

Idiosyncratic Deals and Psychological Resilience as Predictors of Employee Engagement among Medical Consultants in Hospitals in Imo State

¹Ethelbert C Njoku* & ²Eudora U. Ohazurike

¹Department of Psychology, Imo State University, Owerri, Nigeria

²Department of Political Science, Imo State University, Owerri, Nigeria

DOI: <https://dx.doi.org/10.47772/IJRISS.2023.7607>

Received: 17 May 2023; Accepted: 26 May 2023; Published: 25 June 2023

ABSTRACT

Medical consultants play significant role in the lives of people. It is unfortunate that in these roles they play for the health and survival of the citizens, they are not usually appreciated and supported by the various governments. Idiosyncratic deals as negotiated by these consultants in most instances become the real way out of the bad situations and circumstances they find themselves. These consultants and their ability to negotiate work agreements become a veritable means of sustaining the work interest and passion. In this circumstance, employee engagement becomes the anchor that defines the level of commitment and interest in the workplace. Psychological resilience is also another important variable that helps in the realization of this assignment as any organization that does not have the requisite psychological capital may not achieve much. Thus, proper idiosyncratic deal is very important in ensuring that the health of the people are safe guarded and the necessary manpower is retained and not deterred by the insincerity and ineptitude of the government . One hundred and ten people participated in the research and they were drawn from hospitals in Imo state. The research adopted cross sectional survey design. Regression analysis was used in analyzing the data. Of note, the results indicate that the variables predicted employee engagement. The implication confirms the relevance of idiosyncratic deals in sustaining the hospitals in Imo State especially in view of the continued lack of medical infrastructure. Psychological resilience programs should be encouraged and intensified so that the wide knowledge and expertise of medical consultants will not be lost in view of the prevailing poor conditions of work of the medical consultants. Efforts should be made by stakeholders and actors in the health sectors in ensuring maximum attention to issues concerning the manpower management, resources and sustenance.

Key words: Idiosyncratic deal, psychological resilience, employee engagement

INTRODUCTION

Medical practitioners are veritable component of the entire medical structure and medical ecosystem. They ensure the sustenance of the medical aspect of the citizens. It is a well-known fact that over the years, medical practice in Nigeria has evolved in scope and practice, in terms of changing disease patterns, patients' needs, and social expectations. Nigeria is a nation with serious challenge in health infrastructure. There is depleting of the needed resources and manpower to address the challenges in the sector. According to world health statistics (2023) the Nigerian health care system, like in some other developing countries, is bedeviled with poor health indices and service delivery to majority of the population.

As known, the Nigerian public health system is characterized by grossly ill-equipped facilities, ill maintained, ill developed as well as inadequate and poorly-motivated personnel and staff. These problems are linked to poor management of resources, victimization, lack of knowledge and understanding across the various levels of care in the country.

According to Mummen (2023) medical practice in Nigeria has evolved in scope and practice, as there is now a changing perception of the role of doctors from being solely a healthcare provider to that of an all-round professional with administrative and managerial responsibilities. Thus, contemporary doctors usually take up responsibilities, duties and activities that include but are not limited to clinical, teaching, research, leadership, and managerial roles in the line of duty and ensure that none of these fail, coupled with the assigned and known duty of ensuring the health of the patients. In the words Witman, Smid, Meurs, and Willems (2023) doctors have the traditional responsibility to coordinate activities of other members of the health team toward effective patient care at the three different levels of management such as operational (low), tactical (middle), and strategic (top). However, there is this growing sentiment especially among the public and some health workers that most doctors are bad managers. Life expectancy in Nigeria in 2021 as reported by the World Health Organization is Total: 60.87, Males: 59.07, Female: 62.78. This is totally not in tandem with the mission and vision of the World Health Organization especially in the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care and beyond to holistic improvement of wellbeing and quality of life.

The medical consultants in the long run have become the hardest hit in these challenges prevalent in the health sector as most of the young and promising doctors have left the shores of Nigeria. In fact, failure of government to address poor remuneration and other contentious issues has resulted in massive brain drain of health workers in the country. The medical consultants have noted that the hospitals in Nigeria are at the brink of collapse as concerted effort must be made by governments at all levels to prioritize the allocation of resources to the health sector while also seeking to correct retirement age of hospital consultants to seventy years.

