Mediating role of quality of work life between work-related social capital and life satisfaction among health professionals

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Abstract

Purpose – The main aim of this study is to highlight the significance of fostering social capital and improving the quality of work life (QWL) for the well-being of healthcare workers. The second objective of this research is to address a notable gap in the current knowledge by examining the mediating influence of QWL on the relationship between work-related social capital and life satisfaction within the healthcare profession.

Design/methodology/approach – This study used a cross-sectional research methodology to examine the complex relationships among the variables and included a sample of 330 individuals who are employed full-time in the healthcare profession in the North Indian Region.

Findings – The study confirms all research hypotheses, showing that social capital improves work life. Thus, work-life quality improves life satisfaction significantly. The mediation analysis in this study used bootstrapping to show that work-life quality mediates the association between social capital and life satisfaction.

Practical implications – Addressing social support issues and using effective human resource management tactics can improve employees' work life and satisfaction. The findings are essential in collectivistic cultures because strong workplace relationships improve professional welfare.

Originality/value – This study differentiates itself by analysing social capital and QWL as multi-dimensional constructs inside the workplace, ensuring the results' correctness and validity. This study provides a distinct viewpoint for scholars and practitioners, enhancing comprehension of the correlation between life satisfaction and work-related social capital within the healthcare industry.

Keywords Healthcare, Professional well-being, Social network, Life happiness, Subjective well-being

Paper type Research paper

1. Introduction

Social capital is widely acknowledged as a crucial component of social interactions among individuals, networks and communities (Bolino, Turnley, & Bloodgood, 2002; Ko, 2021). Extensive research has highlighted the positive impact of social capital on organisational performance and individual health outcomes (Kim, Linton, & Lum, 2015). Previous studies have shown evidence of the beneficial effects of social capital on both the overall quality of life and the quality of work-related life (Hamdan, Yusof, & Marzukhi, 2014; Hofmeyer, 2003). Numerous investigations have also indicated that work-social capital (WSC) may serve as a protective factor, mitigating the detrimental impact of stress on overall life satisfaction (Ko,

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Ethical statement: Ethical consent from all the participants was obtained before obtaining responses from them.

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2021; Oksanen, Kouvonen, Vahtera, Virtanen, & Kivimäki, 2010; Tsuboya, Tsutsumi, & Kawachi, 2015). This further supports the concept that the psychosocial context in the form of social capital substantially impacts individual life satisfaction and the overall quality of the work environment. Despite the positive relationship between employee well-being and productivity, social capital has yet to be extensively studied in increasing satisfaction in different environments (Quintal, Ramos, & Torres, 2023). For instance, in the context of the healthcare industry, the significance of WSC is heightened as it is closely linked to both production levels and the quality of patient care (Pirdelkhosh, Mohsenipouya, Mousavinasab, Sangani, & Mamun, 2022; Li, Huang, Lyu, & Xi, 2023).

Despite the benefits of workplace social capital for healthcare workers, cultural and country differences have been overlooked (Sharma & Popli, 2023). This suggests a need for more culturally diverse social capital understanding. In underdeveloped nations, healthcare sector challenges can majorly impact healthcare personnel's well-being (Sharma & Popli, 2023). Moreover, as per the report of the World Health Organisation (WHO, 2022), with only 1.16 million doctors and 2.34 million nurses, India has a healthcare personnel shortage. The country must improve this number and invest in healthcare professionals' quality of life to fulfil the WHO-recommended ratio of qualified health workers by 2030. Maintaining an engaged, robust health workforce for effective patient care requires improving working conditions and professional growth. This suggests that these regions need more research concerning social capital and life satisfaction in healthcare establishments. Furthermore, the increasing attention towards the measurement of life satisfaction among healthcare workers highlights the necessity for healthcare organisations to enhance the quality of work life (QWL) to cultivate a skilled and dedicated staff, which plays a crucial role in improving patient outcomes (Ariani & Harsono, 2023).

Therefore, the current study examines the structural relationship between work-related social capital and life satisfaction by examining the mediating function of the QWL to fill this knowledge gap. This research is of utmost importance as it tackles the need for more empirical information in this domain, considering cultural and geographical disparities and the obstacles healthcare systems encounter, particularly in developing nations. The findings of this study are anticipated to make a valuable contribution to the existing knowledge on the impact of workplace social capital (WSC) on employee life satisfaction. Moreover, this research will help health establishments better understand how to establish working environments that benefit employee life satisfaction. It complies with recent research requests for organisational performance and employee well-being to be examined in the human resource management literature (Guest, 2017; Ko, 2021).

