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Ranking Individual Dispositions Affecting Organizational Energy in Hospitals: A Modified Delphi-AHP Approach

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Abstract

This research explores the role of individual dispositions in influencing the organizational energy of hospitals. organizational energy is a construct critical for sustaining performance, resilience, and innovation in high-pressure environments like healthcare. This paper has adopted a sequential mixed-methods design integrating a Modified Delphi technique with the Analytic Hierarchy Process (AHP). This research has systematically identified and ranked key dispositional factors that affects energy dynamics within hospital organizations. Through iterative Delphi rounds involving experts from medical, nursing, and administrative domains, eleven core dispositions were finalized which are empathy, service orientation, integrity, collaboration, adaptability, ethical behavior, patient-centeredness, sensitivity to diversity, courage, resilience, and altruism. Subsequently, AHP analysis using pairwise comparisons was conducted by experts that revealed empathy, service orientation, and integrity as the most influential determinants of organizational energy. These findings show the interplay between emotional, ethical, and behavioral attributes in fostering energized and cohesive hospital atmosphere. The study contributes by empirically linking individual dispositions to collective organizational energy and to practice by offering actionable insights for leadership development, recruitment, and human resource management in healthcare sector. Incorporating dispositional assessment into HR policies can help making energized, resilient, and high-performing healthcare teams.

Keywords
Organizational energy, individual dispositions, healthcare, Delphi, AHP.

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1. Introduction

Individual dispositions play a vital role in shaping healthcare outcomes and organizational success (Barrick & Mount, 1991; Bakker & Demerouti, 2017; Sinclair et al., 2016). Several studies have shown that personal traits of the health-care providers significantly impact the quality of care provided, the dynamics within a team, and overall performance of a hospital (McCleskey, 2014). Yet, the specific impact of these dispositions on organizational energy within hospitals remains underexplored. Organizational energy has been in the popular focus of the last years as an essential determinant factor influencing the productivity, innovation, and general performance of an organization, especially healthcare organizations (Bruch & Ghoshal, 2003; Cole et al., 2012; Bruch & Vogel, 2011). High-stress environments like hospitals must find ways of managing and maintaining organizational energy to provide better teamwork, motivation, and further outcomes of patient care (Salanova et al., 2011). While organizational energy is often described as a collective force driving productivity and innovation, it is the aggregation of the emotional, cognitive, and behavioral engagement of individuals (Quinn & Dutton, 2003; Bruch & Vogel, 2011). Without energizing individual contributions, the organization cannot sustain collective momentum. In healthcare, where teamwork is non-negotiable, individual dispositions like collaboration, empathy, and integrity help build trust (Cummings & Bromiley, 1996; Edmondson, 1999). Trust among professionals is a key enabler of positive organizational energy, particularly under high-pressure situations like emergency care (Laschinger & Leiter, 2006). Dispositions such as resilience and adaptability act as psychological buffers against fatigue and burnout (Jackson et al., 2007; Mealer et al., 2012). This is especially critical in healthcare settings where constant emotional labor is required (Brotheridge & Grandey, 2002). Energized individuals contribute to maintaining high organizational energy over time, even during crises. Individual dispositions are the psychological and behavioral engines that drive the emotional, cognitive, and behavioral energy of an organization (Bruch & Ghoshal, 2003). In hospitals, where human interaction and teamwork directly affect outcomes, nurturing positive dispositions is essential for sustaining high organizational energy and achieving healthcare excellence (Cole et al., 2012; Quinn & Dutton, 2003). However, there is a paucity of research that identified the individual dispositions that affect organizational energy especially in hospital sector. This study bridges this gap by systematically identifying and ranking the dispositions that energize healthcare organizations.

1.1 Objectives

The primary objective of this study is to identify and rank the individual dispositions that influence the organizational energy of hospitals.

2. Literature Review

Organizational energy has emerged as a pivotal construct in understanding the collective vitality that drives performance, innovation, and sustainability within organizations. Bruch and Ghoshal (2003) conceptualized organizational energy as the “force of human will” channelled toward purposeful action, emphasizing its emotional, cognitive, and behavioural dimensions. Subsequent empirical studies have reinforced the idea that high organizational energy enhances adaptability, teamwork, and strategic execution (Bruch & Vogel, 2011; Cole, Bruch & Vogel, 2012). In healthcare, where emotional labour and teamwork are intrinsic, sustaining positive organizational energy is critical for ensuring resilience, efficiency, and patient-centred care (Salanova, Agut & Peiró, 2005).

