B. Self-Efficacy

Bandura (1997) defines self-efficacy as an individual's confidence in their capacity to effectively carry out tasks and accomplish goals. In the workplace, self-efficacy influences how employees approach challenges, persevere in the face of difficulties, and perform their duties (Stajkovic& Luthans, 1998). Higher self-efficacy is linked to improved job performance, adaptability, and resilience, making it a crucial variable in healthcare environments, where workers face complex and high-stakes situations regularly (Gómez-Baya et al., 2020). Recognizing the influence of work attitudes—such as job satisfaction, job involvement, and organizational commitment—along with self-efficacy is crucial for cultivating a motivated and high-performing workforce, especially in demanding environments like healthcare.

C. Interaction of Demographic Variables with Work Attitudes and Self-Efficacy

The interplay between demographic variables and work attitudes/self-efficacy is complex and multifaceted. For instance, age and work experience are often interlinked, with older employees generally having more experience, which in turn positively affects their job satisfaction, organizational commitment, and self-efficacy (Kanfer & Ackerman, 2004). Similarly, education and income are often correlated, as employees with higher education levels tend to earn higher salaries, which can influence their work attitudes and efficacy beliefs. Moreover, the impact of demographic variables can vary across sectors and job roles. In healthcare, for example, work experience and education may play a more prominent role in influencing job involvement and self-efficacy, given the technical and knowledge-intensive nature of the work (Prakash et al., 2019). Age, education, and experience can also interact to shape how employees perceive their jobs, their level of involvement, and their overall

satisfaction with their careers (Meyer et al., 2002). Demographic factors like age, education, work experience, and income have a significant impact on employees' work attitudes—specifically job satisfaction, job involvement, and organizational commitment—as well as their self-efficacy.These factors shape how individuals perceive their work environment, their engagement with their job, and their confidence in performing job-related tasks.

D. Age

Age is a crucial demographic factor affecting work attitudes and self-efficacy. Research shows that work attitudes tend to evolve with age as employees gain more experience and stability in their careers. Older employees often report higher job satisfaction, job involvement, and organizational commitment compared to their younger counterparts (Ng & Feldman, 2010). This increase in positive work attitudes with age can be attributed to the accumulation of experience and professional maturity, which enables employees to navigate workplace challenges more effectively. Moreover, older employees are more likely to have developed stronger attachments to their organizations and a clearer sense of purpose in their work (Meyer & Allen, 1991).

Similarly, self-efficacy tends to increase with age, particularly in employees who have spent several years in the same profession. Older employees often have more confidence in their ability to perform work tasks, as they have had time to build expertise and mastery over their roles (Schyns& von Collani, 2002). Studies have shown that self-efficacy tends to peak in mid-career employees, particularly those in the 30–50 age group, who have a balanced combination of experience and energy (Kanfer & Ackerman, 2004).

E. Education Level

The role of education level in influencing work attitudes and self-efficacy has been widely examined. Higher education is generally associated with greater job satisfaction and organizational commitment, as educated employees tend to have more opportunities for career advancement and are often assigned more meaningful tasks (Ng & Feldman, 2009). Employees with advanced education levels are also more likely to be involved in their work, as they possess the skills and knowledge required to make a significant contribution to their organization (Alfes et al., 2013). Education fosters a sense of competence and mastery, which can translate into higher levels of job involvement.

In terms of self-efficacy, employees with higher education levels tend to exhibit greater confidence in their ability to perform job tasks effectively (Bandura, 1997). This is especially

true in knowledge-based sectors, such as healthcare, where the ability to apply specialized knowledge is critical. Higher education also equips employees with problem-solving skills and a greater capacity to handle complex tasks, which further enhances their self-efficacy (Lent et al., 2002).

F. Work Experience

Work experience is another key variable that significantly impacts both work attitudes and self-efficacy. Employees with more years of experience tend to exhibit higher levels of job satisfaction, job involvement, and organizational commitment. This is largely because experienced employees have a clearer understanding of their job roles, are more confident in their abilities, and are more adept at managing work-related challenges (Carmeli & Freund, 2004). Additionally, long-tenured employees are often more committed to their organizations due to the investments they have made in their careers over time (Mowday et al., 1982).

