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Psychological Capital as a Predictor of Creative Self-Efficacy: A Study of Healthcare Employees

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Abstract

Organizations increasingly demand creative innovation from employees even as chronic workplace stress and burnout narrow the cognitive flexibility needed for such innovation. This study examined whether Psychological Capital (PsyCap), a positive psychological resource comprising hope, efficacy, resilience, and optimism, predicts Creative Self-Efficacy (CSE) among employees of HCL Healthcare, and whether this relationship differs between clinical and corporate staff. A quantitative, cross-sectional survey design was used with a convenience sample of N=70 full-time employees across clinical and corporate divisions. PsyCap was measured using the PCQ-12 and CSE using Karwowski et al.'s Short Scale of Creative Self-Efficacy (SSCS). Results showed a significant positive correlation between PsyCap and CSE ($r = .49$), and simple linear regression confirmed that PsyCap significantly predicted CSE, accounting for approximately 24% of the variance in creative self-efficacy scores. Independent samples t-tests revealed no significant difference in PsyCap or CSE levels between clinical and corporate employees, suggesting the relationship holds consistently across occupational roles within the organization. These findings extend existing literature by empirically establishing PsyCap as a significant predictor of CSE in a healthcare setting and suggest that interventions aimed at building psychological capital, such as resilience and efficacy-focused training, may help sustain creative capacity among both clinical and corporate staff operating under high-pressure conditions.

Keywords: Psychological Capital, Creative Self-Efficacy, Healthcare Employees, Positive Organizational Behavior, Innovation

1. Introduction

There is a major contradiction in the modern economy. Organizations desperately demand creative innovation from their employees, while simultaneously running environments that push the human mind into survival mode, leaving little room for ingenuity.

Workplace burnout and disengagement cause a severe toll, leading to reduced productivity, chronic exhaustion, which ultimately increase the risk of developing mental and physical health disorders (e.g, depression and cardiovascular diseases). Crucially, the damage extends into the cognitive domain: chronic stress constricts flexible thinking and actively stifles creative problem-solving. For organizations, this results in high turnover, absenteeism, diminished work quality, and billions of dollars in lost revenue annually.

This crisis has only been intensified. According to Gallup, worldwide employee engagement has dropped to 20% after two consecutive years of decline with no region recording an increase in the past year. The

steepest fall was in South Asia at five percentage points. Each percentage point represents approximately 21 million workers, making this a shift felt at scale.

Compounding this, nearly eight in ten employees report experiencing burnout at least sometimes. This is not simply a productivity problem. Chronic workplace stress erodes psychological wellbeing over time, increasing risk of emotional exhaustion and cardiovascular issues or other health related diseases. What this stress does to the mind matters especially for organizations. When a person is psychologically depleted, their cognitive flexibility narrows. They shift into survival mode and tend to be reactive, risk-averse, and unable to think beyond the immediate. Creative capacity, which depends on exactly the kind of open, generative thinking that stress prevents, is among the first casualties. In an era where organizations depend on innovation, that is a cost they cannot afford to ignore.

This raises a pressing question: what internal capacities allow some employees to remain creatively productive even under pressure?

One answer may lie in Psychological Capital (PsyCap), a framework emerging from positive psychology and Positive Organizational Behavior that identifies four core psychological states: hope, efficacy, resilience, and optimism. Together, these enhance both well-being and performance. Unlike fixed traits, PsyCap is a state-like resource: it can be measured, developed, and deliberately cultivated at both the individual and organizational level (Luthans et al., 2007). Crucially, research suggests that when organizations actively nurture PsyCap in their employees, the results include stronger performance, more creative thinking, and lower burnout. These outcomes speak directly to the engagement crisis described above.

Yet possessing strong psychological resources does not automatically translate into creative action at work. That translation requires a more specific form of confidence: Creative Self-Efficacy (CSE), defined as an individual's belief in their ability to organize and execute the actions required for a successful creative process (Tierney & Farmer, 2002). CSE is distinct from general self-efficacy in that it is generative and domain-specific, and it has been shown to predict actual creative performance evaluations more accurately than broad personality traits like Openness to Experience (Jaussi, Randel, & Dionne, 2007). When employees possess high CSE, they are more likely to persist through creative roadblocks and reframe workplace pressures as challenges rather than threats. Understanding what builds CSE, therefore, is essential for sustaining innovation under stress.

