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Skill Bias Perceptions of Unskilled Workers' Self-Perception and Self-Efficacy

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This is to certify that the doctoral dissertation by

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Walden University
2024

Abstract

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MS, Walden University, 2018

BS, University of Phoenix, 2001

Dissertation Submitted in Partial Fulfillment

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Industrial and Organizational Psychology

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Abstract

A common phenomenon witnessed in the United States health care industry is a division between skilled and unskilled workforces. The division results from skill bias perceptions that strip the appreciation and value of certain job titles and responsibilities. The purpose of this quantitative nonexperimental study focused on the human capability approach theory was to ascertain the differences in perception between the two types of workers and whether skill bias perceptions predict self-perception and self-efficacy. The goal was to recognize and support the innate human capabilities of unskilled workers as valuable human capital resources. From stratified sampling, 172 skilled and unskilled voluntary U.S. health care workers completed four preexisting surveys. Multivariate analysis of variance (MANOVA) and multiple linear regression analyses showed statistically significant differences in perception between the two types of workers' skill bias perceptions, self-perception, and self-efficacy. Skill bias perceptions significantly predicted self-perception between the types of workers. Likewise, skill bias perceptions significantly predicted self-efficacy; however, the type of worker was not significant to predict self-efficacy. Results may be used for positive social change to reduce skill bias perceptions, improve working environments for all employees, emphasize unskilled workers' human capabilities as more significant, address social disparities, increase unskilled workers' self-perception and self-efficacy, and restore dignity and meaning to unskilled employment positions, especially those in the health care industry and future generations of unskilled workers.

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Dedication

Now, Mama, you can yell from heaven, "Look, world, look at my daughter! Isn't she amazing?" These are the last words you gifted me written on my birthday card right before your transition. I dedicate this accomplishment of completion to you, Theresa Cox, for all you inspired me to be. I THANK YOU. I pray you are smiling down on me because all your expectations have come to fruition.

I dedicate this accomplishment to my greatest motivation for living: my son, Omar. You are the light of my life who makes life shine much brighter. Thanks for hanging in there with me. Always, remember dreams only become visions when you stay true to yourself, work hard, and make them happen.

Also, to the memories of my loving fans who started this journey with me but have claimed their wings in less than 3 years and are cheering me on from heaven. My bonus son, Lamont, brother-in-law Vinny, Nana, Dad, and Brother Charles, your words resonate in my ears, and your love consumes my heart. Although this dissertation is finally completed, our visions of tomorrow have just begun. Thank you for all your inspiration and for being such a big part in the life of Dr. "J."

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Chapter 1: Introduction

The 21st-century health care industry's workforce consists of skilled and unskilled workers. Health care provides substantial employment opportunities for over twenty million people to meet the demands and challenges of the medical field as a blended workforce (U.S. Bureau of Labor Statistics [BLS], 2019). Each worker's job is essential and contributes valuable human capital resources to aid in economic growth, organizational effectiveness, and overall measures of high-quality medical services and positive patient care experiences. Regardless of the classification, all jobs are vital to coordinate day-to-day processes, facilitate services, and maintain safe personnel thresholds mandated by the government for patient safety and operations (McPherson, 2018). Collaborative efforts of attained education, specialized training, and innate characteristics of individual human capabilities are central sources of productivity, skill, competency, customer service, and human capital potential (McPherson, 2018; McSherry & Pearce, 2018). Innate human capabilities are also fundamental to the overall functionality, utility, diverse interactions, organizational objectives, stakeholders' satisfaction, and financial forecasts to achieve health care organizations' competitive stability and success.

Health care cultures embody individuals who share mutual feelings of belief, values, and assumptions to provide quality medical care and positive patient experiences as a collaborative mission of the medical profession (McSherry & Pearce, 2018).

Health care environments are uniquely complex due to the distinctive requirements and diversification of human beings necessary to fulfill the responsibilities of multiple tasks (McSherry & Pearce, 2018). However, the mutual objective for all employees to deliver exceptional services is threatened by stereotypical characterizations, social stigmas, unidentified biases of job classifications, task responsibility, and financial contribution (Jecker et al., 2020; see also McSherry & Pearce, 2018; Weidel, 2018; Wolfson & Mathieu, 2018).

The economic logic of the 21st-century employment outlook gravitates toward higher education qualifications, technology, specialized training, or professional credentials as the more significant contributors to capital resources. These employment requirements are the key to maintaining an organization's competitive advantage and financial stability (Jecker et al., 2020; McPherson, 2018). Therefore, skilled workers bear the weight of the value of human capital resource assessment. Although this logic may be freestanding in firm-specific industries, in workplaces composed of dual workforces, such as in health care, the evaluation of human resources must consist of both skilled and unskilled employees. Workers with minimum education, no formal skill set, and limited orientation of job responsibility classified as unskilled possess innate characteristics of human capabilities valuable to measure human resources (McPherson, 2018; Weidel, 2018).

Although often interchanged, the words *capability* and *ability* each have distinct meanings. Capability includes an inborn potential or the natural ability to accomplish a

task, whereas ability is the power, skill, means, and opportunity to get something done (Al-Janabi et al., 2012; Alkire & Deneulin, 2016; Dweck, 2017; Goldin, 2016; Weidel, 2018). Skilled workers' ability to perform specific tasks is a part of educational curricula programming that provides direct instructions or guidance not necessarily representative of inborn characteristics such as nursing (Goldin, 2016; Weidel, 2018). Inherent features of the unskilled workforce are the natural qualities of a person's personality or characteristic makeup (Alkire & Deneulin, 2016; Weidel, 2018). The unskilled workers' innate characteristics, such as the capability to function as a team player, are as essential to the health care industry's market advantage, profitability, and overall effectiveness as the skilled workers' learned abilities (Weidel, 2018).

Human resource managers' primary responsibility is to gauge predictions toward favorable economic outcomes, which shows a difference in workers' assessments. The employment criterion to establish guidelines for wages and benefits provides a pathway to deliver subjective identification (McPherson, 2018). Skill bias perceptions exist when job classifications and job relevancy undergo assessment as representatives of individual human characteristics and capabilities. Therefore, skill bias perceptions differentiate human capability and specific workers' value, exacerbating workforce division (Brown, 2016; Manstead, 2018; McPherson, 2018).

Divided workforces are the aftermath of stereotypical characterizations, social stigmas, and unidentified biases that strip the appreciation and dehumanize specific classes of working individuals based on job titles and task responsibilities (Brown, 2016;

Manstead, 2018; McPherson, 2018). Employment positions may not always represent an individual's potential, defining what they can do and how well (Brown, 2016; McPherson, 2018). The extent of differences in perception between skilled and unskilled workers impacts how workers view each other, how they view themselves, how they view their belief in their capabilities, and how they perceive the capabilities of others (Brown, 2016; Manstead, 2018; McPherson, 2018; Peters et al., 2020).

In health care and other industries such as fast food, retail, hospitality, manufacturing, and manual labor, unskilled workers compose a vast majority of employment positions. The division between workforces is a significant concern in health care environments and an experience of everyday reality in other business sectors (Peters et al., 2020; see also Behar, 2016; McPherson, 2018). The phenomenon of workforce division also contributes to major social issues, including poverty, labor shortages, unemployment, skill gaps, disproportioned opportunity, complacency, and choices of destructive alternative lifestyles (Manstead, 2018; Peters et al., 2020).

Social issues are closely related to microlevel perspectives of the underclass and views of human capability limitations to support economic and social stability based on the lack of higher education or formal training (Jecker et al., 2020; Peters et al., 2020; Weidel, 2018). Individuals who adopt these perspectives often misinterpret and misrepresent individuals, disregarding their capabilities (Peters et al., 2020). Humanistic psychology addresses the disregard for human capability in work environments and social arrangements that contributes to decreased self-perception and self-efficacy among

workers already perceived as less valued (Alkire & Deneulin, 2016; Manstead, 2018; Peters et al., 2020; Weidel, 2018).

Examining the issues of division and skill bias perceptions in the health care industry is crucial due to the number of mandatory employment positions specific to minimum education requirements (e.g., high school diploma, general equivalency diploma [GED] diploma). Triggered by the 2020 COVID-19 pandemic, health care leaders will add more support jobs between 2020 and 2030 than technical and industrial businesses (BLS, 2021). There is an expectation that the annual growth of 1.7% of unskilled health care opportunities throughout the United States will accommodate the long-term damages of the pandemic and the continued urgency of medical needs. Subsequently, the rising demand for unskilled health care workers due to new medical facilities, advances in medical care, increased life expectancies, prolonged retirement ages, and future generations' work eligibility is inevitable. As an example of the need for unskilled workers in the medical industry, the state of Michigan had the ninth highest number of COVID-19 cases (1,567,578) in the U.S. (Centers for Disease Control and Prevention n.d.). Lower Michigan alone has 146 hospitals (six government, 114 nonprofit, and 26 for-profit) that employ approximately 229,111 workers (BLS, 2021). Depending on its size, each facility employs an estimated 300 to 400 unskilled workers, which equates to 43,800 to 58,400 minimal high school education job opportunities. These numbers represent the employees who, alongside the skilled health care workers, ensure the patients receive their meals, travel to and from various testing sites; these

employees also sanitize the rooms of positive COVID-19 patients to ensure high medical standards.

The U.S. Department of Labor Employment and Training Administration (DOL, 2020) Occupational Information Network) database provides multiple job descriptions for unskilled workers in hospital settings. The jobs most essential to health care, without determinations of higher education, specialized training, or professional credentials, are dietary services, transportation, and environmental services. These jobs require basic cognitive and physical abilities to meet the requirements for future employment consideration. However, the unobserved innate human capabilities not specified in the job descriptions directly align these positions with their role as vital support systems. Unskilled job responsibilities are essential to complement the skilled workers' tasks in high-priority health care professions such as nursing, respiratory therapy, and radiology (McPherson, 2018).