In the effort to overcome the dangerous tide of the government and relevant agencies in addressing these challenges, idiosyncratic deals and other psychological survival strategies like psychological empowerment, psychological resilience are being noted by the researchers in the attempt of these consultants to maintain the various hospitals of the government and remain engaged in an effort to survive in the every crushing economy of the nation.

Idiosyncratic deals describe the voluntary, personalized agreements between individual employees and their organization for the provision of services. It is an agreement that is based on exchange in which there are defined terms but the individual works on certain terms and not permanently employed or within the whims and caprices of the employer. Idiosyncratic deals (i-deals for short) are personalized employment arrangements negotiated between individual workers and employers and intended to benefit them both (Rousseau, 2005). With the slide in the management of hospitals in Nigeria, idiosyncratic deals seem to be an important means to attract, motivate and retain valuable and outstanding employees like medical consultants in hospitals in Nigeria. Four defining features of i-deals are noteworthy (Rousseau, 2005; Rousseau et al., 2006). First, it is individually negotiated. Employees bargain for personalized arrangements individually, although either the individual or the employer can initiate an i-deal (Liao et al., 2016). Second, it is heterogeneous. At least some of the terms of i-deal are specially provided to that individual. Third, it is benefiting to both employer and employee. I-deals by virtue of being negotiated between employees and their employers are intended to benefit them both. The successful result of an i-deal is that an organization attracts, motivates, or retains the services of a valued employee, who, in turn, receives desired resources from that organization. Fourth, it is varied in scope. The i-deals individuals enjoy vary in scope, from a single idiosyncratic element in a larger standardized employment package to a completely idiosyncratic employment arrangement.

Employees face increased pressure from their employers especially in Nigeria where there are many health challenges but no resources to address them. At the same time, organizations experience challenges in

maintaining a desirable level of employee performance (Tauba & Kimwolo, 2021). As such, it is left to management to motivate employees, which is hinged upon manager credibility, ensuring employees have a strategic fit for the organisation (Lees & Dhanpat, 2021). In doing so, motivated employees participate in proactive behaviours and take the initiative by actively shaping their work and employment conditions (Bindl & Parker, 2011) and negotiate deals like idiosyncratic deals as a survival strategy.

It should be noted that that idiosyncratic deals have similarities with functional proactive behaviour (Parker & Collins, 2010), and Hornung, Glaser and Rousseau (2018) suggest that such behaviours contribute to organizational goals and involve employees engaging in active performance. This has sparked much interest in customising work through idiosyncratic deals (i-deals) (Rousseau, 2015). I-deals take many forms based on their timing and content (Rousseau, 2005). In terms of timing, i-deals can be negotiated either prior to employment, which we refer to as *ex ante* i-deals, or once on the job, which we refer to as *ex post* i-deals. The timing of ideal negotiation is associated with differences in the balance of power between the parties, the information they possess about each other, and the frame of references each uses to interpret the negotiation (Rousseau et al., 2009). *Ex post* i-deals occur more often than *ex ante* i-deals in practice (Rousseau et al., 2006). It may be because *ex post* negotiation allows both employees and employer to draw upon insider knowledge, prior contributions the parties have exchanged and their relationship history in crafting i-deals. Thus, *ex post* i-deals can occur more readily because of the more credible signals an employer possesses regarding a worker's value than existed prior to employment (Lazear, 1981). In contrast, *ex ante* i-deals are usually granted based on job candidates' knowledge, skills, ability, and other characteristics reflecting their market value (Rousseau et al., 2006). Hence *ex ante* i-deals are likely to only for recruits with unique skills or in highly competitive labor markets are needed. I-deals also can be classified by their content. Content refers to the particular arrangements or resources the i-deal involves. These arrangements vary in scope from a single feature to an entire set of conditions (Rousseau et al., 2006).

