

Research Paper

Impact of Psychological Ownership and Capital on Role Conflict and Ambiguity in the Nigerian Health Sector

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ABSTRACT

Purpose: This study examines the impact of psychological ownership and psychological capital on role conflict and role ambiguity among employees in the Nigerian health sector, focusing on how internal psychological resources shape responses to role-related stressors.

Design: A quantitative survey design was employed using standardized scales to measure psychological ownership, psychological capital (self-efficacy, hope, resilience, and optimism), role ambiguity, and role conflict. Data were collected from healthcare professionals across selected institutions and analyzed using SPSS (version 27). Descriptive statistics indicated relatively high mean scores across constructs ($M = 3.55\text{--}4.31$). Analytical techniques included correlation and multiple regression.

Findings: The study concludes that employees demonstrate strong psychological engagement with their roles despite experiencing role ambiguity and conflict. Psychological ownership reinforces attachment and responsibility, while psychological capital provides the internal capacity to manage uncertainty and sustain performance. The influence of psychological capital is more pronounced in addressing role ambiguity, with a stronger explanatory effect (R^2 up to .537) compared to role conflict (R^2 up to .252), indicating varying levels of psychological adjustment across role stressors.

Research limitations: The cross-sectional design and reliance on self-reported data limit causal interpretation, while the focus on selected healthcare institutions constrains generalizability. Future studies should adopt longitudinal and multi-level approaches.

Practical implications: Strengthening psychological resources and improving role clarity mechanisms are essential for enhancing employee effectiveness and stability in healthcare settings.

Originality/value: This study offers a context-specific contribution by integrating psychological ownership and psychological capital in explaining role stress within the Nigerian health sector.

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Keywords: *Psychological ownership; Psychological capital; Role ambiguity; Role conflict; Healthcare employees.*

1. Introduction

Work environments across sectors increasingly emphasize the role of human psychological resources in shaping employee behaviour and organizational outcomes. Psychological ownership has gained attention as a construct reflecting the extent to which individuals feel a sense of possession and responsibility toward their work and organization (Nwanzu & Babalola, 2025). Psychological capital, comprising self-efficacy, hope, resilience, and optimism, represents a positive psychological state that enhances individual capacity to perform effectively under pressure (Nasreen, Rathore & Jabeen, 2024; Goel & Wani, 2024). Contemporary organizational settings increasingly recognize that these internal resources influence not only performance but also how employees interpret workplace conditions. Growing attention to these constructs reflects a broader shift toward integrating positive organizational behavior into management practices.

Role-related dynamics remain central to organizational functioning, particularly in complex and structured environments. Role conflict and role ambiguity are key dimensions of role stress that arise when expectations are inconsistent or unclear, shaping employee experiences and behavioural responses (Rashid, Rashid, Ashfaq, Ashraf and Shabnum, 2025; Li, Xie, Zhang, Liu, Huang, Xiao & Zhang, 2026). These constructs have been widely applied to explain variations in job satisfaction, commitment, and overall effectiveness across different sectors. Employees' perceptions of their roles influence how they allocate effort, interact with colleagues, and respond to organizational demands. Greater emphasis has been placed on examining how role clarity and consistency contribute to stability in work processes. The interplay between role expectations and individual interpretation remains a defining feature of organizational life.

Psychological ownership and psychological capital have been linked to a range of workplace outcomes, particularly in contexts requiring adaptability and sustained engagement. Employees with strong psychological ownership often exhibit higher levels of commitment and proactive behaviour, reinforcing their connection to organizational goals (Arora & Shukla, 2025). Psychological capital enhances employees' ability to cope with challenges, fostering persistence and constructive responses to demanding situations (Dirzyte & Patapas, 2022; Gül,

2025). These constructs collectively shape how individuals internalize and respond to their work environment. Their relevance becomes particularly pronounced in settings characterized by uncertainty and high expectations. Increasing attention has focused on how these psychological factors interact with structural aspects of work.

Healthcare systems represent one of the most demanding organizational contexts due to their complexity, resource constraints, and critical service delivery expectations. Nigerian healthcare institutions operate within a dynamic environment shaped by workforce shortages, evolving policies, and increasing service demands (Adie, Tina, Ineyekineye, Eze & Onongha, 2025). Employees within this sector are often required to navigate multiple responsibilities while maintaining high standards of care. Role clarity and psychological resilience are therefore essential elements in sustaining effective service delivery. Emphasis on employee psychological resources has become increasingly relevant in ensuring stability within such environments. These conditions make the sector a critical context for examining the interaction between psychological and role-related variables.

