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## **Red Tape and Psychological Capital:**

### **A Counterbalancing Act for Professionals in Street-Level Bureaucracies**

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#### **Abstract**

Assuming that red tape is inevitable in institutions, and drawing on positive organizational behavior, we compare the impact of individual psychological capital on the ability of street level bureaucrats (SLBs) with different professional backgrounds to work within the confines of red tape. The two SLB professionals investigated here are nurses and local government employees, and the work outcomes of interest to this study are well-being and engagement. The findings show that red tape has a different impact on each professional group but, encouragingly, they also indicate that psychological capital has a compensatory effect. Implications include nurses requiring more psychological resources to counteract the negative impact of red tape than local government employees. A practical implication for managers is that, if perception of red tape in organizations is set to increase or to stay constant, enhancing the psychological capital of professionals in SLB roles, through specific interventions, may be beneficial to professionals and organizations alike.

#### **Introduction**

Standardization of systems, designed to ‘automate’ processes, support objective decision making and promote fair and equitable treatment of all, arguably characterizes organizing. In this article, we present evidence of the effect of dysfunctional standardization, often referred to as ‘red tape’ (e.g. Bozeman 2000), on two professional groups in SLB roles - nurses and local government employees - that are exposed to considerable levels of it. We then investigate the compensatory effect of individuals’ psychological resources on the impact of red tape.

Professionals who find themselves in roles at the interface between citizens and the state are known as street-level bureaucrats (SLBs) (Meyers and Vorsanger 2007). In his seminal work, Lipsky (1980) defines SLBs as public sector employees who work directly with the public, operate under

conditions of inadequate resources and use their discretionary power to develop routines designed to ration public service delivery, in the process shaping policy implementation outcomes. This discretionary power has been affected by the introduction of managerialism in the public sector through reforms which enhanced standardization (Lipsky 2010). However, Lipsky (2010) argues, this negative impact of managerialism on SLBs has been less pronounced for SLBs with professional backgrounds because their professional expertise limited the power of managers to scrutinize work practices. So, while some SLBs are less affected by red tape than others, it remains a recognized stressor in organizations (Steijn and Van der Voet 2019).

Red tape is an unintended consequence of increasingly frequent managerial reforms aimed at enhancing accountability through standardization (Diefenbach 2009) which dominate resource allocation decisions taken by SLBs (Pollitt 2010). In the workplace, it is often difficult to differentiate between accountability processes in place with an obvious intended purpose (e.g. safety) and those that seem to have no purpose (Moynihan and Pandey 2007). This is where red tape can become burdensome. Indeed, Bozeman (2000, 12) defines red tape as the ‘rules, regulations, and procedures that remain in force and entail a compliance burden but do not advance the legitimate purposes the rules were intended to serve’.

While the literature on red tape antecedents (e.g. Torenvlied and Akkerman 2012, Brunetto *et al.* 2017) suggests that there might be ways of reducing it, there also seems to be a consensus among scholars that it is largely inevitable. This leaves organizations with two choices: either working to reduce it or building defenses against it. If the desire for the former is low, the latter can be addressed by upskilling SLBs in personal resources likely to provide a natural buffer against stressors. One such resource is psychological capital (PsyCap), which emerged from the discipline of Positive Organizational Behavior and describes psychological capabilities that can provide a buffer for employees against stress and enhance work performance. It comprises hope (flexibility to achieve a goal), optimism (positive belief to achieve a goal), self-efficacy (belief in one’s ability) and resilience (the ability to rebound after adversity) (Avey, Luthans and Jensen 2009).

Early findings regarding the impact of PsyCap on red tape are encouraging; research investigating the impact of management on police officers’ perception of red tape in the United States, for example, reveals that those with high personal psychological resources such as PsyCap perceived lower stress in the workplace (Brunetto *et al.* 2017). The notion that individuals themselves (rather than organizations) may have untapped resources that can enhance their performance and well-being was first suggested a decade ago, with a seminal study by Avey, Luthan and Jensen (2009), and remains a fertile ground for exploration.

In this paper, we examine how psychological capital is employed as a compensatory mechanism for red tape by different professionals in SLB roles. In doing so, we extend knowledge about the ways in which red tape and psychological capital work on different professional groups, specifically in relation to individual and organizational work outcomes (well-being and engagement, respectively). The two groups examined are representative of traditional (nurses) and organizational professions (local government employees) respectively -the former transcending organizational boundaries, while the latter being more embedded in their organizations.

That these issues should be tackled is more than a scholarly imperative; there are also important practical implications at play which relate to the urgency to take action on the impact of stress at work. Safe Work Australia (2020) attributes 92 percent of serious work-related mental health conditions to stress, with work pressures being identified as the main cause of stress and health professionals figuring among the three most affected professions. Similarly, the UK Health and Safety Executive identifies inability to cope with job demands as top stressor in UK workplaces (HSE 2020). Finally, sustainable development goals (Sachs 2012) such as the UN's on health, well-being and decent work represent clear drivers for change, shifting from focusing on balance sheets to focusing on people in organizations. With at-risk professionals working in public sector settings, it is timely to turn our attention to SLBs, their stressors and any protective factors against them. The *Journal of Professions and Organization* is well placed to enhance our understanding of sustainable professionalism. This theme is pursued implicitly in this journal, for example by authors investigating new forms of professionalism (e.g. Noordegraaf 2015, 2020; Currie *et al.* 2016) and new forms of understanding professional development (Noordengraaf 2020, Adams *et al.* 2020a, Adams *et al.* 2020b) and dynamics (Saks 2016). Research on stress and anxiety in professional work, as well as on any compensatory mechanisms, is however insufficiently covered, an exception perhaps being McCann and Granter's paper on the professionalization of emergency services work (McCann and Granter 2019). This is the area to which we wish to contribute.