Flexibility i-deals personalize the scheduling of work that allow for a customization of working hours to better fit individual needs and preferences (e.g. personal discretion over scheduling. Developmental i-deals refer to customized opportunities to develop individual skills and competencies and meet personal aspirations for professional or career advancement (e.g. challenging work assignments, individual recognition of performance, special training, career opportunities. Workload-reduction i-deals are used to individually adjust the quantity or quality of workload (e.g. shorter work days, less strenuous tasks. Task i-deals represent "arrangements that individuals negotiate to create or alter their own job's content. Idiosyncratic ideals help to galvanize the resources of individuals for greater productivity. It ensures that the resources of people are adequately utilized especially where there are cases of mismanagement of resources and manpower of the people. Thus, psychological resilience on its own becomes another distinguishing variable that comes to the rescue in ensuring that medical consultants can contribute their quota in returning and maintaining the hospitals no matter the prevailing situation and circumstance especially in ensuring that the resources of people are better managed.

Psychological resilience is the process of adjustment after experiencing significant stress and adversity. Resilience is the capacity to adapt successfully in the presence of risk and adversity (Jensen and Fraser, 2005). It encapsulates the concept of capacity and the concept of a process involving adaptation and experiencing stressful situations. Psychological resilience refers to the process of coping with or overcoming exposure to adversity or stress. The medical consultants in Nigerian hospitals experience high level of stress and distress usually caused by inadequate medical infrastructure and personnel. Psychological resilience is the ability to mentally or emotionally cope with a crisis or to return to pre-crisis status quickly.

Psychological resilience is more than an individual personality trait—it is a process involving interaction among an individual, that individual's life experiences, and current life context. Psychological resilience is important for the health community with regard to keeping workers fit for duty and to protecting their health and wellbeing.

It should be noted that for a successful psychological resilience, health management leadership plays great role in galvanizing resources and organizational climate needed for effective resilience delivery. Psychological resilience-training programs often use methods such as discussions, role plays, practical exercises and homework reinforce training contents and make survival within the hospital context to be possible. Moreover, the programs mostly contain a psych educative element to provide information on the concept of resilience or specific training elements (e.g. cognitive restructuring). Different psychotherapeutic procedures and methods provide the basis for resilience interventions: cognitive-behavioural therapy, acceptance and commitment therapy, mindfulness-based therapy ,attention and interpretation therapy, problem-solving therapy as well as stress inoculation .Besides, a number of training programmes focus on fostering single or multiple psychosocial resilience factors without being assignable to a certain approach. Few interventions base their work on a defined resilience model. Depending on the underlying resilience concept, resilience interventions target different resources and competencies. The theoretical foundations of resilience-training programmes and the hypotheses on how they might maintain or regain mental health are as diverse as their contents. Currently, no empirically validated theoretical framework exists that outlines the mode of action of resilience interventions (Bengel 2012; Leppin 2014).

Psychological resilience as an outcome is determined by several, potentially modifiable resilience factors and resilience interventions might work by strengthening these factors in interventions. However, depending on the theoretical foundation of resilience training programmes, there are different theories of change on how certain resilience factors and hence resilience might be affected. From the cognitive?behavioural perspective, stress?related mental dysfunctions (e.g. depression, anxiety disorder, substance abuse) can be considered as a result of dysfunctional thinking (Beck 2011; Benjamin 2011).

When confronted with stress or adversity, people show maladaptive behavioural responses or experience negative mood states, or both, due to irrational cognitions. This is in line with other stress and resilience theories assuming that not the stressor itself, but its cognitive appraisal may lead to stress reactions. Therefore, modifying cognitive processes into more adaptive patterns of thought will probably produce more adaptive emotional and behavioural responses to stress. Challenging an individual's maladaptive thoughts and by teaching new problem-solving coping strategies, resilience interventions based on cognitive behavioural therapy might be beneficial in promoting the resilience factors of cognitive flexibility and active coping. Thus, psychological resilience strategies align more closely with prevention than with treatment. However, no matter the level of idiosyncratic ideals and psychological resilience, the valence of the engagement of the employees to the organization is very important for the growth and development especially in a health institution. As a matter of fact, employee engagement is considered to be one of the influential factors for the success of the health organization and the significant driver of value in health care delivery.