Existing literature has examined psychological ownership, psychological capital, and role stressors largely as separate constructs or within different contextual settings. Limited attention has been given to their integrated influence within the Nigerian health sector, where both psychological and structural demands are pronounced (Samson, Samuel, Asogwa, Amiens & Airenvahihe, 2024; Chen, Kewou, Atingabili, Sogbo & Tcheudjeu, 2024). A greater need exists to situate these constructs within a unified framework that reflects the realities of healthcare work environments. Context-specific insights are essential for capturing how employees interpret and respond to role demands in such settings. This study addresses this knowledge gap by examining the combined influence of psychological ownership and psychological capital on role conflict and role ambiguity among healthcare employees in Nigeria. Focusing on this integration provides a more comprehensive perspective on employee experiences within complex organizational systems.

Statement of the Problem

Healthcare institutions in Nigeria operate within highly complex environments where employees are frequently required to manage multiple responsibilities that are not always clearly defined. Role expectations often overlap across units and professional boundaries, creating situations where employees must respond to competing demands simultaneously. Ambiguity in job descriptions, reporting lines, and performance expectations contributes to

uncertainty in how tasks should be executed. Persistent exposure to such conditions creates a workplace atmosphere where clarity and consistency in roles are difficult to maintain.

Psychological ownership among employees has become increasingly evident, with many individuals developing a strong sense of attachment and responsibility toward their work and organizations. This deep sense of ownership does not necessarily translate into reduced experiences of role conflict or role ambiguity, as employees continue to face unclear and sometimes contradictory expectations. Psychological capital, while present at relatively high levels, does not uniformly shield employees from the pressures associated with unclear or conflicting roles. Employees, therefore, find themselves navigating demanding work conditions where internal psychological strengths coexist with ongoing role-related strain.

The coexistence of strong psychological resources and persistent role stress creates a complex organizational reality within the Nigerian health sector. Employees are required to sustain performance and commitment despite experiencing uncertainty in task execution and inconsistencies in expectations. Variations in how psychological ownership and psychological capital interact with role ambiguity and role conflict remain insufficiently articulated within this context. This situation reflects a critical gap in how role stress and psychological resources are jointly experienced and manifested among healthcare workers.

Research Objectives

The study aims to examine the impact of psychological ownership and psychological capital on role conflict and role ambiguity among employees in the Nigerian health sector. The specific objectives include:

- i. To examine the effect of psychological ownership on role conflict among employees in the Nigerian health sector.
- ii. To assess the influence of psychological ownership on role ambiguity among employees in the Nigerian health sector.
- iii. To evaluate the impact of psychological capital on role conflict among employees in the Nigerian health sector.
- iv. To determine the effect of psychological capital on role ambiguity among employees in the Nigerian health sector.

Research Hypotheses

Based on the objectives, the following null hypotheses were tested:

- i. H₀₁: Psychological ownership has no significant effect on role conflict among employees in the Nigerian health sector.
- ii. H₀₂: Psychological ownership has no significant effect on role ambiguity among employees in the Nigerian health sector.
- iii. H₀₃: Psychological capital has no significant effect on role conflict among employees in the Nigerian health sector.
- iv. H₀₄: Psychological capital has no significant effect on role ambiguity among employees in the Nigerian health sector.

2. Literature Review

2.1 Theoretical Review

The study is underpinned by Role Theory, which explains how individuals behave based on expectations attached to their organizational roles, particularly under conditions of stress and uncertainty. The theory was developed through the works of Kahn et al. (1964) and Rizzo, House and Lirtzman (1970) to address challenges arising from complex and evolving workplace structures (Fischer, 2010). Early foundations by George Herbert Mead and Ralph Linton shaped the understanding of roles as socially defined behavioural patterns (Turner, 2001). Core assumptions suggest that unclear expectations lead to role ambiguity, while incompatible demands produce role conflict, both of which generate strain and affect performance (Khawaldeh, 2023). The theory proposes that these stressors influence behaviour through expectation–response relationships, making it highly suitable for examining workplace challenges (Fischer, 2010; Kalra, Itani & Sun, 2023).

