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Impact of Psychological Capital and Core Self-Evaluation on Organizational Commitment Among Doctors in Public Sector Hospitals of Khyber Pakhtunkhwa

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Abstract
The present study investigated the impact of Psychological Capital and Core Self-Evaluation on Organizational Commitment among doctors in public sector hospitals of Khyber Pakhtunkhwa, Pakistan. A total of 260 questionnaires were floated among doctors who were being working in the leading public sector hospitals of Khyber Pakhtunkhwa. The final questionnaire used for data collection was a matrix instrument and included three different instruments i.e. 24 items Psychological Capital Questionnaire, 12 items Core Self-Evaluation Scale and 18 items Organizational Commitment Questionnaire in order to derive in-depth information about all the concerned variables of the study. The results revealed that both Psychological Capital and Core Self-Evaluation were significantly correlated with Organizational Commitment. The correlation values between psychological capital and organizational commitment is 0.843, whereas the correlation between core self-evaluation and organizational commitment is 0.897. A collection of three models were used in the study. The first model showed that there is a strong relationship between Psychological Capital and organizational Commitment with R-squared value of 0.711. With R-squared value of 0.805 the second model depicted that there is a strong influence of Core Self-Evaluation on Organizational Commitment. The final model gave a comprehensive result and represented a robust influence of both the Psychological Capital and Core Self-Evaluation on Organizational Commitment with R- square value of 0.897. The findings provide valuable evidence on redefining the whole process of recruitment specifically the contents to be included in the comprehensive recruitment and selection strategies that will lead to organizational commitment and reduced turn over intention. The study highlighted the factors to be addressed in the course of hiring the new graduates which may lead to enhanced retention and loyalty of the employees with their respective organizations. It also helps in the development and building of teams, by bringing forth the competencies required for being a team player. Based on the findings an organization can derive a conclusion whether to launch a training or development program.

1. Introduction

The modern business environment is dominated by the technology emergence but we cannot ignore the importance and commitment of the workforce being employed. The issues related to organizational commitment are inevitable as only technological advancement cannot help the organizations to achieve their long run organizational goals. The particular study focuses on to find and evaluates the positive contribution of Psychological Capital and Core self Evaluation on organizational commitment among doctors of public sector hospitals of Khyber Pakhtunkhwa. Different variables like job satisfaction, fair wage rate, work-life balance etc have been studied to know their impact on organizational commitment but very little attention is being paid to psychological capital and core self evaluation in order to determine the level of organizational commitment. The health sector i.e. public sectors hospitals are focused in this study as the professionals especially doctors play a vital role in promoting healthy societies. Another reason for choosing the health sector is that it involves life threat if the human resources are not committed and do not perform their duties as required.

2. Literature Review

Technological improvement is not the sole elixir for promoting efficiency and effectiveness when it comes to the achievement of organizational goals. Since the industrial revolution it was detected that employees' commitment and will-to-do is the crucial factor to address productivity and performance. In different times, different scholars evaluated diverse factors to know the ways of increasing organizational commitment.

2.1 Psychological Capital and Organizational Commitment

Over a period of time different factors were researched to find its possible impact on the organizational commitment. A few studies concluded that Psychological Capital when taken in group with other diverse areas will have robust and positive effect on work performance, attitude and behaviors of both the employees and the employer. With reference to personnel psychology, all the four dimensions of psychological capital have indirect and inverse relation with the absenteeism of the employees and the employees' turnover ratio. In a study on

Occupational stress and depressive symptoms among Chinese physicians, Psychological Capital was taken as a mediating variable whereas the study was conducted by Liu et al. 2001; the study concluded the psychological capital with all its dimensions can be an effective remedial strategy to cope with the factors causing depression among Chinese physicians..(Lin, Professor David Lamond, Pan, Qin, & Gao, 2014) conducted a study on 600 employees from seven branches of a high-tech corporation group located at Beijing and Hangzhou, China in order to outline the connection between Psychological Capital and switching or turn over intention. The study conclusion presented an inverse relationship of Psychological Capital with that of the employees' turnover intention.

