



The interactive Marginalization vs. Psychological Empowerment and Psychological Capital: Does it really affect the Psychological Commitment of new comers and/or young doctors?

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Abstract: Why workers feel frustrated despite their best efforts in the organization? Why aren't they getting an expected positive response? Is the perceived response consistent with the realize response? What the difference between perceived and real mutual interactive marginalization? What the difference between external and internal mutual interactive marginalization? All these questions are answered by this study, which focuses on interactive marginalization and its role in workers not obtaining the expected response and feeling frustrated and the difference between the external interactive marginalization (out-to-in), and the internal interactive marginalization (in-to-out) and difference between two parts, perceived and real marginalization with its eight patterns between organization and society and its effect of new comers and/or young doctors' psychological commitment, The first direction (out-to-in) including four types: (1)-perceived outside marginalization Switch to a perceived marginalization in. (2)-perceived outside marginalization leads to real marginalization in. (3)-real out marginalization move towards a real marginalization in. (4)-real out marginalization goes to a perceived marginalization in. The second direction (in-to-out) includes four types: (1)-perceived inside marginalization leads to perceived marginalization out. (2)-perceived inside marginalization switch to real marginalization out. (3)-real inside marginalization move towards perceived marginalization out. (4)-real inside marginalization goes to real marginalization out. research focused on studying the question about does interactive marginalization vs. psychological empowerment and psychological capital really affect the doctors' psychological commitment in educational hospitals? interactive marginalization as independent variable, psychological empowerment as an intermediate variable and psychological capital as a moderator variable in the relation between interactive marginalization (out-to-in & in-to-out) and psychological commitment. Through the results of exploratory study for researched public government schools and statistical analysis of a sample of (210) new and/or young doctors. Research based on four main hypotheses, while hypothesis (H₃) included four sub-hypotheses. (H₀₁) and (H₀₂) hypothesis was refused. In contrast, (H₃) and (H₄) hypothesis was admitted (agreeable) collectively and Partially. Moreover, the study presenting some recommendations about supporting psychological empowerment and enhancing the psychological capital and activation of psychological commitment, Psychological Contract and emotional equilibrium.

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Keywords: interactive marginalization; psychological empowerment (PsyEmp); psychological capital (PsyCap); the psychological commitment; emotional balance; psychological contract.

Introduction:

There is a difference that may reach contradiction between mutual interactive marginalization vs. Psychological Empowerment, hereafter referred to as (PsyEmp), which requires the necessity of researching the points of contrast between them, and knowing the definition and reasons for marginalization and how it affects and is affected by the internal and external environment. the phenomenon of marginalization increases in developing countries as a result of cultural, environmental, economic and social differences,

which requires studying the effects of this phenomenon and dealing with it by referring quickly to Psychological Capital, which will be referred to as (PsyCap), and equal leadership practices. mutual interactive marginalization comes from two directions into eight types as shown in the following Fig. (1): the first direction begins marginalization of individuals in the community and then moves to the organization, while the second direction starts from the organization and then goes towards society. The first direction out-to-in contains four models (Omara, 2016): (1)-real marginalization out moves to a real marginalization in.

(2)-real marginalization out comes to a perceived marginalization in. (3)-perceived marginalization outside goes towards a real marginalization in. (4)-perceived marginalization outside leads to a perceived marginalization in. The second direction in-to-out includes four types: (5)-real marginalization inside leads to real marginalization out. (6)-real marginalization inside leads to perceived marginalization out. (7)-perceived marginalization inside goes towards real marginalization out. (8)-perceived marginalization inside goes towards perceived marginalization out.

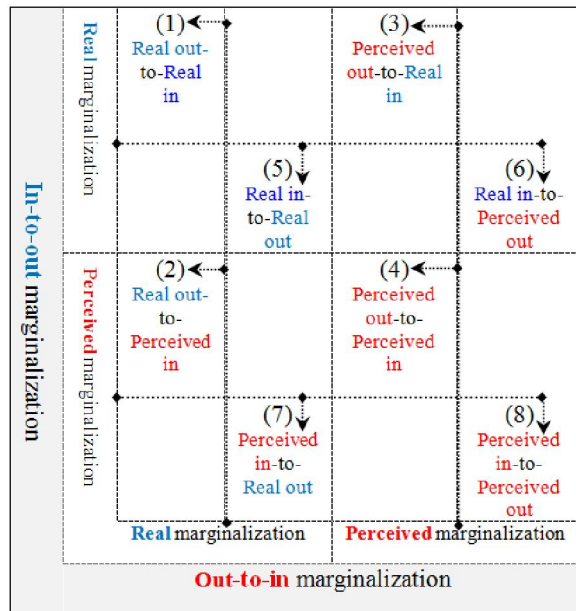


Fig. (1): The eight types of marginalization
Source: Firstly, Prepared by the researcher

As shown in Fig. (1), There are eight models derived from two directions for mutual interactive marginalization, outside-to-in and inside-to-outside marginalization, the outside mutual interactive marginalization occurs outside the organization through community or the external environment may be real and/or perceived interactive marginalization, and there is inside interactive marginalization which occurs from within the organization that may be real and/or perceived interactive marginalization. also, It is noticed from the Fig. (1) that real/or true marginalization from the outside leads to real marginalization at home and may be due to justifications Or real/or true reasons. Likewise, true marginalization from the inside may lead to real marginalization abroad, and may also be the result of real causes and justifications. (Wilson & Beresford 2000; Omara, 2016).

Research Literature Review:

To review the research theoretical range, methodically focus on the following issues:

► The interactive Marginalization as an Obstacle to Psychological Commitment

The interactive marginalization is one of the risky effects of the interactive leadership patterns and practices that affect the behavior of subordinates (Dutton & Duckerich, 1991; Wisner, et al., 2004; Grineski, 2009; Ma & Yang, 2012). Interactive marginalization has become a daily phenomenon in the organization (Jordan 1996; Wilson & Beresford 2000; Omara, 2016). By reviewing the managerial literature on marginalization and definitions from USAID, OHCHR and the Gender Inequality Index (GII) it is possible to define marginalization as a process of preventing followers and subordinates from participating (Alakhunova, et al., 2015), not appreciating subordinates, and the constant attempts to isolate subordinates administratively, organizationally, and society (Silver 1995; Grineski, 2009; Tilstra 2012). Marginalization is a social issue and managerial phenomenon (Silver 1995; Levitas 1996, 1998; Inglehart, 1997; Huston & Bentley 2010; Alejandro, 1997; Nejad, 2011; Omara, 2016). Marginalization is an issue and social phenomenon that occurs due to social culture, behavior, and personality traits between individuals (Levitas, 1998; Room, 1995; Burchardt, et al., 2002; Huston & Bentley, 2010). Interactive Economic marginalization is the result of different levels of income between classes of society, especially in developing countries (Griffin, 2000; Valodia, 2006; Kanbur 2007; Philip, 2008; 2010). Individuals suffer from interactive social marginalization because they suffer from poverty and the lack of basic and necessary needs for living that preserve their rights and dignity in society. Interactive Political marginalization appears in depriving individuals of expressing their opinion, participating in political life, or contributing to making public decisions and obtaining true democracy in its dimensions and correct images (Kamenitsa, 1998; Dalton, 2004; Solt, 2008; Raleigh, 2010; Oskarson, 2010; Horback, et al., 2013). interactive Cultural marginalization occurs because of the gap in values, attitude, or habits, traditions and the educational level between the classes of society. when the educational and intellectual gap is increase, the less-educated people tends to not accept change and Resistance to change, they are closed-mind and exposure to be culturally marginalized more than the well-educated open-mind people who accept change and involved in society so It is difficult to be marginalized. (Cornell & Welch, 1996; Inglehart, 1997; Cuff, et al., 2006; Wilkinson, et al., 2010; Barber, et al., 2011; Omara, 2016). Interactive Marginalization Causes Many Risks. The risks of influencing interactive marginalization

practices are transmitted from the external community to within the organization. And the opposite may happen, as the risks of interactive marginalization practices are transmitted from within the organization to the external community, which affects the individual, the organization and society. (Dunning, 1988; Zhang, 2007; Ma & Yang, 2012). Interactive marginalization weakens self-confidence, reduces trust in others and reflects a state of lack of appreciation and respect. It also causes deprivation of social development and lack of benefit from roles, skills and experience. Weak communication and intentional lack of participation in making or making decisions, which affects organizational confidence and emotional, behavioral and ethical organizational loyalty, which affects the efficiency of and the productivity of the individual and the organization. (Dutton & Duckerich, 1991; Ma & Yang, 2012).

► **PsyEmp as a Motivational Construct:**

PsyEmp is in contrast to marginalization. At the same time, PsyCap is a natural outcome of PsyEmp, as it is a result of PsyEmp practices. Therefore, PsyCap must be viewed from the perspective of PsyEmp. In addition, Noteworthy that, raises the level of individual self-efficacy (e.g. Deci & Ryan, 1987; Conger & Kanungo, 1988; Spreitzer, 1995; Bordin, et al., 2007). PsyEmp scheme eliminate Social differences between new comers and/or young doctors in educational hospitals, which may increase the degree of organizational emotional loyalty. Noteworthy that, PsyEmp strengthens subordinates' sense of self-efficacy, which in turn supports a sense of being able to feel impact and self-independence and Self-determination. PsyEmp methods focus on providing emotional support to subordinates and working as a team, which creates a collaborative environment between subordinates, which increases the ability to support their self-effectiveness. (e.g. Staples, 1990; Thomas & Velthouse, 1990). In this context, PsyEmp depends primarily on arousing feelings of self-efficacy and independence of the individual. (e.g. Bandura, 1986; Thomas & Velthouse, 1990; Avolio, et al., 2004; Seibert, et al., 2004). In addition, PsyEmp refers to the set of feelings and sensations that must be raised by subordinates to accomplish the tasks required of them (e.g. Klidas, et al., 2007; Meyerson & Kline, 2008). Noteworthy that, PsyEmp is a process of granting the Power, authority and excellence to a subordinate who has an experience, skills and interrelated knowledge to do his work in order to add value and participated in achieving the organizational effectiveness. (e.g. Rappaport, 1981; 1984; 1987; Raj, et al., 2000; Spreitzer, 1995). There is an effect of PsyEmp on the behavior of workers within the work environment. (e.g. Randolph, 1995; Thomas & Velthouse, 1990; Cole, 1995). In this

context, PsyEmp is a motivational tool that appears in four main axes: meaning, competence, self-determination, and impact. (e.g. Conger & Kanungo, 1994; Thomas & Velthouse, 1990; Spreitzer, 1995, 1996; 1997; 1999;2003; 2004; Mishra & Spreitzer, 1998; Liden & Wayne 2000). added that: (1)-Meaning: indicates that the worker has a feeling that the work he does is worthwhile and does not contradict his beliefs. It is the employee's feeling of the significance and value of the work and the task performed. As the value of the task performed is the degree of compatibility between the requirements to do the work and the values, beliefs and behavior of the individual. the follower can feel the meaning of the task in any work performed according to his view of the importance of that work. The individual feels the meaning of the task if he is able to express himself through work, and this is only possible through the PsyEmp that his boss gives him at work. (e.g. Hackman & Oldham, 1980; Rappaport 1987; Carol, et al., 1989; Amabile, 1988; Psoinos & Smithson, 2002; Pratt & Ashforth, 2003; Dickson & Lorenz, 2009). (2)-Competence: the worker believes that he is able to perform his work with great ability, efficiency and skill when exerting more effort. competence is related to a worker's internal self-efficacy and motivation, which affects his organizational behaviors within the work environment. It stems from perception, self-concept, personal efficacy, and self-ability to control work. (e.g. Gist, 1987; Bandura, 1990; Thomas & Velthouse, 1990; Gist & Mitchell, 1992; Spreitzer, 1995). (3)-Self-determination: the individual's feeling of freedom in choosing his work and the way he performs his work and controlling what he supports from work increases his ability to initiate and establish rules that regulate his behavior in the sense that the greater the individual's sense of his independence, the more he has the ability to control what he does from work and the amount of effort that he exerts as a result of being able to freedom of choice. (e.g. Bandura, 1990; Thomas & Velthouse, 1990; Spreitzer, 1995). (4)-Impact: the extent of the individual's feeling that he has an impact on the work environment, and the ability to influence work outcomes, whether at the strategic, administrative, operational, or behavioral level. It is the degree to which the worker influences the outputs of strategies, processes and organizational procedures at work. (e.g. Ashforth, 1989; Thomas & Velthouse, 1990; Lee & Ashforth, 1996).