Employee engagement entails the extent to which employees commit to something or someone in their organization, how hard they work and how long they stay as a result of that commitment. It is the passion for work and the willingness to go the extra mile to realize the goals and vision of the organization no matter the prevailing situations. Employee engagement denotes the feelings of strength and emotional energy in the workplace (Shirom 2003). It involves the harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances' (Kahn 1990). The Gallup Organization (2006) has elaborated their understanding by referring to 'engaged employees' as those who 'work with a passion and feel a profound connection to their company and drive innovation and move the organization forward'. Shaw (2005) defined engagement as 'translating employee potential into employee performance and business success. It connotes the process by which an organization increases commitment and continuation of its employees to the achievement of superior results. Engagement is not only about the aspect of bringing employee to work hard in their jobs, but also the process of how individuals give their best effort to perform.

Employee engagement is hard to distinguish conceptually from constructs relating to cognitive and emotional commitment. Engagement is given by the employees to the company, which is beneficial for the organization through “commitment and dedication, advocacy, discretionary effort, using talents to the fullest and being supportive of the organization’s goals and values (Markwich & Robertson-Smith, 2009). An engaged employee is aware of the business context, and works with colleagues to improve the performance within the job for the benefit of the organization. It invariably means that the organization must work to develop and nurture engagement, which requires a two-way relationship between employer and employee (Markos & Sridevi, 2010).

Statement of the problem

The health care system is very important in every nation; however, the health care delivery system in Nigeria is a big problem as most of the infrastructure is in dilapidated condition. The medical practitioners especially the consultants who work assiduously to ensure the health delivery of the citizens are mostly the worst hit especially in their effort to care for the sick in our various hospitals. In an attempt to address the myriad of problems confronting the health system, most management of these hospitals have developed strategies and systems to help evolve a functional method to ensure safe, quick and reliable health care delivery. Upon the researches in the health care delivery system in Nigeria, no effort has been made to know how idiosyncratic deals and psychological resilience impact on employee engagement of consultants in hospitals. Thus, this study aims to address this obvious gap in knowledge by investigating the impact of idiosyncratic deals and psychological resilience on employee engagement of consultants in hospitals in Owerri,

Purpose of the Study

The general purpose of the study is to investigate if idiosyncratic deals and psychological resilience will predict employee engagement of consultants in hospitals in Owerri.

Specifically, the purpose of the study is to examine if:

- 1 Idiosyncratic deals will predict employee engagement of consultants in hospitals in Owerri.
- 2 Psychological resilience will predict employee engagement of consultants in hospitals in Owerri.

EMPIRICAL REVIEW

Idiosyncratic Deals and Employee Engagement

In the meta-analytic study by Liao et al. (2016), it was found that a significant positive relationship exists among I-deals and job satisfaction, affective commitment, and continuity at work after retirement. With job satisfaction and affective commitment, health consultants are likely to be enthusiastically involved in the success of their organizations in any sphere that improves effectiveness, such as through employee engagement. Liden, and Meuser’s (2017) study including a sample of 961 participants (both managers and their employees) chosen from the US-based 71 restaurants found I-Deals to be resulting in positive work-related outcomes including job satisfaction, employees helping behavior, and in-role performance.

On the other hand, in several other studies, the aforementioned work-related positive outcomes have been linked with work engagement such as job satisfaction (Rai & Maheshwari, 2020; Orgambidez-Ramos & de Almeida, 2017), organizational citizenship behaviors (Liu et al., 2017; Xu, Xie, & Chung, 2019),

organizational commitment (Nazir & Ul Islam, 2017; Adi & Fithriana, 2020), and task performance (Meyers et al., 2020). Furthermore, Blau's (1964) 'Social Exchange Theory' (SET) best explains the connection between I-Deals and positive work-related outcomes (i.e., work engagement). Related to this, Cropanzano and Mitchell (2005) argued that SET is more appropriate to understand and explain the behavior of employees at the workplace.