The article continues as follows. We first establish the theoretical foundations of our study: red tape as tackled by different types of professionals in SLB roles and the contribution of positive organizational behavior literature to these debates. We then develop our hypotheses with regards to the impact of red tape and individual psychological resources on two work outcomes of SLBs: (1) a personal outcome (i.e. well-being) and (2) an organizational one (i.e. employee engagement). After a thorough description of our research design, we present the findings in relation to our hypotheses and discuss them in the context of the wider literature on red tape and SLBs. We conclude by discussing the study's contribution to theory and practice, presenting its limitations, and outlining avenues for future research.

## **Theoretical Foundations and Hypotheses Development**

### **Red Tape in Street-Level Bureaucracy**

Governments often push modernization agendas on public sector employees while neglecting the related issue of red tape, because of the 'bias [that] exists toward formal rule and procedure-based intervention' (Pandey, Coursey and Moynihan 2007, 416). Pandey, Coursey and Moynihan (2007, 400) further argue that governments and scholars have failed to address 'negative aspects of bureaucratic red tape', and consequently some organizational processes involve multiple extra, often redundant 'hoops' that managers and employees must jump through. This requirement negatively affects managerial flexibility and, in turn, both organizational effectiveness and individual work outcomes (e.g. Bakker 2015; Brunetto *et al.* 2017; Kaufmann and Feeney 2014; Scott and Pandey 2005).

Red tape is inherently subjective; it depends not only on the organization but also the manager's/employee's interpretation as to which formal rules have legitimate purposes and the different factors likely to motivate people in the workplace (Torenvlied and Akkerman 2012). For example, those SLBs who are motivated by policy making may perceive rules differently from those whose main role is servicing the client, while people at different hierarchical levels in organizations may have different forms of justification for any set of rules and procedures. Therefore, 'red tape' is often understood as 'red tape perceptions'. It then follows that its burden and impact are also likely to be variable.

Evidence for variability in both perceptions and impact of red tape on SLBs comes not only from scholars who have studied its antecedents (e.g. Torenvlied and Akkerman 2012, Brunetto *et al.* 2017), but also from sociologists who have looked at professional types, their dynamics and evolution over time (e.g. Noordengraaf 2007, 2015, 2020; Adams *et al.* 2020a, 2020b; Currie *et al.* 2016), SLB theorists of front-line professionalism (e.g. Brodtkin 2012; Brunetto *et al.* 2014, 2015, 2017) and public management scholars concerned with the arrival of managerialism and organizational and role hybridity (e.g. Diefenbach 2009, Dudau *et al.* 2018) brought about by efficiency maximizing reforms such as the New Public Management.

A classic account of differences between SLBs is the dichotomy between professionals and non-professionals as ideal types (e.g. Noordengraaf 2015). Indeed, SLB theorists (e.g. Hupe and Hill 2007, Brunetto 2015, 2017) show that professional SLBs have greater discretionary power than non-professional SLBs and that the former were less affected by the NPM reforms (Lipsky 2010). Given the rise of red tape with those reforms, it follows that SLBs with professional backgrounds negotiate red tape differently from their non-professional colleagues. Notwithstanding similarities between these two categories of SLBs – both are purveyors of public authority (see Brodtkin 2012) and have dual loyalty to both the state and the citizens they serve (see Tummers and Rocco 2015) – their differences are more striking. Noordengraaf (2007) explains how professionals are subject to restricted and regulated entry to the profession (often informed by a specific jurisdiction and the laws, codes of conduct and self-regulation within specific codes of conduct) and have more specialized knowledge and skillsets, as well as different experiences, ethics, knowledge transfer, perceived acceptable behaviors and conduct, and even appearance. All these aspects differentiate them not only from non-professionals, but also from other professionals (Ackroyd 1996). This is referred to as 'double closure' (Parkin 1974) and it is particularly relevant for subordinate professional SLBs (Currie *et al.* 2016, cf. Abbott 1988) such as nurses who, apart from identity transition challenges (Carvalho 2014), also pursue usurpatory closure strategies with other professional groups (Saks 2016). In contrast, SLBs like local government employees have no closure in the protective professionalism sense (Noordengraaf 2020) but, at best, what Muzio and colleagues referred to as competence-based closure (Muzio *et al.* 2011) which is a softer, more permeable type of boundary specific to corporate professionalization projects (Muzio *et al.* 2011) and, arguably, to organizational professions (e.g. Noordengraaf *et al.* 2013).

Professional socialization further differentiates 'pure' from 'subordinate' professionals. While socialization reinforces norms and values promoted during professional training (Farr-Wharton, Brunetto and Shacklock 2011), it also engulfs professionals in role conflict (Kahn *et al.* 1964; Rizzo, House and Lirtzman 1970), which arises from the perceived divergence of role demands (e.g. when stakeholders place incompatible demands on them). Tummers *et al.* (2012) claim that

these socialization processes can increase the stress of role conflict, which may require professionals to work overtime (even when they are not asked to do so through organizational directives) to complete tasks. Arguably, this is particularly the case with semi-professionals, whose work is more regulated and controlled than that of more narrowly specialized ‘pure’ professionals (e.g. Saks 2016, cf Etzioni 1969) and also tend to be gender-segregated (e.g. Dudau and McAllister 2019). With regulation comes bureaucratization of work processes, which triggers red tape perceptions, as observed by Bozeman (2015). Calvalho (2014), Brunetto et al (2015) and Farr-Wharton et al. (2019) reported such impact of managerialism on nursing.

Among SLBs, local government employees are arguably less likely to be affected by role conflict, their role being embedded in the organizations in which they operate (e.g. Evetts 2011). Indeed, their loyalty is less challenged by divergent demands, in the absence of competing loyalty to one professional body. They can be a lot more heterogenous than any of the traditional professions, as they lack a common training background, and do not have a shared professional qualification or professional ethics code (Jacobsson *et al.* 2020). The recent study by Jacobsson *et al* of Swedish welfare case workers describes them as pragmatic and obedient to hierarchy (cf Paulsen 2018), as well as more concerned with doing things the right way than doing the right thing (cf Lindvert 2006). As ‘organizational professionals’ (Larson 1977, Evetts 2011, Noordegraaf *et al.* 2013), SLBs like local government employees are more likely than traditional professionals (either pure or subordinate) to be affected by organizational culture, having followed a ‘corporate professionalization’, rather than a traditional ‘collegial professionalization’, project (Muzio et al. 2011).