► **PsyCap Leads to Creativity and Psychological Contract:**

There are several prior Studies reference that positive PsyCap enhances the creativity of the worker (e.g. Avey, et al., 2011; Rego, et al., 2014). and the development of the positive psychological state of the employee (e.g. Luthans, 2002; Luthans, et al., 2004;

2005; 2006; 2007a; 2008a; 2010). and improve individual performance, job satisfaction, organizational trust, and organizational commitment (e.g. Luthans, 2002; Luthans, et al., 2007; Luthans, et al., 2008; Avey, et al., 2009; Norman, et al., 2010; Sweetman, et al., 2011; Avey, et al., 2012). PsyCap enhances organizational competitive advantage (e.g. Amabile, 1985; 1996; 2012; 2013; George & Zhou, 2002; Chin, et al., 2016; 2018) which is the positive psychological ability of the individual that depends on self-efficacy, hope, resilience, optimism, and emotional balance (e.g. Luthans, et al., 2007a; 2007b; 2007c; 2008a; 2008b; 2008c; 2010). (1)-Self-Efficacy: the individual's conviction of his capabilities and confidence in his own skills and personal talents, developing those talents and skills, and employing these capabilities, intellectual and knowledge resources to accomplish a specific task and developing positive thought towards achievement to raise the level of performance and achieve organizational goals. (e.g. Avey, et al., 2010; Norman, et al., 2010; Chen & Lim 2012). (2)-Hope: It is a state of wishing to change the conditions for the better, the energy directed towards the goal and the improvement of things towards the better, it is a positive motivational case for the worker based on a sense of success, and insistence on achieving the goal, hope consists of three elements: positive strength and motivational energy to urge the employee, paths, And goals, Consequently, individuals who have hope often tend to achieve, have great confidence in their abilities and are highly motivated towards achievement, psychological commitment and emotional loyalty (e.g. Snyder, 1991; Peterson & Luthans, 2003; Luthans, et al., 2007; Jafri, 2013). (3)- Resilience: The ability to adapt, and a positive reaction when exposed to negative crises and situations, it is considered the psychological energy of the individual, which helps him to quickly return to the normal state within the work environment, it is a reaction to events and is not an initiative for making events as in hope, self-efficacy and optimism, individuals are often resilient They have a high ability to persevere and endure difficult conditions, which helps them to achieve high levels of performance and be more creative than their counterparts who lack sufficient resilience (e.g. Masten & Reed, 2002; Larson & Luthans, 2006; Clapp, 2009). Therefore, Resilience: is a psychological behavior that is related to the reaction to external situations and depends on the degree of emotional balance of the individual, it is related to the ability of the person to adjust his emotional balance towards the situations, challenges and crises. Whenever a person has great internal emotional balance and controls himself, whenever he is highly resilient and has high positive feelings and ability

bigger to face situations, challenges and crises. Thus, emotional balance is the key to resilience. (4)- Optimism: Constructive thinking towards the future, assessing problems and stress in a positive way, dealing effectively with daily events and problems, and focusing on the positive aspects of things, which affects the individual and makes him feel happy and job satisfaction which helps him to adapt to the surrounding conditions, which improves the mood of the worker, which leads to improved performance And develop an environment and Quality of work life (QWL) (e.g. Fergus & Zemmerman, 2005; Luthans, et al., 2006; 2007a; Luthans, et al., 2008a; Avey, et al., 2009; Mishra, 2013). (5)- Emotional Balance: is a state of emotional gratification of the individual which indicates emotional health and leads to a feeling of his love for others and the love of others to him, so he has no emotional deficiency towards others, emotional balance is an internal psychological behavior that reference equilibrium between (positive) and (negative) behavior emotions. Therefore, it refers to the capability of the mind and body to maintain feelings and self-control towards others and in situations and when facing challenges and crises, which helps in enhance personal health and personal welfare (e.g. Masten,1990; Richardson, 2002; Fergus & Zemmerman, 2005; Kuppens, et al., 2008; Fredrickson, 2009; Masten, et al., 2009). Noteworthy that, the psychological contract is a tacit reciprocal agreement between the employee and the leader (e.g. Levinson, 1962; Argyris, 1960; Rousseau, 1989;1995;1999). it is a translation of the implicit and psychological obligations, agreements, and beliefs of the values adopted by the organization (e.g. Robinson & Rousseau, 1994; Roehling, 1997; Turnley & Feldman, 1998; Turnley & Feldman, 1999; Conway & Briner, 2005; Cullinane & Dundon, 2006; Wellin, 2016). In addition to that it refers to individual beliefs and perceptions that the organization forms regarding the values, principles, and mutual behaviors between workers and their organizations, Consequently, the wise and pioneering management must deal with intellectual, human and PsyCap as a true wealth that represents a true value for the organization, which requires preserving the intellectual, human and psycap and developing this wealth, which may contribute to building a psychological contract with workers and thus raise the efficiency and importance of the organization, which may increase and be reflected On the degree of commitment and creativity of employees, and even increase the degree of flexibility of workers and the organization. (e.g. Rousseau, 1990; Sims, 1994; Rousseau, 1995; Robinson, 1996; Roehling, 1997; Tipples & Jones, 1998; Niehoff & Paul, 2001; Sels, et al., 2004; Taylor & Teklab, 2004; O'Neill, et al., 2009).

► **The Psychological Commitment is a required vision:**

Psychological commitment is the level of loyalty, involvement and belief in the goals and values of the organization and the feelings of the individual towards the organization by carrying out duties and tasks with conviction and harmony with others and a sense of responsibility and job satisfaction. (e.g. Meyer, et al., 1993; 2004; Allen & Meyer, 1996; Balay, 2000; Luthans, et al., 2005; Griffin, et al. 2007; Luthans, et al., 2008; Hausknecht, et al., 2009; Tokmak, 2014; Wang, et al., 2014; Ruderman & Clerkin, 2015; Yalcin, 2016).

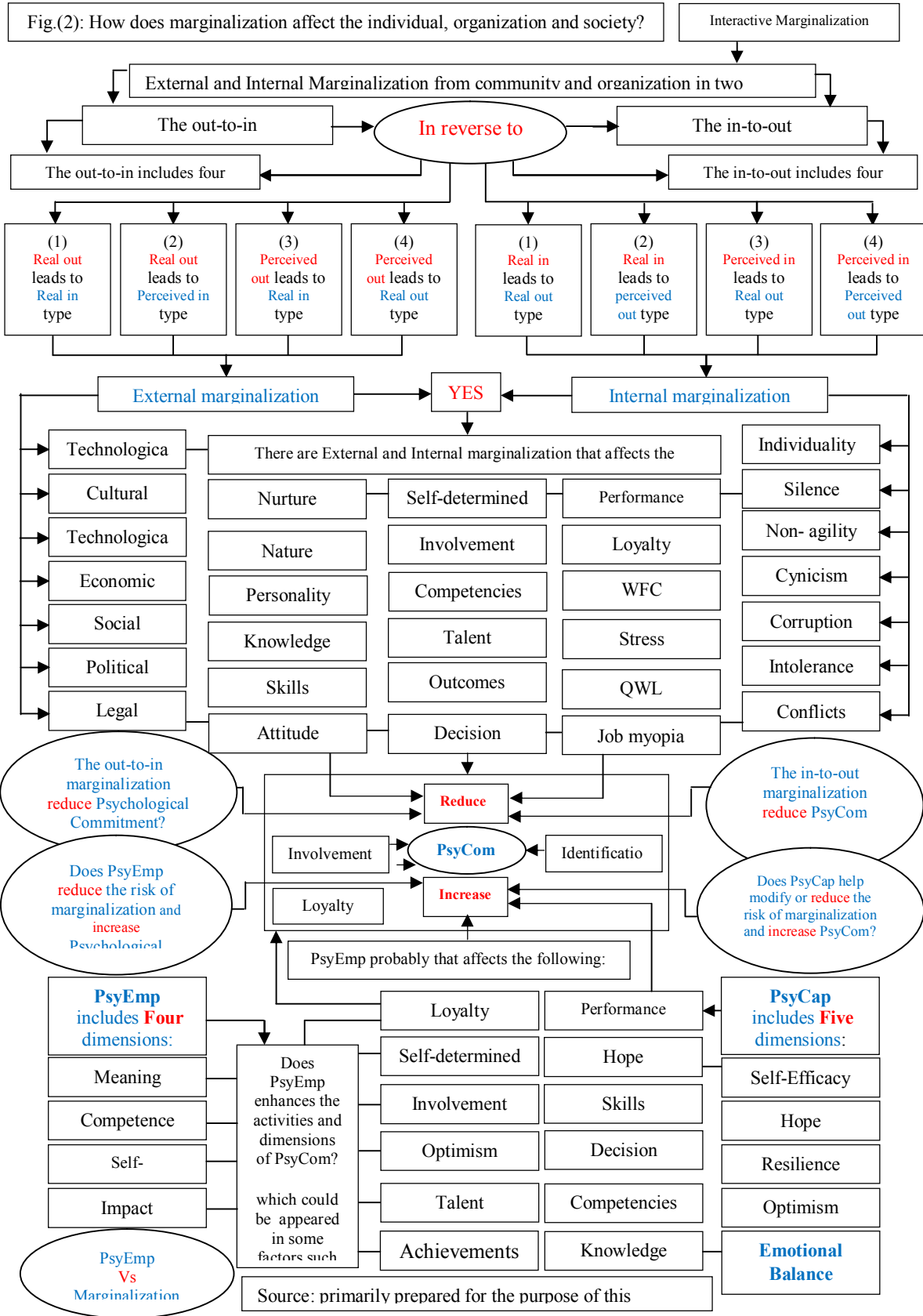
In addition, psychological commitment is the psychological and emotional attachment to the social entity that motivates the individual to participate in the issues, decisions and behaviors that serve and benefit the organization (e.g. Martin & Epitropaki, 2001; Bloemer & Kasper, 1995; Bono & Judge, 2003; Avolio, et al., 2004; Vandenberghe, et al., 2004; Joo, et al., 2012). Moreover, psychological commitment is the belief in the values, beliefs and goals of the organization, which generates a level of enthusiasm, job satisfaction, active participation in decisions, the quality of work life, and contribution to facing organizational problems effectively, which contributes to organizational development and increases the degree of emotional intelligence of workers and develops their personality and mental and creative capabilities to provide innovative solutions (e.g. George, 1990; Dumdum, et al., 2002; Walumbwa & Lawler, 2003; Isen & Reeve, 2005; Ilies & Judge, 2005; Rank, et al., 2007). Noteworthy that, psychological commitment is feelings of attachment and belonging to the organization (e.g. Cook & Wall, 1980; Walumbwa & Lawler, 2003; Ilies & Judge, 2005; Rank, et al., 2007). Psychological commitment contributes to building self and organizational well-being and organizational development at work. Staying and continuing to work in the hospital, and even insisting not to leave the hospital and bear the hospital's financial circumstances and not accepting any offer to another hospital even if the offer submitted to him from another hospital is financially better than the hospital that he works (e.g. Porter, et al., 1974; Cook & Wall, 1980; Bono & Judge, 2003; Krishnan, 2005; Hausknecht, et al., 2009). This is in addition to continuous participation and support in improving the conditions of the hospital where he works. A sense of loyalty to the hospital's goals and values, a sense of belonging and a desire to stay in the hospital (e.g. Hackman & Oldham's, 1976; Cook & Wall, 1980; Dumdum, et al., 2002; Avolio, et al., 2004). Noteworthy that, psychological commitment is achieved when one feels proud of working in the hospital to which he belongs. He also feels that the

hospital's problems are his problems. And when he feels personal attention to the hospital and feels the meaning and value of the work, and it represents his personal meaning and value, and when he feels job satisfaction, happiness, and pride in working in this hospital until retirement (e.g. Cook & Wall, 1980; Bruce, et al., 2004). Noticeable, that psychological commitment consists of three dimensions, namely: (1)-Identification: Feeling proud and affiliated with the hospital. And the feeling of being part of this hospital. His friends and others are advised to work in the hospital. He does not feel embarrassed to tell anyone about his place of work or that he works in that hospital (e.g. Buchanan, 1974; Porter, et al., 1974; Steers, 1977; Cook & Wall, 1980; Rhoades, et al., 2001; Bono & Judge, 2003; Bruce, et al., 2004; Krishnan, 2005; Griffin, et al., 2007; Hausknecht, et al., 2009; Stumpp, et al., 2009). (2)- Involvement: is the contribution to improving and developing the hospital. Willingness to make the available effort to help the hospital achieve its goals and values. The feeling that the hospital goal and individual goal is one common goal (e.g. Lodahl & Kejner's, 1965; Warr et al., 1979; Cook & Wall, 1980; Walumbwa & Lawler, 2003; Avolio, et al., 2004; Vandenberghe, et al., 2004; Rank, et al., 2007). (3)- Loyalty: The desire and persistence to continue working in the hospital. Insistence and attachment to working as a hospital member. And not to leave work in the hospital even if the financial conditions of the hospital are not good or offered to work in another hospital with higher wages or a hospital with better financial conditions. And willingness to do more as a result of his attachment to the hospital (e.g. Porter, et al., 1974; Dubin, et al., 1975; Mowday et al., 1979; Cook & Wall, 1980; Yammarino, 1994; Kraimer, et al., 1999; Wiley, 1999; Wayne, et al., 2000; Antonakis & Atwater, 2002; Bruce, et al., 2004; Den Hartog & Belschak, 2007). Consequently, it is clear that the psychological commitment includes in its context the psychological and emotional loyalty of the worker to the organization. If properly exploited, it may become an effective tool and an important step towards the organizational development of the organization. Therefore, this Research checks the issue of the risky effect of Interactive Marginalization (in-to-out)-(out-to-in) marginalization vs. PsyEmp and PsyCap on psychological commitment of new comers and/or young doctors in educational hospitals. so, this research assumes that Interactive Marginalization (in-to-out marginalization vs. out-to-in marginalization) as independent variable vs. PsyEmp as mediator variable and PsyCap as moderator variable have a deeply effect on psychological commitment.