The determinants of organizational energy extend beyond structural and leadership factors to include individual-level dispositions and psychological resources. Quinn and Dutton (2003) highlighted that organizational energy stems from individual engagement and positivity, suggesting that energized individuals collectively build dynamic organizational climates. Dispositions, defined as relatively stable patterns of thoughts, feelings, and behaviours, thus serve as foundational inputs to an organization’s energy system. Prior research on personality and job performance supports this view; traits such as conscientiousness, agreeableness, and emotional stability significantly predict workplace effectiveness and collaboration (Barrick & Mount, 1991; Bakker & Demerouti, 2017).

In healthcare organizations, dispositional attributes like empathy, altruism, integrity, and resilience have been linked with improved clinical outcomes and patient satisfaction (Sinclair et al., 2016; Kim, Kim & Kim, 2018). Empathy fosters emotional connection and trust, while resilience enables professionals to manage burnout and maintain motivation under pressure (Jackson, Firtko & Edenborough, 2007; Mealer et al., 2012). Similarly, adaptability and service orientation promote flexibility in dynamic clinical contexts, enhancing both interpersonal functioning and organizational effectiveness.

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Despite this growing awareness, limited research has systematically examined how specific dispositions influence organizational energy, especially within hospital settings. Most prior studies have addressed emotional intelligence or engagement in isolation, without integrating them into a comprehensive framework of energy dynamics. This creates a theoretical and empirical gap, particularly in identifying which dispositions most strongly energize healthcare teams and how they interact to sustain collective performance.

3. Methods

This study employed a mixed-method exploratory sequential design to systematically identify and rank individual dispositions influencing the organizational energy of hospitals. The research design integrated qualitative thematic exploration using a Modified Delphi technique with quantitative prioritization through the Analytic Hierarchy Process (AHP).

The rationale for employing a mixed-method approach lies in its strength to first explore complex, context-dependent constructs and then quantify the findings for evidence-based prioritization (Creswell & Plano Clark, 2017). The Modified Delphi method enabled structured expert consensus building, while AHP provided a mathematical framework for ranking and weighting the identified dispositions.

The Delphi method is a systematic communication process originally designed for structured expert forecasting (Dalkey & Helmer, 1963). It has since become a well-established research technique for achieving expert consensus in fields lacking definitive empirical data (Hsu & Sandford, 2007). Given the exploratory nature of this study and the absence of comprehensive disposition frameworks within healthcare organizations, the Delphi technique was deemed suitable for developing an empirically grounded list of relevant dispositions (Giannarou & Zervas, 2014).

The study adopted a Modified Delphi structure that began with qualitative exploration in Round 1, followed by iterative rounds of quantitative rating and refinement. This modification allowed for the inclusion of open-ended expert inputs while maintaining statistical rigor in subsequent consensus rounds.

Upon achieving consensus through the Modified Delphi rounds, the identified dispositions were subjected to ranking via the Analytic Hierarchy Process (AHP), a multi-criteria decision-making method developed by Saaty (1980). AHP decomposes complex problems into a hierarchical structure, enabling systematic pairwise comparisons between alternatives. It has been widely applied in healthcare and organizational research for integrating qualitative judgments into quantitative prioritization (Liberatore & Nydick, 2008).

In this study, the AHP hierarchy comprised three levels:

1. Goal: To rank individual dispositions affecting organizational energy.
2. Criteria: Expert judgments of relative importance.
3. Alternatives: Dispositions derived from the Delphi consensus.

Experts compared each disposition pair using Saaty's 1–9 relative importance scale. The resulting comparison matrices were analyzed using the principal eigenvector method to compute normalized priority weights (Ishizaka & Labib, 2011). Consistency in expert judgments was tested through the Consistency Ratio (CR), with $CR \leq 0.1$ considered acceptable (Saaty, 2008). All matrices satisfied this condition, ensuring reliability of expert responses.