Considering the dimension of Psychological Capital, Optimism; Thinking about the future can be energizing for some, while others struggle with the prospects of the unknown. Research on optimism, the third POB capacity reviewed here, helps to explain this phenomenon. Simply put, optimists are "people who expect good things to happen to them; pessimists are people who expect bad things to happen to them"(Carver & Scheier, 2009). This difference in expectancies causes optimists and pessimists to differ in how they approach problems and in the manner as well as the success rate with which they deal with adversity. Based on optimism most of the studies are closely related to health and to investigate the effect of lethal diseases or other health concerns (Rasmussen, Wrosch, Scheier, & Carver, 2006), child birth (Carver & Gaines, 1987), heart surgery (Fitzgerald, Tennen, Affleck, & Pransky, 1993), cancer (Carver, Lehman, & Antoni, 2003), and AIDS (Jones, Taylor, & Thornton, 1992). These researches came up with the conclusion that the patients with higher level of optimism encountered lower intensity stress as compared to the pessimist patients in the same situations (Carver & Scheier, 2009).

Resiliency is the competence of the individuals to avoid or refrain from undesired consequences, conflicts, failure and in some cases the avoidance is extended to positive events, development or the acceptance of responsibility (Luthans, Vogelgesang, & Lester, 2006). The scientific study of resilience typically explores more ordinary magic (Masten, 2001), and "relatively ordinary adaptive processes that promote competence, restore efficacy, and encourage growth" (Wooten & James, 2008). It is also noted that the resiliency fluctuates in the varying situations while taking specific circumstances (Staudinger, Marsiske, & Baltes, 1993). Because of this, resilience seems to be an important factor in everyday organizational life. More recently, a growing number of scholars have studied resilience and its relation to workplace performance (Coutu, 2002; Herold, Fedor, Caldwell, & Liu, 2008; Home & Orr, 1997; Judge, Erez, & Bono, 1998; Luthans, Youssef, & Avolio, 2007). According to Murray resilience may be elaborated as "a diverse collection of acquired behaviors what has different strategies to build and in the matter of discussion demands a time period, efforts and individual progress via minute steps" (Murray, Cooper, Wilson, & Romaniuk, 2003).

2.2 Core Self-Evaluation and Organizational Commitment

The presence of different studies that came up with the idea of relation concerning core self-evaluation (CSE) with that of organization commitment by the utility and usage of diverse and different dimensions is also detected. The literature indicates that the core self-evaluation has been extensively studied taken as independent variable in relation with various variables like job satisfaction, job performance etc. but however researchers have paid less attention on considering core self-evaluation as predictor of organization commitment (Kittinger, Walker, Cope, & Wuensch, 2009).

Core self-evaluations is basically considered the estimator and the predictor of dominant outputs like; job satisfaction (Bono & Judge, 2003; Judge, Erez, & Bono, 1998). Therefore after the development and introduction of measurement scale at the end of 1990s, thorough and detailed researches were initiated, taking into account the CSE with prosperous outputs like job satisfaction (Judge & Bono, 2001). Strong evidences can be traced from the earlier findings to back the immediate and supportive connection of CSE with the achieved job performance (Erez & Judge, 2001; Judge, Erez, Bono, & Thoresen, 2003).

More recently, core self-evaluations have been found to be a significant predictor of a variety of outcomes including goal setting, goal commitment, stress and burnout, life satisfaction, happiness, job-search persistence, work and family satisfaction, commitment to change, creativity (Bono & Colbert, 2005; Boyar & Mosley, 2007; Erez & Judge, 2001). Other different studies depicted the possible link of CSE with the productivity of the work by considering the possible variables like job description, working conditions and difficulty or complexity of the tasks as mediators (Kacmar, Collins, Harris, & Judge, 2009; Srivastava, Locke, Judge, & Adams, 2010).