Despite growing evidence linking PsyCap to innovative work behavior, the relationship between PsyCap and creative self-efficacy specifically remains underexplored, particularly in healthcare settings, where employees navigate high emotional demand that would theoretically both suppress and necessitate creative thinking, making CSE an especially meaningful but understudied outcome in this context. The present study addresses this gap by examining whether PsyCap predicts CSE among employees at HCL Healthcare, and whether this relationship differs across clinical and corporate employee groups. Using Luthan's PCQ-12 to assess PsyCap and Karwowski et al.'s Short Scale of Creative Self-Efficacy (SSCS) to measure CSE, the study adopts a quantitative, survey-based design to test this relationship empirically. In doing so, it aims to contribute both to the theoretical understanding of positive psychological resources and to practical strategies for sustaining creative capacity in high-pressure work environments.

2. Review of Literature

2.1 Psychological Capital

Positive psychology was introduced by Martin Seligman in the late 1990s as a shift away from focusing

on deficits toward building on people's strengths. This idea soon moved into workplaces through what became known as Positive Organizational Behavior, and Luthans and colleagues (2004) later built on it to develop the concept of PsyCap (Çavuş & Gökçen, 2014).

Psychological capital (PsyCap) is a positive, measurable, and developable mental state that goes beyond traditional human capital ("what you know") and social capital ("who you know"). It involves four key features such as self-reliance while dealing with the challenges (self-efficacy), positive expectations for the future success (optimism), being full of determination (hope), and accomplishment in spite of obstacles (resilience). Psychological Capital has a positive impact on sustainable competitiveness. It is expected that the positive influences of PsyCap will reduce costs and mitigate negative influences in an organization. (Çavuş & Gökçen, 2015). It has been linked with a range of desirable work attitudes, behaviors, and other outcomes.

Similarly, Abbas & Raja (2015) found that psychological capital was positively related to innovative job performance and negatively related to job stress. High PsyCap individuals were rated as exhibiting more innovative behaviors, by their supervisors, than low PsyCap individuals. Furthermore, the findings also reveal that individuals with high psychological capital reported lower levels of job stress as compared to their low PsyCap counterparts.

In healthcare and clinical settings specifically, PsyCap has been examined in relation to innovation and performance. Seleem et al. (2026) demonstrated that higher levels of innovative work behavior were associated with higher levels of creative self-efficacy, uncertainty avoidance, and psychological capital. Significant positive correlations were observed between innovative work behaviour and all studied psychological variables. Multiple regression analysis revealed that creative self-efficacy, uncertainty avoidance, and psychological capital were significant predictors of innovative work behavior, whereas trust in supervisors did not retain statistical significance.

Additionally, Kuhlmann and Klingenberg (2025), found that both leaders' and team members' PsyCap independently boosted individual employees' PsyCap, with this transmission effect holding regardless of whether interactions were virtual or non-virtual. This suggests psychological resources can transfer through teams via both leadership and peer influence, and that remote or hybrid arrangements don't weaken this effect.

2.2 Creative Self Efficacy

Creative Self-Efficacy (CSE) is an individual's belief in their own capability to produce creative outcomes at work. It is a vital driver of innovative work behavior. Employees with high CSE view difficult tasks as challenges rather than threats, and are more likely to take risks, share new ideas, and solve complex problems. Creative self- efficacy beliefs have been shown to predict creative performance evaluations across industries, above and beyond more general work self-efficacy (Tierney & Farmer, 2002) and Openness to Experience (Jaussi, Randel, & Dionne, 2007). Creative self-efficacy should, likewise, help groups to overcome the factors that inhibit creative synergy (Taggar, 2002).

Based on the theoretical model of self-efficacy by Albert Bandura (1997), Ford (1996) and Gist and Mitchell (1992), numerous organizational studies have shown that CSE positively influences creative performance in various cultural settings (Farmer and Tierney 2017).

2.2.1 Creative Personal Identity

Creative personal identity (CPI) is the internal recognition of creativity as core to one's self-concept (Beghetto & Karwowski, 2017), distinct from creative role identity, which comes more from external

expectations and social roles. CPI shares conceptual ground with creative self-efficacy, though the two function differently: CSE captures a person's belief in their ability to do creative tasks and tends to predict creative output directly, while CPI moderates the link between creative potential and that output (Karwowski, 2016; Jaussi, Randel, & Dionne, 2007). Over time the two also shape each other, with CSE generally having a stronger influence on CPI than the reverse, particularly among younger individuals (Karwowski, 2016). Research suggests that individuals who strongly identify with creativity as part of their self-concept tend to demonstrate greater persistence in creative challenges and show stronger creative performance outcomes (Beghetto & Karwowski, 2017; Karwowski et al., 2013).

