IMPACT OF PROTESTANT WORK ETHICS ON WORK CONTROL WITH THE MEDIATING ROLE OF PERCEIVED JOB AUTONOMY AND THE MODERATING ROLE OF ORGANIZATIONAL STRUCTURE IN THE HEALTH SECTOR

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ABSTRACT

Objective: *To examine whether PWE predicts perceived work control among healthcare employees, to test whether perceived job autonomy mediates that relationship, and to assess whether organizational structure moderates the PWE → work control link.*

Methods: *Cross-sectional pilot study of 53 full-time healthcare employees in Punjab (Islamabad, Rawalpindi, Lahore). Validated instruments (Mirels and Garrett's Protestant Ethic Scale (PWE), Dwyer & Ganster's Work Control Scale (WC), Breaugh's Work Autonomy Scale (PJA), and an adapted organizational-structure measure) were used. Responses used Likert scales; internal consistency was high (αPWE = .925; αWC = .899; αPJA = .882; OS α = 1.00). Analyses (IBM SPSS) included descriptive statistics, Pearson correlations, hierarchical regression, and mediation/moderation testing via PROCESS (Hayes).*

Results: *PWE correlated positively with work control (r = .427, p = .001) and with perceived job autonomy (r = .565, p < .001); perceived job autonomy correlated strongly with work control (r = .673, p < .001). Organizational structure showed a modest positive correlation with work control (r = .325, p = .018). Hierarchical regression indicated that PWE significantly predicted work control (β = .42, p < .01). The PWE × organizational-structure interaction was not significant (B = .178, p = .379), indicating no moderating effect. Mediation analysis revealed a significant indirect effect of PWE on work control through perceived job autonomy (indirect B = .075, p < .001), consistent with full mediation via autonomy.*

Conclusions: *In this healthcare pilot sample, stronger PWE is associated with greater perceived work control, and this relationship operates primarily through enhanced perceptions of job autonomy; organizational structure did not moderate the effect. These findings suggest that autonomy-supportive job design may be the key mechanism by which PWE translates into employees' sense of control, with implications for job redesign and HR interventions in healthcare settings.*

Keywords: *Protestant work ethic; work control; job autonomy; organizational structure; healthcare; mediation; moderation.*

INTRODUCTION

The Protestant Work Ethic (PWE), rooted in Weber's (1905) seminal work, emphasizes diligence, frugality, self-discipline, and the moral responsibility of labor. Operationalized as a measurable personality trait by Mirels and Garrett (1971), PWE has been associated with higher motivation, effort, and work-related success (Furnham, 1990). Individuals with strong PWE values typically attribute achievements to personal effort and perseverance, demonstrating greater engagement and commitment to their work. Despite extensive research on the outcomes of PWE, its influence on employees' perceptions of work control—the degree to which individuals can influence decisions, methods, and scheduling in their tasks (Dwyer & Ganster, 1991)—remains underexplored.

Work control is a critical determinant of job satisfaction, performance, and well-being, with employees experiencing higher control reporting lower stress and higher efficiency (Karasek, 1979; Spector, 1986). Autonomy, a central aspect of work control, refers to the freedom and discretion employees have over their tasks, including methods, scheduling, and decision-making (Hackman & Oldham, 1976; Breaugh, 1985). Self-determination theory posits that autonomy satisfies a core psychological need that enhances intrinsic motivation and engagement (Deci & Ryan, 2000). Employees with high PWE values are likely to perceive and value autonomy in their roles, suggesting that perceived job autonomy may mediate the relationship between PWE and work control (Judge & Bono, 2001). By exercising discretion in how and when they complete tasks, individuals with strong PWE can translate their personal values into meaningful perceptions of control over their work.

Organizational structure further shapes these dynamics, influencing how personal values translate into work control. Hierarchical structures often limit decision-making and autonomy, restricting employees' ability to exert influence over their work, whereas flat or decentralized structures allow for greater flexibility, facilitating the alignment of PWE values with perceived control (Karasek, 1979; Morgeson & Humphrey, 2006; Schaufeli & Bakker, 2004). Prior research indicates that organizational context can moderate the effects of individual traits on work outcomes, with rigid structures diminishing the positive impact of PWE on perceived control (Parker & Axtell, 2001). Therefore, both autonomy and organizational structure play essential roles in shaping the relationship between PWE and work control.