(Srivastava, Locke, and Judge, 2002) found that management students who scored high on core self-evaluations chose more complex tasks and that task complexity partially mediated the relationship between core self-evaluations and task satisfaction. Because this study used an experimental design, it also lends support to the hypothesized causal ordering of the variables (i.e. core self-evaluations, job complexity, satisfaction).Across the four traits, the average correlation was 0.23, which is exactly the same as the validity of conscientiousness in predicting job performance (Barrick& Mount, 1991). Thus, core self-evaluations stand alongside conscientiousness as an important dispositional predictor of job performance. Judge et al., (Judge, Erez, Bono, &

Thoresen, 2003) found that managers who scored high on the core self-evaluation traits were able to cope better with organizational change. As suggested by a reviewer, it is also possible that core self-evaluations are linked to performance ratings because supervisors may like employees with high core self-evaluations (they may find positive employees more pleasant to be around regardless of their objective level of performance).Similarly, Watson and Clark (1984) explicitly consider self-esteem as a component of negative affectivity, a trait that they found to have a 0.59 correlation with neuroticism (Watson & Clark, 1992).

As already discussed the researchers have paid less attentions in order to detect the immediate and direct link of CSE with that of the organization commitment (Kittinger et al., 2009). (Joo, Jun Yoon, & Jeung, 2012) specifically investigated the immediate and direct link and connection of CSE and organizational commitment. They reached at a point where they framed the idea that CSE remains permanent as the time passes on, so the prudent HR practitioners will favor the applicants having higher CSE only. They further argued that core self-evaluation is one of the important measures that can directly affect the organization commitment positively. Therefore in our study, we also considered core self-evaluation as one of the important measure of organization loyalty and commitment.

2.3 Hypotheses

The particular study has addressed a set of the following hypotheses:

H1: PsychCapital has a statistically significant impact on Organizational Commitment among doctors of public sector hospitals of Khyber Pakhtunkhwa, Pakistan.

H2: Core Self Evaluation has a statistically significant impact on Organizational Commitment among doctors of public sector hospitals of Khyber Pakhtunkhwa, Pakistan.

H3: Psychological Capital and Core Self Evaluation have a statistically significant impact on Organizational Commitment among doctors of public sector hospitals of Khyber Pakhtunkhwa, Pakistan.

3. Methodology

This chapter includes the details about the how the study was carried out and what techniques and methods were employed to derive the required accurate conclusions.

3.1 Scope of the research

The study is carried out in the public sector hospitals of Khyber Pakhtunkhwa. The data was collected from the doctors only and other associated medical personnel were not focused during the course of data collection.

3.2 Research Design

3.3 Reliability Analysis

The reliability of the instruments is analyzed by Cronbach's Alpha. The Cronbach Alpha provided the information about reliability of a variable. The value of Cronbach Alpha must be greater than 0.7 to provide reliable results (Nunnally& Bernstein 1994).

3.4 Descriptive Statistics

The behavior of the data sets is analyzed by measure of descriptive statistics. It gave knowledge about mean, maximum, mode, standard deviation and minimum values of variable. The information about kurtosis, variance and skewness can also be obtained from the descriptive statistics. It also provides information about normality of data.

3.5 Correlation Matrix

This technique provided information about the level of association among variables. The information about positive and negative association can be obtained from this technique. Furthermore, it provided information about multi-co linearity.

3.6 Regression analyses

This particular study carried out regression analyses to know about the effect of the psychological capital and core self-evaluation on the organizational commitment. The analyses will be carried on SPSS and will provide reliable results.

3.7 Population of the study

Population for this particular study included current working doctors of all the public sector hospitals of Kyber Pakhtunkhwa. The total population for the study was 19751 doctors which included 12922 male doctors and 6829 female doctors. However priority is given to the doctors being employed in the major hospitals of the

targeted area.

3.8 Sample size and sampling procedure
A sample size of 260 was planned for the study which provided significant results. Doctors usually have a tough schedule and don't have free time so convenience sampling technique is used to grab the desired information. A total of 260 questionnaires were floated as access to the entire population sample was not possible.