The current study referenced unskilled workers in dietary services, transportation, and environmental services as a central point of interest because their job responsibilities require innate human capabilities to successfully perform duties that entail immediate patient contact or interaction (DOL, 2020). The unskilled worker possesses inherent characteristics indicative of skills not taught, acquired, or transferred through traditional channels of higher academic learning yet are crucial to supporting the day-to-day functionality that impacts the total patient care experience (Jecker et al., 2020; McPherson, 2018). However, unskilled workers' contributions are commonly

overlooked, underestimated, underrepresented, and unsupported by the organization and coworkers in higher classified positions (Behar, 2016; Brown, 2016; McPherson, 2018). The differences in perception between the two types of workers suggest behaviors indicative of skill bias perceptions (Brown, 2016; Jecker et al., 2020).

Unskilled employees responsible for perceived mundane jobs such as preparing and delivering meals, transporting patients to and from scheduled tests, or sanitizing and maintaining sterility throughout contaminated facilities proved crucial during the catastrophic emergency of the COVID-19 pandemic. However, the common definition of *essential* overshadowed their contributions (Peters et al., 2020). The arbitrary labels of skilled and unskilled workers have prompted a global change to recognize staffing burdens and the need for collaborative workforce efforts (Jecker et al., 2020). The pandemic was a reminder of the importance of the unskilled workforce in health care and their contributions of human capability as valuable resources.

Skill bias perceptions may exist to broaden and burden the workforce gap rather than recognize and support the unskilled workers' contributions as valued resources (Jecker et al., 2020; Peters et al., 2020). The differences in perception between skilled and unskilled workers influence skill bias perceptions in the workplace and, therefore, impact the self-perception (how people view themselves) and self-efficacy (how people believe in their capabilities) of workers perceived to be of less value (Brown, 2016; Jecker et al., 2020; Peters et al., 2020)

Background

Health care personnel deliver primary, secondary, and support levels of services. Human resource processes specified by the Occupational Information Network determine job classifications according to educational attainment, specific skill set, professional credentials, worker characteristics, and task responsibility (DOL, 2020). Skilled positions directly related to primary medical patient care and treatment, such as physicians, nurses, and certified technologists, are highly valued. Secondary high-level or skilled administrative positions such as information technology, electrician, financial analyst, and compliance officer are not related to patient care; however, they are highly valued and viewed as essential to the hospital's daily systems and operations. Nonmedical positions such as dietary services, transportation, and environmental services requiring at least a high school or GED diploma, no formal skill set, and limited orientation to perform routine, mandated tasks classified as unskilled are viewed as less valuable. Workers in these positions do not provide direct medical patient care or address administrative concerns but work closely with primary skilled personnel to provide services immediately assessed in the focus of the total patient care experience (DOL, 2020).

The concept of human capital continues to evolve, showing human capabilities as the functionality of total resources in the economic growth and production process (Pravdiuk et al., 2019; Raffiee & Coff, 2016; Wolfson & Mathieu, 2018). Earlier economists discussed human capital as investments of resources in expeditious financial

and organizational outcomes (Pravdiuk et al., 2019). However, previous consideration of functionality focused more on physical abilities critical to performing in unskilled positions such as lifting, manual labor, manufacturing, and equipment operation (Pravdiuk et al., 2019; Wolfson & Mathieu, 2018). In health care, functionality is the collective talents of all personnel measured by competency, production, and performance. Managers of skilled and unskilled collaborative personnel can no longer consider the assembly of certain individuals as an investment and others as stock. The need to validate individual human capability as a valuable resource extends beyond traditional human resource assessments and demands a more humanistic approach (Pravdiuk et al., 2019; Wolfson & Mathieu, 2018).

Humanistic psychologists reconnect the rebirth of human capability to industrial and organizational psychology through the support of social science movement leaders who believe that humans, as individuals, are unique beings and possess innate characteristics of value (Alkire & Deneulin, 2016; Stracher & Allen, 2016). Lower-level workers are subjectively targeted because the differences in perception linked to employment classifications disclose underlying stereotypical characterizations, social stigmas, unidentified biases, and less-than-desirable behavioral experiences (Stracher & Allen, 2016). Unfavorable behaviors common to the workplace are apparent in actions such as ostracism, entitlement, incivility, and job shaming (Brummel & Parker, 2015; Fabio & Gori, 2016; Keller et al., 2020; Robinson & Schabram, 2017; Whitson et al., 2017; P. Williams et al., 2016), discussed in greater detail in Chapter 2. Individuals

engaging in these activities overtly discourage prosocial behavior and perpetuate negative workplace relationships that diminish self-perception and self-efficacy (Livi et al., 2018; Peters et al., 2020; Stracher & Allen, 2016). Between the two groups of workers, the absence of prosocial behavior most affects the group who already feels slighted and less appreciated: the unskilled worker (Livi et al., 2018; Peters et al., 2020; Stracher & Allen, 2016).

Self-perception and self-efficacy exemplify human capabilities. Together, they enable an individual to adapt, function, and develop in the workplace against obstacles of occupational boundaries and life circumstances (Alkire & Deneulin, 2016; Hardin & Larsen, 2014; Weidel, 2018). Overlooking how others perceive unskilled workers related to skill bias perceptions may lead to a disregard for human value and potential (Peters et al., 2020; see also Alkire & Deneulin, 2016; Hardin & Larsen, 2014; Manstead, 2018; Weidel, 2018). Self-perception and self-efficacy are fundamental to building a person's agenda to achieve higher levels of consciousness, belonging, purpose, optimism, confidence, and resourcefulness (Peters et al., 2020; see also Alkire & Deneulin, 2016; Hardin & Larsen, 2014; Krems et al., 2017). These attributes mark the progression of increased self-perception and self-efficacy as necessary to ignite aspirations to "want better, do better, and be better," moving toward building a "better world" (Hardin & Larsen, 2014, p. 224).

Problem Statement

In the health care industry, administrators and leaders unknowingly foster climates of division between the skilled and unskilled workforce. The division suggests the differences in perception of job classifications, task relevancy, and financial contributors who lack higher education, specialized training, or professional credentials, thereby presenting a problem. Consequently, individuals with higher education, specialized training, or professional credentials do not recognize or support the innate human capability of unskilled workers (Peters et al., 2020; see also Alkire & Deneulin, 2016; Brown, 2016; McPherson, 2018). In many industries with dual workforces, leaders intentionally or unintentionally entertain acts of stereotypical characterizations, societal stigmas, and unidentified biases that predict self-perception and self-efficacy (Alkire & Deneulin, 2016; Brown, 2016; Krems et al., 2017; McPherson, 2018).

Multiple researchers have examined inclusion issues critical to the selection process of diversity among health care personnel (Barbier, 2019; Cassad & Bryant, 2016; McPherson, 2018; McSherry & Pearce, 2018; Otis & Wu, 2018; Raghupathi & Raghupathi, 2020; Weidel, 2018). Popular topics in existing literature regarding unskilled workers are concerns about human resource processes and policies focused on wages, job security, job satisfaction, and organizational support (Barbier, 2019; Cassad & Bryant, 2016; McPherson, 2018; McSherry & Pearce, 2018; Otis & Wu, 2018; Raghupathi & Raghupathi, 2020; Weidel, 2018). The literature presents health care disparities and dysfunctions common to skilled employees' burnout, low morale, or employee retention

without discussion related to the experiences and challenges of unskilled employees (Ansmann et al., 2020; Barbier, 2019; McPherson, 2018; McSherry & Pearce, 2018; Otis & Wu, 2018; Raghupathi & Raghupathi, 2020; Weidel, 2018). The lack of research addressing the differences in perception between the two workgroups (skilled and unskilled) and the outcome of skill bias perceptions on the self-perception and self-efficacy of the unskilled worker population indicated a need for the current study.

Purpose of the Study

The purpose of this study was to investigate the differences in perception between skilled and unskilled health care workers to ascertain and disclose realizations that trigger behaviors of stereotypical characterization, social stigmas, and unidentified biases in the health care industry unknown to the perpetrator. The objective was to understand whether skill bias perceptions predict the self-perception and self-efficacy of the unskilled worker. Industrial and organizational psychology scholars use research as a comprehensible vehicle to bring awareness and understanding of workplace issues not widely discussed, such as skill bias perceptions (Alkire & Deneulin, 2016; Ismail & Tekke, 2015). The lack of literature suggests the scholarly community is unaware of how the differences in perception between the two classifications of workers indicate skill bias perceptions. Members of the academic and business communities may not recognize skill bias perceptions as a common phenomenon and prominent agitator of divided workforces. Also, community members may not understand that increased skill bias perceptions decrease self-perception and self-efficacy in workers perceived as less valued. This study

was a means to encourage organizational leaders and individuals to recognize and support the human capabilities of unskilled workers as valued capital resources. I sought to illuminate perceptions of unskilled workers and improve how they view themselves and believe in their capabilities.

Research Questions and Hypotheses

The overarching question guiding this study was the following: To what extent do the differences in perception between skilled and unskilled health care workers predict skill bias perceptions, self-perception, and self-efficacy of the unskilled workers' population? Three research questions were formulated:

RQ1: Are there statistically significant differences in perception between skilled and unskilled health care workers on skill bias perceptions, self-perception, and self-efficacy?

H_o1: There are no statistically significant differences in perception between skilled and unskilled health care workers on skill bias perceptions, self-perceptions, and self-efficacy.

H_a1: There are statistically significant differences in perception between skilled and unskilled health care workers on skill bias perceptions, self-perception, and self-efficacy.

