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Logging into Wellbeing: The Role of Job Autonomy and Core Self-Evaluations in Healthcare Professionals Digital Lives

Adaobi C. Eze

Department of Psychology, Enugu State University of Science and Technology.

***Corresponding Author**: Adaobi C. Eze

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Abstract

The rapid digitisation of health-care delivery in Nigeria has intensified the need to understand factors that safeguard the digital well-being of health-care professionals (HCPs). Drawing on the Job Demands-Resources (JD-R) model this study examined the direct effects of job autonomy and core self-evaluation (CSE) on digital well-being and the moderating role of CSE in the autonomy–digital well-being link. Using digital wellbeing scale, work design questionnaire and the core self-evaluations scale, a cross-sectional survey of 180 Nigerian physicians, nurses, and allied health staff yielded three principal findings: Job autonomy positively predicts digital well-being; CSE positively predicts digital well-being and CSE moderates the autonomy–digital well-being relationship, such that the association is stronger for professionals with higher CSE. These findings highlight the importance of fostering job autonomy while considering personality traits in interventions aimed at improving digital wellbeing in healthcare settings.

Keywords: *Job autonomy; Core Self-Evaluation, Digital Well-Being, Health-Care Professionals.*

Introduction

The healthcare sector globally is in the throes of a profound digital transformation driven by advancements in information and communication technologies. From electronic health records and telemedicine to AI-driven diagnostics and remote monitoring, digital tools are fundamentally reshaping clinical practice, administrative processes, and patient care delivery (Ahmed et al., 2021; Lim et al., 2023). While these innovations promise enhanced efficiency, improved accessibility, and better patient outcomes, their rapid integration also introduces new complexities and demands on healthcare professionals. These demands can significantly impact their wellbeing, giving rise to the concept of "digital wellbeing" which is a state of balance between one's digital life and overall health, where technology is utilized purposefully to enhance rather than detract from one's physical, mental, and social health (Kreutzer & Chanias, 2021). The concept of digital wellbeing consists of three main dimensions and they are digital satisfaction, safe and responsible behaviour and digital wellness (ArslanKara et al., 2022).

Digital satisfaction refers to the extent to which individuals derive positive experiences, fulfilment and a sense of contentment from their use of digital technologies (ArslanKara et al., 2022). It reflects how well technology aligns with an individual's personal, social, and professional needs without causing excessive stress or dissatisfaction. When digital tools enhance clinical decision making and patient care, health workers report higher digital satisfaction. Conversely, frequent frustrations due to excessive screen time, technical failures, constant digital demands or technological inefficiencies ultimately compromise digital satisfaction and wellbeing.

Safe and responsible behavior in the digital space refers to how individuals interact with technology in ways that safeguard their security, uphold ethical standards and support healthy, respectful online engagement (Livingstone et al., 2021). This includes managing personal data responsibly, ensuring digital privacy, practicing cyber hygiene and being conscious of the psychological effects of prolonged digital exposure. This dimension supports health workers by promoting ethical technology use, data privacy

and reduced risk errors thereby protecting both their psychological wellbeing and patient safety.

Digital wellness refers to the overall health and well-being of individuals as they interact with and use digital technologies. It is a concept that encompasses not only the physical health (e.g., posture, screen time) and mental health (e.g., digital stress, anxiety) outcomes of technology use but also the emotional, social, and cognitive effects. Digital wellness is about achieving a balanced relationship with technology use and personal wellbeing, reducing technostress and burnout while supporting sustained performance in patient care. A healthcare worker who utilizes meditation apps or online mental health platforms to manage occupational stress is actively supporting their digital wellness. Since digital technologies are integral to service delivery in the health sector, the level of job resources such as job autonomy accessible to health workers may significantly influence how digital tools are used and experienced. Greater job autonomy allows healthcare professionals to manage their digital engagement proactively, choose technology that supports rather than hinders their work, and implement digital boundaries, all of which are essential for fostering digital wellness. Therefore, job autonomy may play a pivotal role in enhancing or undermining digital wellbeing depending on how much control professionals have over their digital work environment.