2. Literature review

2.1 Social capital

Social capital is a well-known theoretical notion in work environment research, which focusses on collective resources from social networks between co-workers (Pedersen, Jakobsen, Buttenschøn, & Haagerup, 2023). Social capital also refers to the assets and assistance provided by connections and social ties, which may impact the quality of life (Bahrami, Farahani, Yousefi, Griffiths, & Alimoradi, 2023) and work life, even in healthcare (Hofmeyer, 2003). Social capital in healthcare establishments leads to happiness amongst health professionals through building trust, resilience and shared support among workers and their supervisors (Babamiri, Abdi, & Noori, 2023). Based on Leana and Van Buren's (1999) definition, WSC (work-related social capital) is used in this study to refer to collective assets that reflect the social ties among persons within an organisation. According to Nahapiet and Ghoshal (1998), WSC was operationalised as a feature of the workplace made up of the three social capital spheres of *structural* (connectedness), *relational* (mutual trust)

and *cognitive* (shared values). Social capital is generally linked to reciprocity, solidarity and trust. Trust is a fundamental component of cognitive social capital (Quintal *et al.*, 2023). Although this refers to social capital at the individual level, structural social capital is mainly related to membership in social networks. Gaining help could be made simpler by the structural aspect of social capital bonding, whether it takes unofficial care, emotional or psychological support, or even financial support. Relational social capital in the workplace refers to social interactions, including commitments, trust and reciprocity between people (Ko, 2021). Through supportive relationships, trust and the advantages of socialising, social capital may also lower stress and contribute to better health outcomes such as life satisfaction (Campos-Matos, Subramanian, & Kawachi, 2016; Rocco, Fumagalli, & Suhrcke, 2014). Reviews and meta-analyses have shown that the psychosocial work environment considerably impacts employee health (Pedersen *et al.*, 2023), including life satisfaction (Campos-Matos *et al.*, 2016).

2.2 Quality of work-life

QWL is broad and includes factors like economic conditions, personal beliefs, physical and mental health and environmental interactions (Khorsandi, Jahani, Rafiei, & Farazi, 2010; Warhurst & Knox, 2022). Concerning healthcare establishments, it is one of the crucial factors influencing organisational/patient/health professional outcomes, such as the sustainability of delivery systems (Al-Dossary, 2022), high-quality patient care, retention of talented healthcare workers, high-quality performance and the satisfaction of healthcare workers (Fiorini, Houdmont, & Griffiths, 2022). The QWL paradigm (Sirgy & Cornwell, 2001) contends that people have fundamental needs that they attempt to satisfy through employment. Employees will feel a positive level of QWL if they believe their human needs are met through work. The spillover effect refers to the movement of positive emotions from work to non-work life areas. Thus, demands met at work may influence satisfaction in other areas of life, such as the family, leisure, social, health and financial domains, as well as in the work domain (e.g. satisfaction with work-life). Accordingly, QWL links the effect of the workplace on satisfaction with one's work life, other non-work life domains and total life satisfaction (Ko, 2021).

2.3 Life satisfaction

Life satisfaction is described as a cognitive process that entails a self-evaluation to measure the quality of life based on one's criteria, where the person contrasts their standards with their existing state of affairs (Durand-Sanchez *et al.*, 2023). Two viewpoints can be seen from an examination of the life satisfaction literature. According to the top-down perspective, stable attributes like personality are a function of life pleasure. In contrast, the bottom-up approach sees life satisfaction as a function of other life domains. It explains the relationship between factors in the work environment, including social capital and life satisfaction (Itzhaki *et al.*, 2015). These factors include QWL and social capital such as trust and work relationships. Healthcare professionals are a group that is particularly susceptible to changes in the variables that influence life satisfaction. To manage these issues effectively, it is crucial to understand how they affect life happiness. According to earlier research, social capital in the workplace, such as workplace environment, colleague support and trust, is primarily associated with life happiness in the healthcare sector (Durand-Sanchez *et al.*, 2023; Vanaki & Vagharseyyedin, 2009).