RQ2: Do skill bias perceptions significantly predict respondents' self-perception?

H_o2: Skill bias perceptions do not significantly predict respondents' self-perception.

H_a2: Skill bias perceptions significantly predict respondents' self-perception.

RQ3: Do skill bias perceptions significantly predict respondents' self-efficacy?

H_o3: Skill bias perceptions do not significantly predict respondents' self-efficacy.

H_a3: Skill bias perceptions significantly predict respondents' self-efficacy.

Theoretical Framework

The theoretical framework of this study originated from Sen's fundamental human capability approach theory, introduced in the 1980s (Robeyns, 2016). The theory, later redefined by Nussbaum in 1998 (as cited in Robeyns, 2016) as the human capability approach theory, was the current study's framework. The redefined theory includes economists' concerns about labor, production, and finances as well as Nussbaum's (1998), as (cited in Alkire & Deneulin, 2016; Biggeri et al., 2018; Karimi et al., 2016; Robeyns, 2016; Weidel, 2018; Wolfson & Mathieu, 2018) adoption of human characteristics, individualism, development, and potential. Nussbaum postulated that individuals are instilled with specific human capabilities to define their purpose and value as they are perceived and perceive themselves reflected by individual relationships, circumstances, and experiences (Alkire & Deneulin, 2016; Biggeri et al., 2018; Karimi et al., 2016; Robeyns, 2016; Weidel, 2018).

According to Nussbaum, workplace assessments should include a person's capability to adapt, function, and develop in unfamiliar environments as assets of characteristic makeup (Biggeri et al., 2018; Weidel, 2018). These assets show individual traits transformed to align with capabilities and positive identity realized through

increased self-perception and self-efficacy (Alkire & Deneulin, 2016; Biggeri et al., 2018; Ismail & Tekke, 2015; Karimi et al., 2016; Weidel, 2018). The human capability approach theory indicates the need for workplace environments and social arrangements to assess standards of human capabilities favorable to promoting and achieving higher purpose and value (Alkire & Deneulin, 2016; Biggeri et al., 2018; Ismail & Tekke, 2015). Domains that weigh human capabilities as valuable resources are a positive step toward greater self-expansion and a better trajectory of personal agenda for all employees.

Nussbaum's redefined theory includes self-perception and self-efficacy as units of human capability necessary for individual evolution (Biggeri et al., 2018; Karimi et al., 2016; Robeyns, 2016). Optimism, belonging, purpose, consciousness, confidence, and resourcefulness accentuate a person's latitude of growth and provide a platform to move forward in life and flourish (Alkire & Deneulin, 2016; Fabio & Gori, 2016; Ismail & Tekke, 2015; Martinez-Marti & Ruch, 2017; VanderWeele, 2017). The self-concept theory and the self-efficacy theory were supplemental theories fundamental to align the primary theoretical framework. Additionally, Maslow's human needs theory supported the establishment of an association of perspectives interwoven into the primary theoretical framework and research topic. Therefore, the human capability approach theory was appropriate for determining the extent of skill bias perceptions and predicting the self-perception and self-efficacy of the unskilled workers' population, as discussed in the extensive literature review in Chapter 2.

Nature of the Study

I used a quantitative approach to examine the differences in perception between skilled and unskilled U.S. health care workers and predict skill bias perceptions, self-perception, and self-efficacy. The workers (skilled and unskilled) represented the dichotomous independent variable and the focus population. A nonexperimental design was appropriate to survey a large sample of health care personnel representative of the skilled (nursing, respiratory therapy, and radiology) and unskilled (dietary services, transportation, and environmental services) U.S. workers. I aimed to ascertain the reality of a phenomenon through evidence of theoretical support, a comprehensive literature review, and statistical analyses.

I used four preexisting test instruments with reliable and valid coefficients appropriate to measure the outcome variables. The Flourishing Scale is a measure of self-perception (Diener et al., 2009). Combined scores from the Social Capital of Health Care Organizations Reported by Employees Survey (SOCAPO-E) and the ICEpop Capability Measure for Adults (ICECAP-A) addressed the constructs of perceived social capital appropriate to determine whether skill bias perceptions exist (see Afentou & Kinghorn, 2020; Ansmann et al., 2020). The General Self-Efficacy Scale (GSE) measured a person's belief in their capabilities (Schwarzer & Jerusalem, 1995). The validated questionnaires were powerful tools to ensure a concise and timely data collection process for numerical statistical analyses and present results (see Creswell & Creswell, 2018). In the United States, there is an apparent division between the skilled and unskilled

workforces. Nonexperimental research allows for generalizations relevant to the population of interest to predict outcomes, which may serve as profound tools for organization and social change (Creswell & Creswell, 2018). In the current study, the voluntary participation of health care workers enabled a better understanding of the stereotypical characterizations, social stigmas, and unidentified biases found in environments that contribute to the division between the workforces; create unhealthy, toxic work environments; show adverse psychological and emotional outcomes; and lessen the recognition, support, and value of human capability for workers who lack higher education, specific skill sets, or professional credentials.

Definitions of Key Terms

Human capability: Alternative combinations of innate characteristics practical for an individual to achieve freedom in opportunities to pursue purpose, value, positive psychological and emotional outcomes, increased self-perception and self-efficacy, and resources to improve their life agenda (Afentou & Kinghorn, 2020; Al-Janabi et al., 2013; Alkire & Deneulin, 2016; Karimi et al., 2016; Ismail & Tekke, 2015; Stracher & Allen, 2016; Weidel, 2018).

Human capital: The use of skills, knowledge, competencies, talents, physical ability, and characteristics possessed by employees and regarded as resources or assets contributing to organizational function, productivity, financial forecast, effectiveness, and stability (Goldin, 2016; Pravdiuk et al., 2019; Raffiee & Coff, 2016; Wolfson & Mathieu, 2018).

Self-efficacy: A person's belief in their capabilities to achieve specific tasks, accomplish goals, and navigate events to represent the purpose and value of their identity (Austin, 2018; Krems et al., 2017). Optimism, confidence, and resourcefulness correlate with self-efficacy to assess the individual's perception of thought processes to obtain inner aspirations and achievement (Austin, 2018; Krems et al., 2017; Martinez-Marti & Ruch, 2017; Rockow et al., 2016; B. Williams et al., 2017).

Self-perception: A combined evaluation of an individual assessment of how a person perceives themselves and how they perceive others perceive them. There is no consideration for physical characteristics such as gender or race, but to life circumstances, observed interactions, and interpersonal relationships that assist in achieving levels of consciousness, belonging, and purpose in pursuit of sufficiency and self-expansion in the workplace (Alkire & Deneulin, 2106; Austin, 2018; Dweck, 2017; Hardin & Larsen, 2014; Ismail & Tekke, 2015; Krems et al., 2017).

Skill bias perception: Unintentional or intentional practices of organizations and society that strip the appreciation and value from specific job classifications and task responsibilities based on workplace generalizations, biased conceptions, or beliefs and opinions that differ in the representation of education, social status, unique experiences, meaning, or personal motives (Behar, 2016; Brown, 2016; Daniels & Robinson, 2019; Manstead, 2018; McPherson, 2018; Whitson et al., 2017; Wu et al., 2016).

Stereotypical characterization: Covert or overt personal displays of subjective opinion, judgment, prejudice, or stigma of generalized presumptions about a phenomenon

or population. Stereotypes, social stigmas, and identified biases influence skill bias perception (FitzGerald & Hurst, 2020; Keller et al., 2020; Otis & Wu, 2018; Peters et al., 2020; Robinson & Schabram, 2017; Spencer et al., 2016; Whitson et al., 2017; Yang & Treadway, 2018).

Assumptions

The primary assumption was that participants would answer the combined questionnaire with thoughtful and honest responses. Skill bias perceptions are a sensitive topic, and employees may not be open to realizing or admitting participation in any unfavorable judgments, biases, or behaviors, especially in the workplace (Daniels & Robinson, 2019; Keller et al., 2020; Otis & Wu, 2018; Whitson et al., 2017). Another assumption was that skilled and unskilled workers understood the universal wording of the test instruments written in English. I assumed the global COVID-19 pandemic may have prompted people to realize stereotypes, stigmas, or biases before the pandemic that may have influenced perceptions of the unskilled workers' contributions to the workplace or society; therefore, participants may have had a better understanding and appreciation for the current study and its benefits to health care environments.

I assumed the research would increase awareness of skill bias perceptions and promote practices and strategies to reduce skill bias perceptions. Decreased skill bias perceptions could reduce workforce division, improve the workplace and social environments, and increase the self-perception and self-efficacy of workers perceived as less valued. Finally, I assumed this study would present helpful information as a

foundation contributing to industrial and organizational psychology for ongoing investigations of skill bias perceptions in the workplace and society.

Scope and Delimitations

The scope of this study included an objective representation of a large population of skilled (e.g., nurses, respiratory therapists, and radiology technologists) and unskilled (e.g., dietary service aides, transporters, environmental service aides) U.S. health care personnel. These specified job titles and duties are closely coordinated and collectively enhance the total patient care experience. The current study was relevant to patient-related primary and support workers whose job responsibilities require a combination of competency, skill, innate capabilities, and diverse talents (McPherson, 2018). Although, physicians and medical students are primary care providers, they were ineligible due to the assumed perception of occupational prestige associated with their professional credentials and doctor privileges (see McPherson, 2018). I excluded other health care employees in administrative (e.g., compliance officer, finances) or non-patient-related positions (e.g., maintenance, warehouse delivery) because their duties are focused not on the patient's needs but on the organization's systems and operations.