3.9 Data collection through questionnaires
As secondary data for the study is not available so primary data is obtained using a significant number of questionnaires. 5 scale Likert scale is used in the questionnaires. The items in the questionnaires represent each variable in the best possible way and the validity of each item is being approved by the previous relevant studies.

3.10 Measurement Scales
To investigate the variables and their inter relationship; specific instruments were used for each variable within the main questionnaire.

3.11 Measurement scale for Psychological Capital
Psychological Capital Questionnaire (PCQ) was used which comprises of 24 items; 6 items for each dimension of psychological capital i.eself efficacy, optimism, resiliency and hope. The instrument was first introduced by (Luthans et al., 2004) and their later studies confirmed the validity of the instrument.

3.12 Measurement scale for Core Self-Evaluation
A 12-items instrument was used to get information about Core Self-evaluation from the targeted sample size. The instrument was initially constructed by (Judge et al., 2003) and a great variety of studies have already used the same instruments with reliable results. The CSE instruments used 3 items for each dimension of the Core Self-Evaluation i.eself esteem, general self-efficacy, locus of control and neuroticism.

3.13 Measurement scale for Organizational Commitment
Organizational commitment was evaluated via organizational commitment questionnaire which was designed by (Meyer & Allen, 1991). The instrument included 18 items which dedicated 6 items to each individual dimension of the organizational commitment i.e six items for affective commitment, six items for continuance commitment and six items for normative commitment.

3.14 Procedure for data collection
Primary data was collected by floating questionnaires among doctors working in leading public sector hospitals of Khyber Pakhtunkhwa. Initially a pilot test was conducted by floating ten questionnaires and a need was detected to make the design and format of the questionnaire simpler and time effective. Later on the modified questionnaires were floated among all the members of sample size. The data was collected from five leading public sector hospitals of Khyber Pakhtunkhwa i.e. Khyber Teaching Hospital, Lady Reading Hospital, Saidu Teaching Hospital, Hayat Abad Medical Complex, Mardan Medical Complex. Beside these main hospitals 20 small hospitals and Basic Health Units (BHUs) were also targeted for obtaining the data. A diversified set of doctors including male doctors, female doctors and doctors at different levels of seniority; working in these public sector hospitals were part of the study.

4. Results
4.1 Reliability Analysis
In order to justify the reliability of the instrument, Cronbach's Alpha has been used. This statistic tell us about the internal reliability and consistency of the items in the instruments been used. The instruments used in this study included 81 items in total covering the various dimensions of independent and dependent variables. The value for Cronbach's Alpha was 0.891 which is greater than the standard value of 0.70. This indicates that the instruments been used was highly reliable with the items having internal consistency, and thus would provide good estimates. This value further suggests that all the items in the instrument must be retained in order to get reliable results.

4.2 Descriptive statistics
The results of descriptive statistics are reported in Table 1. The results reveal that the core psychological capital has mean value of 4.93. The standard deviation of core psychological capital is .16. The mean value of core self evaluation is 4.94. The standard deviation of core self evaluation is .234. The mean value of organizational commitment is 4.89. The standard deviation of organizational commitment is .25. The results indicate that most

of the values of the variables are greater than the 4 suggesting that most of the respondent mostly agreed to the statement.

Table 1. Descriptive Statistics

	N	Min	Max	Mean	S.D.
Organizational Commitment	100	4.00	5.00	4.8961	.25103
Normative Commitment	100	3.33	5.00	4.8533	.35159
Continuance Commitment	100	4.00	5.00	4.8967	.24249
Affective Commitment	100	4.00	5.00	4.9383	.23289
Core Self-Evaluation	100	4.00	5.00	4.9400	.23868
Neuroticism	100	4.00	5.00	4.9400	.23868
Locus of Control	100	4.00	5.00	4.9400	.23868
General Self Efficacy	100	4.00	5.00	4.9400	.23868
Self Esteem	100	4.00	5.00	4.9400	.23868
Psychological Capital	100	4.21	5.00	4.9325	.16281
Hope	100	4.00	5.00	4.9400	.23868
Resiliency	100	4.00	5.00	4.9400	.22909
Optimism	100	4.33	5.00	4.9483	.14153
Self Efficacy	100	4.33	5.00	4.9017	.15551