Research Conceptual Framework:

In order to study the core of the study and the basic scope it is necessary to showing the basic idea and the essential concepts in this study and realize the interfere between these concepts and recognize the difference between these variables related to the study issue as we will clarify in the following axes: The first direction is the risky impact of interactive marginalization (In-to-out vs. out-to-in) may results in many psychological symptoms that may affect the organizational development of the hospital. In particular, the In-to-out marginalization practiced by some managers on of new comers and/or young doctors in educational hospitals reduces the degree of interaction and participation, which may affect the level of psychological commitment of these new doctors in hospitals (e.g. Inglehart, 1997; Griffin, 2000; Hills, et al., 2002; Huston & Bentley 2010; Room, 2010; Horback, et al., 2007; Alakhunova, et al., 2015; Omara, 2016). Noteworthy, Marginalization practiced by some managers over individuals may cause *Work-Family Conflict (WFC)* and reduce the social participation and the individual tends to social isolation, which is reflected on the psychological commitment of the individual (e.g. Griffin, 2000; Voydanoff, 2005; Zhang, 2007; Lapierre, et al., 2008; Carlson, et al., 2000; 2010; Anafarta, 2011; Chelariu & Stump, 2011; Beigi, et al., 2012; Rath & Barath, 2013; Karatepe, 2013; Crawford et al., 2016). Therefore, Consequently, interactive marginalization (In-to-out vs out-to-in) has many organizational and psychological risks at the individual and organizational level. Noteworthy, out-to-in marginalization impairs an individual's ability to communicate with coworkers. While that, the (in-to-out)-marginalization also weakens the individual's ability to communicate with the external environment, and marginalization of both types reduces the self-efficacy of the individual and kills hope and optimism, as it reduces degrees of self-determined of choice due to poor self-confidence and poor confidence in others. also, interactive-marginalization has risks to the *Quality of Work Life (QWL)*, as it increases the risks of organizational conflicts at the level of organization and even at the level of the individual and the *Work-Family Conflict (WFC)*. in addition, marginalization reduces participation, involvement and freedom of expression. Consequently, marginalization drains internal peace within the organization. It also weakens the emotional and psychological loyalty of the individual because it affects the emotional and psychological balance of the individual. (e.g. Dunning, 1988; Dutton & Duckerich, 1991; Zhang, 2007; Ma &

Yang, 2012). Therefore, this study examines and focuses on the effect of interactive marginalization as an independent variable on psychological commitment as a dependent variable in the educational hospitals under study. The second trend also focuses on the impact of PsyEmp when it enters as an intermediate variable in the relationship between interactive marginalization and psychological commitment. While third orientation focuses on PsyCap as a moderator variable in the relationship between interactive-marginalization and psychological commitment. Consequently, and based on the advantages that PsyEmp, PsyCap and psychological commitment of new comers and/or young doctors in educational hospitals through achieving psychological equilibrium and emotional balance, which in turn helps to ensure the emotional loyalty, pride, self-efficacy, involvement, creativity, psychological contract and psychological commitment of new comers and/or young doctors on the hospital in which they work. Consequently, psychological commitment of new and/or young doctors (increase) *Quality-of-Work-Life (QWL)* and (decrease) family *Work-Family-Conflict (WFC)*. The study focused on examine the intermediate role of PsyEmp on psychological commitment. Consequently, this study testing the role of PsyCap as a moderator variable and its role in modifying the relationship between marginalization and psychological commitment Researched educational hospitals. As shown in Fig. (1), which determined the general structure of the study in a brief mode, which refers to the existence of four main variables: (1)-The first Variable is: The interactive (out-to-in vs. in-to-out) marginalization (2)-The second variable is PsyEmp which including four dimensions: competence, self-determination, Meaning, and Impact. (3)-The third Variable is PsyCap which includes five dimensions: self-efficacy, hope, optimism, resilience and emotional balance. (4)-The fourth variable is psychological commitment this variable consists of three dimensions identification, involvement and loyalty. In this context, the research try to discover the impact of the (out-to-in vs in-to-out) interactive marginalization on psychological commitment and the study of the impact of PsyEmp as an intermediate variable in the relationship between interactive marginalization and psychological commitment and the impact of PsyCap as a modified role of the relationship between the (in-to-out vs out-to-in) interactive marginalization and psychological commitment of new comers and/or young doctors in educational hospitals, which can be clarify by the following Fig. (2):



Research Problem:

To guarantee that there is a real problem attached to the risk of interactive marginalization (in-to-out and out-to-in marginalization) to review the issue of psychological commitment and to detect the overlap of PsyEmp and PsyCap. The researcher select to apply this study on the medical sector, especially new comers and/or young doctors in educational hospitals because of the availability of dimensions and the causes of the problem of the study in the medical sector. The researcher depend on conducting an exploratory study through structured interviews for a group of (50) young doctors who were interviewed in person to detect the four major dimensions of the research problem. The topic of the study and the direct and indirect causes of the problem are centered in four major questions as follows: Question No.1: It was about the interactive marginalization through the realization that internal or external marginalization exists of new comers and/or young doctors. This dimension consisted of (27) aspects about the internal (in-to-out) or external (out-to-in) marginalization. and the question statement was "I feel there is an internal

or external marginalization". Question No.2 it was about PsyEmp through doctors' sense of PsyEmp from their managers. This dimension consisted of (17) aspects of PsyEmp and the question statement was "*My managers give me the power to make decisions*". Question No.3: It was about PsyCap through the experience and realization of doctors of PsyCap. This theme consisted of (30) aspects of PsyCap and the question statement was: "*I feel confident in analyzing strategic problems and finding innovative solutions*". Question No.4: Psychological commitment through doctors' sense of psychological commitment. This was a (3)-parts focus on psychological commitment (Identification, Involvement and Loyalty) and the question statement was "*I feel psychological commitment towards my work*". The interviews were managed at different intervals where data, facts, ideas, analysis of responses, individual emotions and perceptual and psychological awareness were swapped on the four subjects of the study in detailed for each questions. The results of the interviews and the preliminary study are briefed in statistician's results shows in [Table \(1\)](#) as follows:

Table (1): Results of the exploratory study to confirmation the presence of the problem.

Variables of Study	No of interviews	Completely agree	Agree	Agree/ Disagree	Disagree	Definitely disagree	Mean	Weighted average	Std. Dev.
Q1(Marginalization)	50	26	8	5	4	7	3	3.96	.089
Q2(PsyEmp)		4	6	2	26	12		4.28	.026
Q3(PsyCap)		2	5	3	19	21		4.09	.022
Q4(Psychological Commitment)		1	2	4	30	13		3.87	.084

Source: Results of exploratory study

The previous [Table \(1\)](#) show that the first dimension, according to the opinion of (68%) of the doctors interviewed and a weighted average (0.89) with an average (3), and a standard deviation (0.08), tend to agree that they are being marginalized through interactive-internal-(in-to-out)-marginalization, which means that they feel marginalized from inside the hospital, which affects them outside with the external environment, and interactive external out-to-in marginalization, which confirms that they are being marginalized from the external environment, which affects their work inside the hospital, all of that proved the doctors feeling marginalized (in-to-out and out-to-in) from the internal and external environments. Moreover, results displayed that the second dimension which concerning of the PsyEmp according to (76%) of young doctors and a weighted average value which larger than the mean value (3) by (1.28) and standard deviation (0.26), which emphasize Lack of delegation of authority to make or/and take decisions and centralization of decision-making and lack of confidence in the followers. which reflecting the shortage of young doctors' feeling of PsyEmp. In addition, the third dimension about PsyCap and according to opinion of (80%) of young doctors and a weighted average value which larger than the mean

value (3) by (1.09) and standard deviation (0.02), which confirms that there is a lack of PsyCap Represented by a lack of self-efficacy, Hope, Resilience and Optimism of young doctors which necessitates the emotional balance of these young doctors in their hospital in the future. While, the fourth dimension related with the psychological commitment of young doctors and according to the opinion of (86%) of doctors and a weighted average great than mean value (3) by (0.87) and standard deviation (0.08), confirms that young doctors are psychologically drained, and they are not psychologically committed and do not feel involved and loyal in their work in educational hospitals.

Research Objectives:

Based on the problem of the study and literature, the research requires revealing the impact of interactive marginalization, PsyEmp and PsyCap on psychological commitment and therefore the research targets the following issues:

- ▶ Review the managerial literature which related to the four main dimensions of the research which are: Interactive marginalization, PsyEmp, PsyCap, and psychological commitment.

- ▶ Preparing an exploratory study to assess the practical reality of the study dimensions and ensure

that the study problem exists in the hospitals under study.

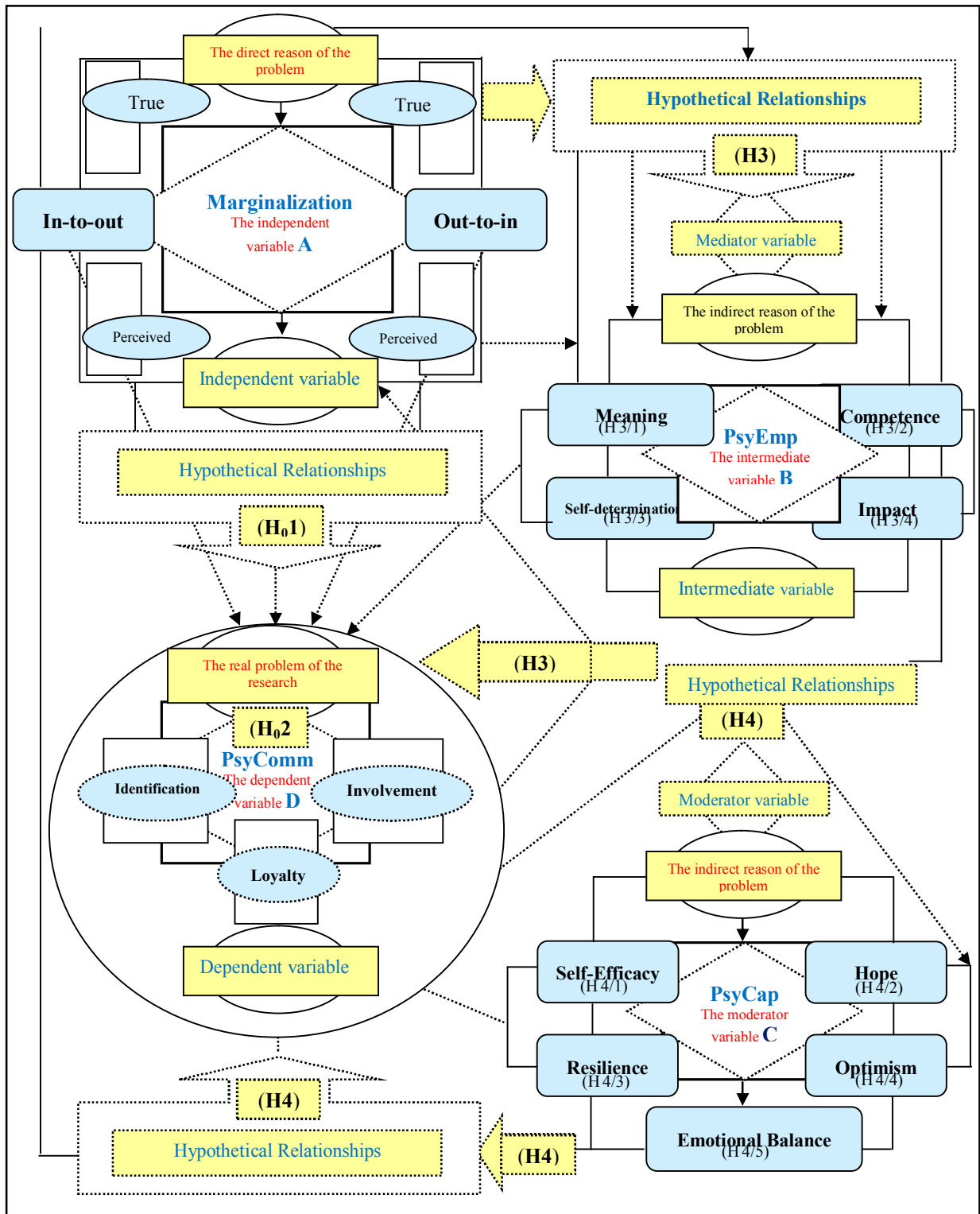


Fig. (3): Research Hypothetical relationships model and the relationship between research variables
 Source: Primarily Prepared for this research purpose

▶ Extract a hypothetical model to study the impact of the four dimensions of study through mediation and moderation roles of PsyEmp and PsyCap.

▶ Testing the relationship between interactive-marginalization and psyEmp, and examining the relationship between PsyEmp and psychological commitment, and checking the relationship between marginalization and psychological commitment.

▶ Researching the impact of PsyEmp as an intermediate variable in the relationship between marginalization and psychological commitment.

▶ Analyzing the effect of PsyCap as a moderate variable in the relationship between marginalization and psychological commitment.

Research Hypothetical Suggestions:

Research Model:

Fig. (3) displayed the suggested hypothetical model based on the research hypotheses to reach the area of basic research to clarify the four main variables to testing the relationships between the four variables and the core dimensions through the four hypotheses based on problem and objectives of the research.

Research Hypotheses:

Based on formulated the research hypotheses and hypothetical relationships and research's problem and its objectives, through the analysis of literature and the studies that linked with the hypothetical relationships between the four variables, most of the hypotheses were formulated in the form of null hypotheses as follows:

▶ (H₀1): There is no statistically indicative significant relationship between the young doctors' (either true or perceived) external Interactive marginalization (out-to-in classified variable A1-A10), the young doctors' (either true or perceived) internal Interactive marginalization (in-to-out classified variable A11-A30) and psychological commitment (classified variable D1-D9).

▶ (H₀2): There were no statistically indicative significant differences between the opinions of young doctors in educational hospitals regarding their level of perception of psychological commitment (coded variable D1-D9).

▶ (H3): The PsyEmp (coded variable B1-B17) mediates the relationship between Interactive marginalization (out-to-in classified variable A1-A10), (in-to-out classified variable A11-A30) and psychological commitment (classified variable D1-D9). This main hypothesis includes four sub-variables, so there are four sub-hypotheses to be tested as follows:

▶ (H3/1): Competence as one of dimensions of PsyEmp (coded variable B1-B4) mediates the

relationship between marginalization and psychological commitment.

▶ (H3/2): Self-determination as an axis of axes of PsyEmp (classified variable B5-B8) mediates relationship between interactive marginalization and psychological commitment.