Work experience also has a direct effect on self-efficacy. Employees with more experience tend to have higher self-efficacy because they have had more opportunities to develop their skills, learn from past successes and failures, and build confidence in their job performance (Gist & Mitchell, 1992). This is particularly evident in professions such as healthcare, where hands-on experience is critical for mastering the technical and interpersonal aspects of the job (Schwarzer & Hallum, 2008). As employees gain experience, they become more adept at handling the complexities of their work, which bolsters their self-efficacy and work engagement.

G. Income Level

Income level also plays a significant role in shaping work attitudes, though its influence can vary across contexts. Employees with higher incomes tend to report higher levels of job satisfaction, primarily due to the material rewards and financial security associated with their roles (Judge et al., 2010). Moreover, higher income levels can enhance job involvement, as financially secure employees may feel more motivated to contribute meaningfully to their organizations. However, research suggests that income has a diminishing effect on job satisfaction once basic financial needs are met, indicating that intrinsic factors such as personal growth and job autonomy become more important than financial rewards (Clark, 1997).

In contrast, income has a more modest impact on self-efficacy. While financial rewards can boost confidence and motivation, self-efficacy is more closely linked to an employee's perceived competence and ability to perform job-related tasks (Bandura, 1997). Employees

with higher incomes may feel more empowered due to their financial status, but self-efficacy is more likely to be influenced by their skills, knowledge, and experiences rather than their income level alone (Lent et al., 2002).

In conclusion, demographic factors like age, education, work experience, and income play a significant role in shaping work attitudes (including job satisfaction, job involvement, and organizational commitment) as well as self-efficacy.While each variable has a unique impact, they often interact to shape employees' perceptions of their jobs and their confidence in performing job-related tasks. Understanding how these factors influence work attitudes and self-efficacy is critical for organizations, particularly in sectors like healthcare, where employee engagement and performance are closely linked to organizational outcomes.

II. REVIEW OF LITERATURE

A. Age and Work Attitudes/Self-Efficacy

Ng and Feldman (2010), in their meta-analysis, found that older employees typically experience higher levels of job satisfaction and organizational commitment than younger employees.This is due to job security, career clarity, and organizational attachment that develop with tenure. Additionally, Mowday, Steers, and Porter (1982) found that older employees display higher levels of job involvement, which is driven by a greater sense of responsibility and investment in their roles.

Kanfer and Ackerman (2004) highlighted that self-efficacy increase during middle adulthood (30–50 years), as individuals gain mastery over job tasks through experience. However, they noted a decline in self-efficacy as employees near retirement, potentially due to changing motivations and declining cognitive resources. In healthcare, Schwarzer and Hallum (2008) demonstrated that older healthcare professionals exhibit higher self-efficacy in patient care management, which they attribute to extensive experience.

B. Education Level and Work Attitudes/Self-Efficacy

Ng and Feldman (2009) found that employees with higher education levels tend to report increased job satisfaction, likely due to enhanced job autonomy, responsibility, and growth opportunities. Luthans, Avolio, and Avey (2007) also noted a positive relationship between education and organizational commitment and job involvement, as more educated employees often hold intellectually demanding and engaging roles.

Lent, Brown, and Hackett (2002) observed that higher education levels correlate with greater self-efficacy. Educated employees, especially those in knowledge-intensive fields, are more confident in their abilities due to the technical expertise and problem-solving skills they possess. Xanthopoulou et al. (2007) also confirmed that in sectors like healthcare, higher education positively impacts self-efficacy, as specialized knowledge is crucial for task execution.

C. Work Experience and Work Attitudes/Self-Efficacy

Carmeli and Freund (2004) found that employees with greater work experience report higher job satisfaction and organizational commitment. This is because experienced employees tend to have more realistic expectations of their roles and have developed coping mechanisms for workplace challenges. Brown (1996) supported this by highlighting that longer-tenured employees exhibit greater job involvement due to their growing confidence and expertise in handling work tasks.

Gist and Mitchell (1992) noted that self-efficacy tends to rise with work experience. Experienced employees develop skills over time, which boosts their confidence in performing job tasks. In healthcare, Schwarzer and Hallum (2008) found that as healthcare professionals gain experience, they become more self-efficacious in handling complex patient care situations, further enhancing their job performance.