4.3 Correlation Matrix

In order to check for multi co-linearity problem, correlation matrix has been provided. The results of the correlation matrix between the psychological capital, core self evaluation, and organizational commitment has been reported in Table 2. This matrix presents the correlation values between the variables of the study. By convention, a value greater than 0.6 indicate the presence of multi co-linearity. Looking at the matrix, it can be analyzed that the correlation values between the independent variables, psychological capital and core self-evaluation, is less than 0.6 i.e. 0.434 indicating that the data is free from multi co-linearity. Furthermore, the correlation values between psychological capital and organizational commitment is 0.843, whereas the correlation between core self-evaluation and organizational commitment is 0.897 which are statistically significant and thus indicating a positive association.

4.4 Regression Analysis of Model 1

In order to check the impact of psychological capital on organizational commitment among the doctors of Khyber Paktunkhwa, regression analysis was used. The table below shows the summary of the model. The model summary of the regression is reported in Table 3.

Table 2. Correlations

		PsyCap	CSE	OrgComt
Psychological Capital	Pearson Correlation	1	.434	.843**
	Sig. (2-tailed)		.000	.000
	N	100	100	100
CoreSelf-Evaluation	Pearson Correlation	.434	1	.897**
	Sig. (2-tailed)	.000		.000
	N	100	100	100
Organizational Commitment	Pearson Correlation	.843**	.897**	1
	Sig. (2-tailed)	.000	.000	
	N	100	100	100

**. Correlation is significant at the 0.01 level (2-tailed).

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.843[a]	.711	.708	.13560

a. Predictors: (Constant), PsyCap

The R-squared value of 0.711 shows the model's capacity to explain the relationship. The R-squared value of regression is reported in Table 3. It shows that about 71.1% of the variability in the dependent variable i.e. organizational commitment of the doctors of Khyber PakhtunKhwa has been explained by the model. The value of adjusted R square i.e. 0.708 further explains that about 70.8% of the variation in organizational commitment has been explained by the independent variable, psychological capital. However, the remaining 29.2% variation in organizational commitment could not be explained by the independent variable and that might be due to certain other variables.

In order to check the goodness of fit of the model further, the significant p-value of the f-statistic should be considered. The results are reported in Table 4. This suggests that the p-value is highly significant i.e. 0.00 and thus the model significantly has explained the variation in dependent variable due to independent variable, organizational commitment and psychological capital respectively.

Table 4: ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.437	1	4.437	241.297	.000[a]
	Residual	1.802	98	.018		
	Total	6.239	99			

a. Predictors: (Constant), PsyCap

b. Dependent Variable: Org Commitment

Table 5. Regression Results

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	-1.517	.413		-3.673	.000
	PsyCap	1.300	.084	.843	15.534	.000

a. Dependent Variable: Org Commitment

The results of regression analyses of model 1 are reported in Table 5. In order to investigate the first hypothesis of the study i.e. psychological capital has a statistically significant impact on the organizational commitment amongst the doctors of public sector hospitals in Khyber Pakhtunkhwa, the p-value of average psychological capital should be analyzed. The p-value is highly significant (i.e. 0.000) at 1%, 5% and 10% and thus suggests that psychological capital has a statistically significant impact on organizational commitment of doctors in the public sector hospitals of Khyber Pakhtunkhwa. The value of the co-efficient 0.843 further suggest that there is a positive relationship between psychological capital and organizational commitment and a 1 % change in psychological capital brings a 0.843 % change in organizational commitment. This result is consistent with (Luthans et al., 2007), that found relationship between dimensions of psychological capital and organizational commitment.

4.5 Regression analyses of Model 2

The second explains the relationship between core self-evaluation and organizational commitment among the doctors of Khyber Pakhtunkhwa' public sector hospitals. The model summary of the regression analysis of model 2 is reported in Table 6.