▶ (H3/3): Impact as an axis of PsyEmp (coded variable B9-B12) mediates the relationship between marginalization and the psychological commitment.

▶ (H3/4): Meaning as an axis of PsyEmp (classified variable B13-B17) mediates relationship between marginalization and the psychological commitment.

▶ (H4): The PsyCap (classified variable C1-C30) moderates the relationship between Interactive marginalization (out-to-in classified variable A1-A10), (in-to-out classified variable A11-A30) and psychological commitment (coded variable D1-D9).

Research Methodology:

To achieve the goals of the research, solve its problem and testing its hypotheses, the research depend on a descriptive and quantitative method that depends on the analysis of the phenomenon of the study by analytically method.

Research Variables and Measurement:

Consequently, the study checking the research variables and how to testing it as follows:

▶ Interactive marginalization (Independent Variable):

Interactive marginalization the young doctors' (either true or perceived) external Interactive marginalization (out-to-in), (either true or perceived) internal Interactive marginalization is the direct reason of the problem, the measurement of Interactive marginalization based on (Lehmiller & Agnew, 2006) and (Lehmiller, 2012) and (Omara, 2016), the measurement interactive marginalization scale consists of (10) items to measure (true or perceived), external (out-to-in) marginalization and (20) items to measure internal (in-to-out) marginalization. the scale was built and improved it and experimental validated and reliability through a various empirical studies. with adjustment some sub-variables according the nature of the research from (A1-A10) external marginalization' (out-to-in) variables, and (A11-A30) internal marginalization' (in-to-out) variables.

▶ PsyEmp (mediator variable):

The indirect cause of the problem, the measurement of the PsyEmp based on the scale of (Thomas & Velthouse, 1990), which was used by the study of Spreitzer (1992, 1995a, 1995b, 1995c; 1996) and (Mishra & Spreitzer, 1998) and consists of (17) items in the survey list to include the four axes of PsyEmp: (1)-competence (Jones, 1986; Jones, et al., 1999), (2)-Self-Determination (Hackman and Oldman, 1976), (3)-Impact (Ashford, et al., 1989), (4)-meaning

(Tymon,1988; Thomas & Tymon, 1994), with adjustment the sub-variables in accordance to the nature of the study and the samples researched (1)-competence: (coded variable B1-B4), (2)- Self-Determination: (classified variable B5-B5), (3)-Impact: (coded variable B9-B12) and (4) Meaning: (classified variable B13-B17).

► **PsyCap (moderator variable):**

The indirect reason of the problem, PsyCap based on the scale set by (Luthans, Youssef, and Avolio, 2007) and (e.g. Peterson & Luthans, 2003; Luthans, et al., 2005; Jensen & Luthans, 2006; Larson & Luthans, 2006). (1)-Self-efficacy: (Bandura,1997; Parker, 1998; Maurer & Pierce, 1998), (2)-hope: (Snyder et al., 1996), (3)-Resilience: (Wagnild and Young, 1993) and (4)-Optimism: (Scheier and Carver, 1985; Shifren & Hooker, 1995).The PsyCap questionnaire (PCQ) scale developed by (Luthans, Youssef, and Avolio, 2007) consists of (24) items and the researcher added a fifth dimension (emotional balance) so The PsyCap (PCQ) consists of (30) items is divided into five dimensions, each dimension was measured by (6) items, and made some modifications to the terms according to the type of study, field of research, and The scope of the study: (1)-self-efficacy: "I feel confident analyzing a strategic problem to find Innovative solutions" (classified variable C1-C6). (2)-Hope: "If I should find myself in a jam at work, I could think of many ways to get out of it" (coded variable C7-C12). (3)- Resilience: "I feel I can handle many things at a time at this job" (classified variable C13-C18). (4)- Optimism: "I always looking forward on the shining side of things regarding my job" and "I'm optimistic about what will happen to me in the future as it pertains to work" (classified variable C19-C24). (5)- Emotional Balance: "I like and support teamwork, and share others their feelings" and "I like to think calmly in a balanced way and without emotional stress" and "There is no overlap between my emotions and my decisions at work" and "I control my emotions in difficult situations" and "It is not easy to be nervous or confused" and "I make time for my family and feel emotional satisfaction between my Co-workers and my family" (classified variable C25-C30).

► **Psychological Commitment (A dependent Variable):**

The psychological commitment is the real problem of the study, the measurement of the psychological commitment based on scale developed by (Cook & Wall, 1980) using (9)-items in (3)-dimensions: (1)-Identification: (coded variable D1-D5-D8), "I feel myself to be part of the organization". (2)-Involvement: (coded variable D3-D6-D9), "In my work i like to feel i am making some effort, not just for myself but for the organization as well". (3)-Loyalty: (coded variable D2-D4-D7), "I sometimes feel like

leaving this employment for good" This item is negative (inverse) (R), "Even if the firm were not doing too well financially, I would be reluctant to change to another employer"

► **Population and Sample:**

The field of this study is empirically represented in educational hospitals; which formally linked to the ministry of health. The research population was identified in new comers and/or young doctors in educational hospitals. Accordingly the size of population was (1420) new comers and/or young doctors in the educational hospitals (*Al-Galaa, Al-Sahel, Al Matareya, Benha, Ahmed Maher, Damanhur, Sohag, Shebin, Aswan*). Considering that because the distribution of the units on educational hospitals located in nine regions of the country and a various number of cities included in each region. For this reason, the researcher rely on a stratified random sample with consider the equilibrium effect of geographical factor. The sample size has totally estimated at (210) unit of new and young doctors. It was calculated according to two equations: $[n = z^2 * p * q / d^2]$ and then $[n0 = n / (1 + n/N)]$ to be $[n = (1.96)^2 * 0.80 * 0.20 / (0.05)^2 = 245.8624]$ then $[n0 = 245.8624 / 1 + (245.8624 / 1420) = 209.601]$ or approx. = (210) units of new comers and young doctors as sampling units. (e.g. Cochran,1963; Krejcie & Morgan, 1970; Daniel, 1995; Scheuren, 2005; Laurie & Lynn, 2009; Omara, 2017; Daniel & Cross, 2018).

► **Instrumentation and representation:**

The In pursuit of the objectives of the research, testing its hypotheses, examining the relationships between the hypotheses of the study, and checking the impact of interactive marginalization on psychological commitment and the relationship between interactive marginalization and psyEmp and the relationship of psyEmp and psychological commitment and the effect of psyEmp as an mediator variable in relationship between interactive marginalization and psychological commitment. Finally, the study check the effect of PsyCap as a moderate variable in relationship between interactive marginalization and psychological commitment. The measuring instrument in this research was represented in the questionnaire as it is considered the instrument that was used to survey the opinion of new and young doctors as units of the sample regarding all major hypotheses and sub-hypotheses. consequently, the questionnaire was the convenient method for data collection in this study. In addition, relying on a stratified random sample helped facilitate easy access to the sample units and was a very encouraging and helpful factor in using such a tool to meet the research purpose of testing and measurement. The questionnaire were distributed to the sample units within three weeks from the date of

preparing it and examine it. Then, questionnaire was collected after about three weeks to extend adequate time for the surveyed new and young doctor to understand and response the questions and enquiry about any obscure questions. The Questionnaire contains four basic questions, the first question expressing an independent variable which includes (10) sub-questions testing the external (out-to-in) marginalization (Perceived or true), and (20) sub-questions testing the internal (in-to-out) marginalization (Perceived or true). The second question is a mediator variable investigates (17) sub-variables about PsyEmp. The third question is a moderator variable which testing (24) sub-variables concerning about PsyCap. The fourth question is a dependent variable which examining (9) sub-

questions which testing psychological commitment of new comers and/or young doctors under study. according to the following [Table \(2\)](#) The last number of valid questionnaires handled was (201) forms. (*The Kolmogorov-Smirnov Test*) This statistical test was applied to measure the comparison between the cumulative percentage of collected models and distributed models, as well as comparing the appropriateness of the number of valid models compared to the number of distributed models. It is noted that the difference was greater than (0.01), which indicates that there were no significant differences between good and distributed forms, which confirms that the sample was a correct representation of the study population.

Table (2): distribution the sample and the Kolmogorov-Smirnov Test

Target hospitals Qs. Sample No.		Total sample Qs. No.	distributed Qs. No.	collected Qs. No.	Qs. Valid No.	Cumulative No. (1)	Cumulative No. (2)	Difference No. (1-2)
New doctor	Young doctor							
132	78	210	210	206	201	0.98	0.95	0.04

Source: Prepared through the field study results.

After collecting valid (questionnaire-forms) and filling out valid data models for statistical analysis, (SPSS) was utilized for statistical analysis to study, examine, test and analyze field study data to test main-hypotheses and sub-research hypotheses using (*The Likert Scale*). The scale designed in the

Questionnaire to response the questions of the study variables, then analyze and elicit the results to achieve the research objectives. The analysis of the sample-units opinions is based on classifying (the statistical Range) and it is divided into three statistical rang categories as follows:

Table (3): The ranking of average opinion of the sample units according to Range Scale

Completely agree	Agree	(Range-Scale) High	Agree/ Disagree	(scale range) Medium	Disagree	Definitely disagree	(Range-Scale) Low
5	4	(3.4): (5)	3	(2.6): (3.4)	2	1	(1): (2.6)

► Source: Prepared based upon statistical tools.

Reliability and Validity:

The reliability (Alpha) and validity checking of the survey by measuring the self-validity coefficient and alpha stability to check the validity of the scale and its capacity to measure the stud phenomenon to set the validity of the metrics used. As it appears in [Table \(3\)](#), it is explicit that the minimum value of the reliability level (Alpha = 0.782) for the third dimension, which related with (PsyCap). In addition, the largest value is (0.887) for the fourth dimension, which related with psychological commitment. In the

context, [the value of validity is equal the square root of alpha value]. (e.g., Cronbach & Gleser, 1965; Cronbach, 1951; Cronbach & Shavelson, 2004; Green & Yang, 2005, 2009a, 2009b; Revelle & Zinbarg, 2009; Sijtsma, 2009). According to the [Table \(4\)](#) that the lowest value of the Validity is (0.884) for Q3, which regarding about (PsyCap). but the greatest value (0.947) for Q4, which related with psychological commitment. And therefore the reliability and Validity values are good and appropriate for scientific research purposes.

Table (4): The degree of reliability and Validity of the research dimensions

Alpha/Variables	Out-to-in Marginalization	In-to-out Marginalization	Marginalization Total Q1 (A1-A30)	PsyEmp Q2 (B1-B17)	PsyCap Q3 (C1-C30)	Psychological Commitment Q4 (D1-D9)
Reliability (Alpha)	0.798	0.861	0.804	0.842	0.782	0.897
Validity	0.893	0.927	0.896	0.917	0.884	0.947

► Source: Prepared upon the results of SPSS analysis

► Research Limits:

This part shows the research limits as follows:

► Academic Limits:

► This research concentrate on four axes: Interactive marginalization, PsyEmp, PsyCap and psychological commitment.

► Conceptual Framework regarding to (30) sub-variables external (out-to-in) and internal (in-to-out) marginalization (either true or perceived, (17) sub-variables including the four axes of PsyEmp, (30) sub-variables of the four dimensions of PsyCap - and (9) sub-variables to psychological commitment.

► Practical limits:

The practical limits of the study are limited to young doctors in educational hospitals (*Al Matareya, Al-Sahel, Al-Galaa, Ahmed Maher, Damanhur, Benha, Shebin, Sohag, Aswan*). which formerly associated with the Ministry of Health

Research Field Study:

► Testing hypothesis (H₀₁):

This part will be testing the first hypothesis as follows:

► Relationship between interactive marginalization and psychological commitment:

For testing and proving the null hypothesis (H₀₁) and check the relationship between Independent Variable (IV)-(A) (marginalization) with its (30) sub-variables (classified variables *A1-A10*) to test marginalization' (external-out-to-in) and test marginalization' (internal-in-to-out) by (classified

variables *A11-A30*) and The dependent variable (D) (psychological commitment) including 3 dimensions with its 9 sub-variables (coded variable *D1-D9*). So, four levels of analysis were therefore used: (1)-The first level is Bivariate (Pearson) Correlations for all dimensions of the study and different dimensions were grouped. (2)-The second level is testing the correlation coefficients of the effect of the (30) sub-variables of marginalization on each of the four PsyEmp dimensions. (3)-The third level of analysis is to examine the importance and sig. of the relationship between (30) sub-variables of marginalization and (17) sub-variables of PsyEmp. (4)-The fourth level of analysis is to checking denotation sig. of the relationship through the analytical statistics tests as follow:

► Descriptive Statistics and Correlation Coefficients:

Table (5) offer the weighted averages and standard deviation and the correlation coefficients between the study dimensions, which are including the marginalization's (out-to-in and in-to-out) and PsyCap in its five axes: (Resilience, self-efficacy, Hope, Optimism and Emotional Balance). as well as, psyEmp in its four dimensions: (competence, self-determination, impact and meaning) and (psychological commitment).