D. Income Level and Work Attitudes/Self-Efficacy

Judge, Piccolo, Podsakoff, Shaw, and Rich (2010) conducted a meta-analysis that confirmed a positive relationship between income and job satisfaction, though they noted that this relationship weakens after basic financial needs are met. Clark (1997) similarly found that higher income levels contribute to increased job involvement, as well-compensated employees tend to feel more valued and motivated to engage with their work.

Bandura (1997) argued that while income plays a role in shaping work attitudes, its effect on self-efficacy is less direct. Self-efficacy is influenced more by factors like personal achievements and experiences than by financial compensation. However, Lent et al. (2002) noted that financial security from higher incomes can alleviate stress, allowing employees to focus more on job performance, which may indirectly enhance self-efficacy.

E. Interaction of Demographic Variables

Ng and Feldman (2009) highlighted the interconnectedness of demographic variables such as

age, work experience, education, and income. For instance, older employees typically have more experience, leading to higher job satisfaction and self-efficacy. Furthermore, higher education often leads to better-paying jobs, which in turn can improve job satisfaction and organizational commitment.

Prakash, Narayanamurthy, and Rathinam (2019) found that in healthcare, demographic variables such as education and experience play a significant role in shaping job involvement and self-efficacy. They demonstrated that professionals with higher education levels and more work experience report higher job involvement and greater confidence in handling their responsibilities in high-pressure environments like healthcare.

Schwarzer and Hallum (2008) emphasized that in healthcare, demographic factors like education and experience have a pronounced effect on both work attitudes and self-efficacy. They observed that experienced and well-educated healthcare professionals report higher levels of job satisfaction, job involvement, and self-efficacy, which is crucial for delivering high-quality patient care.

III. OBJECTIVES OF THE STUDY

The objectives of the study have been outlined and are presented below:

A. To study the effect of selected demographic variables (age, education level, experience and income level) on self-efficacy of employees in the Indian healthcare sector.

B. To study the effect of selected demographic variables (age, education level, experience and income level) on work attitude of employees in the Indian healthcare sector.

IV. HYPOTHESIS OF THE STUDY

A. **H_0 1**: There is no significant effect of age, educational qualification, work experience, gross annual income on the Self-efficacy of employees in the Indian Healthcare Sector.

B. **H_0 2**: There is no significant effect of age, educational qualification, work experience, gross annual income on the Work Attitude of employees in the Indian Healthcare Sector.

Sudarshan Research Journal
Volume – 2, Issue - 9, September-2024
ISSN No: 2583-8792
Impact Factor: 3.179 (SJIF)

V. RESEARCH METHODOLOGY

A. Research Design

Quantitative research design was used for the measurement of relationships between selected demographic variables (independent variables) and self-efficacy and work attitude (dependent variables) at a single point in time. This design is appropriate because it will allow for the collection of numerical data to analyse the relationships between demographic variables (age, education level, work experience, and income) and the dependent variables (work attitudes and self-efficacy)

B. Sample Design

a. **Population**: Healthcare employees from various hospitals across India, including doctors, nurses, allied health professionals, service staff and administrative staff.

b. **Sampling Technique**: A purposive sampling method has been employed to ensure the inclusion of various demographic groups (e.g., employees from different age groups, educational backgrounds, income brackets, etc.) and roles in healthcare.

c. **Sample Size**: Using the Cochran formula, 384 is the minimum sample threshold value to obtain the desired results. However, the sample size for this study is 438 which is much more than the minimum numbers required, using this formula. Used a large enough sample size to ensure statistical validity and the ability to generalize findings across the Indian healthcare sector.