The dichotomy between traditional and newer (such as the ‘corporate’) professional projects is contentious -while some claim they are different in essence (e.g. Muzio et al. 2011), others claim the difference is one of paradigmatic lenses. Indeed, Noordengraaf’s (2020 ) claims that the field is ripe for a new professionalism paradigm: connective professionalism, according to which professional and managerial imperatives are not incompatible, as suggested by the proponents of ‘protective professionalism’, but inevitable. The debate on whether or not mainstream viewpoints on professionalism are outdated and unresponsive to social, economic and political changes is still underway (e.g. Adams *et al.* 2020a, 2020b), but differences between different professional groups are well documented in other literature threads, notably by emotional labor scholars.

Regardless of their levels of professionalism, some SLBs are more likely to experience high levels of emotional labor, due to the caring nature of the occupation (as Carvalho’s discussion of nursing in Portugal reveals -see Carvalho 2014). According to Sloan (2012) and Brunetto (Brunetto *et al.* 2014), employees undertaking emotional labor are also at much higher risk of high stress than employees undertaking low levels of emotional labor, leading to lower well-being and higher incidence of burnout.

Emotional labor involves presenting an officially sanctioned behavior which is different from what the employee is actually feeling. The action of undertaking emotional labor comprises three parts: (a) recognizing emotional job-specific requirements, (b) engaging in emotional regulation and control, and (c) performing the emotion which involves translating job-specific requirements into a controlled behavioral response acceptable in the workplace. These require employees to use skills to achieve a desired outcome (Grandey and Gabriel 2015). Over time, the prolonged use of

emotional labor compromises well-being, especially if it does not positively enhance service delivery (Sloan 2014). Research suggests that professional SLBs such as doctors and nurses are most at risk of experiencing higher levels of stress (and in worst cases, burnout) from prolonged performance of emotional labor (Hsieh, Jin, and Guy 2012), which is likely to have a negative impact on their well-being (Humphrey, Ashforth and Diefendorff 2015). This is especially the case in austerity-led contexts, because many SLBs are unable to negotiate the incongruence between delivering quality services and managerial behavior. This is further substantiated by Brandsen and Karré's (2011) findings about SLBs in hybrid roles (professional, in a traditional sense, and managerial), who can experience stress from the dissonance between care and organizational responsibilities.

Emotional labor has been associated with the moral agency which SLBs supposedly possess (Zacka 2017). Syed (2008), for example, has argued that, while aligning their own moral values (i.e. standards they feel obliged to uphold) with the job requirements, client-facing employees express, conceal or regulate emotions, which in itself leads to negative emotional experiences. As moral agents (Zacka 2017) SLBs employ personal affective and psychological resources when interacting with clients. Indeed, in the process of assessing client needs, they develop 'moral dispositions' which range from enforcement to caregiving. On this basis, Zacka developed three moral 'pathologies' for SLBs who might become 'enforcers', 'indifferent' or 'caregiving'. These pathologies could be associated with SLBs' line of work; for example, criminal justice SLBs tend to be (or become) enforcers, whereas nurses become caregivers and local government employees indifferent. This is a fruitful research path which, we argue, could be developed by unravelling how these different SLB types employ personal resources and what the subsequent impact on individual and organizational work outcomes is. We are starting on this journey here in this paper.

Petitta, Jiang and Härtel (2017) suggest that people drawn to the 'caring' professions are predisposed to experiencing high levels of stress because they have a normative compulsion to help, which means that they are likely to find it difficult not to take on extra tasks (over and above their contractual load). Thus, although it is sometimes assumed that all SLBs are similarly 'public-spirited' and possess high levels of public sector motivation, according to Lipsky (2010) they learn to protect themselves psychologically by prioritizing some clients at the expense of others. That is, they 'modify their objectives to match better their ability to perform [and] they mentally discount their clientele so as to reduce the tension resulting from their inability to deal with citizens according to ideal service models ... thereby making their jobs psychologically easier to manage' (Lipsky 2010, 141). In the same vein, Tummers *et al.* (2015) discuss SLBs' ways of coping: by moving toward clients, away from clients, or against clients. It is uncertain if these three coping mechanisms correlate with Zacka's three moral pathologies, but some links between the two typologies are apparent. What is less apparent is how the three SLB types (either Tummers's or Zacka's) employ their personal resources (involved in the expression, concealment and regulation of their emotions) to overcome stressors (such as red tape) and how their coping efforts affect personal and work outcomes.

## **How Can SLBs Cope with Red Tape? The Positive Organizational Behavior Perspective**

The relatively new discipline of positive organizational behavior (POB) provides managers with new empirically tested ways to improve employee outcomes, and scholars with new opportunities to develop solutions to organizational stressors. Like street-level bureaucracy, it posits that individuals, rather than particular employment types or other structural issues, make a difference in organizations. Theoretically, this suggests that the two theoretical threads are highly compatible. This compatibility is very promising in terms of practice, as the combined effect of ‘humanism’ can potentially counteract the impact of bureaucratic red tape and other stressors in organizations.