In the Nigerian context, the challenges faced by healthcare professionals are particularly acute making it impossible to experience these levels of digital wellbeing rendering the concept of digital wellbeing even more pertinent. The Nigerian healthcare system is characterized by an acute shortage of health care professionals, dilapidated infrastructure, inadequate funding, poor remuneration, and a significant "brain drain" as professionals seek better opportunities abroad (Jide et al., 2021; Chukwu et al., 2022). Against this backdrop, the introduction of digital tools, often without adequate training, technical support, or sufficient job resources such as autonomy can exacerbate existing stressors rather than alleviate them (Olukayode et al., 2023).

Job autonomy is the degree to which workers have control and freedom over how they do their jobs, when they do them, and decisions about their responsibilities. It is widely recognized as an essential occupational resource that fosters positive work-related outcomes, including enhanced job satisfaction, reduced burnout, and improved individual performance (Hackman & Oldham, 1976). For HCPs, autonomy might involve flexibility in managing workloads, choosing diagnostic approaches, or tailoring patient care plans. In an increasingly digitalized healthcare landscape, job autonomy could empower HCPs to harness digital tools effectively, integrating them into their workflows in a manner that supports rather than hinders their efficacy and wellbeing (Guo et al., 2023). However, the extent to which job autonomy translates into improved digital wellbeing might not be uniform across all individuals, especially within the high-pressure Nigerian healthcare environment.

This brings into focus the role of individual differences, particularly core self-evaluations (CSEs) which represents a fundamental personality trait comprising four established characteristics: self-esteem, generalized self-efficacy, locus of control, and neuroticism (Judge et al., 2003). Individuals with high CSEs possess a positive appraisal of their own worth, competence, and ability to control their environment, viewing challenges as opportunities. Conversely, those with low CSEs tend to be more self-doubting, feel less in control, and are more vulnerable to external stressors. In the demanding healthcare environment, particularly in Nigeria where external resources are scarce, personal resources like CSEs may play a crucial role in how health care workers perceive and respond to their work conditions and available resources. It is plausible that individuals with higher CSEs are better equipped to leverage job autonomy to navigate the complexities of digital tools, optimize their digital interactions, and ultimately achieve a better state of digital wellbeing, even amidst significant systemic challenges (Li et al., 2020; Wang et al., 2022).

Despite the growing recognition of digital wellbeing's importance and the established benefits of job autonomy, research exploring their interplay, particularly through the lens of individual personality traits like CSEs and within the unique context of developing nations like Nigeria, remains scarce. Existing literature (e.g. Olivio et al, 2025; Uslu, 2025) predominantly focuses on Western contexts, where healthcare systems and associated professional challenges differ significantly from those in Nigeria. Understanding these dynamics is crucial for developing targeted interventions that genuinely support Nigerian health care professionals in embracing digital transformation sustainably.

This study is grounded in the Job Demands–Resources (JD-R) framework (Bakker & Demerouti, 2017) to build a robust theoretical foundation. The model categorizes workplace characteristics into two primary groups: job demands, which consist of physical, psychological, social, and organizational factors that require continuous effort and may result in physiological or psychological costs; and job resources, which encompass physical, psychological, social, and organizational elements that aid in achieving goals, alleviate the effects of job demands, and encourage learning, development, and personal growth. In this research, the integration of digital technologies and the

associated expectations (e.g., constant connectivity, rapid information processing) represent potential job demands. Conversely, job autonomy is conceptualized as a critical job resource that can enable HCPs to manage these digital demands effectively while core self-evaluations (CSEs) function as a personal resource that influences how individuals perceive their environment and their capacity to utilize available job resources. In other words, individuals with high CSEs are more likely to interpret job autonomy as an opportunity to proactively manage their digital workload, make informed decisions about technology use and adapt to digital challenges, thereby conserving and gaining digital wellbeing. These health workers are better equipped to mobilize their internal resources to cope with stressors and leverage external resources (like job autonomy) to achieve positive outcomes (Li et al., 2020; Judge et al., 2003).