Table 6. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.897[a]	.805	.803	.11150

a. Predictors: (Constant), CSE

The summary of the model suggests some useful information about the validity of the model. The results are reported in Table 6. The R-squared value of 0.805 shows the model's capacity to explain the relationship, suggesting that 80.5% of the changes in the dependent variable i.e. organizational commitment of the doctors of Khyber PakhtunKhwa has been explained by the model. The value of adjusted R square, 0.803, indicates that 80.3% of the variation in organizational commitment has been explained by the independent variable, core self-evaluation. The rest of 19.7% variation in organizational commitment could not be explained by core self-evaluation which might be caused by some other variables which are out of the scope of this study.

Table 7. ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5.020	1	5.020	403.809	.000[a]
	Residual	1.218	98	.012		
	Total	6.239	99			

a. Predictors: (Constant), CSE

b. Dependent Variable: Org Commitment

Looking at the highly significant value of the f-statistic in the ANOVA Table 7, the goodness of fit of the model can be seen. It suggests that the variation in organizational commitment has been well explained by core self- evaluation, the dependent and independent variables respectively.

Table 8. Regression Results

		Unstandardized Coefficients		Standardized Coefficients		
Model	B		Std. Error	Beta	t	Sig.
1	(Constant)	.235	.232		1.014	.313
	CSE	.943	.047	.897	20.095	.000

a. Dependent Variable: Org Commitment

The results of regression of model 2 are reported in Table 8. In order to test the second hypothesis i.e. core self-evaluation has statistically significant impact on organizational commitment among the public sector hospitals' doctors of Khyber Pakhtunkhwa, the p-value of CSE (Core Self-Evaluation) should be analyzed. The highly significant p-value (i.e. 0.000) suggests that core self-evaluation has a strong impact on the organizational commitment of the doctors in public sector hospital of Khyber Pakhtunkhwa. Furthermore, the coefficient value of 0.897 suggests that a 1 unit change in core self-evaluation brings a 0.897 units change in organizational commitment and the relationship is positive.

4.6 Regression results of Model 3

The third model explains the combined effect of independent variables, psychological capital and core self-evaluation on the dependent variable i.e. organizational commitment.

Table 9. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
3	.897[a]	.805	.801	.11202

a. Predictors: (Constant), PsyCap, CSE

The model summary results are reported in Table 9. The R- square value for the 3rd model is 0.897 while the adjusted R square is 0.801. It indicates that about 80.1% of the variation in organizational commitment is explained by both psychological capital and core self-evaluation. The rest must be because of certain other variables which are not in the scope of the study.

Table 10. ANOVA

Model		Sum of square	df	Mean Square	F	Sig.
3	Regression	5.022	2	2.511	200.101	.000[a]
	Residual	1.217	97	.013		
	Total	6.239	99			

a. Predictors: (Constant), PsyCap, CSE

b. Dependent Variable: Org Commitment

The results of anova are reported in Table 10. The highly significant value of the f-statistic in the ANOVA table, the goodness of fit of the model can be seen for the 3rd model as well. It suggests that the variation in organizational commitment has been well explained by psychological capital and core self- evaluation.

Table 11. Regression Results

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.126	.418		.301	.764
	CSE	.904	.132	.060	6.827	.000
	PsyCap	.061	.194	.040	.316	.025

a. Dependent Variable: Org Commitment

The regression results of model 3 are reported in Table 11. The third hypothesis i.e. psychological capital and core self-evaluation has statistically significant impact on organizational commitment among the public sector hospitals' doctors of Khyber Pakhtunkhwa, the p-value of CSE (Core Self-Evaluation) and PsyCap (Psychological Capital) should be analyzed. The highly significant p-value (i.e. 0.000) and 0.025 suggests that psychological capital and core self-evaluation has a strong impact on the organizational commitment of the doctors in public sector hospital of Khyber Pakhtunkhwa. Furthermore, the coefficient value of 0.060 suggests that a 1 unit change in core self-evaluation brings a 0.060 units change in organizational commitment, while a 1 unit change in core self-evaluation produces 0.04 units change in organizational commitment and the relationship is positive. This result is consistent with (Kittinger et al., 2009), that found significant association between core self-evaluation and organizational commitment.