Luthans (2002, 59) refers to POB as ‘the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today’s workplace’. A key POB variable is psychological capital (PsyCap), which is a higher-order positive psychological state of development comprising the four psychological resources mentioned above that provide a buffer against stress (Avey *et al.* 2011): hope, optimism, self-efficacy and resilience. Hope refers to the extent to which employees believe that they can build positive outcomes; optimism is about using internal capacities (positive attribution) to produce positive outcomes; self-efficacy refers to the extent to which employees can channel their personal resources to complete a task; and resilience is about recovering from a difficult situation (Avey, Luthans and Jensen 2009; Avey *et al.* 2011). Together, these variables combine to create a buffer against the negative aspects of work. All these variables are developmental, which means that upskilling in this respect is a viable option for organizations. Previous research indicates that some people have higher levels of cognitive and emotional resources captured in the PsyCap construct and are therefore in a position to protect themselves against stress, which in turn enables them to cope better and perform at a higher level in the workplace (Avey *et al.* 2011; Story *et al.* 2013).

Outcome variables studied by positive organizational behavior scholars, and thus likely to be affected by PsyCap, are employee well-being and engagement. These are individual level variables with implications for individuals (well-being) and for organizations (engagement). The two variables have also been examined by emotional labor scholars (Grandy 2000) and have been linked through the Job Demands – Job Resources (JD-R) theory (e.g. Bakker, Demerouti and Sanz-Vergel 2014). In this paper, examining the two outcome variables offers us the opportunity to examine whether the organization or the individual is most affected by red tape and PsyCap, respectively. The link between these outcome variables and PsyCap has been studied by Positive Organizational Behaviour scholars such as Avey, Luthans, Smith and Palmer (2010) who empirically found that high PsyCap provided a buffer for employees when job demands outstripped resources, reducing the likelihood of burnout (seen as a state of chronically low well-being). Finally, the link with red tape has been studied by Borst (2018) who took a JD-R perspective on the relationship between red tape (and other job demands) and work engagement and well-being (through job satisfaction as a proxy for hedonic well-being).

There are multiple methods of defining and measuring employee well-being. We adopt the perspective that well-being is a function of both hedonic (temporary) and eudaimonic (longer term) feelings about one’s workplace (Forgeard *et al.* 2011). In this way, the concept captures not only how satisfied employees are (which would be a measure of hedonic well-being; see Borst 2018) but also whether the work is consistent with their values (a measure of eudaimonic well-being; see Forgeard *et al.* 2011). Therefore, the concept of well-being at work captures not only measures of



how individual employees cope with stresses (which may vary from hour to hour or from week to week, depending on the activities at any one time), but also whether work tasks are consistent with individuals' values. Thus, although professionals in SLB roles may record a high score in terms of undertaking tasks consistent with their values, those who also engage in significant emotional labor may not score as well on how they are coping with stresses. Well-being is also important because it predicts engagement; the higher an employee's well-being, the higher his or her level of engagement (Brunetto *et al.* 2017).

Employee engagement refers to the degree of involvement in the workplace at three levels: cognitive, emotional and behavioral (Kahn 1990). It is an important concept within positive organizational behavior because it captures the degree to which employees are energetic, dedicated and enthusiastic, working happily in the workplace (Saks 2006). Schaufeli, Salanova, Gonzalez-Romá and Bakker (2002) also characterized it as employees' level of vigor, dedication and absorption at work. Scholars (e.g. Brunetto *et al.* 2014, Bakker, Demerouti and Sanz-Vergel 2014) tend to see it in relation to more structural issues such as supervision (for example based on social exchange theory), job resources and job demands (based on the JR-D theory), so reciprocity is an implicit notion of employee engagement (Saks 2006). However, although it is more relevant to the organization than the well-being variable, it is measured at an individual level, just like the other variables in our study.

## Hypotheses

Although research shows that high PsyCap is associated with high employee well-being (Story *et al.* 2013) and high levels of red tape are associated with low well-being (Brunetto *et al.* 2017), no study has specifically examined the interaction between red tape and PsyCap or investigated these relationships for different types of public service workers. As we expect high PsyCap to predict high well-being and high levels of red tape to reduce well-being, we propose that when red tape is a stressor for SLBs, PsyCap might be a protective factor. We also suggest that SLBs counterbalance the two, more or less consciously, throughout their working lives. Work outcomes, such as well-being and engagement, help indicate how different types of SLBs pursue this balancing act.

**Red Tape.** As stated previously, red tape refers to accountability-enhancing rules, procedures and regulations (Diefenbach 2009) that originally had a purpose but no longer do (Bozeman 2000). Red tape perceptions vary widely among people depending on their ability to differentiate between real accountability measures with a real purpose and those that 'frustrate employees in achieving their goals' (Moynihan and Pandey 2007, 43). Employees who encounter high levels of red tape are likely to also experience high work-related stress, which has been coined 'work harassment' (Brunetto *et al.* 2015; Xerri *et al.* 2016). While studies of the antecedents of red tape perceptions propose models where red tape is an outcome variable (e.g. Torenlid and Akkerman 2012, Brunetto *et al.* 2017), the direction of analysis we take is based on the literature that looks at red tape as a work demand, leading to adverse consequences in the workplace. For example, Bakker, Demerouti and San-Vergel (2014) conceptualize organizational factors as either adding resources or increasing the demands placed on employees. Based on JD-R theory, if red tape is perceived by

employees as high, it is conceptualized as increasing the demands on their time and energy, having a negative impact on their resources to cope, in turn, negatively impacting their well-being. If, on the other hand, red tape is perceived to be low, considered maybe as part of a ‘code of practice’ associated with higher quality outcomes for clients (Farr-Wharton *et al.* 2019), the result will be higher well-being and engagement. We therefore expect high levels of red tape to predict low engagement and there is little evidence in the literature to suggest this might be different for nurses and local government employees. Thus:

**Hypothesis 1:** High perceptions of red tape are associated with low employee well-being for (a) nurses and (b) local government employees.

**Hypothesis 2:** High perceptions of red tape are associated with low engagement for (a) nurses and (b) local government employees.