Based on the theoretical framework and preceding discussion, this study proposes the following hypotheses:

H1: There will be a significant positive relationship between job autonomy and digital wellbeing among a sample of Nigerian healthcare professionals.
H2: There will be a significant positive relationship between core self evaluations and digital wellbeing among a sample of Nigerian healthcare professionals.
H3: Core self-evaluations will significantly moderate the relationship between job autonomy and digital wellbeing among Nigerian healthcare professionals.

Method

Participants & Procedure

The University of Nigeria Teaching Hospital, the Enugu State University of Science and Technology Teaching Hospital, the Federal Neuropsychiatric Hospital, and the Enugu State Infectious Disease Hospital are four tertiary hospitals owned by the government in Enugu State. They were grouped into clusters based on where they are located and how well they can operate. Using a random balloting method, hospital units were chosen from these clusters to make sure they were representative and to reduce selection bias. This way, the different ways that institutions work could be captured.

After the clusters were formed, the researcher sent a formal letter of introduction to each hospital to make it easier for them to get in touch with hospital officials and possible respondents. This method was very important in getting institutions to work together because each unit that took part chose a staff person who had already been trained to be a research assistant. These assistants were in charge of giving out and collecting the questionnaires. They only worked with people who met the following criteria: (i) they worked full-time, (ii) they had at least one year of experience using digital health tools, and (iii) they agreed to take part in the study. Criterion-based sampling guaranteed that the chosen participants formed a uniform group consistent with the study's aims.

Eligible and willing participants were given questionnaires that they could fill out away from the research venue and return to the designated research assistants within a week. This method gave respondents enough time to think carefully about their answers, which improved the quality and completeness of the data they gave. Participation was entirely voluntary, and respondents were guaranteed the secrecy and anonymity of their comments.

Out of the 230 questionnaires sent out, 212 were returned, and 180 were considered complete enough to be included in the final analysis. This means that 83.90% of the responses were valid. The respondents' demographic data showed that they were between the ages of 20 and 40, with an average age of 29.21 years (SD = 4.10). The sample included doctors, nurses, and other health care workers, showing a wide range of professional positions and experiences in the health care field. In general, this thorough sample and data gathering process shows how methodologically sound the study is and backs up the strength of the data used for later analysis.

Instruments

Digital Well-Being Scale

Digital well-being in this study was assessed using the 12-item digital well-being scale developed by Arslankara et al (2022). This scale was designed to evaluate the extent to which individuals are able to maintain a balanced and healthy relationship with technology. Each of the twelve item is rated on a five-point Likert-type scale, anchored from “not at all” (1) to “completely” (5). Interpretation of these scores follows the guidelines provided by the scale developers, whereby lower scores typically indicate poor digital well-being, mid-range scores suggest moderate and situationally balanced technology engagement; and higher scores represent a strong ability to use technology in ways that support personal health, social connection, and responsible online behavior. Internal consistency reliability indices are satisfactory, with Cronbach’s alpha reported at approximately 0.80 alongside a Nigerian adaptation by Timileyin and Oluwunmi. (2025).

Job Autonomy Scale

Job autonomy was measured using job design questionnaire developed by *Morgeson and Humphrey (2006)*. The items capture various aspects of autonomy, including the ability to decide how to perform tasks, the flexibility to determine work priorities, and the freedom to set work schedules without rigid managerial oversight. Participants evaluated

their level of agreement with each statement using a five-point Likert-type scale, whose response options ranged from 1 (strongly disagree) to 5 (strongly agree). Higher composite scores indicated stronger perceptions of workplace autonomy. The Work Design Questionnaire (WDQ) has demonstrated strong psychometric properties, with the original developers indicating internal consistency coefficients greater than 0.80. Moreover, the instrument has been validated for application in the Nigerian environment, as demonstrated by the adaptation described by Iloh et al. (2020).