Table 12. Regression Results

Variables	Co-efficient	p-value
Self Efficacy	0.720	0.000
Optimism	0.660	0.000
Resilience	0.971	0.000
Hope	0.993	0.000

Dependent variable: Affective Commitment

In Table 12, the effect of each dimension of psychological capital was checked on average affective commitment, one of the dimensions of organizational commitment. Looking at the p-values for the correlation (0.000<0.005), it is established that each dimension i.e. average self-efficacy, optimism, resiliency and hope has a significant effect on affective commitment. The coefficients values are also positive indicating a positive effect on the dependent variable. This result is consistent with (Luthans et al., 2007), that found relationship between dimensions of psychological capital and organizational commitment.

Table 13. Regression Results

Variables	Co-efficient	p-value
Self Efficacy	0.623	0.000
Optimism	0.603	0.001
Resiliency	0.918	0.000
Hope	0.939	0.000

Dependent variable: Continuance Commitment

In Table 13, the correlation between each dimension of psychological capital and the second dimension of organizational commitment i.e. continuance commitment has been checked. Again the p-value in each case is highly significant i.e. p-values<0.005, it means that self-efficacy, optimism, resiliency and hope has significant positive impact on continuous commitment. Furthermore the co-efficient values also indicate the presence of correlation between the dimensions of psychological capital and continuous commitment, since the values are greater than 0.6. This result is consistent with (Luthans et al., 2007), that found relationship between dimensions of psychological capital and organizational commitment.

Table 14. Regression Results

Variables	Co-efficient	p-value
Self Efficacy	0.236	0.018
Optimism	0.416	0.000
Resiliency	0.607	0.000
Hope	0.616	0.000

Dependent variable: Normative Commitment

In Table 14, the effect of each dimension of psychological capital was checked on normative commitment, the third dimension of organizational commitment. As was the case for the other dimensions of organizational commitment, normative commitment was also strongly affected by the four dimensions of psychological capital. This is clearly indicated by the statistically significant p-values i.e. less than 0.05. However, the effect of self-efficacy and optimism has been reported to be weak on normative commitment as compared to that of resiliency and hope. This result is consistent with (Luthans et al., 2007), that found relationship between dimensions of psychological capital and organizational commitment.

In Table 15, the correlation between the four dimensions of core self-evaluation and three dimensions of organizational commitment has been separately checked and explained.

Table 15. Regression Results

	Co-efficient	p-value
Self Esteem	0.860	0.000
G.Self Efficacy	0.990	0.000
Locus of Control	0.993	0.000
Neuroticism	0.835	0.000

Dependent variable: Affective Commitment

As evident from the table above, the effect of self-esteem, general self-efficacy, locus of control and neuroticism has been individually checked on average affective commitment. The existence of strong correlation between the dimensions of the independent variable i.e. core self-evaluation and affective commitment has been established. Also shown by the coefficient values is the strength of the relationship, also indicating that the relationship is positive. This result is consistent with (Kittinger et al., 2009), that found significant association between core self-evaluation and organizational commitment.

Table 16. Regression Results

	Co-efficient	p-value
Self Esteem	0.939	0.025
G.Self Efficacy	0.745	0.018
Locus of Control	0.770	0.045
Neuroticism	0.939	0.015

Dependent variable: Continuance Commitment

In order to investigate the effect of each dimension of core self-evaluation, a separate correlation test was run. The results are reported in Table 16. The p-values suggests to the presence of statistically strong relationship between individual dimension and continuous commitment. The coefficient values also indicate the strength of the relationship which moves in a positive direction. This result is consistent with (Kittinger et al., 2009), that found significant association between core self-evaluation and organizational commitment.