2.3 Relationship between Psychological Capital and Creative Self Efficacy

Psychological Capital (PsyCap) and Creative Self-Efficacy (CSE) are deeply intertwined positive psychological resources that drive innovation and creative problem-solving. PsyCap represents a broader reserve of personal well-being, while CSE is a domain-specific belief in one's capacity to generate novel and useful ideas.

Empirical support for this connection has begun to accumulate across organizational contexts. **Savickaitė-Kazlauskė (2021)** directly examined the relationship between PsyCap and CSE among entrepreneurship students, finding a significant positive correlation between the two constructs ($r = 0.431$, $p = 0.017$). Notably, the study also found that CSE correlated significantly with the self-efficacy subscale of PsyCap ($r = 0.563$, $p = 0.001$), while showing weaker associations with other psychological capital variables and well-being indices, suggesting that CSE may function as a relatively independent construct that is most proximally linked to the efficacy dimension of PsyCap rather than to psychological capital as a whole.

Upadhyay and Kumar (2020) identified CSE as a significant mediating mechanism between PsyCap and employee creativity in a sample of 392 employees in the insurance sector, positioning CSE as one of the pathways through which PsyCap translates into creative outcomes This is further supported by Rego et al. (2014), whose SEM analysis demonstrated that PsyCap fully mediates the relationship between leadership and creative performance with higher PsyCap employees engaging more substantially in creative behaviours independent of external direction. In a healthcare-specific context, a study of 414 nurses (Vijayalakshmi et al., 2025) confirmed that both CSE and PsyCap function as significant parallel mediators of creative performance, indicating that within clinical settings the two constructs operate as co-active but distinguishable psychological resources.

Despite this accumulating evidence, the direct relationship between PsyCap as a predictor and CSE as an outcome remains underexplored, particularly across occupational groups within the same organization. The present study addresses this gap by examining whether PsyCap predicts CSE among clinical and corporate employees at HCL Healthcare.

3. Methodology

3.1 Research Design

The study adopted a quantitative, cross-sectional research design. Data was collected at a single point in time across two employee groups within HCL Healthcare (Clinical and Corporate), allowing for both correlational and comparative analysis.

3.2 Study Setting and Sample

The study was conducted within HCL Healthcare, spanning clinical and corporate staff. A total of $n = 70$ participants were recruited, with 39 participants from the clinical division and 31 from the corporate divi-

sion. All participants were full-time employees of HCL Healthcare.

3.3 Sampling Technique

Convenience sampling was employed as the primary sampling strategy. Given the one-month duration of the internship, collecting a more varied or randomised dataset was not practically feasible. **Additionally, extending the sample to include employees from other arms of the HCL group, such as HCL Tech, was not possible as they are not directly accessible from the healthcare setting.**

3.4 Inclusion and Exclusion Criteria

Inclusion:

- Adults aged 18-60 years
- Working employees from HCL Healthcare's Corporate Office and Clinical setting
- Participants providing informed consent and willingness to participate
- Individuals having at least minimum level of education qualification (Graduate)
- They should have working knowledge of the English Language

Exclusion:

- Individuals currently diagnosed with mental health issues that may interfere with their ability to respond reliably.

3.5 Tools and Instruments

Two validated psychometric instruments were administered:

Psychological Capital Questionnaire — PCQ-12 (Luthans, Avolio, Avey and Norman, 2007): A 12-item self-report scale measuring four dimensions of PsyCap— Hope, Efficacy, Resilience, and Optimism. Responses are recorded on a 6-point Likert scale ranging from 1 (Strongly Disagree) to 6 (Strongly Agree). The minimum possible score is 12 and the maximum is 72, with higher scores indicating greater Psychological Capital.

Short Scale of Creative Self — SSCS (Karwowski, Lebuda and Wisniewska, 2013):

An 11-item instrument comprising two sub-scales— Creative Self-Efficacy (CSE) and Creative Personal Identity (CPI). Responses are recorded on a 5-point Likert scale. For CSE, the minimum score is 6 and the maximum is 30. Fo'/r CPI, the minimum score is 5 and the maximum is 25. Higher scores on both sub-scales indicate greater creative self-efficacy and creative identity respectively.

3.6 Sociodemographic Variables

Participants were asked to provide information on name, age, department, designation, years of experience at HCL, and division (Clinical or Corporate).

3.7 Data Collection Procedure

Data was collected over the course of one week using Microsoft Forms, distributed through internal organisational channels. In addition to the digital distribution, participants were also approached in person throughout the organisation and requested to complete the form, ensuring a more adequate response rate within the available timeframe. Participation was entirely voluntary and all responses were anonymous.