The AHP calculations were executed in Microsoft Excel, utilizing verified templates commonly applied in healthcare decision-making studies (Liberatore & Nydick, 2008). Integrating the Delphi and AHP methods enabled a comprehensive approach: the Delphi technique ensured the conceptual completeness of identified dispositions, while AHP provided objective prioritization, combining exploratory depth with quantitative precision (Forman & Gass, 2001).

All participants provided informed consent prior to participation. Anonymity and confidentiality were strictly maintained, and sensitive qualitative data were stored and processed following standard ethical research guidelines.

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4. Data Collection

Participants were selected through purposive sampling to ensure representation across medical, nursing, and administrative roles in hospital management. Eligibility criteria included a minimum of 10 years of professional experience, with at least 5 years in administrative or supervisory positions (Delbecq, Van de Ven, & Gustafson, 1975). The Delphi panel consisted of 23 experts, balanced across public and private hospitals, representing both clinical and managerial perspectives.

For the AHP phase, a smaller subset of eight senior experts with more than 20 years of hospital experience participated. This aligns with prior AHP studies in healthcare, where smaller expert panels are preferred for highly specialized judgment tasks (Forman & Gass, 2001).

The Delphi study followed four iterative rounds:

- Round 1: Semi-structured interviews were conducted to elicit dispositions through thematic analysis.
- Rounds 2–4: Experts rated the identified dispositions on a 10-point scale. Consensus was defined as Median ≥ 8 and Standard Deviation ≤ 1 (von der Gracht, 2012).Thematic analysis from Round 1 established conceptual categories, while statistical criteria ensured convergence of expert opinions in later rounds.

In the AHP phase, the finalized list of eleven dispositions was transformed into pairwise comparison matrices. Each expert independently evaluated the relative importance of each disposition using Saaty's (1980) 1–9 scale. The responses were aggregated, and weighted priorities were computed through eigenvalue analysis. The consistency indices (CI) and ratios (CR) for all matrices were below 0.1, indicating logically coherent judgments.

The AHP results provided a ranked hierarchy of dispositions influencing organizational energy in hospitals, translating qualitative expert insights into actionable, quantitatively derived priorities.

5. Results and Discussion

The semi-structured interviews, conducted during Round 1 of the Modified Delphi process, formed the foundation for identifying individual dispositions relevant to organizational energy in hospitals. A total of ten experts participated in this round, representing a diverse cross-section of doctors, nursing professionals, and hospital administrators from both public and private healthcare institutions. Brief details of these experts are mentioned in Table 1. Through iterative coding and theme development, sixteen initial dispositions emerged from the interviews.

Table 1. Round 1- interviewed experts' profiles

Sl.	Job Role	Years of experience	Type of Hospital
1	Doctor	36	RH, MC
2	Doctor	49	RH, SDH, MC, Private
3	Nurse	25	RH, SDH, SSH
4	Nurse	23	RH, SGH, SDH, SSH
5	Admin	13	MSH, SSH
6	Admin	13	MSH
7	Doctor	33	RH, SGH, SDH
8	Admin	16	MSH
9	Doctor	14	MSH
10	Nurse	23	SDH, DH, SSH, MC

These dispositions were grounded in direct quotes from practitioners and administrators, linking personal characteristics to the dynamics of energy within hospital settings. The qualitative data revealed that dispositions were often expressed in relational contexts, how healthcare professionals interacted with patients, colleagues, administrative

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processes, and emergency situations. Several dispositions were repeatedly emphasized by participants as integral to sustaining positive organizational energy. Patient-centeredness was universally acknowledged as a core motivational driver for healthcare professionals. Participants underscored that prioritizing patient welfare provided a sense of intrinsic reward, boosting morale and energizing work routines. Empathy was consistently cited as both a professional necessity and an emotional catalyst for teamwork, trust, and emotional resilience among hospital staff.

Further emerging themes included adaptability in responding to dynamic clinical environments, resilience in coping with professional burnout, responsiveness in emergencies, discernment in complex decision-making, and a sense of purpose aligning personal motivation with professional responsibilities.

By the close of thematic analysis, sixteen distinct dispositions were identified, representing a robust qualitative framework for subsequent quantitative validation. These findings not only provided empirical insight into the psychological and professional attributes driving organizational energy but also offered a structured foundation for Delphi rounds and AHP prioritization.