Despite the extensive research on PWE, there remains a gap in understanding the mechanisms through which it influences work control. While previous studies have linked PWE to motivation, effort, and job performance (Furnham, 1990; Mirels & Garrett, 1971), few have examined how perceived job autonomy mediates this relationship or how organizational structure moderates it. Investigating these mechanisms is particularly relevant in healthcare settings, where high demands, complex tasks, and hierarchical management structures make perceptions of work control critical for employee well-being and performance. Addressing these gaps enables a more comprehensive understanding of how individual values interact with workplace factors to shape employees' experiences of control.

This study aims to investigate the direct effect of PWE on perceived work control, the mediating role of perceived job autonomy, and the moderating influence of organizational structure. By integrating these individual and organizational factors, the study provides theoretical insights into the interplay between values, autonomy, and control while offering practical guidance for designing work environments that enhance autonomy, employee satisfaction, and performance. Understanding these dynamics can help healthcare organizations optimize employee engagement and productivity by aligning work design and organizational structures with employees' intrinsic motivations and values.

Based on this rationale, the study proposes that there is a positive relationship between PWE and perceived work control. Furthermore, it hypothesizes that PWE positively influences perceived job autonomy, which in turn positively affects work control, indicating a potential mediating role. Finally, the study posits that organizational structure moderates the relationship between PWE and work control, such that hierarchical structures weaken this relationship, while flat structures strengthen it.

Methodology

This study utilized a quantitative research design to investigate the relationships among Protestant Work Ethic (PWE), perceived work control, job autonomy, and organizational structure within healthcare settings. The sample comprised 53 full-time employees from hospitals and clinics in Punjab, specifically Islamabad, Rawalpindi, and Lahore, aged between 25 and 60 years, with a minimum tenure of six months in their current organizations. Demographic data, including age, gender, education, and job level, were collected to control for potential confounding variables. Participants were recruited using a non-probability convenience sampling method, appropriate for this exploratory pilot study.

Data were collected using structured questionnaires incorporating validated instruments: Mirels and Garrett's (1971) Protestant Ethic Scale for PWE, Dwyer and Ganster's (1991) Work Control Scale, Breaugh's (1985) Work Autonomy Scale, and an adapted measure of organizational structure from Morgeson and Humphrey (2006). Responses were recorded on Likert-type scales ranging from 1 (strongly disagree) to 7 (strongly agree). Data analysis was performed using SPSS Statistics, including descriptive statistics to summarize demographic and study variables, reliability analysis via Cronbach's alpha, Pearson's correlation to examine relationships among variables, and hierarchical regression and mediation/moderation analyses using PROCESS macro (Hayes, 2017) to test the hypothesized effects.

Results

Table 1. Demographic Profile of Respondents (N = 53)

Variable	Category	n	%
Gender	Male	41	77.4
	Female	12	22.6
Age (years)	Below 25	2	3.8
	25–34	13	24.5
	35–44	29	54.7
	Above 45	9	17.0
Education	Bachelor's	10	18.9
	Master's	39	73.6
	Ph.D.	4	7.5
Job Role	Entry-level	2	3.8
	Mid-level	31	58.5
	Senior-level	18	34.0
	Executive	2	3.8

The demographic profile indicates that the sample (N = 53) was predominantly male (77.4%), with females comprising only 22.6% of respondents. The largest age group was 35–44 years (54.7%), followed by 25–34 years (24.5%), suggesting a mid-career professional dominance in the sample. In terms of education, most participants held a Master's degree (73.6%), with a smaller proportion having Bachelor's (18.9%) or Ph.D. qualifications (7.5%). Job role distribution revealed that mid-level employees made up the majority (58.5%), while senior-level professionals accounted for 34.0%, and only a few respondents occupied entry-level (3.8%) or executive roles (3.8%).

Table. Descriptive Statistics and Reliability of Study Scales (n= 53)

Scale	No. of Items	Mean ± SD	Range	Cronbach's α	Interpretation
Protestant Work Ethic (PWE)	22	5.02 ± 0.92	1–7	0.925	Excellent
Work Control (WC)	9	3.41 ± 0.72	1–5	0.899	Good
Perceived Job Autonomy (PJA)	19	4.81 ± 1.26	1–7	0.882	High
Organizational Structure (OS)	2	1.28 ± 0.45	1–2	1.000	Perfect

The descriptive analysis highlights the central tendencies and internal consistency of the study variables. Protestant Work Ethic (PWE) scored a relatively high mean of 5.02 (SD = 0.92), suggesting strong endorsement of work values among respondents. Work Control (WC) averaged moderately at 3.41 (SD = 0.72), indicating a perceived moderate level of control over work tasks. Perceived Job Autonomy (PJA) was also relatively high at 4.81 (SD = 1.26), reflecting considerable self-perceived independence in job-related decisions. Organizational Structure (OS) had a low mean of 1.28 (SD = 0.45), showing a tendency toward more rigid structures (closer to 1 than 2). Reliability analysis confirmed excellent consistency for PWE (α = 0.925), good reliability for WC (α = 0.899), high reliability for PJA (α = 0.882), and perfect reliability for OS (α = 1.000), establishing robustness of measurement across all scales.