However, a meta-analytic review by Liao et al. (2016) has shown that the relationships of i-deals with employee outcomes tend to be inconsistent, and that there are many unanswered questions regarding the concept of i-deals (*cf.* Bal & Rousseau, 2015). While the majority of studies have focused on the effects of i-deals on outcomes (Liao et al., 2016; Liu et al., 2013), little is known about the context of the negotiation process that leads employees to successfully obtain i-deals. Hence, research has only focused on what happens *after* workers have successfully negotiated an i-deal, without taking into account why employees start negotiating.

Psychological Resilience and Employee Engagement

Employees develop psychological resilience when they have the support of their family and friends, which consequently leads to work engagement. Research has shown that the buffer for employees to be able to endure chaotic situations is the support from friends and family. Increased psychological resilience in employees indicates that employees will be able to avoid work burnout due to increased family and friends' support. This finding shows a connection between friends' and family's support, resilience, and employees' work engagement. Family and friends' support is a personal resource at home that influences personal resources at work, such as resilience, which leads to work engagement. Employees need a psychologically safe climate that supports them in overcoming work demands and performing efficiently at work. According to the Job Demands–Resources model, when employees are faced with job demands, which depletes their energy, job resource is necessary to encourage and re-energize them to sustain their work engagement. A supportive organizational culture, which is a job resource, reinforces the resilience of employees, which results in work engagement. Malik and Garg (2022) explained the role of a learning organization, in which supportive leadership is one of the main dimensions in the influence of employee resilience, which consequently encourages their work engagement. This finding shows that employees develop resilience on the basis of their perceived support from their organization through supervisor support, which motivates them to be engaged in their work. Employees who demonstrate positive emotions and resilience regardless of adverse circumstances are likely to be energetic and show an affective connection to perform their job tasks. Evidence from organizations operating in pre- and post-disaster environments found that inherent resilience before exposure to a significant adverse event is associated with adaptive resilience, which is operationalized as business growth, employee engagement, and well-being in the months and years following a major crisis .

Hypotheses

1. Idiosyncratic deals will significantly determine employee engagement among medical consultants in hospitals in Owerri.
2. Psychological resilience will significantly predict employee engagement among medical consultants in hospitals in Owerri

METHODS

Participants

One hundred and ten participants comprising of 70 males and 40 females were selected for the purpose of

this study from ten hospitals within Owerri, Imo State, Nigeria. The hospitals included the Federal Medical Centre Owerri, Specialist Hospital Umuguma, Owerri, Umezuruike Hospital Owerri, Life Spring Hospital Owerri, Austin Graces Hospital Owerri, Save a life foundation Hospital Owerri, Holy family Hospital, Ikenegbu Hospital, Ezem Hospital, owerri and Christiana Hospital Owerri. These hospitals were selected using convenient sampling technique. The participants' ages ranged from 30 to 60 with a mean age of 45.65 and Standard Deviation of 5.64.

Instruments

Three instruments were used in this study; they include, idiosyncratic deals scale, psychological resilience scale and employee engagement scale.

Idiosyncratic Deals Scale: Idiosyncratic deals were measured using four items adapted from the scale by (Rosen et al., 2013). The scale measures how the employee and employer articulate and customize the employee's work activities, offering employees special opportunities to advance their knowledge and skills, consistent with increasing employee performance. The sample items that include; "I have negotiated for an individual arrangement that allows me training opportunities," "I have negotiated a unique plan that allows me on-the-job training activities," "I can negotiate for arrangements that allow me special opportunities for career development," "My supervisor creates for me career development opportunities. The scale has been used widely in researches concerning idiosyncratic deals as negotiated by organizations. The scale has internal consistency with a cronbach alpha ranging from 0.83 to 0.96 in various studies.

Psychological Resilience Scale: The Connor-Davidson Resilience Scale CD-RISC is a self-report scale that measures subjective sense of psychological resilience and the ability to cope with stress among healthy and clinical populations. The original version includes 25 items, for which participants are required to reply on a 5-point Likert scale, ranging from 0 ("not true") to 4 ("true almost all the time") (47). This study used an abbreviated version which includes 10 items and yields a final score of between 0 and 40, with higher scores reflecting greater psychological resilience. The abbreviated scale was found to have good internal consistency $\alpha = 0.85$, and good construct validity when compared with the Perceived Stress Scale [PSS; $r = -0.51$, $p < 0.0001$.