Table 1 presents a complete summary of the research environment about social capital, quality of work-life (QWL) and life satisfaction, explicitly focussing on the healthcare sector. In healthcare research, considerable emphasis has been placed on social capital, QWL and life satisfaction. However, it is worth noting that there are still significant gaps in the existing body of research.

Factor	Findings	Gaps	Current study
Social capital	According to Pederson *et al.* (2023), social capital is shared resources in work situations. According to the literature, some factors affect life quality and work (Bahrami *et al.*, 2023; Hofmeyer, 2003). Folland has examined the health and behavioural effects (2006, 2008). Babamiri *et al.* (2023) examined healthcare trust and resilience. Previous scholarship has examined structural, relational and cognitive components (Nahapiet & Ghoshal, 1998; Ko, 2021)	There needs to be a more comprehensive investigation of the direct influence of social capital on life satisfaction within the healthcare sector. There is a pressing need to conduct a comprehensive investigation that delves deeper into the specific ways social capital aspects influence healthcare practitioners	This study examines the direct and indirect effects of work-related social capital on life satisfaction within the context of health professionals
Quality of work-life (QWL)	Mirkamali and Narenji Sani (2023) discuss the transition of an issue from a personal matter to a societal one, specifically focussing on evolution. Several broad aspects, such as economics, health and environment, have been identified in previous studies (Khorsandi *et al.*, 2010; Warhurst & Knox, 2022). The influence on healthcare results has been examined in studies conducted by Al-Dossary (2022) and Fiorini *et al.* (2022). The relationship between work-life balance and overall satisfaction has been explored in previous studies (Sirgy *et al.*, 2001; Ko, 2021)	There needs to be more emphasis on the role of Quality of Work Life (QWL) in mediating the relationship between work-related aspects and individuals' overall life satisfaction. There needs to be more empirical research examining the specific impact of quality of work life (QWL) on healthcare professionals' satisfaction	This study investigates the potential mediating effect of quality of work life (QWL) on the relationship between work-related social capital and life happiness among healthcare professionals
Life satisfaction	The cognitive self-evaluation process has been studied by Durand-Sanchez *et al.* (2023). The present study investigates the impact of the work environment and social capital on individuals, as explored by Itzhaki *et al.* (2015) and Vanaki and Vagharseyyedin (2009). The study conducted by Itzhaki *et al.* (2015) explores the utilisation of both top-down and bottom-up techniques	A knowledge gap exists between quality of work life (QWL) and life satisfaction. There needs to be more research investigating the impact of distinct work-life elements within the healthcare sector on individuals' overall life satisfaction	This study aims to evaluate the impact of quality of work life (QWL) and social capital within the healthcare sector on the overall life satisfaction of health professionals

Table 1.
Summary of literature review

Source(s): Author's own

2.4 Theory

Dubos (2017) has underscored the significance of social capital within the workplace, emphasising its crucial contribution to enhancing the psychosocial work environment. In the last 20 years, a body of research conducted by Krieger, Balint, and LaBelle (2021) and Ommen *et al.* (2009) has consistently demonstrated that positive and supportive social interactions benefit individuals' overall well-being. This sentiment is reiterated in the research conducted by Pfaff, Ernstmann, and Von Pritzbuer (2005) and Ommen *et al.* (2009), wherein they observe that a trust-based culture and shared values inside an organisation help streamline employees' evaluation of their day-to-day work circumstances, enhancing their performance. The internalised, informal standards present within an organisation are fundamental elements of social capital that facilitate collaboration and enhance the QWL.

Within the realm of healthcare, Hofmeyer (2003) and Babamiri *et al.* (2023) have shown a connection between social capital and QWL. Their research emphasises the significance of established norms, trust and mutual support among healthcare professionals in influencing this association. Moreover, Sirgy and Cornwell (2001) and Ko (2021) assert that QWL establishes a correlation between an individual's employment and their total well-being, encompassing dimensions outside the confines of the workplace. According to Borg and Friis Andersen (2017), social capital is a valuable component within the psychological work environment and exhibits positive associations with various outcomes, such as employee well-being, creativity and healthcare quality. The research conducted by Ehsan, Klaas, Bastianen, and Spini (2019) provides additional support for the positive connection between social capital and health outcomes.