Core Self-Evaluations Scale

The Core Self-Evaluations Scale (CSE) created by Judge et al. (2003) was used to measure core self-evaluations. The CSE looks at how people rate their own value and abilities. The construct is defined as consisting of four interconnected personality dimensions: self-esteem, generalized self-efficacy, emotional stability (the opposite of neuroticism), and locus of control. The tool has 12 assertions that are scored on a five-point Likert scale from "strongly disagree" to "strongly agree." Some of the statements are worded positively (Items 2, 4, 6, 8, 10, and 12) and some are worded negatively to reduce response bias and improve measurement accuracy. Examples of illustrative items are “When I try, I usually succeed” and “I don't feel in charge of my career success.” The scale has shown that it works well in different cultures and job environments. Studies have shown that Cronbach's alpha coefficients consistently exceed 0.80 (Ugwu et al., 2024).

Design/Statistics

The study utilized a cross-sectional survey approach to gather data for conclusions regarding the target population at a specific point in time (Hall, 2008). The data were analyzed using SPSS Version 25 and Hayes’ PROCESS macro to test the predictive and moderation models. Age, years spent in the organisation, gender, marital status and job category, were considered control variables.

Results

Table 1: ***Means, standard deviations, and correlations among the study variables***

S/N	Variables	M	SD	1	2	3	4	5	6	7
1	Age	29.21	4.109	-						
2	Profession	2.65	1.12	-.07	-					
3	Gender	1.43	.50	-.01	.081	-				
4	Length of Service	4.06	1.39	.09	.06	-.09	-			
5	Marital Status	2.04	.77	.01	-.03	.01	.15*	-		
6	Job Autonomy	11.31	3.08	-.02*	.05**	-.09**	-.08*	-.11*	-	
7	Core-self Evaluation	30.24	11.01	-.09*	-.03**	-.03**	.01*	.10*	.03***	-
8	Digital Wellbeing	36.31	12.37	-.01	.06**	.05	.09**	.03	.02**	.05**

Note. N = 160, * = p< .05, ** = p < .01, *** = p < .001. Gender: male=1, female=2; Age was coded direct;

Results in Table 1 showed that digital wellbeing is positively significantly related to profession (r = .06, p< .01), length of service (r = .09, p< .01), job autonomy (r = .02, p< .01), and core self-evaluation (r = .05, p< .01) but non-significantly related to age (r = -.01, p> .05), gender (r = .05, p> .05), marital status (r = .03, p> .05). This means that an increase in both job autonomy and core self-evaluation leads to increase in digital wellbeing. Core self-evaluation is significantly related to age (r = -.09, p< .05), profession (r = -.03, p, .01), gender (r = -.03, p< .05), length of service (r = .01, p< .05), marital status (r = .10, p< .05), and job autonomy (r = -.03, p< .001). Job autonomy is significantly related to age (r = -.02, p< .05), profession (r = .05, p< .01), gender (r = -.09, p< .01), length of service (r = -.08, p< .05), and marital status (r = -.11, p< .05).

Table 2: Results from the Hayes PROCESS macro examining how job autonomy predicts digital wellbeing with core self-evaluation as a moderator.

Variable	Digital Wellbeing			
	B	***T***	***p*-level**	**95%*CI***
Job Autonomy	.39	.41	.028	[-2.26, 1.49]
Core-Self Evaluation	.17	.50	.018	[-.82, -.49]
Job Autonomy X Core-Self Evaluation	.11	.35	.012	[-.15, .07]

Note: *p<.05; **p<.01; ***p<.001.

In Table 2, it was found that job autonomy is positively significantly associated with digital wellbeing among health professionals (B = .39, p = .028). The finding implies that job autonomy increases digital wellbeing among health professionals. This finding confirmed the hypothesis tested in the study, that job autonomy will significantly predict

digital wellbeing among health professionals. Core self-evaluation is positively significantly associated with digital wellbeing among health professionals (B = .17, p = .018). This means that increase in core self-evaluation is associated with increase in digital wellbeing. This finding confirmed the hypothesis tested in the study, that core self-evaluation will significantly predict digital wellbeing among health professionals. The interaction of core self-evaluation and job autonomy is significant (B = .11, p < .012), indicating that core self-evaluation moderated the relationship between job autonomy and digital wellbeing.