Psychological ownership and psychological capital function as adaptive mechanisms shaping how employees interpret and respond to such complex role expectations (Adil & Kamal, 2018). Luthans, Avolio, Avey and Norman (2007) positioned PsyCap as a set of developable positive resources that promote adaptive coping and performance under pressure. Pierce, Kostova and Dirks (2001) advanced Psychological Ownership as a mechanism through which employees develop possessiveness and responsibility that strengthen attachment amid uncertainty. Role Theory explains the origin of stressors while PsyCap and Psychological Ownership illuminate individual-level adaptive processes. This synthesis acknowledges both structural constraints and agentic responses. The combined framework extends traditional Role Theory by

demonstrating how internal psychological resources shape employee experiences of role conflict and ambiguity within demanding healthcare environments.

2.2 Conceptual Review

2.2.1 Psychological Ownership

Psychological ownership refers to a cognitive-affective state in which individuals feel a sense of possession and personal attachment toward their organization or work, even in the absence of legal ownership (Pierce, Kostova & Dirks, 2001; Avey, Avolio, Crossley & Luthans, 2009). This construct is grounded in the idea that employees develop feelings of “mine” through control, intimate knowledge, and self-investment in their roles and organizational processes (Nwanzu & Babalola, 2025). Psychological ownership has been associated with increased organizational commitment, responsibility, and a willingness to go beyond formal job requirements (Mankgele & Fatoki, 2025). Employees who experience high levels of psychological ownership often exhibit proactive behaviours and a stronger alignment with organizational goals and values (Mankgele & Fatoki, 2025). The development of psychological ownership is influenced by organizational practices such as participation in decision-making, autonomy, and recognition of contributions (Arora & Shukla, 2025). Within complex work environments, psychological ownership serves as a mechanism through which employees internalize their roles and sustain engagement despite structural challenges (Pierce, Kostova & Dirks, 2001; Arora & Shukla, 2025).

2.2.2 Psychological Capital

Psychological capital represents a higher-order construct encompassing self-efficacy, hope, resilience, and optimism, which collectively contribute to an individual’s positive psychological state and performance capacity (Luthans et al., 2007; Youssef-Morgan, 2024). This construct emphasizes the role of developable psychological resources in enhancing employee effectiveness and adaptability in dynamic work environments (Goel & Wani, 2024). Self-efficacy reflects confidence in one’s ability to perform tasks successfully, while hope involves goal-directed energy and planning to achieve objectives (Nasreen, Rathore & Jabeen, 2024). Resilience enables individuals to recover from setbacks and maintain stability under pressure, whereas optimism reflects positive expectations about future outcomes (Youssef-Morgan, 2024). Psychological capital has been linked to improved job satisfaction, reduced stress, and enhanced organizational commitment across various sectors (Luthans et al., 2007; Dirzyte & Patapas, 2022). The integrative nature of psychological capital allows employees to

draw on multiple internal resources simultaneously, supporting sustained performance in demanding and uncertain work contexts (Gül, 2025).

2.2.2.3 Role Ambiguity

Role ambiguity arises when employees lack clear information regarding their job responsibilities, expectations, and performance criteria within an organization (Rizzo, House & Lirtzman, 1970; Khawaldeh, 2023). This condition is characterized by uncertainty about task priorities, authority boundaries, and the appropriate methods for completing assigned duties (del Carmen Triana, Song, Um & Huang, 2024). Employees experiencing role ambiguity often face challenges in decision-making due to unclear guidelines and inconsistent communication from supervisors (Li et al., 2026). The presence of role ambiguity can affect how employees interpret their responsibilities and allocate effort across competing tasks (Rashid et al., 2025). Organizational structures, communication systems, and leadership practices play significant roles in shaping the extent of role clarity within workplaces (Khawaldeh, 2023). del Carmen Triana, Song, Um & Huang (2024) emphasized that role ambiguity becomes a persistent feature that influences employee behaviour and perceptions of effectiveness.