In brief, the available research indicates that social capital plays a significant role in fostering a favourable and efficient work atmosphere while also exerting a favourable impact on the general well-being of employees. Based on the conceptual framework and theory discussed above, we hypothesised that there is a significant association between WSC and QWL and also between QWL and life satisfaction. Moreover, it can also be hypothesised that QWL mediates the association between WSC and life satisfaction.

3. Methodology

The present study adopts a cross-sectional and causal design based on the research framework proposed by Ato, López-García, & Benavente, 2013. The research design allows us to investigate the interrelationships among many essential variables within the healthcare domain. Life satisfaction is the dependent variable, while social capital in the workplace is the predictive variable and QWL serves as the mediating variable. To collect data, the study employed an English questionnaire that underwent refinement to enhance clarity.

The study primarily concentrated on full-time healthcare professionals, and the participants were selected from three public hospitals in the Northern Indian Region who were contacted through an online questionnaire. A total of 330 responses were received, from which 307 completed replies were obtained and subsequently underwent data cleaning. The final sample size of 290 was established using the itemised sampling size approach, following the rules outlined by Hair, Anderson, Tatham, and Black (1998). This method involves multiplying the number of items, which in this case is 29, by a factor of 10.

3.1 Measures

Social capital encompassed a set of 13 items, with structural dimensions being examined using three items, cognitive using four items and relational using six items, following the framework developed by Ko (2021). QWL was analysed and categorised into five discrete factors: health and safety needs (consisting of three items), Actualisation (comprising two items), self-esteem (comprising two items), knowledge (comprising two things) and aesthetics

(comprising two items), as adopted from Ko (2021). Life satisfaction includes five items developed based on the research conducted by Diener, Emmons, Larsen, and Griffin (1985). The researchers employed a five-point Likert scale to assess these aspects, enabling them to comprehend these variables as the participants perceived them comprehensively.

3.2 Participant profile

The study's 307 healthcare professionals' demographics are shown in Table 1. There are 45.2% nurses (139) and 28.9% doctors (89). A total of 25.7% of roles in healthcare are other (79). In terms of education, 62.5% (192) have completed at least a bachelor's degree; postgraduate studies account for 21.4% (66); and other qualifications make up 15.9% (49). A total of 57.9% (178) of the population is 18–29 years old, 29.6% (91) is 30–49 years old and 12.3% (38) is older than 49. A total of 43.3% (133) of those in marital status are married, while 56.6% (174) are single (See Table 2).

4. Data analysis

After exploratory factor analysis (EFA), a confirmatory factor analysis (CFA) was performed to validate the appropriateness of the identified items (variables representing individual factors) in loading on the stated factors. This phase entailed utilising a second-order confirmatory factor analysis (CFA), a statistical technique employed to assess a measurement model encompassing many dimensions. The study employed the application software packages SPSS and AMOS version 24.0 for all statistical analyses, thereby ensuring the robustness and reliability of data processing and analysis.