C. Data Collection Methods

a. **Survey Method**: Structured questionnaires were used to gather data on employees' demographic information, work attitudes, and self-efficacy. The scale was scored on a 5-point Likert scale: SD - Strongly Disagree, D - Disagree, N -Neither Agree nor Disagree, A - Agree, SA - Strongly Agree.

b. **Self-Efficacy**: **General Self-Efficacy Scale (GSES)** was used which was developed by **Ralf Schwarzer & Matthias Jerusalem** (1995).

c. **Work Attitude**: To measure Job Satisfaction, Job Involvement, And Organisational Commitment three different scales from three different authors were used.

d. **Job Satisfaction:** To measure job satisfaction, The Generic Job Satisfaction Scale by **Macdonald, S., & Maclntyre, P. (1997)** was used.

e. **Job Involvement:** To measure job involvement, **Lodahl and Kejner (1965)** -10 items scale was used.

f. **Organisational Commitment:** To measure organisational commitment, The Organisational Commitment Questionnaire (OCQ) by **Mowday, R. T., Steers, R. M., & Porter, L. W. (1979)** was used.

g. **Demographic Variables**: A section in the survey will collect details on age, education level, work experience, and gross annual income.

h. **Administration**: Questionnaires were distributed via online platforms or in person, depending on the logistics and access to the healthcare staff.

D. Data Analysis Methods

a. **Descriptive Statistics:** To summarize the demographic characteristics of the sample.

b. **ANOVA (Analysis of Variance):** To compare differences in work attitudes and self-efficacy across different demographic groups (e.g., comparing work attitudes across income levels or self-efficacy across education levels).

c. **Post-hoc Tests:** Turkey's HSD was used for further exploration of significant group differences.

E. Ethical Considerations

a. Ensure that the confidentiality and anonymity of all responses is preserved.

b. Obtain informed consent from all participants.

c. Voluntary participation: Healthcare employees should have the option to withdraw at any time without repercussions.

d. Proper permissions were obtained from civil surgeons, CMOs, RMOs, and other higher authorities at each hospital to ensure that employees could complete the questionnaire without hesitation and provide accurate data.

e. Comply with institutional and ethical guidelines for research, particularly when handling sensitive demographic and personal data.

F. Limitation

Self-report bias may occur due to the subjective nature of the survey responses.

G. Strengths

a. The large sample size and inclusion of multiple demographic variables provide a comprehensive understanding of factors that influence work attitudes and self-efficacy.

Sudarshan Research Journal
Volume – 2, Issue - 9, September-2024
ISSN No: 2583-8792
Impact Factor: 3.179 (SJIF)

b. Insights from this study could inform healthcare administrators in designing targeted interventions (e.g., training programs, policies) to improve employee engagement and efficacy based on their demographic characteristics.

VI. DATA ANALYSIS AND INTERPRETATION

A. Effect of Selected Demographic Variables (Age, Education Level, Experience and Income Level) on Self-Efficacy of Employees

The study explored how self-efficacy levels varied among employees based on different demographic factors such as Age, Educational Qualification, Work Experience, and Gross Annual Income. The findings, presented in Table 1, highlight some interesting trends. According to the one-way ANOVA results, age plays a significant role in shaping self-efficacy levels. Specifically, the analysis yielded an F-value of 3.240, with a p-value of 0.022, suggesting a statistically significant effect.

Among the age groups, employees aged 31-40 stood out with a notably higher mean self-efficacy score (M = 4.0185) compared to their younger counterparts in the 20-30 age group, who had a mean score of 3.7775. However, when it came to Educational Qualification, Work Experience, and Gross Annual Income, no significant differences in self-efficacy were observed, as indicated by p-values exceeding the 0.05 threshold. This suggests that, while age influences self-efficacy, other demographic factors may not have a similar impact.These findings are in lined with **Chester and Beaudin (1996)** who also concluded that self-efficacy beliefs are affected by age.

Table 1: One Way ANOVA (IDV: Age, Educational Qualification, Work Experience, Gross Annual Income and DV: Self-Efficacy)

Demographic Variable	N	Mean	Standard Deviation	Levene Statistics (sig.)	Welch(sig.)	F-value(sig.)
Age						
20-30	142	3.7775	.81592	3.153 (0.025)	2.806 (.043)	**3.240 (0.022) ***
31-40	184	4.0185	.66570			
41-50	82	3.9841	.67081			

Sudarshan Research Journal
Volume – 2, Issue - 9, September-2024
ISSN No: 2583-8792
Impact Factor: 3.179 (SJIF)