Table (5): Descriptive statistics and correlation between study variables

Variable	Weigh. ave.	Std. Dev.	(1) Out-to-in	(2) in-to-out	(3) Comp.	(4) Sel-D.	(5) Imp.	(6) Mea.	(7) sel-eff.	(8) hope	(9) Res.	(10) Opt.	(11) E.B.	(12) PsyCom.
(1) Out-to-in	3.34	0.71	1											
(2) in-to-out	3.27	0.68	+ .845*	1										
(3) Comp.	3.98	0.62	-.786*	-.722*	1									
(4) Sel-D.	3.43	0.73	-.664*	-.681*	+.651*	1								
(5) Imp.	3.66	0.81	-.851*	-.599*	+.662*	+.630*	1							
(6) Mea.	3.47	0.59	-.777*	-.657*	+.812*	+.782*	+.637*	1						
(7) sel-eff.	4.37	0.87	-.871*	-.798*	+.709*	+.876*	+.728*	+.640*	1					
(8) hope	3.80	0.64	-.790*	-.713*	+.768*	+.651*	+.744*	+.765*	+.762*	1				
(9) Res.	3.71	0.70	-.633*	-.644*	+.692*	+.784*	+.658*	+.621*	+.717*	+.622*	1			
(10) Opt.	3.26	0.65	-.515*	-.521*	+.598*	+.698*	+.711*	+.554*	+.620*	+.751*	+.716*	1		
(11) E.B.	3.56	0.82	-.719*	-.710*	+.704*	+.709*	+.601*	+.729*	+.597*	+.555*	+.651*	+.656*	1	
(12) PsyCom	3.82	0.77	-.708**	-.726*	+.675*	+.797*	+.517*	+.671*	+.707*	+.741*	+.719*	+.597*	+.725*	1

► Table (5) also offers descriptive statistical analysis for all dimensions of the study which shows that the minimum weighted average value was bigger than middle cell value or (3 by 0.26) which belongs to

(Optimism) the fourth dimension of psyCap. and weighted averages overtake the ranking of middle cell or (3 by 1.37) which belongs to (Self-efficacy) the first axis of PsyCap. and the minimum and maximum

Std. Dev. values are ranged between (0.59) and (0.87). From its appeared from [Table \(5\)](#) that the lowest and biggest (positive-values) of correlation between (-.515), (-.871) which means there is a (negative) correlation between (out-to-in)-marginalization and the four dimensions of PsyEmp and all the four axes of PsyCap. While the lowest and maximum negative values of correlation between (-.521), (-.798) it proves there is a (negative) correlation between managers' (in-to-out)-marginalization and (psychological commitment). In this context, a (negative) relationship between marginalization (out-to-in) and (all the four dimensions of PsyEmp). and also (negative) relationship between marginalization (in-to-out) and (the four dimensions of PsyCap). In addition, there is a (positive) relationships between the four axes of PsyEmp and (psychological commitment). and (negative) relationships between (PsyCap and psychological commitment). add to that, the minimum positive-value of the correlation is (+.517) which

belong (impact-as the third axis of PsyEmp) and psychological commitment. which refers to a (positive) correlation between the two axes and significant at the level of sig. (0.05). While, the greatest (positive-value) of the statistical correlation coefficient is (+.876) which belong (Self-determination) as dimension of PsyEmp and (Self-Efficacy) as a dimension of PsyCap, which indicates a (positive) correlation between these variables and sig. at (0.05 level). While, the lowest (negative-value) of the correlation is (-.515) which belong (out-to-in)-marginalization and (Optimism) as an axis of PsyCap, which refers to a (negative) correlation between the previous two dimensions and significant at level of (0.05). However, the largest (negative-value) is (-.871) which belong to marginalization' ((Out-to-in) vs. self-efficacy which refers to a (negative) correlation coefficient between them and significant at (0.05 level). **The Relationship between marginalization (external vs. internal) and psychological commitment:**

Table (6) shows The Relationship between (IV)-(Interactive Marginalization)-(A) and (DV)-(Psychological Commitment)-(D) as follows:

Code of Variable	Dependent variable (D) dimensions			Testing hypothesis with analytical statistics													
	Psychological Commitment			The significance of the relationship						The denotation of the relationship							
	Identifi-cation (D1) (D5) (D8)	Involve-ment (D3) (D6) (D9)	Loyalty (D2) (D4) (D7)	Pearson (PCC) (Chi) ²		likelihood-ratio test (Chi) ²		Linear by Linear (Chi) ²		β	F	T	R	R ²			
				Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)						Reg. Co. (β)	Cal. (F)	Sig. (P)
external Interactive Marginalization (A1-A10)	A 1 & (D1-D9)	-.698**	-.633**	-.561**	402.29	0.00	289.02	0.00	146.87	0.00	-0.85	1443.2	0.00	37.7	0.00	0.95	0.90
	A 2 & (D1-D9)	-.796**	-.740**	-.764**	381.43	0.00	272.25	0.00	189.43	0.00	-0.91	1762.5	0.00	34.9	0.00	0.89	0.79
	A 3 & (D1-D9)	-.634**	-.402**	-.786**	409.21	0.00	326.46	0.00	180.36	0.00	-0.76	2298.7	0.00	46.1	0.00	0.91	0.83
	A 4 & (D1-D9)	-.814**	-.792**	-.619**	401.98	0.00	289.09	0.00	176.21	0.00	-0.87	1987.3	0.00	38.8	0.00	0.93	0.86
	A 5 & (D1-D9)	-.781**	-.672**	-.560**	398.01	0.00	412.44	0.00	189.01	0.00	-0.69	1263.6	0.00	29.9	0.00	0.88	0.77
	A 6 & (D1-D9)	-.780**	-.812**	-.763**	481.32	0.00	423.21	0.00	172.69	0.00	-0.88	2361.1	0.00	34.3	0.00	0.94	0.88
	A 7 & (D1-D9)	-.816**	-.517*	-.683**	392.73	0.00	502.43	0.00	183.99	0.00	-0.93	1972.6	0.00	48.9	0.00	0.92	0.85
	A 8 & (D1-D9)	-.587**	-.609**	-.707**	388.22	0.00	456.31	0.00	172.45	0.00	-0.87	2314.6	0.00	51.4	0.00	0.94	0.88
	A 9 & (D1-D9)	-.782**	-.629**	-.801**	432.45	0.00	399.39	0.00	192.26	0.00	-0.92	2231.7	0.00	46.2	0.00	0.96	0.92
	A 10 & (D1-D9)	-.862**	-.665**	-.728**	402.71	0.00	378.41	0.00	173.55	0.00	-0.94	3427.8	0.00	39.5	0.00	0.97	0.94
internal Interactive Marginalization (A11-A30)	A 11 & (D1-D9)	-.766*	-.873**	-.533**	365.55	0.00	523.01	0.00	169.72	0.00	0.89	1750.9	0.00	36.6	0.00	0.89	0.79
	A 12 & (D1-D9)	-.645*	-.689**	-.654**	502.70	0.00	288.32	0.00	185.68	0.00	0.95	2987.4	0.00	39.4	0.00	0.91	0.83
	A 13 & (D1-D9)	-.821*	-.711**	-.722**	345.11	0.00	398.23	0.00	178.33	0.00	0.83	3321.5	0.00	37.8	0.00	0.95	0.90
	A 14 & (D1-D9)	-.732*	-.822**	-.892*	381.67	0.00	268.43	0.00	179.08	0.00	0.97	2871.8	0.00	29.1	0.00	0.96	0.92
	A 15 & (D1-D9)	-.698*	+.794**	-.547**	421.32	0.00	391.40	0.00	190.70	0.00	0.90	1650.7	0.00	32.4	0.00	0.93	0.86
	A 16 & (D1-D9)	-.540*	-.827**	-.878**	398.22	0.00	346.24	0.00	154.90	0.00	0.92	1872.1	0.00	38.7	0.00	0.91	0.83
	A 17 & (D1-D9)	-.624*	-.620**	-.798**	347.02	0.00	327.27	0.00	170.70	0.00	0.76	1101.4	0.00	27.4	0.00	0.87	0.75
	A 18 & (D1-D9)	-.509*	-.768**	-.699**	428.33	0.00	287.06	0.00	121.52	0.00	0.87	1592.6	0.00	34.5	0.00	0.93	0.86
	A 19 & (D1-D9)	-.826*	-.577**	-.792**	479.01	0.00	381.44	0.00	186.93	0.00	0.77	2190.2	0.00	44.2	0.00	0.97	0.94
	A 20 & (D1-D9)	-.705*	-.709**	-.834**	332.43	0.00	252.66	0.00	183.22	0.00	0.89	1987.1	0.00	49.1	0.00	0.93	0.86
	A 21 & (D1-D9)	-.783**	-.803**	-.627**	440.22	0.00	428.87	0.00	194.80	0.00	0.84	2832.6	0.00	48.9	0.00	0.96	0.92
	A 22 & (D1-D9)	-.655**	-.785**	-.771**	415.80	0.00	394.65	0.00	178.30	0.00	0.91	2423.2	0.00	43.7	0.00	0.94	0.88
	A 23 & (D1-D9)	-.757**	-.688**	-.758**	361.33	0.00	362.81	0.00	192.05	0.00	0.87	2921.8	0.00	29.8	0.00	0.95	0.90
	A 24 & (D1-D9)	-.634**	-.592**	-.683**	375.05	0.00	391.28	0.00	188.44	0.00	0.86	2976.3	0.00	27.8	0.00	0.89	0.79
	A 25 & (D1-D9)	-.587**	-.729**	-.645**	397.64	0.00	397.46	0.00	191.19	0.00	0.82	2630.5	0.00	42.6	0.00	0.89	0.79
	A 26 & (D1-D9)	-.863**	-.811**	-.477*	399.02	0.00	422.63	0.00	186.31	0.00	0.81	2481.9	0.00	36.9	0.00	0.97	0.94
	A 27 & (D1-D9)	-.784**	-.702**	-.746**	402.44	0.00	492.77	0.00	169.41	0.00	0.85	2946.8	0.00	41.4	0.00	0.96	0.92
	A 28 & (D1-D9)	-.819**	-.666**	-.830**	392.11	0.00	511.10	0.00	155.97	0.00	0.92	2491.1	0.00	30.8	0.00	0.90	0.81
A 29 & (D1-D9)	-.686**	-.596**	-.726**	395.01	0.00	480.19	0.00	145.77	0.00	0.94	1876.6	0.00	40.2	0.00	0.93	0.86	
A 30 & (D1-D9)	-.784**	-.767**	-.750**	429.35	0.00	359.78	0.00	139.84	0.00	0.93	1897.5	0.00	37.4	0.00	0.96	0.92	

Source: Prepared upon Empirical Study

[Table \(6\)](#) shows the correlation coefficients between external-interactive-marginalization (A1-A10), internal interactive marginalization (A11-A30) and psychological commitment. [Table \(6\)](#) displays the high (negative) correlation coefficient (-.862) between external-marginalization (out-to-in) and Identification as a totally axis of the three dimensions (D1,D5 and D8) Which is considered an axis of psychological commitment. While the lowest value between external-marginalization and the variable

(Involvement) as a totally axis of the three axes (D3,D6 and D9) where the value of correlation coefficient (-.402), which show a (negative) correlation between (out-to-in)-marginalization and psychological commitment and significant at the significance of 1%. While results displayed the biggest (negative) correlation coefficient between internal-interactive-marginalization-(in-to-out), and (the nine variables of psychological commitment). the lowest value between (internal-marginalization) and

the variable (Loyalty) which consists of three axes (D2,D4 and D7) as an axes of psychological commitment where the value of correlation coefficient (-.477), which show a (negative) correlation between in-to-out-marginalization and psychological commitment and significant at the level of sig. 5%., It is noted that, the biggest value between (internal-marginalization) and the variable (Loyalty) where the value of correlation coefficient (-.892), which indicates a (negative) correlation between in-to-out-marginalization and psychological commitment which sig. at the level of 5%. which indicates a (negative) correlation between these two variables and significant at 5%. Herein, regarding to marginalization (out-to-in) statistical results which shown in Table (6) that explain the statistical regression analysis, the ratios and values of (Chi^2) which can be illustrate denotation by measuring the form and sig. of relationship between variables which determined with the lowest values of Pearson correlation coefficient (PCC)-(Chi^2)=(332.43) and likelihood-ratio test analysis (Chi^2)=(252.66) which both <the equivalent statistically tabulated values (28.23), (32.72) in order, and significant at level of sig.=(1%) i.e. degree of confidence= (99%) at (df)=(17). While, the lowest value of liner by liner (Chi^2) = (146.87) > its parallel values (28.56) at sig. = (5%) and df (17). To check the type of relationship it can determined through the lowest values of (F -test) = (1263.6) and (T -test)=(29.9) both of them < its tabulated values (298.84 & 1.95) at sig. = (1% & 5%) and (df)= (1,412 & 376). In terms of direction the ranking of (β) values between (-0.69) up to (-0.93) it means there are a direct (negative) relation between the two suggested variables and sig. at level of (5%). Thence, relation strength can determine by the direction as the lowest value of (R) =(0.88) and displayed through the form as the minimum value of (R^2)=(0.77) which means (external-out-to-in) marginalization variable explains 77% of the changing in (psychological commitment). consequently, results of (SPSS)-statistical analysis proved that there is a statistically significant partial

relation between marginalization (out-to-in) and (psychological commitment) on proposal hypothesis. Otherwise, In relation to internal-marginalization (in-to-out) the minimum value of Pearson (PCC)-(Chi^2)=(332.43) and likelihood-ratio test (Chi^2)=(252.66) which both < the equivalent tabulated values (28.23), (32.72) respectively, and significant at level of sig.=(5%) i.e. degree of confidence= (95%) at (df)=(17). While, the lowest value of liner by liner (Chi^2) = (121.52) > its parallel values (28.56) at sig. = (5%) and (df)=(17). Moreover, examine relation type through the minimum value of (F -test) = (1101.49) and (T -test) = (27.4) and both < their tabulated values (298.84 & 1.95) at sig. = (1% & 5%) and (df)= (1,412 & 376). direction of relation appears through ranking of (β) values between (-0.76) up to (-0.97) it means a direct (negative) relation between (internal- in-to-out-marginalization) and (psychological commitment). and sig. at level of (1%). In the context, relation strength determined by direction through lowest value of (R)=(0.87) and shown through the form as the minimum value of (R^2)=(0.75) which means (in-to-out- marginalization) explains 75% of the changing in (psychological commitment). So, statistical results proved a partial statistical relation between (in-to-out-marginalization) and (psychological commitment) on suggested hypothesis. As, accordingly, statistical analysis-results refused the first hypothesis (H_01). Thence, accepted the alternative opposing hypothesis. Which means there is a statistically significant relationship between the young doctors' interactive marginalization (either true or perceived) external and internal (out-to-in & in-to-out) and (psychological commitment) on the first proposal hypothesis.