Finally the effect of the dimensions of core self-efficacy is also checked on normative commitment, the third dimension of organizational commitment. The results are presented below;

Table 17. Regression Results

	Co-efficient	p-value
Self Esteem	0.616	0.000
G.Self Efficacy	0.660	0.000
Locus of Control	0.616	0.000
Neuroticism	0.608	0.000

Dependent variable: Normative Commitment

The results are reported in Table 17. The p-values indicate a strong relationship between self-esteem, general self-efficacy, locus of control and neuroticism and normative commitment, however the relationship as compared to the other two dimensions of organizational commitment is weak. This result is consistent with (Kittinger et al., 2009), that found significant association between core self-evaluation and organizational commitment.

5. Conclusion

This study investigates the effect of psychological capital and core self-evaluation on organizational commitment. The data was collected from the public sector hospitals of Khyber Pakhtunkhwa. The data was

collected from the doctors working in the leading public sector hospitals. The final sample includes 260 responses from the target audience. The Psychological Capital Questionnaire (PCQ) was captured by questionnaires which comprises of 24 items; 6 items for each dimension of psychological capital i.eself efficacy, optimism, resiliency and hope. A 12-items instrument was used to get information about Core Self-evaluation from the targeted sample size. The instrument of organization commitment included 18 items which dedicated 6 items to each individual dimension of the organizational commitment i.e six items for affective commitment, six items for continuance commitment and six items for normative commitment.

The results of descriptive statistics shows that the mean value of psychological capital and core self evaluation is 4.93 and 4.94. The mean value of organizational commitment is 4.89. The standard deviation of organizational commitment is .25. The results indicate that most of the values of the variables are greater than the 4 suggesting that most of the respondent mostly agreed to the statement. Furthermore, the correlation values between psychological capital and organizational commitment is 0.843, whereas the correlation between core self-evaluation and organizational commitment is 0.897 which are statistically significant and thus indicating a positive association.

The results of regression show that psychological capital has a statistically significant impact on the organizational commitment amongst the doctors of public sector hospitals in Khyber Pakhtunkhwa. The value of the co-efficient 0.843 further suggest that there is a positive relationship between psychological capital and organizational commitment and a 1 % change in psychological capital brings a 0.843 % change in organizational commitment. Furthermore we find that core self-evaluation has statistically significant impact on organizational commitment among the public sector hospitals' doctors of Khyber Pakhtunkhwa. Furthermore, the coefficient value of 0.897 suggests that a 1 unit change in core self-evaluation brings a 0.897 units change in organizational commitment and the relationship is positive. In addition, we find that psychological capital and core self-evaluation has statistically significant impact on organizational commitment among the public sector hospitals' doctors of Khyber Pakhtunkhwa.

In addition, we analyzed the effect of each dimension of the psychological capital and core self-evaluation on organizational commitment. We find that it is established that each dimension of psychological capital i.e. average self-efficacy, optimism, resiliency, and hope has a significant effect on affective commitment. The coefficient values are also positive indicating a positive effect on the dependent variable. The self-efficacy, optimism, resiliency, and hope have significant positive impact on continuous commitment. However, the effect of self-efficacy and optimism has been reported to be weak on normative commitment as compared to that of resiliency and hope. We find significant effect of self-esteem, general self-efficacy, locus of control, and neuroticism on average affective commitment. Finally, we find a strong relationship between self-esteem, general self-efficacy, locus of control and neuroticism and normative commitment, however the relationship as compared to the other two dimensions of organizational commitment is weak.

5.1 Implications

This study has some important implications. We suggest that the organizations, especially public sector hospital should recruit the individual with high level of core self evaluation and Psychological Capital. This will enable the organization to engage them in teams as they normally have healthy relationships with their counterpart. Furthermore, we suggest that the training and development are programs, which will lead to positively affect the core self evaluation of the individuals in the organization.

5.2 Limitation

This study investigates the effect of psychological capital and core self-evaluation on organizational commitment in public sector hospitals of Khyber Pakhtunkhwa. This study was limited to examining only the public sector hospitals. Furthermore the sample is limited to only the Khyber Pakhtunkhwa province of Pakistan. In addition, the data was collected from the 260 respondents.

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