**PsyCap.** PsyCap has been found to enhance the well-being of some public service professionals (e.g. see Brunetto *et al.* 2017 on police officers) because each variable contributes individual attributes that, in combination, provide a positive evidence-based contribution to well-being. For example, employees with high levels of hope are more likely to be flexible in achieving their goals and thus tend to perform well in the workplace (Avey, Luthans and Jensen 2009), while employees with high optimism tend to have a high cognitive dispensation of potential opportunities and thus are likely to do what it takes to succeed in achieving their goals (Luthans and Youssef 2007). Similarly, self-efficacy appears to protect high emotional labor employees (Sloan 2012) and those with high levels of resilience have the capacity to respond to stress (e.g. red tape) effectively. Like Sloan (2012), we argue that those undertaking tasks involving high emotional labor are likely to have lower levels of psychological reserves and skills to respond well to challenging situations (Sloan 2012). But, like Brunetto *et al.* (2014) and Story *et al.* (2013), we feel it is likely that PsyCap contributes to well-being and engagement for all employees and no available comparisons in the literature suggest otherwise.

**Hypothesis 3:** High PsyCap is associated with high well-being for (a) nurses and (b) local government employees.

**Hypothesis 4:** High PsyCap is associated with high engagement for (a) nurses and (b) local government employees.

## Methods

### Participants

We used data from a cross-sectional survey to compare the impact of red tape on two groups of SLBs with different professional backgrounds, nurses and local government employees, working in the public sector and in the same regulatory environment (Australia). The choice to include nurses and local government employees in the study was based on two considerations: (a) the need to compare two professional groups exposed to high levels of red tape: on the one hand

organizational professionals embedded strongly in organizational settings (e.g. Noordegraaf *et al.* 2013), about whose levels of emotional labor we have limited evidence, and on the other hand, caring professionals who often find themselves torn between opposing professional and managerial institutional logics (Currie and Spyridonidis 2016), experiencing high emotional labor; (b) nursing and local government employees are occupational groups which are over-represented in stress-related compensation claims, according to Safe Work Australia (2013).

Data from nurses came from 750 anonymous surveys sent to one small (<300 beds), two medium-sized (300–500 beds), and two large (>500 beds) hospitals in regional and urban centers. These were local hospitals, in no way different from other hospitals in Australia, which granted researchers access for this study. Local government employees included in the study covered a whole spectrum of public organizations, so we resorted to an online survey to obtain data. Local government SLBs in Australia undertake work associated with services such as sanitation, planning, water and sewerage and hence administrators, gardeners, engineers and technical employees all work in local government. In contrast to countries such as the USA, local government in Australia does not undertake policing and education responsibilities and does not tend to come into close contact with service beneficiaries. In total, 247 completed questionnaires were returned from the nurses' group, yielding a satisfactory response rate of 36%, and 245 questionnaires came back from the local government employees' group (response rate unknown as this was panel data). This allowed for comparative analysis between the two groups using structural equation modelling.

## **Variable Measurement**

The questionnaire included scales validated and extensively used in previous research. All variables were measured on six-point Likert scales (1 = 'strongly disagree' 6 = 'strongly agree') that assessed participants' perceptions of red tape in their workplace, their PsyCap level, well-being at work, and engagement with their job.

The 'red tape' measure presented statistical challenges in our study. In the literature, debate is ongoing about the validity of the red tape measure in terms of its multidimensionality, as well as the wording of the questions and the conceptualizations on which the measures have been developed (Feeney 2012). Thus, despite multiple attempts in the literature, measuring red tape remains problematic. Although we used a modified version of questions based on Bozeman's conceptualization, as in other studies (see Feeney 2012), only two of four items used ('A lot of the administrative and procedural rules we follow are a waste of time' and 'Many administrative and procedural rules reduce our ability to be effective') directly measure red tape.

In terms of our other variables, following prior research (e.g. Farr-Wharton *et al.* 2016), we measured *PsyCap* using Luthans *et al.*'s (2006) four-dimensional, 24-item scale, which requires respondents to express their agreement/disagreement with statements such as 'I feel confident analyzing a long-term problem to find a solution' and 'I'm optimistic about what will happen to me in the future as it pertains to work'. Again, this construct has been operationalized in previous research as a higher-order variable comprising the four sub-dimensions of *PsyCap*. We measured

self-reported employee engagement using Schaufeli and Bakker’s eight-item scale (2003), which captures respondents’ engagement with their job through a series of questions such as ‘I am enthusiastic about my job’ and ‘I feel I am immersed in my work’. We measured well-being using the five-item scale of Brunetto, Farr-Wharton and Shacklock (2011), which gauges respondents’ well-being at work on the basis of their agreement/disagreement with statements such as ‘Overall, I am reasonably happy with my work life’ and ‘Most days I feel a sense of accomplishment in what I do at work’.

## Data Analysis and Results

Summary descriptive statistics for the main variables in the study are reported for nurses and local government employees in Table 1 and Table 2 respectively.

**Table 1 Descriptive Statistics for Nurses**

<b>Variables</b>	<b>N</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>Median</b>	<b>SD</b>
PsyCap	247	1.00	6.00	4.31	4.40	.98
Red tape	247	1.67	6.00	4.57	4.67	.99
Well-being	247	1.00	6.00	4.84	5.00	.81
Employee engagement	247	1.00	6.00	3.98	4.00	.99
<b>Valid N (listwise)</b>	<b>247</b>					

**Table 2 Descriptive Statistics for Local Government Employees**

<b>Variables</b>	<b>N</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>Median</b>	<b>SD</b>
PsyCap	245	1.60	6.00	4.59	4.80	.76
Red tape	245	1.00	6.00	4.25	4.33	1.07
Well-being	245	1.00	6.00	4.25	4.33	1.04
Employee engagement	245	1.00	6.00	3.94	4.00	1.07
<b>Valid N (listwise)</b>	<b>245</b>					

In addition, T-tests were conducted to examine the significance of the differences in the study’s main variables between the nurses and the local government employees. These tests revealed small (mean difference<0.60) but significant differences ( $p<.001$ ) between the two groups in terms of their psychological capital, red tape perceptions and well-being, while no significant differences

were detected in terms of employee engagement. This analysis provides support for the main argument this study advances, which is that the two groups of SLBs examined are distinct and that it is likely that the dynamic of the factors affecting their well-being is also different.