► **Testing Hypothesis (H_02):**

► **Testing the Level of the young doctors' Perception of psychological commitment:**

Herein, the researcher tackling the study of the young doctors' perception about (psychological commitment) to test the second hypothesis (H_02) as follows:

Table (7) The young doctors' perception of psychological commitment

Code of Variable	Testing hypothesis with analytical statistics						The Kruskal-Wallis test and descriptive statistics for young doctors' perception of psychological commitment													
	The significance of relationship						The denotation of relationship						Kruskal-Wallis Ratio (Chi^2)							
	Pearson (Chi^2)		Likelihood Ratio (Chi^2)		Linear by Linear (Chi^2)		β		F		T		R		R ²					
	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Reg. Co. (β)	Cal. (F)	Sig. (P)	Cal. (T)	Sig. (P)	R Co.	Co. R ²	W. average	Std. Div.	(Chi^2)	P. Value	Sig.		
P. & (D1)	344.22	0.00	312.31	0.00	177.36	0.00	0.79	1354.6	0.00	42.1	0.00	0.94	0.88	3.15	.212	21.22	0.004	Sig.		
P. & (D2)	298.24	0.00	365.22	0.00	189.42	0.00	0.86	1436.2	0.00	27.4	0.00	0.89	0.79	3.43	.245	30.20	0.006	Sig.		
P. & (D3)	387.51	0.00	328.54	0.00	175.03	0.00	0.89	2221.9	0.00	32.9	0.00	0.92	0.85	4.37	.274	28.11	0.002	Sig.		
P. & (D4)	407.90	0.00	286.90	0.00	187.27	0.00	0.74	2566.7	0.00	33.8	0.00	0.96	0.92	3.62	.289	26.09	0.000	Sig.		
P. & (D5)	387.15	0.00	423.11	0.00	164.21	0.00	0.92	1643.5	0.00	36.3	0.00	0.95	0.90	3.79	.054	31.02	0.001	Sig.		
P. & (D6)	346.27	0.00	370.29	0.00	170.19	0.00	0.83	2036.1	0.00	29.1	0.00	0.88	0.77	4.07	.223	27.18	0.009	Sig.		
P. & (D7)	289.23	0.00	298.80	0.00	179.24	0.00	0.88	1872.8	0.00	31.9	0.00	0.91	0.83	3.52	.089	24.62	0.011	Sig.		
P. & (D8)	364.80	0.00	405.79	0.00	185.34	0.00	0.79	2102.4	0.00	25.7	0.00	0.92	0.85	4.02	.011	32.17	0.003	Sig.		
P. & (D9)	306.09	0.00	366.84	0.00	181.56	0.00	0.90	2409.6	0.00	32.5	0.00	0.95	0.90	3.93	.209	29.42	0.008	Sig.		

Source: Prepared Based upon field Study

Table (7) offers the descriptive statistics for new comers and/or young doctors' perception in educational hospitals. results displayed that the largest value of weighted average among doctors' perception of psychological commitment is (4.37) > the cell rank 3 by (1.37) and standard deviation (.274). at sig. (.002). while, the minimum value of weighted average is (3.15) > cell rank 3 by (.15) at significant level (1%). To checking the significance of the difference between new comers and/or young doctors' perception, the researcher used the *Kruskal-Wallis Test* to testing significant differences between the opinions of new comers and/or young doctors' perception of psychological commitment, as shown in the Table (7): that the average value of $(Chi)^2=(27.783)$ at a sig. level less than 5%, which means a significant correlation relationship between the variables and the sig. of all variables at the level of significant of 1%, where the values of P-Values lower than the level of sig. of 1%, which tick a significant difference between the average of doctors' opinions' perception of study on these dimensions. i.e. there are

significant differences in new comers and/or young doctors' perception at the level of the educational hospitals under studied. As a result of statistical analysis the second hypothesis (H_{02}) was refused. This means There were a significant difference between the opinions of new comers and/or young doctors' perception in the testing educational hospitals about the variable of psychological commitment.

► **Checking Hypothesis (H3): examine the Intermediate Role of PsyEmp between interactive marginalization and psychological commitment:**

Herein, we tackling the intermediate relationship for PsyEmp between interactive marginalization (out-to-in), (in-to-out) and psychological commitment. to check the third hypothesis (H3) through testing the four sub-hypotheses interrelated to PsyEmp as follows:

► **Checking Hypothesis (H 3/1):**

In this part, the researcher will test the first sub-hypothesis of (Competence)-(B1-B4), which is a branch of the third hypothesis related to examining the mediating role of PsyEmp.

Table (8) PsyEmp based on Competence as intermediate variable

Code of Variables	significance of the relationship						denotation of the relationship						Regression analysis				
	Pearson (Chi) ²		Likelihood Ratio (Chi) ²		Linear by Linear (Chi) ²		F		T		R	R ²	β1	β2	β3	β4	
	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (F)	Sig. (P)	Cal. (T)	Sig. (P)	R Co.	Co. R ²	Reg. Co. (β1)	Reg. Co. (β2)	Reg. Co. (β3)	Reg. Co. (β4)	
(independent Var. out-to-in) (A1-A10) ► (B1-B4) (intermediate variable Competence)	254.78	0.01	234.11	0.00	182.36	0.00	2543.1	0.02	36.5	0.00	0.92	0.85	-0.498*				
(independent Var. in-to-out) (A11-A30) ► (B1-B4) (intermediate variable Competence)	286.09	0.00	324.17	0.02	231.67	0.00	3247.9	0.01	30.2	0.00	0.95	0.90	-0.704*				
(independent Var. out-to-in) (A1-A10) ► (D1-D9) (the dependent variable PsyComm)	242.10	0.00	282.56	0.00	325.01	0.00	2323.2	0.03	38.4	0.00	0.94	0.88		-0.566*			
(independent Var. in-to-out) (A11-A30) ► (D1-D9) (the dependent variable PsyComm)	197.45	0.01	291.06	0.00	294.88	0.00	2716.7	0.01	32.1	0.00	0.96	0.92		-0.782*			
(out-to-in A1-A10) & (B1-B4) ► (D1-D9)	201.62	0.04	246.34	0.00	196.99	0.00	1523.5	0.01	35.8	0.00	0.90	0.81			-0.204**	-0.198**	
(in-to-out A11-A30) & (B1-B4) ► (D1-D9)	238.29	0.00	312.23	0.01	201.43	0.00	1644.6	0.00	31.9	0.00	0.87	0.76			-0.362**	-0.257**	

Source: Prepared based upon experimental Study

In order to check the first sub-hypothesis (H3/1) Table (8) offers a regression analysis that was used in (three-stages) to examines the intermediate role: (1)-First stage: test impact of the independent variable marginalization (out-to-in) (A1-A10) on intermediate variable (Competence) (B1-B4) the value of $(R^2)=(0.85)$ it means (out-to-in-marginalization) construed 85% of the changes in (Competence) (B1-B4) as an axis of PsyEmp, and the regression coefficient value $\beta1=(-0.498)$. Which means If a change occurs in the independent variable in one unit it will change the intermediate variable (Competence) by its value (-0.498). while the value of $(R^2)=(0.90)$ which means manager's marginalization (in-to-out) (A11-A30) construed 90% of intermediate variable (Competence). and the regression analysis $\beta1=(-0.704)$. i.e. each changing in one unit of the

independent variable (in-to-out-marginalization) will change the intermediate variable (Competence) by value (-0.704). Then, (2)-Second stage: examined impact of regression analysis of independent variable (marginalization'-out-to-in) (A1-A10) on dependent variable (D1-D9). Results displays value of $(R^2)=(0.88)$ which means (out-to-in-marginalization) construed 88% of the changes in psychological commitment, and regression coefficient $\beta2=(-0.566)$. which means any changes of out-to-in-marginalization in one unit will change the psychological commitment, by its value (-0.566). in addition, regression of independent variable (A11-A30) on dependent variable (D1-D9). Results presents value of $(R^2)=(0.92)$ it means (in-to-out) marginalization construed 92% of the changes in psychological commitment, and regression coefficient $\beta2=(-0.782)$.

i.e. changes of (in-to-out-marginalization) in one unit will change the psychological commitment by its value (+0.782). (3)-Third stage: intermediate variable (PsyEmp-based up on-Competence) (B1-B4) is entered in the relationship between the independent variable (out-to-in) (A1-A10) and the dependent variable psychological commitment (D1-D9) which resulting (Reduce) value of $(R^2)=(0.81)$ it means the independent variable marginalization-(out-to-in) and (Competence) construed 81% of changes in psychological commitment. While, the influence of intermediate variable (marginalization in-to-out) (A11-A30) and dependent variable (PsyComm) (D1-D9) which Reducing the value of $(R^2)=(0.76)$ which means independent variable (marginalization-in-to-out) and (Competence) construed 76% of changing in psychological commitment. Moreover, value of $\beta_3=(-$

$0.204)$ & $\beta_4=(-0.198)$ in (out-to-in)-marginalization & $\beta_3=(-0.362)$ and $\beta_4=(-0.257)$ in (out-to-in)-marginalization which proved existence of partial mediation of the intermediate variable (Competence) in the relationship between the independent variable (out-to-in-marginalization) and the dependent variable (psychological commitment) which is significant at the level of (1%) where the full-mediation value of β_3 must be equal zero. (Baron & Kenny, 1986; Moon & Lee, 2014).

► Testing Hypothesis (H 3/2):

Herein, the researcher will verify the second sub-hypothesis of (Self-determination)-(B5-B8) as one of the PsyEmp' dimensions to determine its intermediate role in the relationship:

Table (9) PsyEmp based on Self-determination as intermediate variable

Code of Variable	significance of relationship						denotation of relationship						Regression analysis			
	Pearson (Chi) ²		Likelihood Ratio (Chi) ²		Linear by Linear (Chi) ²		F		T		R	R ²	β_1	β_2	β_3	β_4
	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (F)	Sig. (P)	Cal. (T)	Sig. (P)	R Co.	Co. R ²	Reg. Co. (β_1)	Reg. Co. (β_2)	Reg. Co. (β_3)	Reg. Co. (β_4)
(independent Var. out-to-in) (A1-A10) ► (B5-B8) (intermediate variable Self-determination)	365.15	0.00	223.34	0.00	198.90	0.00	4104.5	0.00	37.2	0.00	0.91	0.83	-0.643*			
(independent Var. in-to-out) (A11-A30) ► (B5-B8) (intermediate variable Self-determ.)	302.56	0.00	291.23	0.00	279.88	0.00	3542.1	0.00	35.8	0.00	0.96	0.92	-0.544*			
(independent Var. out-to-in) (A1-A10) ► (D1-D9) (the dependent variable PsyComm)	392.43	0.00	287.29	0.00	264.10	0.00	2976.3	0.00	33.1	0.00	0.90	0.81		-0.582*		
(independent Var. in-to-out) (A11-A30) ► (D1-D9) (the dependent variable PsyComm)	311.90	0.00	327.31	0.00	328.17	0.00	2453.5	0.00	39.7	0.00	0.92	0.85		-0.453*		
(out-to-in A1-A10) & (B5-B8) ► (D1-D9)	296.21	0.00	268.55	0.00	292.19	0.00	2034.8	0.00	34.6	0.00	0.89	0.79			-0.378*	-0.339*
(in-to-out A11-A30) & (B5-B8) ► (D1-D9)	229.42	0.00	262.43	0.00	280.24	0.00	1987.6	0.00	32.9	0.00	0.82	0.67			-0.307*	-0.271*

Source: Prepared based on Empirical Study

In order to check and test the second sub-hypothesis (H3/2) Table (9) displays a regression that was used in three stages to test the intermediate role: (1)- The first stage examine the effect of the independent variable marginalization-(out-to-in)-(A1-A10) on intermediate variable-(Self-determination)-(B5-B8) the value of $(R^2)=(0.83)$ it means marginalization (out-to-in) explained 83% of the changes in (Self-determination) as a dimension of PsyEmp, and the regression value $\beta_1=(-0.643)$, Which means that any changes in marginalization-(out-to-in) in one unit will changing the intermediate variable (Self-determination) by its value (-0.643). while value of $(R^2)=(0.92)$ which means marginalization-(in-to-out) (A11-A30) proved 92% of mediator variable (Self-determination). and the regression $\beta_1= (-0.544)$. i.e., any changing in one unit of the independent variable marginalization-(in-to-out) will changing the mediator variable (Self-determination) by value (-0.544). Thence, (2)-Second stage: tested regression analysis of marginalization-(out-to-in) (A1-A10) on the dependent variable

psychological commitment-(D1-D9). Results displays the value of $(R^2)=(0.81)$ which means marginalization-(out-to-in) demonstrated 81% of the changes in psychological commitment, and regression coefficient $\beta_2=(-0.582)$. which means changes of marginalization-(out-to-in) in one unit will change psychological commitment by its value (-0.582). Moreover, regression of marginalization-(in-to-out) (A11-A30) on dependent variable psychological commitment-(D1-D9). Results displays the value of $(R^2)=(0.85)$ which means marginalization-(in-to-out) proved for 85% of the changes in psychological commitment, and the regression coefficient value $\beta_2=(-0.453)$. i.e. changing of marginalization-(in-to-out) in one unit will changing the psychological commitment by its value (-0.453). (3)-Third stage: intermediate variable (PsyEmp-based up on- Self-determination) (B5-B8) is entered in relationship between independent variable marginalization-(out-to-in)-(A1-A10) and dependent variable psychological commitment-(D1-D9). which (Reduce) the value of $(R^2)=(0.79)$ which means the independent variable

marginalization-(out-to-in) and (Self-determination) explained 79% of changes in psychological commitment. While, the impact of mediator variable marginalization-(in-to-out) (A11-A30) and the dependent variable (D1-D9) which resulting a (Reduce) in the value of $(R^2) = (0.67)$ it means the independent variable marginalization-(in-to-out) and (Self-determination) explained 67% of the changing in psychological commitment. in addition, the value of $\beta_3 = (-0.378)$ and $\beta_4 = (-0.339)$ in marginalization-(out-to-in) and $\beta_3 = (-0.307)$ and $\beta_4 = (-0.271)$ in

marginalization-(in-to-out) confirmation the partial mediation of the mediator variable (Self-determination) in relationship between the independent variable marginalization-(out-to-in and in-to-out) and the dependent variable psychological commitment, and it is sig. at (0.05).