Above 50	30	3.9367	.61950			
Educational Qualification						
10th and Diploma	36	3.7750	.73070	0.455 (0.714)	1.491 (0.221)	1.541 (0.203)
12th and Diploma	60	3.8333	.73707			
Graduate	162	3.9154	.70987			
Post- Graduate	180	4.0022	.72180			
Work Experience						
6 months-2years	93	3.7925	.81910	2.190 (0.069)	1.785 (0.133)	1.696 (0.150)
2 to 5 years	100	3.9000	.68520			
5 to 10 years	99	3.9303	.75071			
10 to 20 years	103	4.0146	.68491			
Above 20 years	43	4.0767	.55069			
Gross Annual Income (in Rs)						
Up to 4 lakhs	146	3.9815	.69163	1.426 (0.224)	0.818 (0.516)	.833 (.505)
4-8 lakhs	133	3.8376	.74250			
8-12 lakhs	87	3.9333	.77530			
12-15 lakhs	28	3.9607	.64884			
Above 15 Lakhs	44	3.9955	.69213			

(Source: Primary Data, N=438) The mean difference is significant at the 0.05 level.

Various age levels showed significant differences, a paired comparison for each category was conducted using the Post-Hoc Games-Howell method as shown in table 2. The post-hoc analysis using the Games-Howell method confirms this significant difference between the 20-30 and 31-40 age groups ($p = 0.023$). No significant differences are observed in self-efficacy across different educational qualifications, work experience levels, or income brackets, as indicated by non-significant F-values ($p > 0.05$). This suggests that while age plays a role in influencing self-efficacy, other demographic variables like education, work experience, and income do not significantly impact self-efficacy in this sample of healthcare employees.

Sudarshan Research Journal
Volume – 2, Issue - 9, September-2024
ISSN No: 2583-8792
Impact Factor: 3.179 (SJIF)

Table 2: Impact of Age on Self-Efficacy (Post-Hoc Games-Howell Method)

(I) Age (Yrs.)	(J) Age (Yrs.)	Mean Difference (I-J)	Sig.
20-30	31-40	**-.24101***	.023
	41-50	-.20668	.174
	Above 50	-.15920	.627
31-40	20-30	**.24101***	.023
	41-50	.03433	.980
	Above 50	.08181	.910
41-50	20-30	.20668	.174
	31-40	-.03433	.980
	Above 50	.04748	.985
Above 50	20-30	.15920	.627
	31-40	-.08181	.910
	41-50	-.04748	.985

(Source: Primary Data, N=438) The mean difference is significant at the 0.05 level.

B. Effect of Selected Demographic Variables (Age, Education Level, Experience and Income Level) on Work Attitude of Employees

Table 3: One Way ANOVA (IDV: Age, Educational Qualification, Work Experience, Gross Annual Income and DV: Work Attitude)

Demographic Variable	N	Mean	Standard Deviation	Levene Statistics (sig.)	Welch(sig.)	F-value(sig.)
Age						
20-30	142	3.5470	.64674	1.290 (0.227)	4.639 (.004)	**5.028 (0.002) ***
31-40	184	3.7553	.57780			
41-50	82	3.8183	.57792			
Above 50	30	3.8104	.52764			
Educational Qualification						

Sudarshan Research Journal
Volume – 2, Issue - 9, September-2024
ISSN No: 2583-8792
Impact Factor: 3.179 (SJIF)

10th and Diploma	36	3.7343	.59323	0.857 (0.463)	0.930 (0.429)	0.964 (0.410)
12th and Diploma	60	3.7094	.56983			
Graduate	162	3.7566	.58297			
Post- Graduate	180	3.6472	.64008			
Work Experience						
6 months-2years	93	3.5734	.68204	1.432 (0.222)	2.747 (0.030)	**2.679 (0.031) ***
2 to 5 years	100	3.6761	.64811			
5 to 10 years	99	3.6762	.53946			
10 to 20 years	103	3.8098	.57187			
Above 20 years	43	3.8553	.49893			
Gross Annual Income (in Rs)						
Up to 4 lakhs	146	3.7057	.59846	1.437 (0.221)	0.526 (0.717)	0.591 (.669)
4-8 lakhs	133	3.7196	.55629			
8-12 lakhs	87	3.6261	.68683			
12-15 lakhs	28	3.8008	.56786			
Above 15 Lakhs	44	3.7371	.64090			

(Source: Primary Data, N=438) The mean difference is significant at the 0.05 level.