Another delimitation of the study was the absence of race and gender as demographic criteria for participants' qualifications. I did not intend to intimidate, offend, deceive, or provoke a subjective identification threat to any voluntarily participating employee. Therefore, this consideration allowed for responses from a diverse pool of

races and genders across the U.S. health care industry to strengthen the generalizations of the target population without the potential for researcher or response bias.

Limitations

Limitations are foreseen or unanticipated circumstances that may impede the success of the research due to complications and delays in completing the study (Creswell & Creswell, 2018). Quantitative research is appropriate for examining topics addressing workplace and social concerns using confidential questionnaires; however, recruits may not be interested in the research topic. Recruiting a sufficient sample of participants to represent the skilled and unskilled hospital personnel in the United States equally could have caused a delay in the current study. Efforts to address this limitation included clear communication of research intent, confidentiality provisions, assurance of any workplace repercussions, and using credible sources such as Amazon's MTurk and SurveyMonkey for recruiting and screening potential participants.

Additional limitations included the decision to exclude skilled and unskilled employees in other industries whose responses may have significantly impacted the study's results. Because the study's benefits were directly related to unskilled workers in the health care industry, the scope of audiences who share concerns about the perception of unskilled workers could be limited. Also, the surveys were self-reported via a confidential web link. They may have encouraged group or assisted participation and dishonest responses, both of which could have impacted the study's results. I reiterated the importance of individual confidential participation in the informed consent form and

survey instructions. I diligently proceeded with the data collection and analysis processes using software parameters and filters to minimize any evaluation errors and maintain the integrity of the study. Lastly, my advocacy for the recognition and support of unskilled workers and my personal interest in the research topic might have suggested researcher bias. To reduce the risk of bias, I conducted a quantitative study to present objective theoretical support instead of a qualitative or mixed-methods study with subjective interpretations.

Significance

The lack of literature supported the study's uniqueness in examining the differences in perception of the skilled and unskilled workforce that contribute to the division between workers in the U.S. health care industry. During an extensive literature search, I discovered multiple studies related to work environments' situational and dispositional factors conducted outside of the United States. U.S. researchers favored business, economic, and human resource management topics focused on financial and administrative concerns of practices, policies, disparities, and organizational changes regarding higher-level employees with little discussion of lower-level employees. Psychology and sociology articles addressed workplace issues relevant to employee behavior, morale, leadership, interpersonal relationships, occupational support, and other topics pertinent to employee well-being. In the literature review, I did not uncover studies specific to skill bias perceptions or the psychological and emotional effects of negative work environments, particularly for unskilled workers in the health care industry.

Meaningful and valuable information provided in this review is a combination of behavioral psychology, industrial and organizational psychology, sociology, business, workplace ethics, and health economics articles relevant to aspects of the research topic.

This study may offer insight and purposeful information for the health care industry to initiate strategies to improve workplace environments for all employees. Addressing uncongenial human resource influences related to the division among the workforce brings awareness of skill bias perceptions as a typical 21st-century workplace agitator, with heightened concerns for future generations (Rockow et al., 2016; Weidel, 2018). The current study was significant for realizing and predicting the impact of skill bias perceptions on self-perception and self-efficacy in individuals perceived as less valued. I examined stereotypical characterizations, social stigmas, and unidentified biases that contribute to behaviors applicable to skill bias perceptions.

The greater significance of this study was to heighten unskilled workers' perception of themselves and belief in their capabilities. Addressing the psychological and emotional impact of skill bias perceptions will help unskilled workers realize their capabilities and encourage them to pursue opportunities to reach higher levels of potential toward a greater quality of life (Dweck, 2017; Hardin & Larsen, 2014; Ismail & Tekke, 2015). The current study may promote social change to restore a sense of meaning and dignity in unskilled employment positions. The results addressed pressing social issues such as poverty, unemployment, labor shortages, skill gaps, and alternative lifestyle choices leading to increased self-destruction and crime. These social issues often arise

because individuals with minimal education feel victimized by stereotypes, stigmas, and biases that yield unfair or misinterpreted subjective identification, resulting in decreased self-perception and self-efficacy (Dweck, 2017; Hardin & Larsen, 2014; Weidel, 2018).

Summary and Transition

The health care industry provides multiple employment opportunities for individuals with a high school education and no formal skill set. In 21st-century work environments and social arrangements, it is imperative to assess the human capabilities of unskilled workers as valuable human resources to address the phenomenon of workforce division. The contributions of the unskilled workforce should not be undervalued, underestimated, underrepresented, unsupported, disregarded, or dehumanized based on individual perceptions of job classifications, task relevancy, and who is the more significant contributor to an organization's financial forecasts. In health care, human capabilities, whether attained through higher education or innate characteristics, collectively fulfill the mission to offer high-quality medical services and positive patient care experiences.

Chapter 1 presented the elements needed to conduct a theoretically grounded study. An overview of the study's background, problem, purpose, nature, and significance showed the need to examine differences in perceptions related to skilled and unskilled health care personnel in the United States. The research questions and hypotheses that guided this study correlated with the central and supporting theories. Additional elements in Chapter 1 included the scope and delimitations, limitations, and

assumptions of the study's boundaries and potential challenges. Chapter 2 presents a review of credible peer-reviewed literature to understand the extent of the phenomenon.

Chapter 2: Literature Review

Overview

Innate characteristics are essential to measuring human capital resources; however, health care is an industry that associates the contribution of human capabilities with perceptions of job titles, levels of responsibility, and financial forecasts (Brown, 2016; McPherson, 2018; McSherry & Pearce, 2018; Weidel, 2018). Health care administrators and leaders unknowingly foster workplace climates that contribute to a division between skilled and unskilled workers. This phenomenon is the consequence of skill bias perceptions. Stereotypical characterizations, social stigmas, and unidentified biases are attached to unskilled workers and employment positions not linked to skilled workers (McPherson, 2018; McSherry & Pearce, 2018). There was a need to better understand the influences of skill bias perceptions that intentionally or unintentionally impact coworkers' behaviors toward other coworkers. Reducing the extent of skill bias perceptions toward a population of workers scrutinized based on the lack of higher education and employment classification required recognizing the United States Declaration of Independence, which states, "We hold these truths to be self-evident, that all men are created equal and, that their Creator endows them with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness" (Jefferson, 1776, para. 2). The Declaration of Independence does not specify whether the skilled have more rights than the unskilled to participate in employment opportunities applicable to attained levels of education; therefore, the human capabilities of both workforces are valued

resources that guarantee the right of a person's plan of life, liberty, and the pursuit of happiness.

Economists and organizational strategists have provided research to substantiate the importance of science, technology, engineering, and mathematics through higher education as valued resources to aid in the growth and stability of the economy (Pravdiuk et al., 2019; Raffiee & Coff, 2016; Weidel, 2018; Wolfson & Mathieu, 2018). Psychologists and philosophers examine social science to explore innate human characteristics and talents not taught in traditional academics as valuable resources of human capital (Alkire & Deneulin, 2016; Pravdiuk et al., 2019; Stracher & Allen, 2016; Weidel, 2018; Wolfson & Mathieu, 2018). Philosophical ideologies are used to investigate the differences in characteristic tendency distinctions. These tendencies associate education and levels of discipline with various employment classifications consistent with skill bias perceptions, such as skilled employees are more punctual than unskilled employees, or accountants are better organized than grocery store clerks (Austin, 2018; Krems et al., 2017; Peters et al., 2020; Pravdiuk et al., 2019; Wu et al., 2016; Yang & Treadway, 2018).

Literature suggested that differences in the perception of human capital promote differences in the perception of capability. The differences result more from subjective evaluations of observable characteristics linked to cognitive abilities and visual processing than unobserved characteristics of individual intentions (Austin, 2018; Pravdiuk et al., 2019; Wu et al., 2016; Yang & Treadway, 2018). Researchers postulated

that people are visual creatures. Natural talents often go unnoticed until a person can visualize or communicate them through actions that infiltrate the human senses, such as an artist, chef, or singer (Wu et al., 2016; Yang & Treadway, 2018). Similar to an artist, chef, or singer, unskilled workers' natural talents go unnoticed, and these workers experience subjective evaluation based on their job title and responsibility.

Multiple studies highlighted the importance of positive situational and dispositional factors within work environments and social arrangements that increase the self-perception and self-efficacy of the skilled workforce and limit discussion for the unskilled (Peters et al., 2020; Wayment & Bauer, 2017; Weidel, 2018). Industrial and organizational psychologists advocate for meaningful employment facilitated by positive psychological and emotional workplace outcomes (Weidel, 2018). Human resource and line management practices should consider human resources differently from the past to represent a greater diversity of talent potential among personnel (Goldin, 2016; Karimi et al., 2016; McPherson, 2018; Pravdiuk et al., 2019; Wu et al., 2016; Yang & Treadway, 2018). The current study was an exploration of qualities of human capabilities not taught, transferred, or acquired through traditional higher education curricula but achieved through the intrinsic motivation of psychological and emotional growth (see Alkire & Deneulin, 2016; Ismail & Tekke, 2015; McPherson, 2018). Chapter 2 provides a diligent review of scholarly sources that supported the existence of skill bias perceptions or suggested skepticism of skill bias perceptions in 21st-century workplaces.

Literature Search Strategy

I identified publications for review using the following keywords: *capability*, *human capital*, *humanistic approach*, *skill bias perception*, *self-perception*, *self-efficacy*, and *stereotypes.* Walden University Library databases (SAGE Journals, ProQuest, PsycArticles, PsycInfo, ScienceDirect, and Emerald Insight) provided multiple options of peer-reviewed literature indirectly related to the research topic. An expanded search using interchangeable referenced keywords helped to locate business and health care articles from Business Source Complete, Google Scholar, EBSCO, EconBiz, PubMed, CINAHL, and ERIC. BLS provided current reports of future employment projections for unskilled workers in the health care industry, and the Occupational Information Network presents human resource employment definitions, job descriptions, requirements, and worker characteristics to understand the roles of health care employees. From the search, I evaluated more than 600 academic articles and textbook chapters. The search strategy consisted of reviewing abstracts, conclusions, recommendations, and research findings with acceptable reliability and validity coefficients of similar constructs. The publication scope spanned 7 years from 2016 to 2023; however, references to theories extended beyond the time frame.