Table 3. Pearson Correlation Among Study Variables (n= 53)

Variable 1	Variable 2	r	p
PWE	Work Control (WC)	0.427	0.001*
PWE	Perceived Job Autonomy	0.565	<0.001*
PJA	Work Control (WC)	0.673	<0.001*
Organizational Structure (OS)	Work Control (WC)	0.325	0.018*

Correlation analysis revealed significant positive associations among the constructs. PWE was positively correlated with both WC (r = 0.427, p = 0.001) and PJA (r = 0.565, p < 0.001). which suggesting that stronger work ethic is associated with higher perceived control and autonomy at work. Furthermore, PJA was strongly correlated with WC (r = 0.673, p < 0.001), reinforcing the role of autonomy as a determinant of work control. OS showed a modest but significant positive relationship with WC (r = 0.325, p = 0.018), indicating that organizational arrangements may facilitate employees' control over their work. Overall, these findings demonstrate meaningful interconnections between work ethic, autonomy, organizational structure, and work control, supporting the study's theoretical framework.

Table 4. Hierarchical Regression Analysis of PWE on Work Control (n= 53)

Model	Predictor	β	B	SE	p
1	PWE	0.42	–	–	<0.01*
2	PWE	0.42	–	–	<0.01*
	Organizational Structure	0.17	–	–	0.379
	PWE × Organizational Structure	–	0.178	–	0.379

*Significant at p < .05

Regression analysis demonstrated that PWE was a significant predictor of WC in both models (β = 0.42, p < 0.01), underscoring the consistent influence of strong work ethic on employees perceived work control. In Model 2, OS and the interaction term (PWE × OS) were included, but neither showed significant effects (p = 0.379), indicating that organizational structure does not moderate or alter the relationship between PWE and WC.

Table 5. Mediation Analysis of Perceived Job Autonomy (n= 53)

Path	B	SE	p	Interpretation
PWE → PJA → WC	0.075	–	0.000*	PJA mediates PWE → WC

*Significant at p < .05

Mediation analysis indicated that PJA plays a significant mediating role in the relationship between PWE and WC (B = 0.075, p < 0.001). This finding suggests that employees with strong work ethic tend to perceive greater autonomy, which in turn enhances their sense of control at work. The significance of this indirect pathway highlights PJA as a key psychological mechanism through which PWE translates into higher work control. Therefore, autonomy serves not only as a valuable outcome but also as a mediating process that strengthens the link between individual work values and workplace control.

Discussion
The primary aim of this study was to examine the impact of the Protestant Work Ethic (PWE) on employees' perceptions of work control within the healthcare sector, while testing the mediating role of perceived job autonomy (PJA) and the moderating role of organizational structure (OS). Given the increasing demands and hierarchical culture prevalent in healthcare organizations, understanding how personal values interact with workplace dynamics is critical to designing work environments that foster employee engagement and productivity.

Demographic findings (Table 1) indicated that the sample was predominantly male (77.4%) and composed mainly of mid-career professionals aged between 35–44 years, with a majority holding postgraduate qualifications. The concentration of participants in mid- and senior-level roles suggests that respondents were likely to possess significant professional experience, which may have influenced their perceptions of autonomy and work control. Prior research has established that employees at higher job levels typically perceive greater autonomy and control due to enhanced responsibilities and decision-making authority (Lopes et al., 2020). Moreover, gender representation may shape organizational control perceptions, as men and women often experience different constraints and opportunities in healthcare workplaces (Cha & Weeden, 2014). Thus, the demographic composition provides important context for interpreting the study's findings.

Descriptive statistics and reliability analysis (Table 2) demonstrated that respondents exhibited relatively strong PWE values (M = 5.02, SD = 0.92), consistent with studies suggesting that collectivist and religiously influenced cultures such as Pakistan tend to score higher on work ethic orientations (Ali & Al-Kazemi, 2007; Arslan, 2000). Meanwhile, work control was moderate (M = 3.41, SD = 0.72), suggesting that despite strong individual work values, organizational constraints may limit employees' actual perceptions of control. Perceived job autonomy was moderately high (M = 4.81, SD = 1.26), aligning with previous findings that autonomy is often restricted in hierarchical healthcare organizations but can vary depending on role seniority (Laschinger et al., 2001). Reliability analysis showed all scales had high internal consistency, with PWE and work control demonstrating excellent psychometric properties, thereby reinforcing the robustness of the findings.