Employee Engagement Scale

This study employed Utrecht Work Engagement Scale (UWES) by Schaufeli and Bakker (2003). This measurement comprises of three facets; vigor, dedication, and absorption. Vigor is measured by six items associated with a high level of energy to perform a task, a high level of effort, not being easily fatigued, and diligence or persistence in dealing with problems and difficulties. The sample items are "At my work, I feel bursting with energy," "At my job, I feel strong and vigorous," and "When I get up in the morning, I feel like going to work." Dedication is a five-item measure associated with feeling important, enthusiastic, proud, inspired, and challenged in one's job. The sample items are "I find the work that I do full of meaning and purpose," "I am enthusiastic about my job," and "My job inspires me." The third facet is absorption which is assessed by six items. For instances, "Time flies when I'm working," "When I am working, I forget everything else around me," and "I feel happy when I am working intensely." The coefficient value of this instrument in this study was 0.952.

Procedure

The researchers obtained permission from the management of each of the five hospitals used for the study. As the permission was granted, the researchers further sought the consent of the available medical consultants in the hospitals and clinics. They were presented with the questionnaires with consent form. The participants were assured of the confidentiality of the information and the use of the information for

research only. The participants were assessed from the different department depending of their area of specialization. The questionnaires were distributed accordingly and retrieval lasted for one week. In every department that the questionnaire were distributed, the researchers introduced themselves and the essence of the visit. Participants who accepted were given the questionnaire and they filled them. One hundred and twenty questionnaires were distributed but only one hundred and ten returned. This represents 90% return rate and they were used for the research.

Design and Statistics

The design of the study is cross sectional research design and the statistics is Standard Multiple Regression Analysis was used for data analysis.

RESULTS

Table 1: Table of Correlations for Key Variables Used in the Study

	Employee Engagement	Idiosyncratic Psy Deals	Resilience
Employee Engagement	1.0		
Idiosyncratic deals	-.032	1.0	
Psy Resilience	-.132	.231**	1.0

Table 2: Regression analysis

	Step1 β	Step 2 β	
Step 1			
Idiosyncratic deals	-.032	-.002	.044
Step 2			
Psy Resilience		-.132	-.048
ΔF	.23	3.63	16.35**
R ²	.001	.017	.087**
ΔR ²		.016	.069**
Df	1,218	1, 217	1, 216
Dublin Watson	1.95		

DISCUSSION

The Pearson correlation for all variables used in the study was run as presented in Table 1 above. This is necessary to avoid multi-collinearity. The table shows that Employee engagement had a positive significant relationships with idiosyncratic deal ($r = .289$, $n = 110$, $p < .05$) and Psychological resilience ($r = .231$, $n = 110$, $p < .01$). The results imply that employee engagement score is associated to high idiosyncratic deal scores. Also, a higher level of psychological resilience is associated with high level of employee engagement of medical consultants in Imo State.

The result of a hierarchical multiple regression analysis as presented in Table 2 above tested the two hypotheses of the study. The overall model of the two step hierarchical regression analysis was not significant [$R^2 = .001$, $F(1, 218) = .226$, $p > .05$; $R^2 = .017$, $F(1, 217) = 1.93$, $p > .05$; $R^2 = .087$, $F(1, 216) = 6.83$, $p < .01$].

The overall fit of the model shows that only 8.7% of the variation in employee engagement scores has been explained. Also, the Durbin-Watson of 1.95 falls within the accepted range ($1.5 < D < 2.5$), indicating that there is no autocorrelation problem in the data and that the error term is independent.

In the first hypothesis, idiosyncratic deal was regressed into the model and it explained 0.1% of the variations in employee engagement scores among medical consultants in Imo State. Therefore, the first hypothesis is accepted. However it is worth noting that idiosyncratic deal is inversely related to employee engagement such that as idiosyncratic deal increases, psychological wellbeing reduces, though not significantly.