### **Reliability and Validity Protocol**

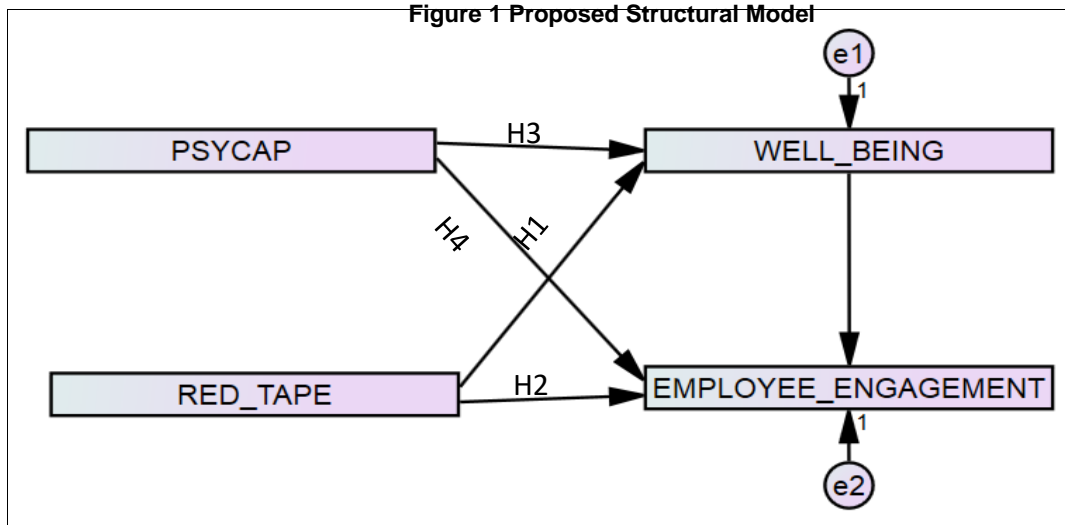
We took several measures to ensure the reliability and validity of the data before proceeding to test the structural model for the two groups. First, we screened the two datasets by case and by variable for missing data, unengaged responses and outliers, so as to ensure that only usable and complete responses appeared in the analysis. Second, we conducted an exploratory factor analysis of all the reflective latent measures in the study (i.e. PsyCap, red tape, well-being and engagement). Third, we deleted variable items that either cross-loaded onto more than one factor (to increase discriminant validity) or loaded below the 0.500 threshold (to ensure convergent validity). A promax rotation of all remaining variable items identified a four-factor model for both datasets, which explained 63.2% (nurses) and 66.8% (local government employees) of the total variance, with less than 0.4% non-redundant residuals. The Kaiser–Meyer–Olkin measure provides evidence of sampling adequacy both for the nurses (.845,  $p < .001$ ) and for the government employees (.842,  $p < .001$ ), with all communalities being above the 0.3 level; conversely, examination of the factor correlation matrix revealed no non-diagonal values over 0.7, thereby providing additional evidence of discriminant validity for the identified four-factor model for both groups. Cronbach’s alphas for the PsyCap, red tape, well-being, and engagement scales exceeded the 0.75 threshold in all cases, comfortably satisfying Nunnally’s (1981) standards for internal consistency and acceptable survey inter-item reliability.

Furthermore, confirmatory factor analysis tested the study’s measurement model. The analysis indicated that for the nurses, the fit of the four-factor model was satisfactory in accordance with the usual conventions ( $\chi^2/df = 1.60$ , GFI = 0.94, AGFI = 0.91, CFI = 0.97, PCFI = 0.77, RMSEA = 0.05) without the need for any model modifications. Minor modifications related to the addition of covariance between error terms in the structures of PsyCap and employee engagement were necessary for the local government employees dataset, which otherwise appeared to fit the four-factor model equally well ( $\chi^2/df = 1.72$ , GFI = 0.93, AGFI = 0.90, CFI = 0.97; PCFI = 0.75, RMSEA = 0.05).

Finally, we assessed the potential threat of common method variance through Harman’s (1967) single-factor test and the common latent factor method. This analysis revealed that loading all variable items onto one factor explained a relatively small percentage of the total variance (37% for the nurses and 38% for the local government employees). We corroborated these results through the common latent factor method, which essentially showed that the introduction of a common latent factor in the measurement model did not materially change the magnitude of the regression weights for any of the variable items, for either group. Together, these results provide adequate assurance about the effect of common method variance in the study.

### **Structural Model**

We used Amos 23.0 to test the study’s hypotheses in the context of the structural model presented in Figure 1, which resulted from the confirmatory factor analysis. The estimations of the parameters and the overall fit index of the measurement model were based on the default maximum likelihood (ML) estimation method, whereas all tests are directional t-tests of the critical ratios (CR) of the regression weight estimates over the estimates of their standard errors (SE) provided in the Amos output. Tables 3 and 4 present ML estimates for the proposed model for the nurses and the local government employees, respectively.