3.8 Hypothesis

H0: There will be no significant relationship between Psychological Capital and Creative Self-Efficacy among HCL Healthcare employees.

H1: There will be a significant positive relationship between Psychological Capital and Creative Self-Efficacy among HCL Healthcare employees.

3.9 Data Analysis

The data was analysed through SPSS using correlation analysis to examine the nature and strength of the relationship between PsyCap and CSE as well as regression analysis to examine the impact of PsyCap on CSE. A comparative analysis was also conducted using the t-test to assess whether PsyCap and CSE levels differ significantly between clinical and corporate staff.

4. Analysis and Discussion

4.1 Descriptive Statistics

As shown in Table 1, participants reported relatively high levels of overall Psychological Capital (M = 4.95, $S.D$ = 0.97). Among the PsyCap subscales, Self-Efficacy demonstrated the highest average score (M = 5.13, $S.D$ = 0.88), while Resilience reported the lowest (M = 4.74, $S.D$ = 1.04).

Table 1

Descriptive Statistics for Psychological Capital Subscales, Overall Scales, and Academic/Creative MetricsNote. N = 70. All values are rounded cleanly to two decimal places.

Variable	*M*	*SD*
PsyCap Subscales		
Self-Efficacy	5.13	0.88
Hope	4.91	0.92
Resilience	4.74	1.04
Optimism	5.04	1.05
Overall Scales & Metrics		
Psychological Capital (PsyCap)	4.95	0.97
Creative Self-Efficacy (CSE)	4.28	0.68
Creative Personal Identity (CPI)	4.20	0.72

4.2 Correlation Analysis

A Pearson correlation analysis was conducted to examine the relationship between Psychological Capital (PsyCap) and Creative Self-Efficacy (CSE) among HCL Healthcare employees (N = 70). Results showed a statistically significant moderate positive correlation between the two, r = .492, p < .001 (see Table 2). This supports H1 and leads to the rejection of the null hypothesis. In simple terms, employees who reported

higher psychological capital also tended to report greater confidence in their creative abilities.

This fits with what Upadhyay and Kumar (2020) found in a sample of 392 employees in the insurance sector. In their study, PsyCap significantly predicted CSE, and CSE went on to significantly mediate the relationship between PsyCap and employee creativity. In other words, PsyCap did not boost creativity directly on its own, it first increased CSE, and that increase in CSE is what led to better creative outcomes. This supports the idea that CSE is not just associated with PsyCap by chance, but plays an active role in explaining how PsyCap translates into creative behaviour.

Looking at the four PsyCap subscales, all of them correlated significantly with CSE, but to different degrees. Hope had the strongest link (r = .524, p < .001), followed by Resilience (r = .488, p < .001), Efficacy (r = .376, p = .001), and Optimism (r = .261, p = .029).

This pattern is consistent with Yang et al. (2020), who studied hope and CSE directly using the same CSE measure (the Karwowski et al. Short Scale of Creative Self) used in the present study. In their research with 607 university students, hope was significantly and positively correlated with CSE (r = .55, p < .01), and hope was also found to increase CSE in a mediation model. They explain this through hope's link to goal directed thinking and the ability to find alternative pathways forward, both of which build confidence in one's creative ability. This offers a plausible explanation for why Hope showed the strongest link with CSE among the four PsyCap subscales in the present study as well.

Table 2

Pearson Correlation Matrix for PsyCap, CSE, and PsyCap Subscales (N = 70)

Variable	1	2	3	4	5	6
1. PsyCap Total	1	.492***	.890***	.927***	.860***	.768***
2. CSE Total	.492***	1	.376**	.524***	.488***	.261*
3. Efficacy	.890***	.376**	1	.754***	.697***	.633***
4. Hope	.927***	.524***	.754***	1	.749***	.631***
5. Resilience	.860***	.488***	.697***	.749***	1	.488***
6. Optimism	.768***	.261*	.633***	.631***	.488***	1

* p < .05. ** p < .01. *** p < .001.