Theoretical Framework

The theoretical framework was grounded in Nussbaum's (1998, as cited in Alkire & Deneulin, 2016; Biggeri et al., 2018; Karimi et al., 2016; Robeyns, 2016) perspectives of human capability, self-perception, and self-efficacy, which are critical to

understanding the unskilled workers' position in the workplace as others perceive them and the impact of those perceptions. The human capability theory presented disadvantaged individuals as an agency of human beings with individual assets of human capabilities to adapt, function, and develop (Alkire & Deneulin, 2016; Stracher & Allen, 2016). The central focus of the current study was to examine the predictive impact of skill bias perceptions on individuals perceived as disadvantaged. According to the theory, innate characteristics are essential to a person's agenda of positive identification, self-expansion, sufficiency, purpose, value, and increased self-perception and self-efficacy (Alkire & Deneulin, 2016; Hardin & Larsen, 2014; Ismail & Tekke, 2015; Weidel, 2018). Disadvantage commonly relates to an unfavorable or deficit position that creates stereotypes or stigmas that reduce opportunities or increase potential challenges (Alkire & Deneulin, 2016; Weidel, 2018). The disadvantage of unskilled workers compared to skilled workers is the lack of higher education, specialized training, professional credentials, or job classifications without merit of occupational prestige (Weidel, 2018).

Referenced theories associated with the dependent variables self-perception and self-efficacy provided a foundation of empirical evidence supporting Nussbaum's human capability approach theory. Maslow's (1943, as cited in Krems et al., 2017; McLeod, 2018) hierarchy of needs provided a foundation to interpret life considerations (psychological, safety, belonging, esteem, and self-actualization) as common motivation for skilled and unskilled workers to seek employment. Addressing basic human needs for the unskilled worker is no different than for the skilled worker who seeks to achieve

greater self-expansion and sufficiency through gainful employment that results in increased self-perception and self-efficacy (Karimi et al., 2016; Krems et al., 2017; Weidel, 2018). Rogers (1951, as cited in Hardin & Larsen, 2014; Ismail & Tekke, 2015; Wayment & Bauer, 2017) introduced a more humanistic outlook of the self-concept theory to emphasize self-perception as self-equilibrium as the balancing process of a person's envisioned self and actual self. The researchers collaborated in studies of humanistic psychology that focused on individual potential and supported the congruence of positive psychological and emotional identification needed to align how a person views themself (Hardin & Larsen, 2014; Ismail & Tekke, 2015; Krems et al., 2017; Wayment & Bauer, 2017). Bandura (1977) proposed the self-efficacy theory, stressing the belief in a person's capabilities to organize, execute, navigate, manage, and succeed in situations or tasks necessary to achieve a greater quality of life. Bandura (1977, as cited in Ismail & Tekke, 2015; Krems et al., 2017; Wayment & Bauer, 2017) discussed the self-efficacy theory as a determinant of how people think, feel, and behave in situations and relationships related to themselves and others.

Pertinent to health care workplaces, negative subjective descriptions create a mental picture that does not always represent reality, explain intentions, or allow understanding of individual circumstances (Krems et al., 2017). The human capability approach theory and humanistic psychology provided a perspective of progress for the unskilled worker. Together, the theories addressed a need for transparency and the realization of skill bias perceptions that contribute to workforce division.

Human Capital

Historically, human capital has been referenced in economic and political models to describe employees as the stock needed for production and labor to predict financial gains (Goldin, 2016). The concept of human capital has evolved and established a person's function as a viable resource in the economic and production process (Pravdiuk et al., 2019). Human capital is no longer exclusive to economics and politics but applies to the modern era as a way to interpret psychology and social science models that examine human capital as assets of individual resources (Goldin, 2016; Pravdiuk et al., 2019; Wolfson & Mathieu, 2018). The human capital concept's progress in recognizing natural talent, habit, mannerism, self-motivation, self-direction, intuition, integrity, and life experiences as unique resources is a priority (Goldin, 2016; Jecker et al., 2020; McPherson, 2018; Peters et al., 2020; Pravdiuk et al., 2019; Whitson et al., 2017; Wolfson & Mathieu, 2018). Industrial and organizational psychologists include creativity, natural conflict resolution, and social and personal skills (soft skills) also as unique (Alkire & Deneulin, 2016; Gloss et al., 2017; Jecker et al., 2020; Wolfson & Mathieu, 2018).

Modern scholars introduced human capital as an investment in people's ability to adapt, function, and develop outside their comfort level (Pravdiuk et al., 2019; Raffiee & Coff, 2016; Wolfson & Mathieu, 2018). Corresponding research addressed moving human capital from production and labor toward personal attributes of potential incited by increased self-perception and self-belief. The diversity of innate characteristics

distinguishes the unskilled workforce from the stereotypical associations of higher education assumed by job titles (Goldin, 2016; Whitson et al., 2017; Wolfson & Mathieu, 2018). Natural capability resources do not follow an educational protocol of observed and expected sequence. Goldin (2016) suggested that the probability of overlooking natural resources is greater than the possibility of dealing with the perceptions that characterize and stigmatize, and practices that do not support resources in industries outside of higher education.

Human capital concepts shifted in the early 1970s due to increased demand and social pressures of higher education and skills training in firm-specific industries (Raffiee & Coff, 2016). Business scholars and strategists emphasized technology advances, artificial intelligence, globalization, and firm specificity as sources of progression to sustain a competitive edge in 21st-century businesses (Raffiee & Coff, 2016). Health care organizations are not firm specific, yet primary services require employees with higher education levels or specialty training to sustain a marginalized advantage and profit (McPherson, 2018; Raffiee & Coff, 2016; Raghupathi & Raghupathi, 2020). The medical industry is an integrated economic sector significant to the U.S. economic forecast, contributing $3.6 trillion to the gross domestic product annually based on human performance (Raghupathi & Raghupathi, 2020). Economic health care trajectories of financial outcomes are predicted by production and employee performance. The need for skilled workers will continue to grow; however, an increase in unskilled health care opportunities of at least 30% is projected by 2028 (BLS, 2021). Notably, health care is a

service-oriented industry. I quantified the human capital perspective of three key components: cultural, social, and intellectual capital (see Goldin, 2016; Pravdiuk et al., 2019; Raghupathi & Raghupathi, 2020).

The critical components of human capital are fundamental to assessing individual resources that strengthen an organization's effectiveness. Human capital assessments present employees as skilled and unskilled. However, the workplace and society depict language such as profession, career, occupation, or job that suggest differences in perception (Brown, 2016; Pravdiuk et al., 2019). Cultural capital combines academic knowledge and formal training of skills to enrich the competency of workmanship. The perception of cultural capital connects work significance with higher social status, power, financial gain, and occupational prestige (Pravdiuk et al., 2019). Higher education, specialized training, and professional credentials are calibrated measures of cultural capital and align human resource practices to differentiate the maximization of capability (Brown, 2016; Pravdiuk et al., 2019; Whitson et al., 2017). These positions are economically gainful for health care profits and distinguished by referencing capabilities associated with professional careers, occupational prestige, and financial contributions (Pravdiuk et al., 2019).

Social capital is a crucial element of human resources and justifies the need for workers to maintain nonprofessional job responsibilities not taught, acquired, or transferred as formal knowledge and skill (McSherry & Pearce, 2018; Pravdiuk et al., 2019). Higher ranking employees consider these tasks mundane, as perceived by the lack

of investment in higher education; however, social capital is the intuitive capability to adapt, function, and develop. Social capital is a measure of innate characteristics manifesting valuable capabilities to promote a medical facility's grandness and enhance patient care experiences (McSherry & Pearce, 2018). Service-oriented positions such as dietary services, transportation, and environmental services are referred to as "jobs" rather than being distinguished as essential services necessary to maintain economic standings in the health care industry. The classification of *unskilled* denotes a lesser level of capability and implies those performing the tasks are of less value (Brown, 2016).

Intellectual capital is the intangible value or sum of the organization's total workforce contributions, both skilled and unskilled (Pravdiuk et al., 2019). A combined cultural and social capital assessment measures intellectual capital (Pravdiuk et al., 2019; Raghupathi & Raghupathi, 2020). In health care, intellectual capital encompasses the value of relationships established with all stakeholders (internal and external) influenced by the organizational climate (Raghupathi & Raghupathi, 2020). Therefore, understanding the significance of the human capital components may assist in identifying behaviors related to skill bias perceptions. Human capital resource descriptions and assessments covertly suggested differences in workplace perceptions, alluded to differences and disregard for human capability in certain employment positions (Pravdiuk et al., 2019; Raghupathi & Raghupathi, 2020).

The shift to firm-specific industries led to differences in perception between workforces, prompting service-oriented industries to follow suit (McPherson, 2018).

Physicians, nurses, and skilled technicians are more significant financial contributors aligned with their job responsibilities. Secondary high-level personnel in departments such as administration, information technology, and finance are not responsible for patient care, but responsible for daily systems operations and they are regarded as valued resources. Consequently, an assessment of capital resources for support departments such as dietary services, transportation, and environmental services whose innate capabilities prove necessary to reach maximum quality, function, service, and profit is perceived as less valued (McPherson, 2018; Raghupathi & Raghupathi, 2020). These departments deemed insignificant prove essential to maintain standards of quality benchmarks to compete in the U.S. ranking of health care facilities (McPherson, 2018; Raghupathi & Raghupathi, 2020).