**Table 3 ML Estimates for Nurses Group**

Independent Variable	Dependent Variable	Estimate	Standardized		CR	p
			Estimate	SE		
PsyCap	Well-being	.299	.361	.049	6.136	**
Red tape	Well-being	-.137	-.166	.048	-2.845	**
PsyCap	Employee engagement	.063	.063	.054	1.171	.242
Red tape	Employee engagement	-.176	-.175	.051	-3.472	**
Well-being	Employee engagement	.665	.546	.066	10.052	**

\*\* Significant at the  $p < .001$  level (two-tailed)       $\chi^2 = 1.870$  (df = 2);  $p = .393$   
\* Significant at the  $p < .005$  level (two-tailed)      GFI = .969  
RMSEA = .048

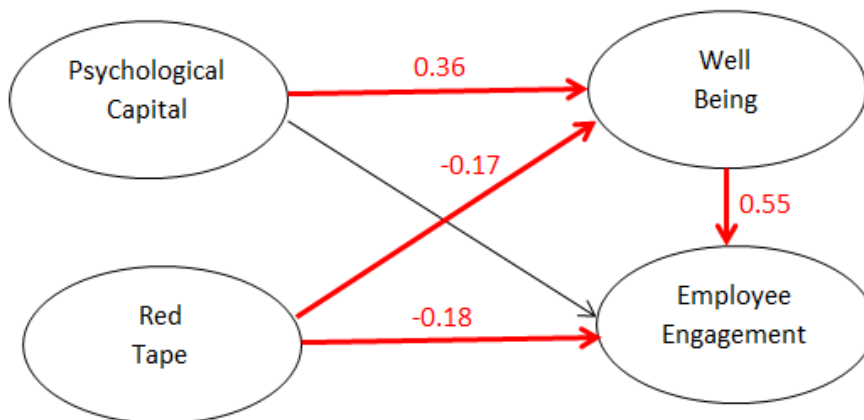
**Table 4 ML Estimates for Local Government Employees Group**

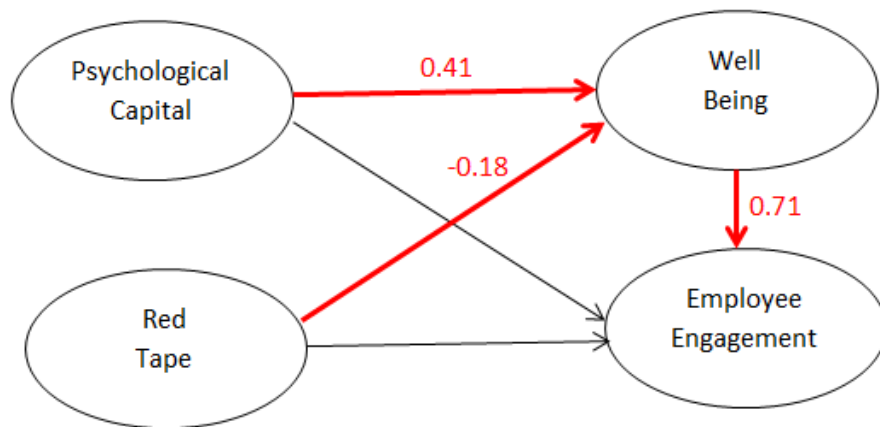
Independent Variable	Dependent Variable	Estimate	Standardized		CR	p
			Estimate	SE		
PsyCap	Well-being	.566	.411	.079	7.136	**
Red tape	Well-being	-.178	-.183	.056	-3.170	**
PsyCap	Employee engagement	-.006	-.004	.071	-.078	.938
Red tape	Employee engagement	.063	.063	.047	1.352	.176

Independent Variable	Dependent Variable	Standardized					
		Estimate	Estimate	SE	CR	p	
Well-being	----->	Employee engagement	.728	.709	.052	13.869	**
** Significant at the $p < .001$ level (two-tailed) * Significant at the $p < .005$ level (two-tailed)		$\chi^2 = 1.011$ (df = 2); $p = .557$ GFI = .989 RMSEA = .025					

The results provide evidence in support of hypotheses 1 and 3 for both groups: PsyCap has a positive effect on well-being, whereas red tape has a negative effect. When examining the magnitude of these effects across the two groups, we find a weaker relationship for nurses; that is, the positive effect of PsyCap on well-being is lower than for the local government employees. This result may be explained by nurses being professionals and also undertaking emotional labor which, according to Petitta, Jiang and Härtel (2017), is likely to compromise well-being further, perhaps by more rapid depletion of individual psychological resources.

The positive effect of PsyCap on employee engagement, as posited by hypothesis 4, is not supported in either of the two groups and it does not have a direct effect on employee engagement. However, we do find an indirect effect through well-being. The testing of hypothesis 2, which proposed a negative effect of red tape on employee engagement, produces mixed results; this hypothesis is confirmed for the nurses but not supported for the local government employees.





**Figure 2 Causal Model for Nurses (Top Panel) and Local Government Employees (Bottom Panel)**

Red tape only affects individuals and if we compare the two groups, we find that it affects nurses more; for local government employees, it affects well-being but not engagement. For nurses, the individual is in fact not the only one affected: red tape affects their well-being but also how they engage with others. We also find that the positive effect of PsyCap on well-being is less pronounced for nurses. This, too, could be explained by their being professionals and spending emotional labor in the workplace.

PsyCap seems to have a compensatory effect on both groups. However, given the stronger negative effect of red tape on nurses, the role of PsyCap is arguably more pivotal than in the case of local government employees. Perversely, however, our data suggest that it works less effectively on well-being for nurses, compared to local government employees. The reason for that might have to do with the counter-effect of emotional labor or nurses' socialization.<sup>1</sup>

## Discussion

Our study shows that the impact of red tape can differ for different types of professionals in SLB roles. The fact that it has a negative effect on work outcomes is not new and various colleagues, including Borst (2018) and Bakker, Demerouti and Sanz-Vergel (2014) have argued this. What we add to this body of work is the differential aspect of this effect. To start with, and somewhat surprisingly, it does not seem to affect local government employees' engagement. This could be understood as stemming from their greater concern for organizational performance (Jacobsson *et*

<sup>1</sup> To test the robustness of the study's findings, gender and age were introduced in the structural model considered in the study. These control factors were co-varied with the exogenous variables in the model, and then paths were drawn from each control variable to the endogenous variables. The significant relationships identified in the study remained robust when including these factors, which substantiates the validity of the model, while the indices of fit remained virtually unchanged. The fact that the control factors did not have any significant effect on the identified model provides confidence in the robustness of the study's findings.