The study examined variations in work attitude levels among employees across different demographic factors, including Age, Educational Qualification, Work Experience, and Gross Annual Income. Table 3 presents the one-way ANOVA results, which reveal that age has a significant effect on work attitude, with an F-value of 5.028 ($p = 0.002$). Employees in the 41-50 age group and those over 50 years old demonstrated higher work attitude scores ($M = 3.8183$ and $M = 3.8104$, respectively) compared to younger employees aged 20-30 ($M = 3.5470$). Work Experience also has a significant effect on work attitude, with an F-value of 2.679 ($p = 0.031$). In contrast, no significant differences in work attitude were found based on Educational Qualification, or Gross Annual Income, as indicated by p-values above 0.05. This suggests that while age plays a key role in shaping work attitude, other demographic factors do not appear to have the same influence.

Sudarshan Research Journal
Volume – 2, Issue - 9, September-2024
ISSN No: 2583-8792
Impact Factor: 3.179 (SJIF)

Table 4: Impact of Age on Work Attitude (Post-Hoc Games-Howell Method)

(I) Age (Yrs.)	(J) Age (Yrs.)	Mean Difference (I-J)	Sig.
20-30	31-40	**-.20829***	.015
	41-50	**-.27127***	.008
	Above 50	-.26334	.094
31-40	20-30	**.20829***	.015
	41-50	-.06298	.845
	Above 50	-.05506	.953
41-50	20-30	**.27127***	.008
	31-40	.06298	.845
	Above 50	.00792	1.000
Above 50	20-30	.26334	.094
	31-40	.05506	.953
	41-50	-.00792	1.000

(Source: Primary Data, N=438) The mean difference is significant at the 0.05 level.

The table 4 depicts the Post-hoc analysis which reveals significant differences between the 20-30 group and both the 31-40 ($p = 0.015$) and 41-50 ($p = 0.008$) age groups, suggesting that older employees tend to have more positive work attitudes. Furthermore, work experience is also significantly associated with work attitude ($F = 2.679$, $p = 0.031$), with employees having more than 20 years of experience reporting the highest work attitudes ($M = 3.8553$). In contrast, no significant impact of educational qualification or income is observed on work attitudes.

VII. CONCLUSION

According to the one-way ANOVA results, age plays a statistically significant role in shaping self-efficacy levels. Among the age groups, employees aged 31-40 stood out with a notably higher mean self-efficacy compared to their younger counterparts in the 20-30 age group. However, when it came to Educational Qualification, Work Experience, and Gross Annual Income, no significant differences in self-efficacy were observed. This suggests that while age plays a role in influencing self-efficacy, other demographic variables like education, work experience, and income do not significantly impact self-efficacy in this sample of healthcare

employees.

But in the case of work attitude, age and work experience both has a significant effect on work attitude. Employees in the 41-50 age group and those over 50 years old demonstrated higher work attitude compared to younger employees aged 20-30. In contrast, no significant differences in work attitude were found based on Educational Qualification, or Gross Annual Income. Post-hoc analysis reveals that older employees tend to have more positive work attitudes and employees having more than 20 years of experience reporting the highest work attitudes.

VIII. REFERENCES

I. Alfes, K., Shantz, A. D., Truss, C., & Soane, E. C. (2013). The link between perceived human resource management practices, engagement and employee behaviour: A moderated mediation model. *The International Journal of Human Resource Management*, 24(2), 330-351.

II. Bandura, A. (1997). *Self-efficacy: The exercise of control*. W.H. Freeman.

III. Brown, S.P. (1996). A meta-analysis and review of organizational research on job involvement. *Psychological Bulletin*, 120(2), 235–255.

IV. Carmeli, A., & Freund, A. (2004). Work commitment, job satisfaction, and job performance: An empirical investigation. *International Journal of Organizational Theory &Behavior*, 7(3), 289-309.

V. Chiu, R. K., & Tsai, M. C. (2007). Relationships among burnout, job involvement, and organizational citizenship behavior in a hospital: An empirical study in Taiwan. *The International Journal of Human Resource Management*, 18(3), 508-524.