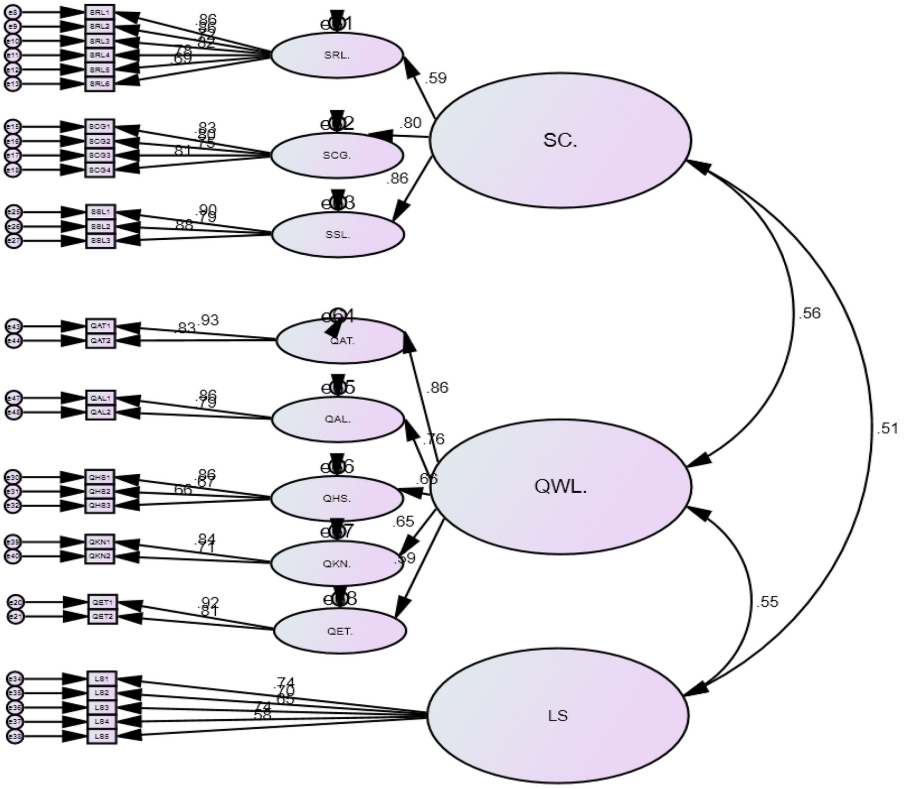
4.1 Measurement model

The suitability of the measurement model (Figure 1) is evaluated by employing several model fit indices derived by CFA to determine whether the data accurately reflect the intended theoretical construct. The study's results reveal that the indices, namely CMIN/DF (3.2), NFI (0.912), GFI (0.904), TLI (0.922) and RMSEA (0.069), demonstrate a reasonable match. These values meet or exceed the established thresholds for NFI, GFI, TLI (>0.80) and RMSEA (<0.08).

Table 2. Respondent's profile (307)

	Frequency	Percentage
Designation		
Physician	89	28.9
Nurse	139	45.2
Others	79	25.7
Qualification		
Graduate	192	62.5
Post Graduate	66	21.4
Others	49	15.9
Age		
18–29 years	178	57.9
30–49 years	91	29.6
Above 49 years	38	12.3
Marital status		
Married	133	43.3
Unmarried	174	56.6

Source(s): Author's own



Note(s): SC-Social capital; Structural capital-SSL; Cognitive Capital -SCG; Relational Capital-SR; Quality of work life-QWL; Health and Safety Needs-QHS; Actualisation QAS; Self-esteem-QET; Knowledge-QKN; Aesthetics-QAT; Life satisfaction-LS

Source(s): The authors

Figure 1.
Measurement model (family social capital)

The validation process has confirmed the model's convergent validity. This is evident as the standard factor loadings for the constructs are over the threshold of 0.70. Additionally, the average variance extracted (AVE) values for each construct are higher than 0.50, which aligns with the established criterion proposed by Fornell and Larcker (1981). A study's discriminant validity is confirmed by ensuring that the components under investigation are distinct. This is determined by comparing the AVE values with the squared inter-correlations of the factors, as outlined in the approach proposed by Anderson and Gerbing (1988).

Furthermore, the constructs' reliability has been confirmed, as evidenced by composite reliability (CR) values surpassing 0.60 for each construct. This finding reaffirms the strength and validity of the measurement, following the criteria set forth by Fornell and Larcker (1981).

4.2 Structural model/path analysis

The study's hypotheses were assessed using a structural model analysis, which provided insights into the interconnections among the investigated variables. By employing structural equation modelling (SEM) for path analysis, the researchers assessed the model fit indices and

found them to be moderate, suggesting an acceptable fit. Specifically, the CMIN/DF value was 3.3, the TLI value was 0.907, the CFI value was 0.908, the GFI value was 0.901 and the NFI value was 0.916. All of these indices exceeded the criterion of 0.80. Additionally, the RMSEA value was 0.068. The findings derived from the path analysis of the structural model are consistent with all the hypotheses put forth in the research. QWL is positively and significantly influenced by social capital in the workplace (b = 0 .61, $p = 00$, $R^2 = 0$ .37). Life satisfaction is significantly and positively influenced by the QWL (b = 0.57, $p = 000$, $R^2 = 0$ .33).

4.3 Mediation results

To assess the mediation models for the complete sample, this study utilised the bootstrapping technique with 5000 resamples, as recommended by Preacher and Hayes (2004) and further expounded upon by Hayes (2013). The study examined the presence of mediation by assessing whether the "null of zero" fell outside the confidence interval. This implies that mediation is proven when the value "zero" is not within the range of the upper and lower confidence intervals or when both confidence intervals are positive or negative. The results suggest a mediating effect of work-life quality on the association between social capital and life happiness. The mediation effect is supported by the statistically significant indirect impact (0.21) with a P-value below 0.05 and confidence interval bounds of LLCI = 0.09 and ULCI = 0.19, thereby verifying the anticipated association in the research.