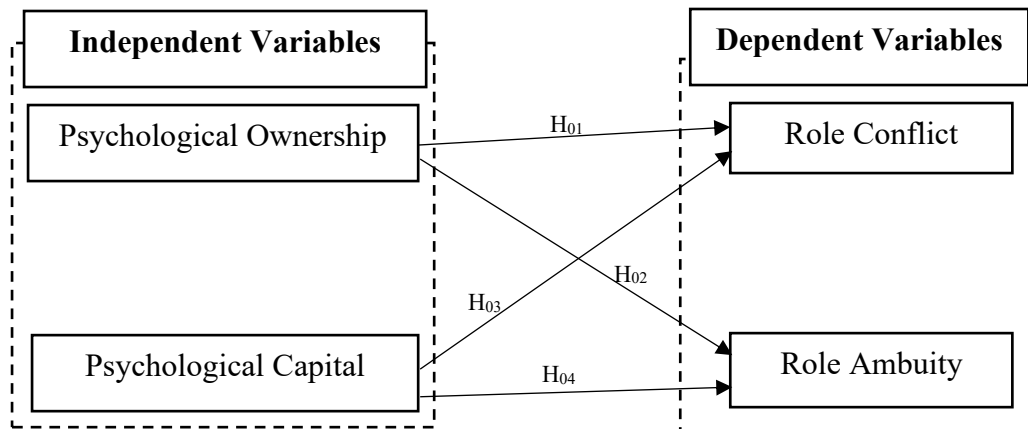
2.2.2.4 Role Conflict

Role conflict occurs when employees encounter incompatible or contradictory expectations associated with their job roles, making it difficult to satisfy all demands simultaneously (Rizzo, House & Lirtzman, 1970). This phenomenon often emerges when individuals receive conflicting instructions from different supervisors or when organizational policies clash with task requirements (Al Kabbani & Dalati, 2025). Role conflict can also arise from interdepartmental differences, where employees must navigate varying priorities and operational approaches (Kalra, Itani & Sun, 2023). Employees experiencing role conflict may struggle to balance competing expectations, leading to tension in task execution and interpersonal interactions (Rashid et al., 2025). The intensity of role conflict is influenced by organizational complexity, communication patterns, and the clarity of authority structures (Kalra, Itani & Sun, 2023). According to Khawaldeh (2023), role conflict remains a critical factor shaping how employees interpret and respond to organizational expectations within demanding work environments.

The conceptual model illustrates the hypothesized relationships between two independent variables - Psychological Ownership and Psychological Capital - and two dependent variables

- Role Conflict and Role Ambiguity. It shows four direct paths representing the study's hypotheses (H₀₁ to H₀₄), with Psychological Ownership influencing both Role Conflict and Role Ambiguity, and Psychological Capital also directly affecting both role stressors. The crossed arrows indicate that both psychological constructs are expected to impact each of the role stress variables.

Fig. 1: Conceptual Model



Source: The Researchers (2026)

3. Research Methods

The study adopted a quantitative, cross-sectional survey design to examine the relationships between psychological ownership, psychological capital, role ambiguity, and role conflict among healthcare professionals in the Nigerian health sector. This design was considered suitable for the research objectives, which aimed to assess the strength and direction of associations among the variables at a specific point in time. However, the cross-sectional nature of the study limits the ability to draw causal inferences.

The target population consisted of healthcare professionals (doctors, nurses, pharmacists, and allied health workers) working in selected public and private healthcare institutions in Lagos State, Nigeria. A purposive sampling technique was used to select the healthcare institutions based on their size, service scope, patient volume, and accessibility. Convenience sampling was subsequently employed to recruit individual respondents within the selected institutions. This approach ensured adequate representation of diverse professional roles and cadres. A total

of 200 questionnaires were distributed to healthcare employees across the selected institutions in Lagos.

Primary data were collected using a structured, self-administered questionnaire. Several procedural remedies were adopted to minimise potential common method bias inherent in self-reported data. These included guaranteeing respondent anonymity and confidentiality, physically separating the independent and dependent variables in the questionnaire, using different scale formats where appropriate, and providing clear instructions. In addition, Harman's single-factor test was performed to statistically assess common method variance. The results showed that no single factor explained more than 50% of the total variance, indicating that common method bias does not pose a serious threat to the study's findings.

The measurement instruments consisted of standardised and previously validated scales. As shown in Table 1, psychological ownership was measured with six items adapted from Su and Ng (2019). Psychological capital and its sub-dimensions (self-efficacy, hope, resilience, and optimism) were adapted from Luthans, Avolio, Avey, and Youssef (2007). Role ambiguity and role conflict were measured using the classic scales by Rizzo, House, and Lirtzman (1970). All items were rated on a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). The scales demonstrated acceptable to good internal consistency, with Cronbach's alpha coefficients ranging from 0.78 to 0.90.