In the subsequent rounds of the modified Delphi study, the expert panel was expanded to 23, having comparable experiences to the initial pool of experts. In the first iterative round, three new dispositions came up as feedback to be added to the list of dispositions, making it a list of 19 dispositions. The list of 19 dispositions along with their standard deviation and median value are mentioned in table 2.

Table 2. List of dispositions and their SD and median values

Dispositions	SD	Median
Patient-centered	1.564486832	7
Empathy	0.813575296	9
Service Orientation	0.92838826	9
Ethical	0.978336781	9
Integrity	1.110555417	9
Altruism	0.92838826	9
Inquisitiveness	1.287300609	8
Openness to feedback	1.209092537	9
Collaborative	0.920662287	9
Reciprocity	1.283596139	8
Leadership	1.460593487	7
Adaptability	0.853563957	9
Resilience	0.912870929	9
Responsive	1.289148852	7
Discerning	1.207121724	7
Sense of Purpose	1.590148241	8
Sensitivity to Diversity	0.92838826	8
Courage	0.966091783	9
Appearance	1.802501556	7

Mean difference method was used to close the Delphi round by comparing round 3 and 4 means, in Table 3.

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Table 3. Mean difference

Dispositions	Mean 3rd round	Mean 4th Round	Mean Difference
Patient-centered	7.391304348	7.380952381	0.010351967
Empathy	9.217391304	9.19047619	0.026915114
Service Orientation	8.782608696	8.80952381	-0.026915114
Ethical	8.565217391	8.571428571	-0.00621118
Integrity	8.652173913	8.666666667	-0.014492754
Altruism	8.826086957	8.80952381	0.016563147
Inquisitiveness	8.47826087	8.428571429	0.049689441
Openness to feedback	8.608695652	8.523809524	0.084886128
Collaborative	9.043478261	9.047619048	-0.004140787
Reciprocity	7.652173913	7.619047619	0.033126294
Leadership	7.695652174	7.666666667	0.028985507
Adaptability	9.086956522	9.142857143	-0.055900621
Resilience	8.608695652	8.666666667	-0.057971014
Responsive	7.565217391	7.523809524	0.041407867
Discerning	7.608695652	7.571428571	0.037267081
Sense of Purpose	8.086956522	8.142857143	-0.055900621
Sensitivity to Diversity	8.217391304	8.19047619	0.026915114
Courage	8.782608696	8.666666667	0.115942029
Appearance	6.608695652	6.476190476	0.132505176

The Modified Delphi process yielded a robust consensus among experts regarding the individual dispositions that influence organizational energy in hospitals. Across four iterative rounds, participants progressively refined their evaluations of previously identified traits until convergence was achieved. By the conclusion of the final round, consensus was established on nine key dispositions, each representing essential behavioural and psychological attributes contributing to sustained organizational vitality in healthcare settings.

Empathy was highlighted as a fundamental quality, reflecting the ability of healthcare professionals and leaders to genuinely understand and share the emotions of patients, colleagues, and other stakeholders. Equally significant was *service orientation*, denoting a proactive commitment to anticipating and fulfilling the needs of patients and the broader hospital community. The disposition of *ethical behaviour* captured adherence to moral values and professional standards that preserve the integrity of clinical practice and decision-making. *Altruism* represented a selfless dedication to others' welfare that extends beyond formal professional obligations. In parallel, a *collaborative* disposition underscored the importance of interdepartmental teamwork and shared accountability in achieving hospital objectives.

Experts also emphasized the importance of *adaptability*, reflecting flexibility in responding to the complex, evolving demands of healthcare delivery, and *resilience*, the capacity to maintain composure and effectiveness under pressure or following setbacks. *Sensitivity to diversity* was identified as an equally vital disposition, encompassing respect for cultural, social, and individual differences that shape interactions within the healthcare workforce and patient populations. Lastly, *courage* was characterized as the willingness to take principled stands and make ethically sound decisions, even in challenging or uncertain circumstances.

Astonishingly patient centeredness and integrity failed to achieve the consensus criteria that was set at the beginning of this study. However, considering the importance of these two dispositions in service industry especially in hospital sector these two dispositions were kept along with the 9 dispositions resulting to a total of 11 dispositions that were

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then subjected to AHP-based ranking. These results demonstrate that individual dispositions, while inherently psychological, exert profound collective effects on organizational energy through shared values, relational trust, and professional commitment.