Correlation results (Table 3) confirmed strong interrelationships among the key variables. PWE was positively correlated with both work control (r = .427, p = .001) and job autonomy (r = .565, p < .001), supporting the theoretical proposition that individuals with strong work ethic values are more likely to perceive autonomy and control in their roles (Furnham, 2020). The strong correlation between autonomy and work control (r = .673, p < .001) echoes Deci and Ryan's (2000)

self-determination theory, which posits that autonomy is a fundamental psychological need underpinning perceptions of control and motivation. Interestingly, OS also demonstrated a significant correlation with work control (r = .325, p = .018), suggesting that even in rigidly structured organizations, certain configurations of structure may facilitate employees' sense of control. This finding aligns with research showing that supportive organizational arrangements can enhance perceived empowerment, even within bureaucratic environments (Spreitzer, 2008).

Regression analysis (Table 4) provided further evidence for the hypothesized direct effects. PWE significantly predicted work control (β = .42, p < .01), consistent with earlier studies demonstrating that employees with strong work ethic values exhibit greater resilience and proactive control behaviors in their work (Neubert & Halbesleben, 2015). However, the moderating role of organizational structure was not supported, as the interaction between PWE and OS was insignificant (B = .178, p = .379). This suggests that while OS influences perceptions of control (as shown in the correlation analysis), it does not alter the strength of the PWE–work control relationship. This result diverges from Parker and Axtell's (2001) assertion that rigid structures diminish the effect of individual traits, indicating that PWE may be a more stable predictor of perceived control, independent of structural variations.

Mediation analysis (Table 5) highlighted the central role of job autonomy in strengthening the PWE–work control relationship. The significant indirect effect (B = .075, p < .001) suggests that employees who endorse strong PWE values are more likely to perceive autonomy in their roles, which subsequently enhances their sense of work control. This finding aligns with previous studies emphasizing autonomy as a key mechanism through which personal values translate into motivation and performance (Kuvaas et al., 2017; Van den Broeck et al., 2016). In the context of healthcare, where tasks are often complex and demanding, fostering autonomy may be particularly important for enabling individuals with strong work values to exert meaningful control over their work, thereby enhancing both well-being and performance outcomes.

Conclusion

The findings suggest that **Protestant Work Ethic (PWE)** and **Perceived Job Autonomy (PJA)** are key determinants of **Work Control (WC).** While **PWE** directly influences **WC**, the inclusion of **PJA** as an interaction term significantly alters this relationship, highlighting the importance of autonomy in enhancing employees' sense of control over their work. Organizations seeking to improve **Work Control** may consider fostering a culture that supports **PJA,** as this will strengthen the positive effects of **PWE** on employees' work-related perceptions and outcomes. These results contribute to the understanding of how work-related beliefs and autonomy shape employees' perceptions of their control in the workplace, offering practical insights for enhancing work environments and organizational practices.

Limitations and recommendations of the study

Despite its valuable contributions, this study is not without limitations. First, the relatively small sample size (N = 53) may restrict the generalizability of the findings to wider populations and diverse organizational contexts. Larger and more heterogeneous samples across different industries would provide greater external validity. Second, the cross-sectional research design limits the ability to infer causal relationships between Protestant Work Ethic, job autonomy, work control, and organizational structure. Longitudinal or experimental studies could offer stronger evidence regarding the directionality of these associations. Third, the reliance on self-reported data introduces the potential for response bias, including social desirability effects, as participants may have over- or under-reported their work attitudes. Future studies could incorporate multi-source data, such as supervisor ratings or objective organizational measures, to mitigate this concern. Finally, the study was conducted in a specific socio-cultural context, which may limit the applicability of findings across different cultural or institutional settings. Comparative cross-cultural investigations would provide richer insights into the universality or variability of these relationships.

Based on these limitations, several recommendations are offered. Organizations should strive to design flexible structures that enhance employees' perceived autonomy and

control, thereby aligning structural conditions with individual work orientations. Human resource practices could incorporate training programs that foster both adaptive work ethic values and autonomy-supportive environments, which may contribute to sustained employee engagement and performance. For future research, scholars are encouraged to employ larger, multi-sectoral samples and adopt longitudinal designs to examine the dynamic interplay of personal and organizational factors over time. Additionally, exploring mediating and moderating variables—such as leadership styles, organizational culture, or personality traits—could deepen understanding of the mechanisms underlying these relationships. By addressing these recommendations, both researchers and practitioners can strengthen the evidence base and develop more effective strategies for optimizing workplace outcomes.

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