Table 1. Standardized Scales Adopted

	Items	Author(s)	α
PO1	I am involved in decision-making.	Su and Ng (2019)	.90
PO2	My colleagues feel they are involved in decision-making.		
PO3	The organization engages its staff in decision-making.		
PO4	I will choose to stay with the organization even in tough times.		
PO5	My colleagues will choose to stay with the organization even in tough times.		
PO6	The organization is keen to keep staff even in tough times.		
SE1	I feel confident in representing my work area in meetings with management	Luthans, Avolio, Avey, and Youssef (2007)	0.83
SE2	I feel confident contributing to discussions about the company's strategy		
SE3	I feel confident presenting information to a group of colleagues		
HO1	Right now I see myself as being pretty successful at work		0.78
HO2	I can think of many ways to reach my current work goals		
HO3	At this time, I am meeting the work goals that I have set for myself		
RE1	I can be "on my own" so to speak at work if I have to		0.79
RE2	I usually take stressful things at work in stride		

RE3	I can get through difficult times at work because I've experienced difficulty before		0.81
OP1	I always look on the bright side of things regarding my job		
OP2	I'm optimistic about what will happen to me in the future as it pertains to work		
OP3	When things are uncertain for me at work, I usually expect the best		
RA1	I feel secure about how much authority I have.	Rizzo, House and Lirtzman (1970).	0.82
RA2	Clear, planned goals and objectives exist for my job.		
RA3	I know that I have divided my time properly.		
RA4	I know exactly what is expected of me.		
RA5	I know what my responsibilities are.		
RA6	Explanation is clear of what has to be done.		
RC1	I have to do things that should be done differently.	Rizzo, House and Lirtzman (1970).	0.80
RC2	I receive an assignment without the manpower to complete it.		
RC3	I work with two or more groups who operate quite differently.		
RC4	I have to buck a rule or policy to carry out an assignment.		
RC5	I receive incompatible requests from two or more people.		
RC6	I do things that are apt to be accepted by one person and not accepted by others.		
RC7	I receive an assignment without adequate resources and materials to execute it.		
RC8	I work on unnecessary things.		

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version 27. Descriptive statistics were used to summarise the demographic characteristics of respondents and the distribution of the study variables. Reliability analysis was performed using Cronbach's alpha. Pearson product-moment correlation was employed to examine the relationships between the variables. Multiple regression analysis was conducted to test the predictive influence of psychological ownership and psychological capital (both composite and dimensional) on role ambiguity and role conflict, while controlling for demographic factors (gender, age, marital status, education, and organisational tenure). Prior to the regression analysis, the assumptions of normality, linearity, multicollinearity, and homoscedasticity were tested and adequately met.

4. Results

The demographic distribution (Table 2) of the 177 respondents shows a slightly higher proportion of male participants (53.1%) compared to female participants (46.9%). In terms of age, the largest group falls within the 40–49 years category (40.7%), followed by 20–29 years (35.0%) and 30–39 years (24.3%), indicating that most respondents are relatively experienced

adults. Regarding marital status, a majority are married (59.9%), while 40.1% are single. Educationally, most respondents possess a Bachelor's degree (65.5%), followed by Diploma/Certificate holders (28.2%), with a small proportion holding a Doctorate (6.2%), suggesting a generally well-educated sample. In terms of organizational tenure, the largest group has 4–6 years of service (34.5%), while smaller proportions have less than 1 year (19.8%), 1–3 years (15.8%), 7–10 years (15.3%), and more than 10 years (14.7%), indicating a fairly balanced distribution of work experience among respondents.

Table 2. Demographic statistics of the sample (N = 177).

Variable	Category	Frequency	%
Gender	Male	94	53.1
	Female	83	46.9
Age	20–29 years	62	35.0
	30–39 years	43	24.3
	40–49 years	72	40.7
Marital Status	Married	106	59.9
	Single	71	40.1
Highest Educational Status	Diploma/Certificate	50	28.2
	Bachelor's Degree	116	65.5
	Master's Degree	11	6.2
Length of Service in Current Organization	Less than 1 year	35	19.8
	1–3 years	28	15.8
	4–6 years	61	34.5
	7–10 years	27	15.3
	More than 10 years	26	14.7