The slope of the interaction (see figure 1 below) indicated that core self-evaluation was significantly associated with digital wellbeing at low level of job autonomy (B = .20, p < .01), at moderate level of job autonomy (B= .18, p < .01); as well as at high level of job autonomy among health professionals (B = .14, p < .01). The model explained about 16% of the variance in digital wellbeing, R^2 = .05, F (1, 160) = .61, p < .01.

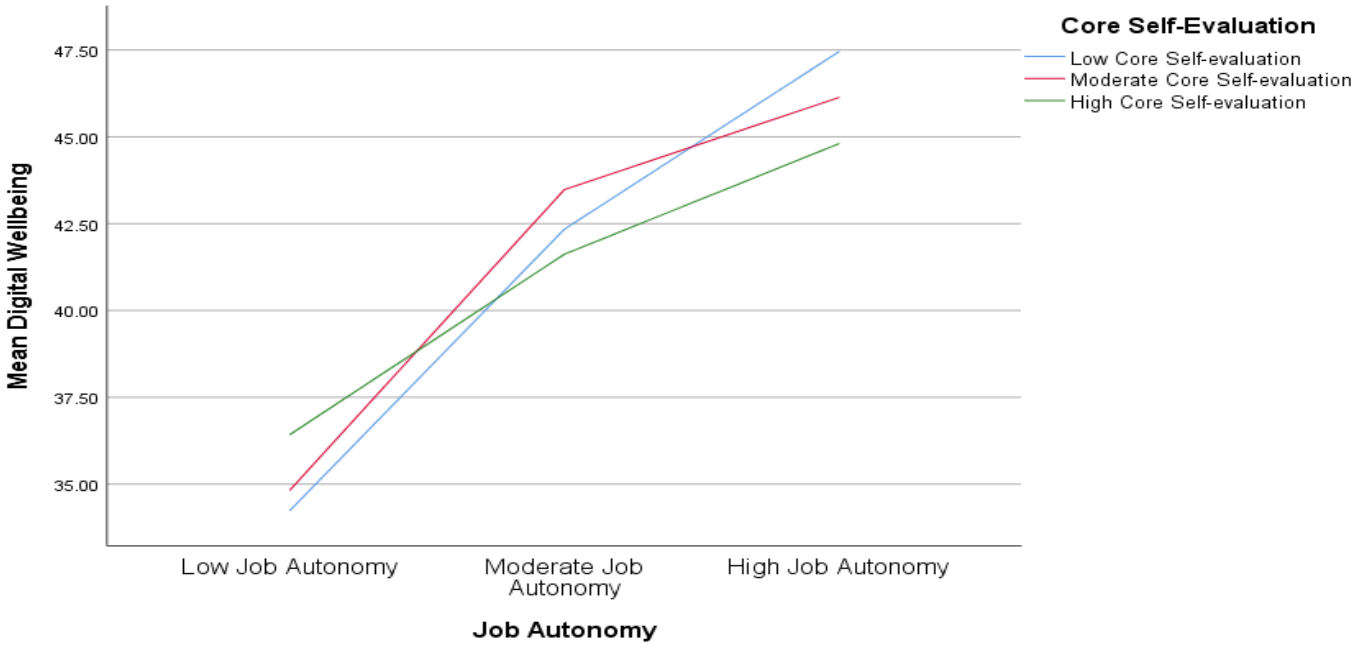

Figure 1: Interaction slope showing the moderating role of core self-evaluations on job autonomy and digital wellbeing.

Summary of the Findings

1. Job autonomy is a significant positive predictor of digital wellbeing among health-care professionals.
2. Core self-evaluation is a significant positive predictor of digital wellbeing among health professionals.
3. The interaction effect between core self-evaluation and job autonomy was statistically significant, indicating that core self-evaluation functions as a moderating variable in the link between job autonomy and digital wellbeing.