► **Testing Hypothesis (H 3/3):**

To checking the third sub-hypothesis which presents the intermediate relationship of (Impact) (B9-B12) as an axis of PsyEmp.

Table (10) PsyEmp based on impact as intermediate variable

Code of Variable	The significant of the relationship						The indication of the relationship						Regression analysis				
	Pearson (Chi) ²		Likelihood Ratio (Chi) ²		Linear by Linear (Chi) ²		F		T		R	R ²	β1		β2	β3	β4
	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (F)	Sig. (P)	Cal. (T)	Sig. (P)	R Co.	Co. R ²	Reg. Co. (β1)	Reg. Co. (β2)	Reg. Co. (β3)	Reg. Co. (β4)	
(independent Var. out-to-in) (A1-A10) ► (B9-B12) (intermediate variable impact)	383.01	0.00	320.45	0.00	191.23	0.00	4011.3	0.00	39.1	0.00	0.96	0.92	-0.760*				
(independent Var. in-to-out) (A11-A30) ► (B9-B12) (intermediate variable impact)	402.23	0.00	399.89	0.00	298.34	0.00	4191.7	0.00	30.6	0.00	0.98	0.96	-0.612*				
(independent Var. out-to-in) (A1-A10) ► (D1-D9) (the dependent variable PsyComm)	394.11	0.00	461.21	0.00	320.65	0.00	3326.9	0.00	35.8	0.00	0.95	0.90		-0.602*			
(independent Var. in-to-out) (A11-A30) ► (D1-D9) (the dependent variable PsyComm)	367.99	0.00	307.88	0.00	378.66	0.00	3752.0	0.00	32.3	0.00	0.96	0.92		-0.636*			
(out-to-in A1-A10) & (B9-B12) ► (D1-D9)	345.09	0.00	294.42	0.00	287.90	0.00	2416.2	0.00	29.1	0.00	0.90	0.81			-0.478*	-0.452*	
(in-to-out A11-A30) & (B9-B12) ► (D1-D9)	323.77	0.00	281.77	0.00	201.87	0.00	2212.5	0.00	26.9	0.00	0.84	0.70			-0.408*	-0.398*	

Source: Based upon empirical Study

In order to analysis and test the third sub-hypothesis (H3/3) Table (10) shows a regression analysis which used in three stages to analysis the mediation role, (1)-First stage: analysis the impact of marginalization-(out-to-in)-(A1-A10) as independent variable on mediator variable (impact) (B9-B12), the value of $(R^2) = (0.92)$ this means the marginalization-(out-to-in)-(expounded 92%) of the changes in (Impact), and regression value $\beta_1 = (-0.760)$. this means any changing in marginalization-(out-to-in) in one part will causes changing in the intermediate variable (impact) by its value (-0.760). Thence, the value of $(R^2) = (0.96)$ this means marginalization-(in-to-out)-(A11-A30) expounded 96% of intermediate variable (Impact). and the regression $\beta_1 = (-0.612)$. i.e., this means changing in one part of the independent variable (marginalization-in-to-out) will causes changing in intermediate variable (impact) by value (-0.612). Thence, (2)-Second stage: tested regression of marginalization-(out-to-in)-(A1-A10) on psychological commitment (D1-D9). Results on Table (10) offers that the value of $(R^2) = (0.90)$ which means marginalization-(out-to-in) explained 90% of changes in psychological commitment, and regression coefficient value of $\beta_2 = (-0.602)$. this means changing of (out-to-in)-marginalization in one unit will do changing in psychological commitment by its value (-0.602). Moreover, checking the statics regression of

(marginalization-in-to-out) (A11-A30) on psychological commitment-(D1-D9). Statics Results shows the value of $R^2 = (0.92)$ it means marginalization-(in-to-out) emphasis 92% of changes in psychological commitment, and regression value $\beta_2 = (-0.636)$. i.e. changing of marginalization-(in-to-out) in one unit will causes change in the psychological commitment by its value (-0.636). and, (3)-Third stage: when the intermediate variable (Impact) (B9-B12) entered in relationship between independent variable marginalization-(out-to-in)-(A1-A10), and (psychological commitment)-(D1-D9) this entrance (Reducing) the value of $R^2 = (0.81)$ and this means marginalization-(out-to-in) and (Impact) explained 81% of changes in psychological commitment. Therefore, analysis the effect of intermediate axis (marginalization-in-to-out) (A11-A30) and dependent variable (psychological commitment)-(D1-D9) it (Reduce) the value of $(R^2) = (0.70)$ this means (marginalization-in-to-out) and (impact) analyze 70% of the changing in psychological commitment. Otherwise, value of $\beta_3 = (-0.478)$ and $\beta_4 = (-0.452)$ of marginalization-(out-to-in) and value of $\beta_3 = (-0.408)$ and $\beta_4 = (-0.398)$ in (marginalization-in-to-out) which confirmed the partial mediation of intermediate variable (impact) in relationship between marginalization-(out-to-in and

in-to-out) and psychological commitment, and it is sig. at 5%.

► **Testing Hypothesis (H 3/4):**

In order to testing the fourth sub-hypothesis about the intermediate role of (Meaning) (B13-B17) as an axis of PsyEmp.

Table (11) PsyEmp based on Meaning as intermediate variable

Code of Variable	The significant of relationship						The indication of relationship						Regression analysis					
	Pearson (Chi) ²		Likelihood Ratio (Chi) ²		Linear by Linear (Chi) ²		F		T		R		R ²		β1		β3	
	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (F)	Sig. (P)	Cal. (T)	Sig. (P)	R Co.	R ²	Reg. Co. (β1)	Reg. Co. (β2)	Reg. Co. (β3)	Reg. Co. (β4)		
(independent Var. out-to-in) (A1-A10) ► (B13-B17) (intermediate variable Meaning)	371.09	0.00	453.62	0.00	310.27	0.00	4188.2	0.00	49.2	0.00	0.94	0.88	-0.522*					
(independent Var. in-to-out) (A11-A30) ► (B13-B17) (intermediate variable Meaning)	393.94	0.00	521.15	0.00	382.08	0.00	4011.1	0.00	51.3	0.00	0.97	0.94	-0.582*					
(independent Var. out-to-in) (A1-A10) ► (D1-D9) (the dependent variable PsyComm)	420.34	0.00	588.23	0.00	376.71	0.00	3628.3	0.00	42.9	0.00	0.98	0.96	-0.501*					
(independent Var. in-to-out) (A11-A30) ► (D1-D9) (the dependent variable PsyComm)	502.09	0.00	501.21	0.00	421.25	0.00	4219.8	0.00	40.7	0.00	0.95	0.90	-0.499*					
(out-to-in A1-A10) & (B13-B17) ► (D1-D9)	367.98	0.00	404.65	0.00	385.41	0.00	3297.4	0.00	38.8	0.00	0.92	0.85			-0.401*	-0.376*		
(in-to-out A11-A30) & (B13-B17) ► (D1-D9)	353.55	0.00	390.17	0.00	302.29	0.00	2876.9	0.00	36.2	0.00	0.88	0.77			-0.334*	-0.277*		

Source: Prepared upon empirical Study

To studying the analysis of the fourth sub-hypothesis (H 3/4) Table (11) shows the results of regression which displays in three steps to checking the intermediation role, (1)-The First step: is checking the influence of marginalization-(out-to-in)-(A1-A10) on intermediate axis (Meaning) (B13-B17), value of $(R^2) = (0.88)$ this means marginalization-(out-to-in) explains 88% of the changing in (Meaning), and regression analysis $\beta_1 = (-0.522)$. and this elucidate that any changing in (out-to-in-marginalization) in one unit will change the intermediate variable (Meaning) by its value (-0.522) . In addition, value of $(R^2) = (0.94)$ it means (in-to-out-marginalization) (A11-A30) which elucidate 94% of mediator variable (Meaning). and regression $\beta_1 = (-0.582)$. i.e., this means changing in one part of the independent variable (in-to-out-marginalization) will causes changing in the mediator variable (Meaning) by value (-0.582) . (2)-The second step: displayed regression of (out-to-in)-marginalization-(A1-A10) on psychological commitment (D1-D9). Results shows the value of $(R^2) = (0.96)$ means (out-to-in)-marginalization elucidate 96% of changes in psychological commitment, and regression coefficient value of $\beta_2 = (-0.501)$. and it means change of ((out-to-in)-marginalization) in one part explicated changing in psychological commitment by its value (-0.501) . Thence, testing statistical regression of (in-to-out)-marginalization-(A11-A30) on psychological commitment-(D1-D9). statistical Results offers the value of $(R^2) = (0.90)$ which means (in-to-out)-marginalization assurance 90% of any changing in psychological commitment, and regression analysis explicate the value of $\beta_2 = (-0.499)$. i.e. any changes of (in-to-out)-marginalization in one part will elucidate changes in the psychological commitment

by its value (-0.499) . (3)-The third step: the intermediate variable (Meaning) (B13-B17) when entered in the relationship between independent variable (out-to-in)-marginalization-(A1-A10) and psychological commitment-(D1-D9) this entrance will (Reduce) the value of $(R^2) = (0.85)$ and this means (out-to-in)-marginalization and (Meaning) explicated 85% of changes in psychological commitment. Subsequently, explain impact of mediator axis (in-to-out)-marginalization-(A11-A30) and psychological commitment-(D1-D9) which (Reduce) the value of Regression coefficient $(R^2) = (0.77)$ and this means (in-to-out-marginalization) and (Meaning) explain 77% of the changing in (psychological commitment). Moreover, the value of $\beta_3 = (-0.401)$ and $\beta_4 = (-0.376)$ of (out-to-in-marginalization) and the value of $\beta_3 = (-0.334)$ and $\beta_4 = (-0.277)$ in (in-to-out-marginalization) which proved the partial intermediation of mediator variable (Meaning) in relationship between (out-to-in and in-to-out)-marginalization and psychological commitment, and it is significant at 5% level. So, statistical analysis proved and accepted the third hypothesis (H3) collectively and Partially. Which means there is an intermediation role of PsyEmp in the relationship between (out-to-in and in-to-out-marginalization) and (psychological commitment) on the third suggestion hypothesis.

► **Testing Hypothesis (H4):**

Herein, the researcher will examine in this section the modified role of the PsyCap in the relationship between Interactive external-marginalization (out-to-in)-(coded variable A1-A10), Interactive internal-marginalization (in-to-out)-(coded variable A11-A30) and psychological commitment (coded variable D1-D9). To test the moderate role of

PsyCap in the relationship between (out-to-in), (in-to-out)-marginalization and psychological commitment, to check the fourth hypothesis used the hierarchical regression analysis with the moderate variables, the first step is inserting the independent variable (out-to-in), (in-to-out)-marginalization then inserting the

moderate variable (PsyCap), and finally inserting the interaction variable ("out-to-in" and "PsyCap"). Thence, the following Table (12) display the results of this analytical.

► Results of Hierarchical Regression Regarding Marginalization's-(out-to-in):

Table (12) Results of hierarchical regression analysis in relation of marginalization's (out-to-in)

Code of Variable	Psychological Commitment (The dependent variable D1-D9)															
	significant of the relationship						indication of the relationship				Hierarchical regression analysis					
	Pearson (Chi) ²		Likelihood (Chi) ²		Ratio		Linear by Linear (Chi) ²		F		T		R ²	Δ R ²	β	Sig. (P)
	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (F)	Sig. (P)	Cal. (T)	Sig. (P)	Co. R ²	Co. Δ R ²	Reg. Co. (β)	(P)
(A1-A10) ► (ind. Var. out-to-in)	397.11	0.01	381.62	0.00	332.37	0.00	86.34	0.00	14.54	0.00	0.62	-	-0.79	0.02		
(C1-C30) Δ (PsyCap moderator variable)	308.01	0.01	352.09	0.02	290.14	0.00	64.91	0.00	10.57	0.00	0.81	Δ 0.21	-0.68	0.00		
(ind. Var. out-to-in) (A1-A10) Δ (C1-C30) Interaction of out-to-in with PsyCap	522.70	0.00	589.66	0.00	449.83	0.00	160.43	0.00	21.32	0.00	0.96	Δ 0.16	-0.64	0.01		

Source: Prepared based upon SPSS results

Regarding to marginalization's (out-to-in) statistical analytical which shown in Table (12) that explained the statistical hierarchical regression analysis, regression analysis and ratios and values of (Chi²) which can be elucidate by measuring the minimum values of Pearson (PCC)-(Chi²)=(308.01) and likelihood-ratio (Chi²)=(352.09) which both < equivalent statistically values (28.08), (32.87) in order, and significant at level of sig.=(5%) at (df)=(17). While, the lowest value of liner by liner (Chi²)= (290.14) > its equivalent values (26.37) at sig.=(5%) and df (17). Thence, to check type of relationship it should specified through the less values of (F-test)= (64.91) and (T-test)=(10.57) both < its equivalent tabulated values (3.7 and 5 & 1.82) at sig. = (1% & 5%) and (df)= (1,297 & 297). In addition, the direction shows through (β)=(-0.79) which means (negative) relationship between (out-to-in)-marginalization and (psychological commitment), and sig. at (5%) level. Moreover, the first stage displays the strength of relationship which shown through the

form as the minimum value of (R²)=(0.62) which means (out-to-in)-marginalization explains 62% of the changing in (psychological commitment). Thence, in the second stage after entering the moderate variable (PsyCap), the two variables (out-to-in and PsyCap) contributed to the explained of 81% of the changes in the dependent variable (psychological commitment), where the value of (R²)=(0.81), which means that the moderate variable (PsyCap) has contributed in the explanation of 19% of the changes in (psychological commitment). Thence, in the third step direction of (β)=(-0.64) i.e. independence variable (out-to-in) and moderate variable (PsyCap) have a (positive) relationship with (psychological commitment). In the context as a result of the interaction between the two variables (out-to-in marginalization and PsyCap), this interaction reduce 15% to (R²) to become 96% instead of 81% at the level of sig. (5%).