The descriptive and correlation results, presented in Table 3, show generally high mean scores across all constructs, ranging from 3.55 to 4.31. This indicates that respondents reported relatively strong levels of psychological resources alongside moderate perceptions of role stressors. Self-efficacy recorded the highest mean score ($M = 4.31$), while role conflict had the lowest ($M = 3.55$). Reliability coefficients (Cronbach's α) demonstrate acceptable internal consistency for the main constructs: psychological ownership ($\alpha = .858$), psychological capital ($\alpha = .829$), role ambiguity ($\alpha = .772$), and role conflict ($\alpha = .868$). The sub-dimensions of psychological capital showed moderate reliability. Pearson correlation analysis reveals that psychological ownership (PO) is positively and significantly correlated with all dimensions of psychological capital and with both role stressors, with the strongest association observed with hope ($r = .520$, $p < .01$). The psychological capital (PsyCap) dimensions are strongly interrelated, particularly resilience and optimism ($r = .672$, $p < .01$). Both role ambiguity (RA) and role conflict (RC) show positive and significant correlations with psychological ownership

and PsyCap variables. Notably, role ambiguity demonstrates a stronger association with overall psychological capital ($r = .711, p < .01$) than role conflict ($r = .419, p < .01$).

Table 3. Descriptive statistics, reliability, and correlation analysis

	Mean	S.D.	α	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
PO (1)	3.93	.66	.858	1							
SE (2)	4.31	.45	.632	.307**	1						
HO (3)	4.11	.57	.657	.520**	.435**	1					
RE (4)	4.05	.56	.648	.258**	.455**	.510**	1				
OP (5)	4.11	.50	.656	.292**	.572**	.400**	.672**	1			
PC (6)	4.13	.45	.829	.371**	.725**	.637**	.837**	.859**	1		
RA (7)	4.03	.51	.772	.326**	.639**	.341**	.585**	.604**	.711**	1	
RC (8)	3.55	.70	.868	.236**	.199**	.225**	.493**	.382**	.419**	.354**	1

Note: Psychological ownership (1), self-efficacy (SE), Hope (HO), resilience (RE), optimism (OP), psychological capital (PC), role ambiguity (RA), role conflict (RC). * $p < 0.05$, ** $p < 0.01$

The regression results in Table 4 indicate significant associations between the independent variables and the role stressors. For role ambiguity, psychological ownership showed a positive and statistically significant association ($\beta = .326, p < .001$). Among the psychological capital sub-dimensions, self-efficacy ($\beta = .428, p < .001$), resilience ($\beta = .305, p < .001$), and optimism ($\beta = .183, p < .05$) were positively associated with role ambiguity, while hope was not significant ($\beta = -.074$). The composite psychological capital variable exhibited a strong positive association with role ambiguity ($\beta = .711, p < .001$). The models explained a moderate to substantial proportion of variance in role ambiguity, with R^2 values ranging from .106 to .537 (adjusted R^2 up to .527). These effect sizes suggest that psychological resources, particularly when considered as an integrated psychological capital construct, share considerable variance with role ambiguity. Consequently, the null hypotheses H_{01} and H_{02} are rejected.

In contrast, the associations with role conflict were weaker and more selective. Psychological ownership maintained a positive and significant association with role conflict ($\beta = .236, p < .01$). Among the psychological capital dimensions, only resilience showed a strong positive association ($\beta = .453, p < .001$), while self-efficacy, hope, and optimism were not statistically significant. The composite psychological capital construct was positively associated with role conflict ($\beta = .419, p < .001$), though the effect was smaller than that observed for role ambiguity. The R^2 values for the role conflict models ranged from .056 to .252 (adjusted R^2 up

to .235), indicating smaller effect sizes and lower explanatory power compared to the role ambiguity models. These findings highlight a differential pattern, whereby role ambiguity shares stronger statistical associations with the psychological variables than role conflict. The null hypotheses H_{03} and H_{04} are therefore rejected.

Table 4. Regression results.

	RA	RA	RA	RC	RC	RC
PO	.326***			.236**		
SE		.428***			-.068	
HO		-.074			-.028	
RE		.305***			.453***	
OP		.183*			.127	
PC			.711***			.419***
Control Variables	INCLUDED					
F	20.833***	49.927***	178.925***	10.322**	14.509***	37.330***
R²	.106	.537	.506	.056	.252	.176
Adj R²	.101	.527	.503	.050	.235	.171

Note: Psychological ownership (PO), self-efficacy (SE), Hope (HO), resilience (RE), optimism (OP), psychological capital (PC), role ambiguity (RA), role conflict (RC). * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Discussion of Findings