Dietary services, transportation, and environmental services rank among the lowest 15 of 100 health care positions, according to the BLS (2019). Task responsibility differences may rank as inferior to others within the same category. Each job title holds a level of value within its department, contributing to differences in perception (McPherson, 2018; Raghupathi & Raghupathi, 2020). In dietary services, a server ranks lower than a cook. A transporter ranks higher than a dispatcher, and in environmental services, a groundkeeper ranks higher than a housekeeper (BLS, 2019; Raghupathi & Raghupathi, 2020). Raghupathi and Raghupathi (2020) suggested these distinctions are consistent with the distribution of human capital resource expenditures included in the practice of economic logic. Nonetheless, all job titles within dietary services,

transportation, and environmental services are necessary to measure intellectual capital. Unskilled workers are the mainstream of a health care facility's support system because of human capabilities and their performance to measure social capital (McPherson, 2018; Raghupathi & Raghupathi, 2020).

A swift change toward technology introduced a difference in business perspectives influenced by the outcomes of financial relationships, projecting perceptions of skill bias (Behar, 2016; Weidel, 2018). Behar (2016) examined human capital prompted by ongoing technical advances and the endogenous skill-biased perceptions that accompanied the demand for increased educational attainment. The researcher identified the world's economy and greed for profit as pervasive factors responsible for the labor inequalities and shortages amid the transition into technology for which many were unprepared. The literature showed that skilled workers were favored in highly technical environments and lower-wage workers such as janitors, drivers, retail workers, fast-food operators, and other service workers were criticized in many human capital valued debates. Behar aimed to differentiate human capital and human capability concepts to assess the accumulation of individual resources as assets. The findings suggested that organizations explore personal resources to benefit from the significant contributions of talented human capital. The study supported intuitive characteristics embodied in all individuals matched with opportunities to adapt, function, and develop as fundamental to more remarkable financial outcomes (Behar, 2016).

In various industries, the unskilled worker population is not a priority in the economic equation of growth and stability (McPherson, 2018). Unskilled job titles and ranks of responsibility lessen recognition, like workers in dietary services, transportation, and environmental services. Economists distinguished between human capital concepts and human capital resources, isolating the perspective of disadvantaged individuals' capabilities as valuable (Goldin, 2016; Raghupathi & Raghupathi, 2020). The distortion of the economic equation guides an organization's financial logic of significant contributors (Goldin, 2016; Raghupathi & Raghupathi, 2020; Whitson et al., 2017; Wolfson & Mathieu, 2018). The economic equation is a subtle means to reiterate education as an investment; however, includes the unskilled workforce to justify the scope of human capital resources (McPherson, 2018; Whitson et al., 2017; Wolfson & Mathieu, 2018).

The COVID-19 pandemic required an increase of unskilled workers in hospitals to deliver meals, clean facilities, sanitize patient rooms, escort patients to needed services, and restock equipment and supplies to meet the demands of the medical crisis (Jecker et al., 2020). The unskilled worker was a viable force in stabilizing many industries during the pandemic. Unskilled or general labor workers were diligent in keeping grocery store shelves stocked, preparing fast foods for delivery, and helping in capacities crucial to survival in everyday living activities that maintained the economy outside institutional or firm-specific settings. Consequently, several firm-specific businesses dependent on higher education resources and technical skills closed or

operated at partial capacity. Alternative modes of operations became immediately necessary, such as working from home, virtual education, and everyday services like banking and government agencies were unavailable. Subsequently, unskilled workers outside the hospital in service-orientated positions were left unemployed as business owners closed restaurants, retail shops, tourism, and recreational venues. The pandemic triggered a review of industries that depended heavily on the human capabilities of the unskilled worker as a needed workforce to preserve and sustain the U.S. economy (Jecker et al., 2020; Wolfson & Mathieu, 2018).

Reports of the pandemic continuously emphasized and applauded frontline workers in health care, like physicians, nurses, technicians, and administrative personnel, as heroes. Organizations, policymakers, politicians, and the media downplayed the contributions of unskilled workers during the pandemic, dismissing their capabilities, sacrifices, and risks to life and family (Jecker et al., 2020). Social capital contributions included in unskilled job responsibilities received less recognition while unskilled workers surpassed expectations during the most crucial times of the pandemic.

Worldwide labor shortages witnessed during and after the economic windfall suggested the problem may not be a skill gap but an opportunity gap (Jecker et al., 2020). The pandemic supported the human capability approach theory to recognize a lesser perceived workforce as resourceful bodies. Perceptions of employment and opportunity addressed the unskilled workforce years before the 2020 pandemic when labor unions considered issues of white- and blue-collar workers (Jecker et al., 2020; McPherson,

2018). The discrepancies were shortsighted and did not specifically address concerns of workplace perception toward a class of workers perceived as less valuable. The Human Potential Movement of the 1960s advocated cultivating extraordinary potential and tapping into talents to expand the economic resources of the lesser perceived worker; however, the leaders of government and political agencies remained unconvinced (Wolfson & Mathieu, 2018).

Human resource capital is no longer limited to the ancient economic growth perspectives, which exclude the importance of social capital (Biggeri et al., 2018). Biggeri et al. (2018) focused on the valued assets of social capital perceived differently from skilled workers' cultural capital but vital to intellectual capital measures of organizational stability. Human resource professionals surveyed various industries like manufacturing, medical, retail, transportation, education, and information technology to see if demands for unskilled workers exist (Biggeri et al., 2018; McPherson, 2018). The findings showed a growing request by employers for unskilled or low-skilled labor to fill gaps in labor markets where technology, education, and credentials are not the only criteria to predict economic stability (Biggeri et al., 2018; McPherson, 2018). Unskilled or low-skilled workers face occupational boundaries of acceptance into firm-specific industries (McPherson, 2018). Therefore, future firm-specific and service-oriented labor markets need to focus on the benefits of gainful social capital resources to narrow the opportunity gap for individuals excluded from employment positions due to the lack of higher education (Biggeri et al., 2018; Jecker et al., 2020; McPherson, 2018). The

absence of a higher education degree does not indicate an absence of learning ability. Unskilled workers possess the fundamentals of primary education, such as reading, writing, science, and math, which constitute cultural capital and the potential to advance their learning capabilities (Jecker et al., 2020; McPherson, 2018).

Human Capability

Instilled in all individuals are distinctive capabilities that define their purpose and value as they perceive themselves (Alkire & Deneulin, 2016). Capabilities are cognitive and physical aptitudes that enable individuals to lead lives of significance and vital to the individual process of evolving into who one believes they can be (Alkire & Deneulin, 2016; Dweck, 2017; Goldin, 2016; Hardin & Larsen, 2014). Humanistic psychology supports the belief that humans, as individuals, are unique beings and possess innate characteristics enabling them to adapt, function, and develop (Alkire & Deneulin, 2016; Dweck, 2017; Ismail & Tekke, 2015; Stracher & Allen, 2016). According to the human capability approach theory, unskilled individuals are members of society with the capabilities to participate in economic opportunity, leading to increased personal perception and belief in abilities (Goldin, 2016). The theory does not negate the importance of higher education resources or specific skills but supports the value of human capabilities in lower-level job classifications (Goldin, 2016; Kanfer et al., 2017; Weidel, 2018). The theory included economic opportunities that offer optimism, inclusion, self-expansion, and resources to accelerate personal agendas and stimulate

growth and development, thereby increasing self-perception and self-efficacy in unskilled workers (Goldin, 2016; Kanfer et al., 2017; Weidel, 2018).

Human Capability: History, Theory, and Approach

The historical roots of human capability date back to the Greek philosopher Aristotle, who sought to understand political distributions of disproportioned opportunities for specific classes of people (Karimi et al., 2016). Aristotle considered the need for opportunity and freedom for less-privileged individuals to function in growth and developmental capacities. Theoretical contributions of famous economists and philosophers Adam Smith (18th century) and Karl Marx (19th century) addressed different concerns of individual capabilities relevant to the importance of human resources (Goldin, 2016; Karimi et al., 2016). Smith's and Marx's concerns differed from other historical economists and philosophers who exploited the disadvantaged working class and regarded them only as assets for labor and production. According to Smith, increased self-interest offers a sense of equilibrium and the progression of consciousness, belonging, and purpose to initiate actions to meet a person's basic needs, thereby providing expanded capabilities and multiplying resource capital (Karimi et al., 2016). Marx's theory of human nature emphasizes people as beings endowed with natural tendencies and instincts to adapt, function, and develop, allowing them to maximize the potential that provokes growth. Smith's and Marx's theories shared common dissatisfaction with economic and political agendas to elevate specific working and social classes and disregard others. Over the years, individuals in economic and political arenas

have attempted to defend plans that exclude opportunity and disregard human capabilities for the educationally disadvantaged or society's less privileged (Weidel, 2018). Scholars and psychologists of the 21st century proposed viewing specific characteristic attributes as significant and disputed the historical perspectives that overlook skill bias perceptions as a reason for disproportioned opportunities (Karimi et al., 2016; Weidel, 2018).

In the l980s, Amartya Sen introduced the fundamental capability approach theory, centered on the significance of an individual's capability to achieve purpose and value (Alkire & Deneulin, 2016; Karimi et al., 2016; Robeyns, 2016). Sen's theory offered an economic perspective relevant to individual abilities, producing the results of the financial growth process affected by external factors such as opportunity, relationship, discrimination, social perception, workplace influence, political policies, and concerns of social impoverishment (Karimi et al., 2016; Robeyns, 2016). These external factors include innate characteristics that persist individual purpose and value as weighted differently between workforce populations' economic, political, and social perceptions (Al-Janabi et al., 2013; Karimi et al., 2016; Robeyns, 2016).