4.4 Conclusion and findings

The analysis revealed a significant beneficial impact of social capital in the workplace on the QWL. This discovery highlights the significance of social ties, trust and shared values inside the workplace in augmenting people's work experiences and levels of pleasure. Moreover, the research revealed a substantial relationship between the QWL and life satisfaction among healthcare workers. This finding underscores the significant influence that working conditions and settings exert on employees' welfare and satisfaction. The study's findings indicate that the mediating influence of work-life quality is significant in the association between workplace social capital and overall life happiness. The observed mediation effect holds substantial importance, as it signifies that the advantages of a work environment that is supportive and well-connected have a reach that extends beyond immediate work-related consequences and positively impacts overall life satisfaction.

4.5 Discussion

Social capital in the workplace is regarded as a resource integrated into workplace interpersonal interactions (Khurshid, Shahzadi, Rashid, Amin, & Khan, 2023). This study discovered a beneficial relationship between subjectively assessed WSC and QWL. The findings of earlier studies (Biggio & Cortese, 2013; Ko, 2021) agree with this finding. It empirically shows that, within the framework of the need's fulfilment method, employees' contentment with their worklives increases directly to the number of social contacts they feel valued and appreciated by others. Because social capital fosters a positive work environment for its employees, it is likely to help fulfil higher-order human wants like knowledge and respect through employment. The findings also demonstrate that WSC influences life satisfaction through interactions with QWL. The results imply that social interactions among employees play a similar role to life events in the workplace. Through QWL, a significant factor in the middle of the need's hierarchy, social capital, which is at the bottom of the satisfaction ladder, indirectly affects life satisfaction at the top (Ko, 2021). These effects then horizontally extend into life satisfaction. In other words, work-related affective experiences in the form of social capital are retained in the work-life domain (QWL) and generalised into an overall sense of life satisfaction. Through the vertical and horizontal spillover effects of QWL,

work-related social capital may promote increased life satisfaction amongst healthcare workers. These data suggest that social capital in establishments' influence can extend beyond organisational results and into people's personal lives.

Additionally, these findings reflect the collectivist culture of India in healthcare establishments, which places a significant emphasis on organisational membership and fosters close bonds among groups (Dasgupta, 2016; Shabir, Khan, & Gani 2022). This is in contrast to those from individualist cultures that place less emphasis on interpersonal cooperation inside organisations than those from collectivist cultures (Wichterich, 2020). Therefore, this study's findings may materially differ from those of studies done in individualistic Western culture, although more research needs to be conducted to generalise such findings.

According to the CFA investigation, the structural component plays the most part in forming WSC in the current context. According to earlier research, structural capital is a crucial component of FSC, even for health professionals (Jing, Jin, Guo, Zhang, & Li, 2023; Kawachi, Subramanian, & Kim, 2008). Cognitive capital (trust, norms and reciprocity) is the second crucial factor of WSC, which is also demonstrated by previous studies as a critical component in health establishments which leads to better health outcomes (Pham *et al.*, 2019; Read, 2014). Relation is another critical component of WSC significant in health establishments (Read & Laschinger, 2015), which leads to better work and personal-related health outcomes (Allameh, Hosseini, Mahabadi, & Samadi, 2018; Zahedi *et al.*, 2014).

Furthermore, a second-order construct with five dimensions – health and safety needs, actualisation, self-esteem, knowledge and aesthetics was used to measure QWL. The second-order CFA's valid results suggest that QWL is a multi-dimensional domain in congruence with the study of Ko (2021) and Rai and Verma (2023). The most significant element in the current domain is aesthetics, followed by actualisation, health and safety, knowledge and lastly, self-esteem. This signifies the importance of creativity, the realisation of professional capabilities, health benefits and safety concerns, learning on the job and feeling appreciated and respected by colleagues. Due to India's distinct cultural underpinnings, where people prioritise work as a source of revenue and social status, as opposed to the West, these findings are unique in the contemporary setting (Khurshid *et al.*, 2023).