Following the Modified Delphi study that identified the key individual dispositions influencing organizational energy in hospitals, the Analytic Hierarchy Process (AHP) was employed to systematically prioritize these dispositions. The purpose of this phase was to determine the relative importance of each disposition, enabling healthcare administrators and policymakers to focus on those attributes that have the greatest impact on sustaining and enhancing organizational energy. A total of eight experts from the Delphi panel participated in the AHP phase. Each expert completed pairwise comparisons between the finalized eleven dispositions using Saaty's (1980) 1–9 scale of relative importance. The data collected from these comparisons were synthesized to generate a composite priority weight for each disposition using the principal eigenvector method**,** as recommended in AHP literature (Ishizaka & Labib, 2011).

Table 4. AHP CI and CR values

	λ_Max	**CI**	**CR**
Exp1	12.495	0.149	0.099
Exp2	12.434	0.143	0.095
Exp3	12.505	0.15	0.099
Exp4	12.496	0.149	0.099
Exp5	12.447	0.144	0.095
Exp6	12.393	0.139	0.092
Exp7	12.405	0.14	0.093
Exp8	12.366	0.136	0.09

The calculated Consistency Ratios (CR) across all participants ranged from 0.09 to 0.099, indicating acceptable levels of consistency based on the widely accepted threshold of CR ≤ 0.1 (Saaty, 1980). The summary of the consistency calculations is presented in Table 4.

The aggregated priority weights for the eleven individual dispositions are presented in Table 5. The results demonstrate clear prioritization of key dispositions influencing organizational energy in hospitals.

Empathy (0.1903) emerged as the most influential disposition, followed closely by Service Orientation (0.1837) and Integrity (0.1196). These three dispositions collectively account for more than 49% of the total weight, highlighting their critical influence in energizing hospital organizations.

Interestingly, Collaborative Behavior (0.1098) and Adaptability (0.0896) also scored prominently, emphasizing the importance of teamwork and flexibility in dynamic healthcare settings. Although Resilience (0.0314) and Altruism (0.0271) ranked lower, they remain essential elements within the broader framework of dispositions contributing to sustained organizational energy.

Table 5. Dispositions and priority weights

Rank	Disposition	Priority Weight
1	Empathy	0.1903
2	Service Orientation	0.1837
3	Integrity	0.1196
4	Collaborative	0.1098
5	Adaptability	0.0896
6	Ethical Behavior	0.0833

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7	Patient Centeredness	0.0664
8	Sensitivity to Diversity	0.0499
9	Courage	0.0489
10	Resilience	0.0314
11	Altruism	0.0271

The results of the AHP thus provide quantitative confirmation of expert perceptions, allowing healthcare leadership to focus on cultivating these prioritized dispositions in recruitment, training, and performance management strategies. This study provides new insights into the role of individual dispositions in shaping the organizational energy of hospitals, an area that has remained relatively underexplored in healthcare management literature. Through the integration of qualitative thematic analysis, consensus-driven Delphi methodology, and quantitative prioritization via the Analytic Hierarchy Process (AHP), this research offers both empirical grounding and structured prioritization of dispositions relevant to energizing hospital environments.

The findings clearly indicate that empathy, service orientation, and integrity emerged as the most critical dispositions. These results resonate strongly with existing research in healthcare leadership and organizational psychology, where emotional intelligence, ethical commitment, and compassionate care have consistently been identified as central drivers of individual and organizational effectiveness (Bonterre et al., 2025; Creswell & Plano Clark, 2017; Liberatore & Nydick, 2008). Recent evidence also shows that empathetic leadership enhances trust, employee engagement, and collective energy within healthcare teams (Bonterre et al., 2025), reinforcing empathy's position as the emotional cornerstone of organizational vitality.

The prominence of empathy highlights the emotional foundation of healthcare work. It strengthens patient–provider relationships while simultaneously fostering team cohesion, psychological safety, and emotional resilience among healthcare staff. From the perspective of emotional contagion theory, empathetic leaders and co-workers can create a more energized, motivated, and resilient workforce, thereby enhancing overall collective performance.