Discussion

Investigating the moderating effect of core self-evaluations (CSE) on the correlation between job autonomy and digital wellbeing in the Nigerian healthcare sector offers significant insights into the influence of personal and occupational resources on technology-related work experiences. In line with the Job Demands–Resources (JD-R) framework, the results highlight the significance of job resources—like autonomy—in empowering employees to manage their work processes and synchronize task performance with personal values and motivations (Ryan & Deci, 2021). Job autonomy helps lessen the bad effects of job demands while also boosting motivation and keeping digital well-being through this technique.

From this perspective, our research offers new insights into the influence of personal resources, namely CSE qualities, on occupational autonomy and digital wellbeing. Supporting the first hypothesis, findings indicates that job autonomy is a significant positive predictor of digital wellbeing among health-care professionals. This result corroborates findings from earlier studies (Wan et al, 2024) and extends them by highlighting the unique context of the Nigerian health sector, a field known for its high demands on employees. In line with the JD-R theory, our finding suggest that autonomy supplies the discretionary power needed to self-regulate technology use (e.g., choosing optimal notification settings, scheduling digital breaks). In Nigerian hospitals where electronic health record implementation is often top-down and time-pressured (Elechi et al, 2024), granting health care professionals latitude can mitigate technostress and improve perceived control, thereby enhancing digital well-being.

The second hypothesis, examining the predictive role of CSE on digital wellbeing, was also supported. CSE's direct effect underscores the role of intrinsic self-beliefs in navigating digital environments. High-CSE professionals tend to interpret digital demands as challenges rather than threats (Zhou & George, 2022) and are more likely to adopt adaptive coping strategies (e.g., seeking training, setting boundaries), and thus experience less digital fatigue.

The third hypotheses shows that core self-evaluation (CSE) which is the broad, trait-like belief people hold about their own competence, worth and ability to control outcomes *moderates* the link between job autonomy and digital well-being among health-care workers. The interaction finding extends prior work that personality traits amplify the benefits of job resources (Clausen et al. 2022; Peiró et al. 2020). For Nigerian HCPs, high CSE appears to activate the autonomy resource, converting discretionary power into tangible digital well-being gains. Conversely, low-CSE individuals may lack the self-efficacy to exploit autonomy, leaving them vulnerable to digital overload despite similar job designs. These findings align with the JD-R theory's emphasis on personal resources as buffers against resource loss in the rapid digitisation of health-care delivery in Nigeria.

Implications

This study extends the Job Demands–Resources (JD-R) model by demonstrating its applicability beyond traditional occupational stressors and positioning digital demands as a distinct domain within healthcare work. It further establishes core self-evaluations as a critical personality resource that moderates the effectiveness of job resources, thereby lending support to a person–resource fit perspective. Practically, these findings suggest that hospital management should adopt autonomy-supportive digital policies, including customizable electronic health record (EHR) templates and flexible teleconsultation options, to enhance digital workflows. In parallel, targeted, theory-informed workshops aimed at strengthening health workers' core self-evaluations are recommended to build psychological resources that enable employees to fully leverage job autonomy and sustain digital well-being.

Limitations and Future Research

This study adopted cross-sectional design which suggests that causality cannot be inferred even though a reverse-causation is possible. Longitudinal or experimental studies should be considered so as to track changes after autonomy-enhancing interventions.

Common method variance may inflate relationships due to self report bias but the use of multi-source data can be upheld. The study focused on tertiary hospitals in one state in South East Nigeria and thus findings may not generalise to primary care or rural settings. Furthermore, an expansion of sampling to include health professionals from primary health centres and private clinics across Nigeria's geopolitical zones is imperative. Future investigations could also explore mediating mechanisms (e.g., technostress and digital competence) and additional moderators such as organizational culture, leadership style, and gender.

Conclusion

In an era where digital health technologies are indispensable, safeguarding the digital well-being of health-care workers is a strategic imperative for Nigeria's health system. By confirming that autonomous work environments and robust self-evaluations jointly enhance digital well-being, the present research offers a dual-pronged roadmap: organisational redesign that grants meaningful discretion, and person-centred development that strengthens health workers internal resources. Implementing these recommendations promises not only to reduce technostress but also to improve patient care quality, staff retention and overall wellbeing.

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