Analysis of the second hypothesis shows that psychological resilience explained only 1.6% of the variations in employee engagement scores among medical consultants in Imo State. Psychological resilience did predict employee engagement scores ($\beta = -.132, p > .05, t = -1.91$).

The above result showed the important need for medical consultants to explore the tremendous advantage of idiosyncratic deal so that they can function effectively and not allow the bad situations in the various hospitals in Imo State affect their level of productivity and invariably affect the lives of the people. The medical consultants cannot afford to lose out in the basic amenities that ought to be provided to them to function effectively. The medical consultants should develop smart skills in negotiations so that they can explore the tremendous opportunities in idiosyncratic deals and psychological resilience programs. Organizations must also prove to medical consultants that they can be trusted and engage them so that they will continue to contribute their services to hospitals in Imo State.

RECOMMENDATION AND CONCLUSION

Medical consultants are very important in ensuring the health and wellbeing of the citizens. They help in maintaining the many health facilities of hospitals in Imo State. Based on the findings of this research, it recommended that all efforts should be made to ensure that negotiations and discussions with medical consultants that lead to treatment of citizens should be taken with every seriousness. The health of citizens is important, thus efforts should be made to recruit more doctors to address the health challenges of citizens. The health of citizens should not be based on outcome of negotiations. Health is the wealth of every nation and therefore should be a priority for the government. There is should increase in resilience programs with the health ministry so that medical consultants most especially can embrace the programs so that they can withstand the various harsh work environment in the health sector in Nigeria.

There should be serious psychological inoculation for medical practitioners especially medical consultants to enable them withstand the challenges of the health sector. Also medical consultants should have good negotiation skills and training in diplomacy and workplace politics so that they can be able to navigate the tremendous circumstances their work will expose them. The current situation where medical consultants have no trainings especially in managing hard work environment should not be allowed to prevail. There should be intentional effort in supporting the health sector.

Significantly, efforts should be made to harmonize conditions of service of medical consultants and also provide adequate infrastructure for the health sector so that citizens can be healthy because healthy citizens are wealthy citizens.

REFERENCES

1. Adi, N.A and Fithrianabm N (2017) Management Science Letters 10 3375–3386
2. Beck, J. S. (2011). Cognitive Behaviour Therapy: Basics and Beyond (2nd ed.). New York
3. Bengel FM, (2012) Cardiac positron emission tomography. J Am Coll Cardiol. 2009; 54:1–15.