► Results of Hierarchical Regression Regarding Marginalization's-(in-to-out):

Table (13) Results of hierarchical regression analysis regarding to (in-to-out)

Code of Variable	Psychological Commitment (dependent variable D1-D9)															
	significant of relationship						indication of relationship				Hierarchical regression analysis					
	Pearson (Chi) ²		Likelihood (Chi) ²		Ratio		Linear by Linear (Chi) ²		F		T		R ²	Δ R ²	β	Sig. (P)
	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (v)	Sig. (P)	Cal. (F)	Sig. (P)	Cal. (T)	Sig. (P)	Co. R ²	Co. Δ R ²	Reg. Co. (β)	(P)
(A11-A30) ► (ind. Var. in-to-out)	420.32	0.00	557.44	0.00	301.23	0.00	63.27	0.00	18.11	0.00	0.71	-	-0.78	0.01		
(C1-C30) Δ (moderator variable)	375.22	0.00	524.17	0.00	276.03	0.00	80.33	0.00	16.62	0.00	0.85	Δ 0.14	-0.66	0.03		
(ind. Var. in-to-out) (A11-A30) Δ (C1-C30) Interaction of in-to-out with PsyCap	493.16	0.00	599.40	0.00	345.61	0.00	189.24	0.00	24.10	0.00	0.93	Δ 0.09	-0.57	0.00		

Source: Upon Statistical results

Regarding to (in-to-out-marginalization) results of statistical analytical which shown in Table (13) that explicate the hierarchical regression, regression analysis and values of (Chi²) which can be measuring by the smallest values of (PCC)-(Chi²)=(375.22) & likelihood-value (Chi²)=(524.17) which both < its equivalent values (28.08), (32.87), at sig.=(5%) at (df)=(17). While, the lowest value of liner (Chi²) =

(276.03) > its parallel values (26.37) at sig. = (5%) and df (17). Moreover, the smallest values of (F-test)= (63.27) and (T-test) = (16.62) < their equal values (3.7 and 5 & 1.82) at sig. = (1% & 5%) and (df)= (1,297 & 297). Moreover, the direction shown from (β) values equal (-0.78) which means (negative) relationship between (in-to-out) and (psychological commitment), at sig. (5%). In addition, the first step

displays strength of the relationship which specified from the lowest value of $(R^2)=(0.71)$ which means (in-to-out)-marginalization explains 71% of changing in (psychological commitment). Then, in the second step after entering (PsyCap) as a moderator variable, the two variables (in-to-out and PsyCap) participate in the explained of 85% of the changes in the dependent variable (psychological commitment), where the value of $(R^2)=(0.85)$, which means that the moderate variable (PsyCap) has contributed in the demonstration of 14% of the changes in (psychological commitment). Thence, in the third step direction of $(\beta)=(-0.57)$ i.e. independence variable marginalization-(in-to-out) have a (negative) relationship with "psychological commitment" But when the moderator variable (PsyCap) have (positive) relationship so when entering as interaction reduces (β) value by (-0.21) of psychological commitment. in addition, the interaction between (in-to-out and PsyCap), this interaction added 8% to (R^2) to become 93% instead of 85% which significant at the level of (5%). According to the above statistical analytical it proved the fourth hypothesis. which means that the PsyCap moderates the relationship between the marginalization's-(out-to-in and in-to-out) and (psychological commitment) in researched educational hospitals.

Results and Conclusions:

▶ There is a (negative) relationship between (out-to-in)-marginalization and the new comers and/or young doctors' psychological commitment, which means each reducing the degree of (out-to-in)-marginalization reduce the psychological commitment of the new comers and/or young doctors in the researched educational hospitals.

▶ There is a (negative) relationship between (in-to-out)-marginalization and doctors' psychological commitment, which means any reducing the degree of (in-to-out)-marginalization will reduce the psychological commitment of the doctors in the researched educational hospitals.

▶ There was a significant perception of the new comers and/or young doctors about psychological commitment in researched educational hospitals. There were four axes which measures Psychological empowerment (competence, self-determination, impact and meaning) intermediates partially and totally the relationship between marginalization-(out-to-in) and (in-to-out) and psychological commitment.

▶ The five dimensions (self-efficacy, hope, resilience, optimism and emotional balance) of

PsyCap were moderates relationship between marginalization (out-to-in & in-to-out) and psychological commitment.

▶ Statistical Results displayed that marginalization'(out-to-in & in-to-out) as an independence variable has a (negative) relationship with (psychological commitment). While (PsyCap) as a moderator variable has a (positive) relationship with (psychological commitment). Then, when entering (PsyCap) as interaction alleviate the relationship between marginalization'(out-to-in & in-to-out) and psychological commitment.

▶ Fig. (4) Reviews recommendations to transforming the strategic managerial decisions and practices through utilizing the proposed four-dimensional model which may supported practically tuning a measure for the effecting of these axes on doctors' performance and and increasing the degree of PsyEmp and PsyCap and all these dimensions have the effect of (increase) doctors' psychological commitment as follows:

Recommendations and its mechanism:

▶ **Setting a plan for checking doctors' marginalization:**

▶ **Preparing an Initial Confidential Test Program (PICTP):** Conducting a confidential survey for doctors to measure internal and external marginalization, to find out the causes of marginalization, and to know the administrative level and managers causing marginalization.

▶ **Conducting a Periodic Marginalization's Test (CPMT):** to find out the degree of marginalization to address its causes early.

▶ Benefiting from data and information processing from the initial investigation to find out the reasons for marginalization.

▶ Try to Solving and treating the causes of marginalization.

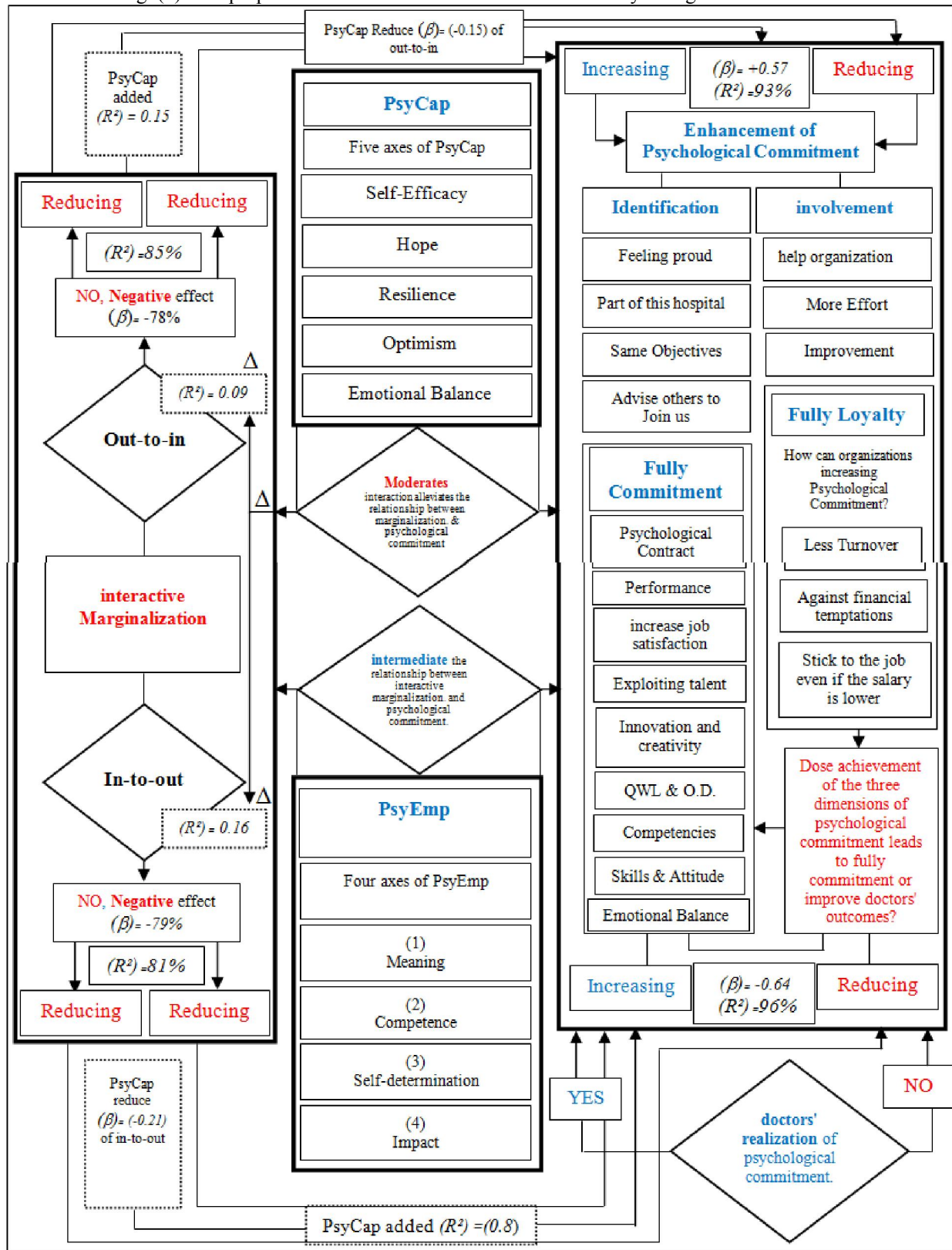
▶ After Solving the causes, Evaluate the situation of marginalization again and review the causes through a new secondary investigation directed at doctors.

▶ Establish training programs for doctors to educate them about the meaning of marginalization and how to avoid it, and encourage them to participate actively.

▶ **Rehabilitation programs for marginalized doctors (RPMD),** their maintenance, and their treatment of the negative and dangerous effects of marginalization.

▶ Establish programs, policies, and mechanisms to avoid marginalization in the future.

Fig. (4): The proposed Four-dimensional model to increase Psychological Commitment



Source: Firstly, prepared for this study

▶ **Educational hospitals' managers should consider a periodical review status of doctors psychological commitment:**

▶ Examining the extent of participation, involvement, and contribution to improving the outcomes and increasing the hospital's productivity. Through periodic reports of doctors' performance.

▶ Examining the extent of doctors' loyalty to the hospital through an investigation of some issues related to turnover and obtain another higher-paying job, and measuring doctors' reactions when the hospital is in a financial crisis.

▶ **Educational hospitals' managers should avoid the internal marginalization-(in-to-out):**

▶ Listen seriously to the proposals of new doctors.

▶ Commitment to democracy thinking.

▶ Adopting promising ideas, innovations and distinguished innovations.

▶ Freedom to express opinion, support advice and opinion-taking.

▶ Show interest and avoid internal-(in-to-out)-marginalization completely.

▶ **Supporting PsyEmp:**

▶ Performance measurement is based on merit and competence.

▶ achievement based on flexibility and teamwork.

▶ Deepening the thought of meaning among the new and/or young doctors.

▶ Being charismatic to inspire new doctors.

▶ **Enhancing the PsyCap:**

▶ Self-efficacy assessment of doctors. by changing methods and measures of performance.

▶ Spreading the renewed spirit of hope among doctors. by creating appropriate motivational methods.

▶ Promote optimism. by adopting motivational policies for the future.

▶ Increased degree of flexibility in handling.

▶ Focus on emotional balance by supporting situations that help with emotional and psychological balance.

▶ **Activation of Psychological Contract, Loyalty and Emotional Equilibrium:**

▶ Hospital management should take care of the medical staff, train them, and prepare them on PsyEmp and emotional balance in different situations.

▶ Hospital' management should recruit, select, and employ new doctors with distinguished skills capable of PsyEmp and psychological commitment.

▶ **Doctors have a mission and vision to change:**

▶ deal with loyalty' culture, involvement and spread a psychological contract' culture.

▶ Innovate new methods and solutions to implementation the educational tasks and managerial processes.

▶ Encourage doctors to seek logical solutions to the problems they face.

Future Research-Relevant Topics:

▶ Impact of external marginalization-(out-to-in) on charismatic personality and psychological loyalty of doctors.

▶ The effect of emotional intelligence and psychological contract on the psychological commitment of doctors.

▶ The effect of internal (in-to-out)-marginalization and cynicism on the increase in Work-Family Conflict (WFC).

▶ The role of nurture, nature, and interactive marginalization in job myopia of new and/or young doctors.

Role of psychological contract on psychological capital and the psychological commitment.

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