In 1998, philosopher Nussbaum redefined the human capability approach theory, challenging earlier economic perspectives. Nussbaum incorporated the psychological and emotional criteria of self and function, emphasizing innate characteristics stimulate internal capabilities and alternative potential (Alkire & Deneulin, 2016; Biggeri et al., 2018; Ismail & Tekke, 2015; Karimi et al., 2016; Robeyns, 2016; Weidel, 2018). The redefined theory is critical to the unskilled worker being an agency of individuals seeking

purpose and value in meaningful employment and social arrangements. Nussbaum's theory is significant and indicated that a lack of higher education should not discount innate characteristics of potential to reach greater levels of education, training, and work adaptability when presented with viable opportunities (Biggeri et al., 2018; Brown, 2016; Gloss et al., 2017; Karimi et al., 2016; Weidel, 2018).

Brown (2016) surveyed 105 low-skilled workers over 12 months to investigate the development of individual employment processes challenged by the disadvantage of pursuing higher education and overcoming other life demands. The qualitative study's objective was to strategically develop employment practices to enhance work engagement or progression. The workers expressed they endured adverse workplace outcomes because employers did not realize their character or individual capabilities. Brown distinguished three groups of low-skilled workers: those "getting by," those "getting on," and those "going nowhere" (pp. 223–229). The low-skilled worker "getting by" felt satisfied with remaining in low-paying positions due to lacking qualifications, confidence, and self-efficacy. Those "getting on" took ownership of their growth and development, looking forward to improved employment through available learning experiences. Members of this group had concerns about the obstacles posed by a lack of higher education and opportunity but believed they possessed the inner qualities to progress. In the "going nowhere" group, individuals felt lucky to be employed and were insecure about a plan to escape the external influences controlling their destiny. Brown

concluded that the three groups of low-skilled workers adapted to the workplace environment as a consequence of workplace perception.

Brown (2016) assessed four dimensions of work adaptability: (a) concern: vision, (b) control: responsibility for employment opportunity, (c) curiosity: visions of future possibilities, and (d) confidence: belief in their ability to succeed. These dimensions represent the work development process, which contributes to successful employment outcomes for unskilled individuals in the same way as for skilled persons (Brown, 2016; Weidel, 2018). In a qualitative study, Weidel (2018) detailed the distribution of human capabilities and employment dimensions essential to achieving meaningful labor through lived experiences. These employment dimensions are necessary for the unskilled worker's purpose and success in the workplace, like the skilled worker's. Weidel discussed others' perceptions of work dimensions that impede progress and present workplace challenges for unskilled workers. The findings suggested that workplace challenges for the unskilled are not associated with the lack of capabilities. Instead, they are a failure to investigate the lack of work dimensions preventing unskilled workers from achieving meaningful labor. Researchers used the human capability approach theory to examine why these dimensions are perceived critical to the skilled worker and not as critical to the unskilled worker in pursuit of meaningful employment.

Business researchers considered the dimensions privileged to individuals with more influential demographics, optimal life experiences, and academic career paths (Weidel, 2018). Weidel (2018) revealed that meaningful labor prevails with the freedom

to exercise degrees of capability and the opportunity of higher potential. When employment opportunities avail for unskilled workers, employment dimensions are evident in their pursuit of suitable and viable work. These dimensions are foundations for a personal plan toward a vision and belief in greater future possibilities for the unskilled worker, as are for skilled workers.

Robeyns (2016) reexamined the capability theory from an economist's view of "capabilitarianism" (p. 308) and argued that Sen (1980) and Nussbaum (1998) downplayed educational work scholarship. Capabilitarianism incorporates historical concepts of capital resources and centers on the value of education as an investment in human expansion. Education is vital to form one's character, cultivate moral value, and facilitate an appreciation of personal agenda. The author criticized Nussbaum's theory, not emphasizing the importance of education as primary although seeks to separate persons by levels of capabilities and function (Robeyns, 2016). In a rebuttal, Nussbaum does not disregard higher learning as a choice or freedom of accomplishment; instead, the theorist emphasized that individuals could flourish in employment positions based on innate characteristics of human capabilities not evidenced by higher education degrees, legacy, or generational empowerment (Alkire & Deneulin, 2016; Karimi et al., 2016). Robeyns is not supportive of humanistic perspectives; however, the researcher provided potential adverse psychological and emotional outcomes of workplace behaviors associated consistent with skill bias perceptions.

Wolfson and Mathieu (2018) recalled that many higher-classified workers in the early 1970s acquired positions through occupational mobility and later obtained formal education to expand their employment qualifications. The researchers provided a unique perspective of employment strategy aligned more with Nussbaum than Robeyns. A decline in occupational mobility or a way of working up the ranks forced recruiters to require higher education or formal training in jobs that previously required minimum education, work experience, work ethics, and recognized innate capabilities of potential (Austin, 2018; Wolfson & Mathieu, 2018). These positions represented an employment accomplishment for those considered unskilled or less educated. Employment mobility assesses human capabilities and experience as criteria for potential talent (Austin, 2018). Mobility allowed unskilled workers to highlight characteristics that strengthen character, enhance moral values, and increase appreciation for personal agendas. Nussbaum's perspective led to opportunities for mobility across employment lines to consider human capability as an asset of potential talent; in contrast, Robeyns (2016) suggested that education dictates human capability (Austin, 2018; Wolfson & Mathieu, 2018). According to Nussbaum (1998), human capital resources are not reserved and supported through higher education alone; instead, they reflect innate capabilities that enable unskilled workers to flourish through experiences of employment mobility opportunities the same as skilled workers (Austin, 2018; Wolfson & Mathieu, 2018).

Mechanisms of Human Capability

Social science researchers recommended examining mechanisms of human capital associated with natural or systematic processes that produce a particular outcome in human behavior (Tiwari, 2017). In workers perceived as less valued, the tools of human capability to adapt, function, and develop significantly affect predicting self-perception and self-efficacy (Austin, 2018; Tiwari, 2017). Innate characteristics are assets of a person's psychological and emotional processes that emerge as resourceful, innovative capabilities. These mechanisms act as significant tools for the deliberation of individual purpose and success regarding choices of employment (Austin, 2018; Martinez-Marti & Ruch, 2017; Tiwari, 2017). Capability is a trait of strength found in the character of unskilled workers not acquired through education (Alkire & Deneulin, 2016; Austin, 2018; Goldin, 2016; Martinez-Marti & Ruch, 2017). The results represented a course of achievement for unskilled workers entailing emotion, discipline, intellect, resilience, and theological influences predict increased self-perception and self-efficacy (Martinez-Marti & Ruch, 2017; Tiwari, 2017).

Adapt

Society's consensus is that humans can easily adjust to new or different conditions and environments (Howaldt & Schwarz, 2017). However, people struggle to adapt to personal, social, or workplace environments for multiple reasons, primarily the lack of self-perception and self-efficacy. The adaptation process may deter individuals from their goals amid external manipulations, like skill bias perceptions (Howaldt &

Schwarz, 2017). Adapting is not straightforward; consequently, others' behavior may influence one's psychological and emotional course to freely adapt (FitzGerald & Hurst, 2017; Howaldt & Schwarz, 2017; McSherry & Pearce, 2018). Multiple researchers highlighted the exchange of undesirable behaviors that unknowingly indicate workplace biases, where the initiators are unaware or unwilling to confirm preferences. These types of behaviors can be responsible for the increase in workplace violence witnessed in the United States (FitzGerald & Hurst, 2017).

Health care professionals exhibit levels of bias that impact support employees (FitzGerald & Hurst, 2017). McSherry and Pearce (2018) conveyed that health care professionals' perceptions significantly impact organizational climates and negate compassionate working environments. The researchers suggested that individuals with implicit and confirmation biases related to skill bias perceptions weaken environments and present challenge to the adaptation process (FitzGerald & Hurst, 2017; McSherry & Pearce, 2018; P. Williams et al., 2016). Adaptability is an individual characteristic that enables adjustment to potential dangers, response to consequences, or taking advantage of opportunities (Alkire & Deneulin, 2016; Brown, 2106; FitzGerald & Hurst, 2017; Howaldt & Schwarz, 2017; P. Williams et al., 2016). Adapting is a deliberate process from birth to develop mutual ground and remain objective against adverse situations or undesirable behaviors. The capability to adapt is an achievement for persons without higher education because it represents positive psychological and emotional growth (Alkire & Deneulin, 2016).

Career adaptability in the workplace and society conveys an undertone of stereotypical characterization, excluding employment positions classified as unskilled (Brown, 2016; McPherson, 2018). People do not perceive unskilled jobs as careers, instead judging them differently. Stereotyping emerges, which is antithetical to the workers' lack of intention for unskilled positions to become their life work (Brown, 2016; McPherson, 2018). Many unskilled positions are stepping stones to higher goal aspiration, like an intermediary position to gain work experience, maintain life's order while pursuing higher education or a skill set, or a course of action toward greater independence and self-expansion (Brown, 2016). In the workplace, the unskilled worker's adaption process is a characteristic of human capability and increased resourcefulness. The capability to adapt acts as a stimulus for intrinsic motivation to challenge individuals less prepared to become more resourceful (Kanfer et al., 2017). Increased resourcefulness leads to confidence and a belief in their capabilities to reach higher levels of potential.