Service orientation, which ranked second, reflects the intrinsic motivation of healthcare professionals to serve society beyond routine occupational duties. Particularly within hospital settings, where emotional labour and personal sacrifice are often embedded in daily work, service orientation reinforces a shared sense of purpose that sustains effort and morale even in highly demanding conditions.

The high ranking of integrity underscores ongoing challenges in maintaining trust and ethical consistency within healthcare institutions. Ethical lapses or perceived inequities can have demoralizing ripple effects across teams. Conversely, professionals who model integrity and uphold ethical standards elevate the collective energy of their organizations by promoting transparency and psychological safety in professional interactions.

The strong showing of collaboration and adaptability further emphasizes the importance of teamwork and flexibility in contemporary healthcare delivery. Given the increasingly interdisciplinary nature of hospital operations, success often depends on cross-functional coordination and mutual support among diverse professionals. Adaptability, meanwhile, emerged as an indispensable requirement in responding to rapid technological advances, evolving treatment protocols, and external shocks such as pandemics.

Although altruism and resilience were ranked somewhat lower, they remain crucial for sustaining long-term engagement in high-stress clinical environments. Their placement lower in the hierarchy reflects relative prioritization rather than diminished importance. Similarly, sensitivity to diversity and courage were recognized as increasingly significant in modern healthcare contexts marked by multicultural workforces, shifting social expectations, and occasional workplace conflict or violence.

The combination of high-ranking emotional dispositions, such as empathy and integrity, with cognitive and behavioural dispositions, such as collaboration and adaptability, illustrates the integrative nature of organizational energy. This interplay mirrors the framework proposed by Quinn and Dutton (2003), who conceptualized organizational energy as the convergence of emotional, cognitive, and behavioural engagement. The present findings reinforce the argument that fostering organizational energy requires not only technical competence but also deliberate

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cultivation of positive dispositions through leadership development, feedback systems, and supportive organizational cultures.

From a practical standpoint, these results hold substantial implications for healthcare human resource management (HRM). Recruitment and selection processes should incorporate assessments of emotional intelligence, ethical reasoning, and teamwork orientation. Likewise, performance evaluation systems should move beyond technical competencies to include behavioural indicators that reflect organizational citizenship and interpersonal effectiveness. Training and professional development programs can play a pivotal role by nurturing empathy, adaptability, and collaborative leadership within hospital teams.

Theoretically, this study also contributes to the growing literature on organizational energy by explicitly linking it to individual psychological dispositions. While prior research has examined organizational energy through perspectives of leadership, motivation, and engagement (Quinn & Dutton, 2003), few studies have empirically mapped the influence of personal dispositions on collective energy dynamics, particularly in healthcare contexts. The present work bridges that gap by providing a validated and systematically ranked framework of dispositions that directly affect morale, engagement, and organizational sustainability.

Despite these contributions, the study is not without limitations. The expert sample, though rich in experience, was drawn from a specific regional and professional context, which may restrict broader generalizability. Furthermore, the AHP-based prioritization reflects aggregated expert judgments that could evolve over time as organizational and societal contexts shift. Future research should pursue longitudinal validation of these findings and explore whether targeted interventions designed to strengthen key dispositions produce measurable improvements in organizational energy, staff well-being, and patient care outcomes.

6. Conclusion

This study aimed to systematically identify and rank the individual dispositions that influence the organizational energy of hospitals. By employing a sequential mixed-method approach that combined a Modified Delphi technique with the Analytic Hierarchy Process (AHP), the research addressed a critical gap in both healthcare management literature and organizational behaviour studies. The findings provide empirical evidence that individual dispositions, particularly empathy, service orientation, integrity, collaboration, and adaptability, play a decisive role in shaping the energy dynamics within healthcare organizations.

The prioritization of empathy as the foremost disposition emphasizes the centrality of emotional intelligence in energizing teams, sustaining morale, and fostering resilience in demanding hospital environments. Closely following were service-oriented and ethically grounded dispositions that further strengthen interpersonal trust and professional commitment among healthcare professionals. These results reinforce the assertion that while skills and technical expertise are essential, it is the alignment of emotional, ethical, and interpersonal dispositions that drives collective energy and sustained performance in healthcare institutions.