4.2 Regression Analysis

A simple linear regression was run to check how much PsyCap predicts CSE. The model was statistically significant, $F(1, 68) = 21.758$, p < .001, with PsyCap explaining 24.2% of the variance in CSE (R^2 = .242, Adjusted R^2 = .231). PsyCap was a significant positive predictor of CSE (β = .492, p < .001). In practical terms, for every one unit increase in PsyCap, CSE scores increased by about 0.374 points (see Table 3) This regression model indicates that Psychological Capital accounts for approximately 24% of the variance in Creative Self-Efficacy. Achieving this outcome demonstrates that an individual's psychological resources are a substantial and meaningful predictor of their creative self-belief, rather than just being casually linked. The remaining 76% of the variance is left unexplained by this specific model, which is entirely expected. This residual variance is likely influenced by external contextual factors not captured in this study, such as leadership support, job autonomy, or the overarching organizational culture. This result is in line with Rego et al. (2014), who found through structural equation modelling that PsyCap fully mediates the relationship between leadership and creative performance. This suggests PsyCap is not just something that happens alongside creative confidence, it actively helps build it. For HCL Healthcare,

this means investing in employees' psychological resources, through PsyCap focused training or resilience building programs, could realistically improve how confident employees feel about their creative abilities. This is also supported by Seleem et al. (2026), who found PsyCap to be a significant predictor of innovative work behaviour in a similar healthcare setting.

Table 3

Simple Linear Regression of CSE on PsyCap (N = 70)

Predictor	B	SE B	β	t	p
Constant	2.395	.400		5.986	< .001
PsyCap Total	.374	.080	.492	4.665	< .001

Note. R^2 = .242; Adjusted R^2 = .231.

4.3 Comparative Analysis

An independent sample t-test was used to check whether PsyCap and CSE scores differed between clinical staff (n = 39) and corporate staff (n = 31). There was no significant difference between the groups on CSE ($t(68) = -0.072$, $p = .942$) or PsyCap ($t(68) = -0.056$, $p = .956$). Mean scores were almost identical across both groups (see Table 4).

However, this result is still meaningful. The idea behind comparing the two groups was that clinical and corporate staff face very different working conditions, so it seemed reasonable to expect some difference in their psychological resources or creative confidence. Clinical staff deal with high emotional demands and patient facing pressure, while corporate staff deal with performance targets and administrative workload. Despite these different pressures, neither PsyCap nor CSE differed meaningfully between the groups. This suggests that these psychological resources may be shaped more by shared organisational factors, such as culture or HR practices, than by the specific nature of someone's day to day role.

This also lines up with Kuhlmann and Klingenberg's (2025) finding that PsyCap spreads through team and leadership dynamics in fairly similar ways regardless of role or work setting. Practically, this means HCL Healthcare likely does not need separate PsyCap or CSE development programs for clinical versus corporate staff. A single organisation wide approach should work just as well for both groups.

Table 4

Group Statistics and t-Test Results for Clinical and Corporate Staff

Variable	n	Group	M	SD	p
CSE Total	39	Clinical	4.24	.55	.942
	31	Corporate	4.25	.50	
PsyCap Total	39	Clinical	4.94	.73	.956
	31	Corporate	4.95	.65	

Note. p values are two-tailed.

5. Limitations

A few limitations should be kept in mind. The sample came from a single organisation using convenience sampling, so the findings may not generalise well to other settings. Moreover, the PCQ-12 scale used has no reverse scored items, which raises some risk of social desirability bias, since participants may have responded more positively than they actually felt. Lastly, the sample size of 70, while enough for the analyses run here, limits statistical power for more detailed subgroup comparisons. Future studies could benefit from larger and more varied samples, a longitudinal design, and additional variables like supervisor support or job autonomy, which would likely account for more of the unexplained variance in CSE.

6. Conclusion

This study examined the relationship between positive psychological resources and creative self-belief among employees at HCL Healthcare. The empirical findings fully supported the primary hypothesis, establishing that overall Psychological Capital (PsyCap) acts as a robust positive predictor of Creative Self-Efficacy (CSE). Among the individual psychological dimensions, all four subscales correlated significantly with creative confidence, with Hope demonstrating the strongest association. This highlights how having clear goals and the determination to find alternative pathways directly helps employees feel more confident in their creative abilities.

Interestingly, the comparison between departments showed that the clinical and corporate staff had nearly identical levels of both PsyCap and creative confidence. Even though clinical staff deal with patient-facing stress and corporate staff handle administrative targets, their psychological resources did not differ. This suggests that these traits are shaped more by a shared company culture than by a person's specific day-to-day role.

For HCL Healthcare, these results mean that investing in programs to build employee resilience and psychological strength can directly boost how confident staff feel about solving problems creatively. Because these levels are consistent across the organization, the company does not need separate, specialized strategies for different departments. Instead, a single, organization-wide approach to building psychological capital can effectively support both clinical and corporate teams working in high-pressure environments

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