4. Benjamin, A (2011) A pandemic, multi resistant, community-associated strain. *Journal of Antimicrobial Chemotherapy*. Vol.66 pp 1-14
5. Blau, P.M. (1964). The Influence of Organizational Justice on Employees Compulsory Citizenship Behavior: The Mediation Effect of Psychological Security. *Sociological Inquiry*, 34, 193-206
6. Cropanzano, R., & Mitchell, M. S. (2005). Social Exchange Theory: An Interdisciplinary Review. *Journal of Management*, 31, 874- 900. <http://dx.doi.org/10.1177/0149206305279602>
7. Hornung S., Rousseau D. M., Glaser J. (2008): Creating flexible work arrangements through idiosyncratic deals. In: *Journal of Applied Psychology*, 93, 655–664.
8. Jenson, J., & Fraser, M. (2006). A risk and resilience framework for child, youth, and family policy. In *Social policy for children & families: A risk and resilience perspective* (pp. 5-24). Thousand Oaks, Calif.: Sage.
9. Khan, W.A. (1990) Psychological Conditions of Personal Engagement and Disengagement of Work. *Academy of Management Journal*, 33, 692-724. <http://dx.doi.org/10.2307/256287>
10. Lazear, E. (1981). Rank Order Tournaments as Optimum Labour Contracts *Journal of Political Economy*, 89, 841-864
- Lees, D., & Dhanpat, N. (2021). Relationship. between manager credibility, strategic alignment and. employee motivation. *SA. Journal of Human Resource* Vol 3 pp1-11
11. Liden RC & Meuser JD. (2017) idiosyncratic deals and individual effectiveness: The moderating role of leader-member exchange differentiation. *The Leadership Quarterly*, Volume 28, Issue 3, Pages 438-450.
12. Lioa, R, Xu Jianying, and Umemura, Kenji (2016) Low Density Sugarcane Bagasse Particleboard Bonded with Citric Acid and Sucrose. Effect of Board Density and Addictive Content. *Bio Resources* 6(4) 234-244.
13. Liu, J., Kummerow, C.D and G.S. Elsaesser, 2017: Identifying and analyzing uncertainty structures in the TRMM Microwave Imager precipitation product. *Int. J. Remote Sens.*, **38**, no. 1, 23-42, doi:10.1080/01431161.2016.1259676
14. Malik P., Garg P. (2017). The relationship between learning culture, inquiry and dialogue, knowledge sharing structure and affective commitment to change. *Journal of Organizational Change Management*, 30(4). Pp 234-245
15. Markos, S and Sridevi, M.S (2010) “Employee Engagement: The Key to Improving Performance”, *International Journal of Business and Management* Vol. 5, No.12, pp.89-97
16. Markwick C and Smith R, (2009). *Employee engagement: a review of current thinking*. Institute for Employment Studies Press England
17. Meyers, M. C., & van Woerkom, M. (2014). The influence of underlying philosophies on talent management: Theory, implications for practice, and research agenda. *Journal of World Business*, 49(2), 192–203. doi: 10.1016/j.jwb.2013.11.003
18. Nazir, O. and Islam, J.U. (2017), “Enhancing organizational commitment and employee performance through employee engagement: An empirical check”, *South Asian Journal of Business Studies*, Vol. 6 No. 1, pp. 98-114. <https://doi.org/10.1108/SAJBS-04-2016-0036>
19. Orgambidez R, Almeida DE (2017). Work engagement, social support, and job satisfaction in Portuguese nursing staff: A winning combination. *Applied Nursing Research*. Volume 36, August 2017, Pages 37-41.
20. Parker, S. K., & Collins, C. G. (2010). Taking stock: Integrating and differentiating multiple proactive behaviors. *Journal of Management*, 36(3), 633-662. <https://doi.org/10.1177/0149206308321554>
21. Rai A, & Maheshwari S (2020). Exploring the mediating role of work engagement between the linkages of job characteristics with organizational engagement and job satisfaction. *Management Research Journal* Vol. 44 No. 1, pp. 133-157. <https://doi.org/10.1108/MRR-10->
22. Rosen, L. D., Whaling, K., Rab, S., Carrier, L. M., & Cheever, N. A. (2013). Is Facebook Creating “iDisorders”? The link between clinical symptoms of psychiatric disorders and technology use, attitudes and anxiety. *Computers in Human Behavior*, 29, 1243–1254.
23. Rousseau, D. (2005) I deals, idiosyncratic deals employees bargain for themselves. Armonk, NY: ME

Sharpe.

24. Schaufeli W.D and Bakker, A. B (2003). Work engagement: An emerging concept in occupational health psychology. *Journal of Work, Health & Organisations*, Volume 22, Pp 356-366
25. Shaw, D. (2005) A new look at evidence of scholarly citation in citation indexes and from web sources. *Scientometrics* **74**, 317–330 (2008). <https://doi.org/10.1007/s11192-008-0220-2>
26. Shirom, A. (2003). Job-related burnout: A review. In J. C. Quick & L. E. Tetrick (Eds.), *Handbook of occupational health psychology* (pp. 245–264). American Psychological Association <https://doi.org/10.1037/10474-012>
27. Tauba, M., & Kimwolo, A. (2021). Development Idiosyncratic Deals and Employee Performance. *SEISENSE Journal of Management*, 4(3), 63–72. <https://doi.org/10.33215/sjom.v4i3.628>
28. Witman, Y, Smid G.A.C., and Willems, D.L. (2023) *Organization*. Volume 18 Issue 4 pp. 429–442
29. Xu C and Xie, F.L. (2020) Application and theory gaps during the rise of Artificial Intelligence in Education. *Computers & Education*, Volume 1 ,pp 1123-1133