The findings reveal that psychological ownership (PO) maintains a positive and significant relationship with role ambiguity among healthcare employees in the Nigerian health sector. This suggests that employees respond to unclear expectations by deepening their sense of possession and personal investment in their roles. In contexts of uncertainty regarding responsibilities and performance criteria, individuals appear to internalize their work more strongly as a compensatory strategy to regain control and meaning. This aligns with the view that psychological ownership emerges through self-investment and intimate knowledge of work processes, particularly when structural clarity is limited. This supports the perspective advanced by Pierce, Kostova and Dirks (2001) and Nwanzu and Babalola (2025), who argue that PO functions as an adaptive mechanism that sustains engagement amid organizational ambiguity. In contrast to expectations that high PO would directly reduce role stress, the positive association indicates that ownership may intensify as employees strive to impose personal structure on unclear roles (Arora & Shukla, 2025; Khawaldeh, 2023).

Psychological ownership also demonstrates a positive, albeit weaker, significant effect on role conflict. Employees facing incompatible demands and contradictory expectations continue to exhibit attachment and responsibility toward their roles. This aligns with the view that ownership fosters proactive behaviours and accountability even under strain. This supports the assertion by Mankgele and Fatoki (2025) and Rizzo, House and Lirtzman (1970) that individuals can maintain psychological commitment despite competing pressures from multiple sources. In contrast to its stronger link with ambiguity, the attenuated relationship with conflict suggests that persistent incompatibilities may constrain the full expression of ownership, as employees expend cognitive resources balancing contradictory signals (Kalra, Itani & Sun, 2023; Rashid et al., 2025). These patterns highlight PO as a resilient psychological anchor that operates differently across role stressors.

Psychological capital (PsyCap) exhibits a particularly robust positive association with role ambiguity, driven primarily by self-efficacy, resilience, and optimism. Employees draw upon these internal resources to navigate uncertainty in task priorities and authority boundaries. This aligns with the view that PsyCap components operate synergistically to enhance adaptability in dynamic environments. This supports the theoretical position of Luthans, Avolio, Avey and Norman (2007) and Youssef-Morgan (2024), who emphasize PsyCap's role in fostering confidence and positive expectations under pressure. The non-significant contribution of hope, however, warrants critical reflection. Goal-directed planning and pathways thinking (Nasreen, Rathore & Jabeen, 2024; Goel & Wani, 2024) may prove less effective when foundational role expectations remain undefined, limiting the applicability of hope in highly ambiguous contexts. This nuance reveals that not all PsyCap dimensions contribute equally, challenging the assumption of uniform resource activation and calling for more granular theoretical models.

In contrast, the influence of psychological capital on role conflict appears more selective, with resilience emerging as the dominant significant dimension. Employees rely primarily on their capacity to recover from setbacks when confronting incompatible demands from supervisors or policies. This aligns with the view that resilience serves as a core recovery mechanism in high-strain situations. This supports the findings of Gül (2025) and Dirzyte and Patapas (2022), who link resilience to sustained functioning amid ongoing adversity. The lack of significant effects from self-efficacy, hope, and optimism on role conflict further differentiates the two stressors. While these resources aid navigation of uncertainty, they appear less potent against structural incompatibilities (Li et al., 2026; Al Kabbani & Dalati, 2025). The overall PsyCap construct remains significant for both outcomes but explains substantially more variance in

role ambiguity (R^2 up to .537) than role conflict (R^2 up to .252), underscoring differentiated psychological adjustment processes.

These results carry important theoretical implications for Role Theory (Kahn et al., 1964; Rizzo, House & Lirtzman, 1970). Rather than viewing role stressors solely as precursors to negative outcomes, the study illustrates how ambiguity and conflict can activate positive psychological resources as adaptive responses. This supports the integration of positive organizational behaviour constructs within role frameworks (Fischer, 2010; Adil & Kamal, 2018) and extends understanding of how PO and PsyCap function as sense-making mechanisms in resource-constrained settings like Nigerian healthcare. The stronger activation around ambiguity suggests that uncertainty may offer greater psychological “room” for ownership and capital investment compared to overt conflict. This contributes context-specific insights to the literature by demonstrating that psychological resources do not always buffer stress linearly but may co-evolve with it in complex, high-stakes environments (Chen et al., 2024; Samson et al., 2024).