*al.* 2020) than with a specific professional or ethical code, and therefore not experiencing any cognitive or emotional dissonance between the two. We could also explain it in terms of their heterogeneity, that is some have direct contact with beneficiaries but others do not. So while the former may see red tape perceptions diminishing their engagement at work, the latter may not, which overall contributes to the inconclusive effect on engagement. Future research should test the relevance of contact with beneficiaries on red tape perceptions, as well as its moderating effect on the relationship between red tape perceptions and employee engagement.

The overall effect of red tape on well-being and engagement is higher for nurses than for local government employees. The former is a traditional yet low-status profession in the professional hierarchy (Saks 2016), where high levels of emotional labor and dissonance with organizational and managerial logics are experienced (Brunetto *et al.*, 2014, 2015). The latter however is representative of organizational professionals (Noordengraaf *et al.* 2013) embedded in, and not conflicted by, organizational demands, experiencing comparatively low levels of emotional labor. It is difficult to generalize from nurses to all SLBs from traditional professions, or even semi-professions, who employ high levels of emotional labor in their work, as well as from local government employees to all SLBs from organizational professions such as strategists, managers and so on. Further work needs to be undertaken to extract empirical insights into the impact of red tape on other professionals' work outcomes, paying attention to capturing both individual-level and organizational-level outcomes, as relevant to the level of organizational embeddedness of various professions. Further work could also employ Zacka's (2017) moral pathologies (enforcers, caregivers or indifferent) of which we have arguably only considered two (caregivers, via nurses, and indifferent, via local government employees) to see if the impact of red tape on these three SLB types could be generalized. We have only just started what may become a fruitful research agenda based on data about a large number of SLBs in the three categories.

Another important finding of our study, and another contribution to the literature on red tape effects (e.g. Borst 2018) is the positive effect of PsyCap on well-being and engagement for both professional groups, counteracting the negative effects of red tape on well-being and, in the case of nurses, on engagement. While PsyCap has a compensatory effect (for red tape's negative effects) on both groups, given that we also found a stronger negative effect of red tape on nurses than on local government employees, it follows that PsyCap is more needed for this group. This is further strengthened by the finding that PsyCap has a slightly lower positive impact on nurses, therefore being all the more valuable for them. This is consistent with the work of Petitta, Jiang and Härtel (2017), which explains how the caring industry should consider emotional contagion in both the management of these professions and in their recruitment. This finding has important practical implications, as PsyCap is a developmental variable, which offers real prospects for continuous professional development in this respect.

Furthermore, our findings provide evidence that addresses a clear gap in the SLB literature, namely, the assumption that SLBs as a group have adequate resources to cope psychologically at work (Lipsky 2010). Nurses exhibited lower levels of PsyCap than local government SLBs and an explanation could be that Lipsky's (1980, 2010) SLB theory does not account for the psychological resources spent through emotional labor. In accounting for that, future research should take a wider view of emotional labor to include subordinate professionals' work in overcoming identity transition challenges (Carvalho 2014) and class struggles (Saks 2016). This would extend

Hochschild's (1983) perspective on emotional labor as the dissonance between the emotions experienced by employees through client interaction and the collective 'front' they display.

As noted previously, although professionals should have more discretionary power, which would increase their well-being, the combined demands of the caring professions (e.g. emotional labor, high workloads, high levels of red tape) are a potent cocktail militating against their well-being. These findings provide evidence for modifying SLB theory to account for the extra challenges faced by SLBs who undertake significant levels of emotional labor. The findings are also consistent with Sloan's (2012) study arguing, perhaps unsurprisingly, that there are different types of public sector employees and that those undertaking high levels of emotional labor require more support because their personal resources may not be adequate to help them cope with everyday workplace stresses.

## Conclusions

Having identified a differential impact of red tape on different types of professionals as well as conditions which reduce the negative effects of red tape on them, we turn our attention to one potential antidote: PsyCap. The implications of our findings are that if red tape is set to either increase or stay constant, PsyCap can be crucial for reducing its negative effects on professionals' well-being and engagement. However, PsyCap does not help all professionals in the same way and to the same degree. Assuming essential differences between professionals in SLB roles (for example between traditional, caregiving, emotional labor-intensive professions, like nurses, and organizational professions not undertaking high levels of emotional labor in their work, like local government employees) we theorize PsyCap to be a balancing variable that is more useful for those engaging in high levels of emotional labor both with clients and with other professions (e.g. nurses) than for those engaging in low levels of emotional labor due to organizational embeddedness and the absence of identity and usurpatory challenges from other professionals (e.g. local government employees).

A limitation in our study is the nature of the cross-sectional research instruments. Yet, to our knowledge, there are no longitudinal datasets combining the variables at the heart of this research: red tape and PsyCap. However, we deemed it important to investigate the two, given the promising positive organizational behavior research findings so far and the practical implications of those findings, that is, the ability of organizations, as well as professional bodies, to counteract the negative effect of red tape.

In terms of practical strategies to achieve the right 'balancing act' between red tape and PsyCap, organizations can either select people with high PsyCap or try to develop high PsyCap alongside their core operations. There are very few studies investigating PsyCap upskilling opportunities; the few which exist identify teamwork (Trincherro *et al.* 2020) and authentic leadership (Hystad, Bartone and Eid, 2014) as precursors for PsyCap, pointing out specific mechanisms for counteracting the negative effect of stressors such as red tape on professionals, particularly on high emotional labor professionals such as nurses.

Future research might identify further determinants for PsyCap, and further antidotes to stressors in professional work, in order to continue promoting and supporting sustainable work in organizations. It might also employ experimental methodologies and longitudinal research designs to examine cause-and-effect links between red tape and PsyCap, for example, to determine whether PsyCap is itself affected by red tape, whether people with such individual resources become depleted when they are exposed to a certain level of red tape, and whether interventions intended to raise one's individual resources can reduce the effect of red tape on work outcomes. Furthermore, research should continue the approach adopted here to investigate differences between SLBs in all these respects.

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