According to the mediation analysis, the relationship between WSC and life satisfaction is mediated by QWL. These results are consistent with previous research on the relationship between social capital at work and well-being mediated by the QWL (Ko, 2021). Thus, this work has made a unique addition by including life satisfaction as an outcome variable involving social capital and quality of life in the work environment. The mediation analysis demonstrates that the relationship between WSC and life satisfaction is mediated by QWL, indicating that WSC improves the QWL amongst health workers and ultimately promotes life satisfaction. These results are consistent with recent research on the link between QWL and life satisfaction (Oh & Bae, 2023).

The importance of social capital and quality of life in a working environment as contributors to life satisfaction has been recognised by some researchers (Adedeji, Olonisakin, Buchcik, & Idemudia, 2023; Stenhagen, Ekström, Nordell, & Elmståhl, 2014), and these findings push us to address these issues in a joint framework concerning health establishments. WSC is, therefore, crucial for Indian healthcare establishments since it can help healthcare workers improve their QWL, which would ultimately result in more life satisfaction.

The current research has enhanced the knowledge in the domain of social capital and its outcomes as follows:

4.5.1 Enhancing comprehension of social capital in the context of employment. This research contributes to the existing body of knowledge by offering a more comprehensive comprehension of the impact of WSC on both organisational outcomes and individual

well-being, encompassing the QWL and life satisfaction. The perspective is shifted away from the conventional understanding of social capital as a direct catalyst towards recognising its indirect yet consequential influence on the well-being of employees.

4.5.2 The incorporation of cultural context into the realm of social capital research. This study advances knowledge on work stress and coping (WSC) within collectivist cultures, explicitly focussing on India's healthcare industry. This development holds substantial importance as it addresses a notable void in the current body of literature, which primarily concentrates on Western, individualistic viewpoints. Consequently, it expands the worldwide relevance of the study on WSC.

4.5.3 A comprehensive examination of employee well-being from a holistic perspective. The study takes a comprehensive perspective on employee well-being by establishing a connection between work-life balance, QWL and overall life satisfaction. This approach broadens the scope of research beyond conventional workplace indicators such as productivity. This holistic viewpoint presents novel opportunities for developing efficacious workplace tactics that cater to the broader range of employee needs.

4.5.4 The empirical validation of theoretical models is a crucial aspect of academic research. This study makes a valuable contribution to the area by providing empirical evidence supporting the theoretical models suggesting a spillover effect of job experiences on individuals' overall happiness. The empirical evidence presented in this study enhances the theoretical underpinnings and offers tangible proof of the influence of WSC (workplace spirituality and culture) on organisational settings.

4.5.5 The topic of discussion pertains to the progression of measurement and methodology. The study contributes to advancing methods in the field by utilising a second-order construct to assess QWL. This novel methodology offers a more comprehensive instrument for evaluating and enhancing QWL, making a noteworthy contribution to research approaches in organisational psychology.

In general, this study contributes substantially to our comprehension of the function of social capital within the workplace, specifically in non-Western settings. It emphasises the significance of social dynamics in improving employees' life satisfaction and well-being.

4.6 Implications

4.6.1 Theoretical implications. The study's novel conceptual framework, in which QWL serves as a mediator between work stress and life happiness, offers new perspectives on the impact of work stress on employees' satisfaction by improving the quality of their work life (Ko, 2021). Furthermore, this study makes an empirical contribution to social capital theory by simultaneously investigating all three dimensions of work-related social capital (Bolino *et al.*, 2002; Lazarova & Taylor, 2009). This study underscores the significance of structural, cognitive and relational social capital within the context of health professionals, shedding light on their contribution towards enhancing many aspects of work-life quality, such as aesthetics, self-actualisation, health and safety, knowledge and self-esteem. The all-encompassing methodology employed in this study enhances the comprehension of the role of social capital within the healthcare industry, offering a nuanced perspective on the various dimensions of social capital that contribute to improving the working environment and, consequently, the overall satisfaction levels of healthcare professionals.