The outcomes of this study hold significant practical implications for healthcare leadership, human resource management, and organizational development strategies. Integrating dispositional assessments into recruitment, fostering empathy and adaptability through training, and developing feedback-rich work environments can substantially enhance organizational vitality and performance.

While the research contributes to addressing theoretical gaps by connecting individual psychological dispositions with organizational energy, it also opens avenues for further research. Future studies may focus on longitudinal interventions to cultivate these dispositions and measure their direct impact on operational efficiency, patient care quality, and employee well-being.

In conclusion, nurturing and leveraging positive individual dispositions represents not just a human resource imperative, but a strategic necessity for building energized, resilient, and high-performing healthcare organizations capable of meeting the evolving demands of modern healthcare delivery.

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Biographies

Mr. Mainak Ghosh is a Doctoral Scholar at the *Vinod Gupta School of Management, Indian Institute of Technology Kharagpur*. He holds an M.Tech in Industrial Engineering and Management from *Maulana Abul Kalam Azad University of Technology (MAKAUT), West Bengal*, and a Post-Graduate Diploma in Human Resource Management from *St. Xavier's College (Autonomous), Kolkata*, where he ranked among the top performers in both programs. Before joining IIT Kharagpur, he was engaged in teaching and research assignments at *MAKAUT* and *Jadavpur University*, contributing to both academic instruction and project-based learning. His scholarly work includes several research papers presented at reputed national and international conferences, such as those organized by *IIT Kanpur*, IIM Kashipur and others. Mr. Ghosh's research interests span *healthcare management, hospital sustainability, service quality, organizational energy, and human resource development*, with a particular focus on integrating management science and human behaviour to enhance performance in healthcare organizations. He is also a member of professional bodies such as the *International Association of Engineers (IAENG)* and the *Teaching and Education Research Association (TERA)*. In addition to his academic pursuits, he has participated in numerous management and quality enhancement workshops across premier institutions, reflecting his commitment to continuous learning and interdisciplinary collaboration.

Prajeet Das is a postgraduate student in psychology with a strong interdisciplinary interest in organizational behaviour, knowledge management, decision sciences, positive organizational scholarship, leadership, and corporate social responsibility. He has completed a B.Sc. (Hons) in Psychology at the University of Calcutta and is currently pursuing an M.Sc. in Psychology at Banaras Hindu University. Prajeet has practical research exposure as a research intern at the Vinod Gupta School of Management, Indian Institute of Technology Kharagpur, and clinical observership experience at the Institute of Psychiatry, Kolkata. His academic achievements include an All India Rank 67 in the GATE Humanities and Social Sciences (Psychology) exam. He presented work and participated in the national seminar on "Behavioural and Organizational Perspectives of Cybersecurity for Viksit Bharat@2047" sponsored by the Indian Council of Social Science Research (ICSSR). He seeks collaborations that bridge academia and practice, and is motivated to contribute to research. Outside academia he enjoys attending seminars, and exploring applications of behavioural science for organisational development and social impact.

Dr. Susmita Mukhopadhyay is a distinguished academic in the field of Organizational Behaviour and Human Resource Management, presently serving as Associate Professor at the Vinod Gupta School of Management, Indian Institute of Technology Kharagpur. She earned her Ph.D. in Organisational Behaviour and Psychology from the University of Calcutta, where she was also a Gold Medalist in M.Sc. (Industrial and Organizational Psychology).
Over the past two decades, Dr. Mukhopadhyay has built an exceptional career as a teacher, researcher, and consultant. Her research interests span leadership, happiness at work, HR analytics, organizational change, and employee engagement. She has published numerous refereed journal papers, authored book chapters, and presented her work at prestigious international forums including EGOS Colloquium, BAM and many IIMs. Her contributions extend to national consultancy projects funded by bodies such as the Ministry of Statistics and Programme Implementation (MOSPI) and the Insurance Regulatory and Development Authority of India (IRDAI). A recipient of several honours including the Best Professor in HRM Award (World HRD Congress 2019), she also serves as Review Editor for Frontiers in Psychology. Dr. Mukhopadhyay is widely recognized for integrating Indic and contemporary perspectives into organizational studies, advancing both academic thought and practical management insight.

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