5. Conclusion

The study concludes that psychological ownership and psychological capital are fundamental in shaping how employees in the Nigerian health sector experience role-related demands. Employees who develop a strong sense of ownership toward their work tend to remain actively engaged even when faced with unclear or overlapping responsibilities. This pattern reflects a workforce that responds to complexity not with withdrawal but with deeper psychological involvement in their roles. Such internalized responsibility suggests that employees perceive their roles as extensions of themselves, reinforcing commitment despite structural challenges. The work environment fosters a condition where psychological attachment becomes a defining mechanism for sustaining performance under pressure.

The study also concludes that psychological capital serves as a vital internal resource that influences how employees manage role ambiguity and role conflict. Elements such as self-efficacy, resilience, and optimism enable employees to maintain stability and direction in the face of uncertain job expectations. The reliance on these psychological resources appears more pronounced in situations characterized by ambiguity than in those defined by conflicting demands. This indicates that unclear roles stimulate a stronger need for internal adjustment and

personal coping capacity. Consequently, employees' psychological strength becomes a key factor in maintaining effectiveness within dynamic and demanding healthcare settings.

The study establishes that role stress in the Nigerian health sector is deeply intertwined with employees' psychological conditions rather than being solely a structural concern. The coexistence of role ambiguity, role conflict, and strong psychological resources reflects a complex and demanding work environment. Employees continuously balance internal resilience with external expectations to sustain performance and organizational functioning. This dynamic highlights the importance of psychological factors in shaping workplace experiences and outcomes. The study underscores that understanding employee behaviour in the health sector requires close attention to the interaction between psychological ownership, psychological capital, and role-related pressures.

5.1 Recommendations

Based on the findings, the following are recommended:

- i. The Federal Ministry of Health and state health boards should incorporate mandatory role clarity standards into the National Health Workforce Policy. This includes requiring all public and private healthcare institutions to develop and annually review detailed job descriptions, reporting lines, and decision matrices for every cadre, with compliance linked to licensing and funding allocations.
- ii. Hospital administrators and department heads should conduct structured role audits every six months using a standardized template to identify overlapping responsibilities and conflicting expectations. Findings should be discussed in cross-functional alignment meetings, with clear updates communicated to staff within four weeks of each audit.
- iii. Implement mandatory leadership training programmes for unit heads and supervisors on role stress management. Training should focus on early identification of role ambiguity and conflict, supportive delegation techniques, and regular one-on-one role clarification sessions with team members, with quarterly refresher modules.
- iv. Healthcare institutions should roll out structured PsyCap development programmes consisting of quarterly workshops and simulation-based training specifically designed to strengthen self-efficacy, resilience, and optimism. These programmes should include practical tools such as goal-setting exercises, stress recovery protocols, and peer coaching circles, integrated into continuous professional development (CPD) credits.

- v. Management should institutionalise psychological ownership-enhancing practices by actively involving healthcare employees in departmental decision-making processes, especially on workflow design and resource allocation. This can be achieved through formal participation forums held at least bi-monthly, combined with recognition systems that reward demonstrated responsibility and initiative in ambiguous or conflicting situations.

5.2 Limitations of the Study

The study is constrained by its reliance on perceptual and self-reported measures, which may reflect respondents' subjective interpretations rather than fully capturing the structural realities of role design within healthcare institutions. Its cross-sectional design further limits causal inferences and the ability to track how psychological ownership, psychological capital, and role stressors evolve over time in a highly dynamic sector. The focus on selected healthcare institutions in Nigeria also introduces contextual specificity, as variations in institutional capacity, governance structures, regional disparities, and public versus private sector differences may influence the observed dynamics. Additionally, although the study examined key psychological constructs, it did not fully incorporate broader organizational variables such as leadership climate, resource availability, or interprofessional dynamics that could shape role experiences.

5.3 Suggestions for Further Studies

Future studies should adopt longitudinal research designs to better capture the dynamic and evolving relationships among psychological ownership, psychological capital, and role stressors within healthcare environments over time. Researchers are encouraged to conduct multi-group comparisons, particularly between public and private healthcare institutions, to examine contextual variations. There is also value in applying structural equation modeling (SEM) to provide stronger analytical rigor and to test more complex models that include potential mediators (such as employee engagement) and moderators (such as leadership styles or support systems). Furthermore, integrating multi-level perspectives, mixed-method approaches, and the exploration of boundary conditions will offer deeper, more nuanced insights into these phenomena and enhance the generalizability and practical relevance of findings in the Nigerian health sector.

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