VI. Clark, A. E. (1997). Job satisfaction and gender: Why are women so happy at work? *Labour Economics*, 4(4), 341-372.

VII. Gist, M. E., & Mitchell, T. R. (1992). Self-efficacy: A theoretical analysis of its determinants and malleability. *Academy of Management Review*, 17(2), 183-211.

VIII. Gómez-Baya, D., Mendoza, R., Paino, S., & García-Merita, M. (2020). Self-efficacy and psychological well-being in adolescents: A longitudinal approach. *Revista de Psicodidáctica (English ed.)*, 25(2), 87-94.

IX. Judge, T. A., Piccolo, R. F., Podsakoff, N. P., Shaw, J. C., & Rich, B. L. (2010). The relationship between pay and job satisfaction: A meta-analysis of the literature. *Journal of Vocational Behavior*, 77(2), 157-167.

X. Kanungo, R. N. (1982). Measurement of job and work involvement. *Journal of Applied Psychology*, 67(3), 341–349.

XI. Kanfer, R., & Ackerman, P. L. (2004). Aging, adult development, and work motivation. *Academy of Management Review*, 29(3), 440-458.

XII. Lent, R. W., Brown, S. D., & Hackett, G. (2002). Social cognitive career theory. In D. Brown & Associates (Eds.), *Career choice and development* (4th ed., pp. 255-311). Jossey-Bass.

XIII. Locke, E. A. (1976). The nature and causes of job satisfaction. In M. D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp. 1297-1349). Rand McNally.

XIV. Lodahl, T. M., &Kejner,M.(1965).The definition and measurement of job involvement. Journal of Applied Psychology, 49(1), 24-33.

XV. Lu, H., Zhao, Y., & While, A. (2019). Job satisfaction among hospital nurses: A literature review. *International Journal of Nursing Studies*, 94, 21-31.

XVI. Luthans, F., Avolio, B. J., & Avey, J. B. (2007). Psychological capital: Investing and developing positive organizational behavior. In D. L. Nelson & C. L. Cooper (Eds.), *Positive organizational behavior* (pp. 9-24). SAGE Publications.

XVII. Macdonald, S., & Maclntyre, P. (1997). The Generic Job Satisfaction Scale: Scale Development and Its Correlates. *Employee Assistance Quarterly*, *13*(2), 1–16. https://doi.org/10.1300/J022v13n02_01

XVIII. Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review*, 1(1), 61-89.

XIX. Meyer, J. P., Stanley, D. J., Herscovitch, L., &Topolnytsky, L. (2002). Affective, continuance, and normative commitment to the organization: A meta-analysis of antecedents, correlates, and consequences. *Journal of Vocational Behavior*, 61(1), 20-52.

XX. Mowday, R. T., Steers, R. M., & Porter, L. W. (1979). The measurement of organisational commitment. Journal of Vocational Behavior, 14(2), 224-247.

XXI. Mowday, R. T., Steers, R. M., & Porter, L. W. (1982). *Employee-organization linkages: The psychology of commitment, absenteeism, and turnover*. Academic Press.

XXII. Ng, T. W., & Feldman, D. C. (2009). How broadly does education contribute to job performance? *Personnel Psychology*, 62(1), 89-134.

XXIII. Ng, T. W., & Feldman, D. C. (2010). The relationships of age with job attitudes: A meta-analysis. *Personnel Psychology*, 63(3), 677-718.

XXIV. Prakash, G., Narayanamurthy, G., & Rathinam, F. (2019). Linking job involvement, job satisfaction.

XXV. Schwarzer, R., & Hallum, S. (2008). Perceived self-efficacy and burnout: A longitudinal study. *Anxiety, Stress & Coping*, 21(3), 309-323.

XXVI. Schwarzer, R., & Jerusalem, M. (1995). The Generalized Self-Efficacy Scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

XXVII. Stajkovic, A. D., & Luthans, F. (1998). Self-efficacy and work-related performance: A meta-analysis. *Psychological Bulletin*, 124(2), 240–261.

XXVIII. Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2007). The role of personal resources in the job demands-resources model. *International Journal of Stress Management*, 14(2), 121-141.