5. Managerial implications

According to Leana and Van Buren (1999), it is imperative to prioritise the promotion of WSC to cultivate employee life satisfaction and loyalty. This approach is consistent with the findings of Bolino *et al.* (2002), who highlight the significance of cultivating robust interpersonal connections, trust and a collective understanding of objectives within the organisational setting. These characteristics substantially enhance employees' emotional

attachment to their firm and satisfaction with their lives. It is imperative to acknowledge the significance of addressing the social support challenges health professionals encounter since these challenges can harm their work performance and overall life contentment. According to Ko (2021), administrators and managers must develop initiatives to foster trust and cultivate a sense of shared support within the personnel. The optimisation of human resource management (HRM) techniques should prioritise the augmentation of social connections and interpersonal relationships within the organisational setting. These techniques have the dual effect of enhancing employees' QWL and life satisfaction while also being in line with the imperative to create a psychosocial work environment that addresses fundamental human needs such as esteem, social connection and knowledge enrichment. The environment above fosters a favourable setting for cultivating cooperation and social connections, which are essential in facilitating a productive healthcare milieu.

5.1 Case studies

The cases of Kolkata's healthcare system (Patra & Ghosh, 2020) and the telemedicine project in Nepal (Sein & Thapa, 2018) are examined to get valuable insights. The study's emphasis on Women's Safety Committees (WSC) in Kolkata is particularly relevant due to the significant challenge of limited accessibility to healthcare services despite their widespread availability. In this context, social capital is manifested through the interpersonal connections between healthcare practitioners and the community. When these relationships are strengthened, evidence suggests they can significantly improve accessibility and patient happiness. This finding supports the study's claim that workplace social connections (WSC) can contribute to higher levels of life satisfaction among healthcare professionals.

Similarly, the telemedicine programme implemented in Nepal is a noteworthy example that sheds light on the influence of social capital. The successful implementation of a novel healthcare technology in a geographically isolated area was significantly contingent upon the pre-existing social networks and levels of trust within the local community. This particular scenario illustrates how cultivating a WSC culture can promote the implementation of new approaches and enhance job satisfaction among healthcare professionals. As the organisation effectively incorporates emerging technology and enhances the quality of care provided to patients, their sense of accomplishment and work-life experience is enhanced, positively impacting their overall life satisfaction.

5.2 Implications for healthcare organisations

The significance of management training in improving the operational efficiency and workplace environment of healthcare organisations cannot be overstated. The precise design of training programs is essential in equipping hospital administrators with the requisite skills to enhance communication structures and processes. This encompasses the cultivation of aptitudes for proficient discourse and resolution of issues within the organisational context. Simultaneously, hospitals should implement internal strategies to cultivate an environment characterised by trust and collaboration, thus enhancing the accumulation of social capital. Implementing frequent and standardised employee surveys is a strategic measure to identify and address concerns about hospital operations or patient care. Surveys are crucial in identifying specific areas that necessitate improvement, enabling the implementation of focused interventions. It is recommended that regular team sessions and professional supervision be used in hospital settings to boost the social atmosphere and communication further. These workshops have the dual purpose of fostering open discourse and facilitating collaborative efforts among staff members to address difficulties collectively. The involvement of hospital executives is crucial in this context. Management seminars should be customised to provide training in enhancing communication techniques, proactive

identification and resolution of staff interactions and teamwork issues. Establishing an environment that fosters effective communication and collaboration among medical personnel is crucial. This entails cultivating coalitions, establishing solid interpersonal connections and fostering a collective comprehension among team members. A strong emphasis on trust, reciprocity, organisational justice and effective dispute-resolution methods within the hospital setting can foster a more cohesive and efficient work environment. These indicators collectively have a crucial impact on improving the overall functionality and employee satisfaction within healthcare environments.

5.3 Limitations

The scope of this study was confined to healthcare workers employed in three public hospitals in the Northern Indian Region. Consequently, the findings may be somewhat generalisable to health professionals in other areas or healthcare settings. The utilisation of a non-probability sample methodology and the restriction to solely full-time employees may constrain the results' applicability. The dataset obtained from a targeted sample of 330 individuals, using an itemised sampling size approach, consists of 307 valid replies. While this sample size is considerable, it is essential to acknowledge that it may not encompass all experiences and viewpoints within the healthcare profession.

5.4 Future work

Further investigation has the potential to broaden the parameters of this study by integrating factors such as age and working hours. Although the present study was carried out inside the Indian region, it is recommended that future research endeavours encompass diverse geographical places to obtain a more comprehensive comprehension of these associations within distinct locales. Incorporating a sociocultural and ethnic viewpoint into the analysis would enhance the research by providing additional valuable dimensions. Furthermore, it is recommended that future research endeavours incorporate additional mediators, such as stress, and moderators, such as working flexibility, to enhance the study framework's comprehensiveness.

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