Human resource incentives such as healthy referral bonuses, tuition reimbursement, merit rewards, and employee recognition are standard practices to entice skilled workers as prospective employees (McPherson, 2018). However, these benefits are not applicable to attract employees to fill unskilled positions. Human resource personnel play a critical role in the adaption period where intrinsic and extrinsic rewards are present (Kanfer et al., 2017). Raffiee and Coff (2016) researched firm-specific industries to examine professional and semiprofessional occupations and disclose

resource management strategies rife with unintended bias. Human resource management practitioners use economic incentives to leverage prospective skilled workers and justify differences in economic perceptions between skilled and unskilled workers (Kanfer et al., 2017; McPherson, 2018; Raffiee & Coff, 2016). These practices originate from strategies of economic persuasion to balance budgets and maintain a competitive market position (Kanfer et al., 2017; Raffiee & Coff, 2016). Unknowingly, individuals who follow these practices alienate the unskilled worker, simultaneously creating division in the workforce (McPherson, 2018; Raffiee & Coff, 2016).

Workplace environments present challenges for unskilled workers different from skilled workers as a result of skill bias perceptions. Brown (2016) suggested that the unskilled worker's inability to adapt is more of a concern than the challenges creating the failure to adjust. Organizational leaders tend to label problematic adjusting or conforming periods as personality, identity, or deviant character behavior (Brown, 2016). Leaders in work environments with multidimensional adaptation preferences encourage adaptation by presenting fewer challenges (Brown, 2016; Raffiee & Coff, 2016). Intrinsic and extrinsic motivation serve as stimulators for the internal capabilities of adaption that transpire a multiplicity of potential, personal achievement, and increased self-perception and self-efficacy (Weidel, 2018). Providing work environments to establish strategies and facilitate climates that encompass diverse characteristics enables individual adaptation capabilities as the catalyst for psychological and emotional growth (Brown, 2016; Raffiee & Coff, 2016; Weidel, 2018).

Function

The function mechanism represents an entity of success for individuals participating in activities outside their comfort level (Austin, 2018). A person's capability to function is enhanced by habit, intuition, integrity, talent, or social and personal attributes that result in work-related values (Austin, 2018; Gloss et al., 2017). However, certain workers perceive these social capital characteristics differently. Leaders perceive social capital as an extension of a skilled worker's competency disregarding the same social characteristics as unskilled workers' capability to function (Gloss et al., 2017). Few studies address the mechanism function as a factor of individual choice, providing basic human capabilities parameters (Austin, 2018). These parameters fulfill the initial objective of function because unskilled workers are optimistic and eager to learn but unprepared for biased environmental challenges (Austin, 2018; Gloss et al., 2017).

Robeyns (2016) referred to the evidence of education as the foundation to properly function in unfamiliar workplace environments. Nussbaum (1998) contradicted Robeyns' perspective, suggesting that persons with less academic instruction possess innate characteristics that activate the function mechanism when necessary (Austin, 2018; Gloss et al., 2017; Wolfson & Mathieu, 2018). Using the human capability theory, researchers can examine innovative learning experiences, self-taught lessons, creativity, natural talents, and positive cognitive processes to promote functional capabilities in unfamiliar environments (Austin, 2018; McPherson, 2018; Wolfson & Mathieu, 2018). Attribute-based characteristics are a component of aligning psychological and emotional

resources to navigate function mechanisms in employees without academic or formal instruction (McPherson, 2018). Dual workforce environments may lead to uncomfortable misalignment. Misalignment becomes an issue when negative behaviors supersede optimistic expectations and reduce employment safeguards, creating challenges to function actively (Raffiee & Coff, 2016). Capability theorists Sen and Nussbaum proposed the capability to function as a point of logic to engage in misaligned environments (Raffiee & Coff, 2016).

There is a correlation between function and physical requirements in the workplace, such as lifting, transporting, or performing other physical duties connected with unskilled labor positions. Job descriptions for dietary services, transportation, and environmental services require physical function to perform routine mandated tasks (DOL, 2020). However, these departments' job descriptions and human resource processes do not specify alternative innate characteristics unique to performing and functioning successfully. These jobs require a collective menu of human capabilities to support the day-to-day operations necessary for organizational effectiveness, positive patient care experience, and workplace success. Employees in customer service-oriented positions succeed when they possess natural personality attributes such as good manners or pleasing dispositions (Austin, 2018; Biggeri et al., 2018; McSherry & Pearce, 2018). Individuals with practical communication skills, an inner desire to lend a helping hand, or a personality to make a person smile excel in unskilled health care positions. The ability to navigate workplace situations based on sound judgment, time management, creativity,

or instincts to maneuver are traits of human capability (Biggeri et al., 2018; McSherry & Pearce, 2018). Sensitivity, integrity, ethical discreteness, and honesty are moral characteristics paramount to working in diverse service-orientated networks (Biggeri et al., 2018; McSherry & Pearce, 2018). In unskilled health care positions, all characteristics of human capability are important aspects of function that one engages by choice (Biggeri et al., 2018; McSherry & Pearce, 2018). Leadership assumes the responsibility to recognize human capability characteristics; however, are often overlooked due to a greater focus on providing services than the people who provide the services (McSherry & Pearce, 2018). The assessment of function capabilities includes discretionary efforts, leaving feedback for all employees opaque or inaccurately assessed (Haq, 2016; McSherry & Pearce, 2018; Prottas, 2018).

Individuals employed in hospital skilled positions are revenue triggers. In professional jobs, function represent levels of intelligence viewed differently from the functional capability of the unskilled (Haq, 2016; Prottas, 2018). The capability to function is an expectation of skilled employees based on education and job responsibility (Haq, 2016). Therefore, innate characteristics are not prerequisites for evaluating skilled workers (Haq, 2016). The unskilled worker's capability to function is measured differently and evaluated as performance or productivity of routine-mandated jobs (Haq, 2016; Prottas, 2018). An achieved level of function for unskilled workers the same as skilled workers who navigate situations and excel in their performance.

The ability to function is significant to the psychological process that aligns a person's vision of who their actual selves want to be (Hardin & Larsen, 2014). Proponents of the human capability approach theory emphasize function capability congruence, which offer value and purpose in pursuing personal goals. Health economics practitioners recognized function as the link between doing and being (Krems et al., 2017). According to the capability theory, individuals' preferred choice to "do better and be better" (Hardin & Larsen, 2014, p. 224) is visible when levels of function reflect a positive personal identity outside the challenges of stereotypes and stigmas (see also Krems et al., 2017). Hardin and Larsen (2014) and Krems et al. (2017) agreed that the capability to function is a psychological stimulus for managing challenges and prioritizing a course of action toward life's trajectory.

The support of organizations and society in recognizing function as the engagement of individual processes guided by practical reasoning is necessary (McSherry & Pearce, 2018). Function advocates personal perception and belief in a person's capabilities because it establishes a connection between mental psyches. Skilled workers find it more comfortable to operate in environments where the mental psyche is programmed or trained through academics (McSherry & Pearce, 2018). However, the unskilled worker when met with challenges work harder to function mentally in uncomfortable environments presenting stereotypical threats interfering with their livelihood or agenda of opportunity (McPherson, 2018; Spencer et al., 2016). The freedom to participate in alternative learning experiences increases function capability

(Spencer et al., 2016; Weidel, 2018). Workplace functioning is necessary to restore the deficient aspects of reasoning that compromise the mental psyche and decrease self-perception and self-efficacy (McPherson, 2018; McSherry & Pearce, 2018; Spencer et al., 2016; Weidel, 2018).

Weidel (2018) identified purposeful function as an admirable trait applicable to both skilled and unskilled workers. Although perceived differently, function equals value and success for both classifications of workers, the professional and the unprofessional. Achieving the capability to function through higher education occurs through installments of career investments and expectations (Robeyns, 2016; Weidel, 2018). Conversely, the capability to function without higher academics is an installment of opportunity for unskilled workers to increase their human capabilities to reach higher levels of potential, such as the role of function for skilled workers (Weidel, 2018).

Develop

With the rebirth of humanistic psychology, researchers began to define *develop* differently from *development* as a mechanism of human capability (Stracher & Allen, 2016). Humanistic psychology perspectives differ from developmental psychologists, studying development as a life-growth process detailing traditional academic learning necessary to expand physical, economic, environmental, and social demographics (Stracher & Allen, 2016). Scholars following the humanistic approach view development as a mechanism centered on individual characteristics (Ismail & Tekke, 2015; Stracher & Allen, 2016). The process to develop prompts a psychological and emotional awakening

that matures over time and may not include the course of traditional academics but a plan of self-direction (Stracher & Allen, 2016). The awakening inspires a person's sense of purpose to seek greater potential or self-fulfillment, thereby increasing self-perception and self-efficacy (Ismail & Tekke, 22015; Stracher & Allen, 2016).

Recent surveys conducted in service-oriented industries like health care indicated the traditional academic path focused primarily on training and technical skills, may have failed (Bhati & Sethy, 2022; Howaldt & Schwarz, 2017). The researchers rationalized the educational path incorporating the "soft" skill dynamics needed to accelerate a person's social progression to develop innate characteristics fell short (Howaldt & Schwarz, 2017). Social innovation is vital to address one-sided or narrowed economic and technical-orientated policies demonstrated through primitive human resource practices (Howaldt & Schwarz, 2017; Weidel, 2018). Employers realize many college graduates lack soft skill traits, such as sensitivity, empathy, socioemotional responses, and interpersonal and personal relationship skills that emerge from innate characteristics considered social capital not obtained through traditional academic curricula (Bhati & Sethy, 2022; Howaldt & Schwarz, 2017; Stracher & Allen, 2016). Soft skills are necessary to bridge the gap between knowledge and address the world's natural physical and social realities.

Researchers found soft skills are necessary for skilled employees to reach their maximum potential (Araújo & Pestana, 2017; Bhati & Sethy, 2022). The research addressed the need for skilled workers to develop humanistic skills while capitalizing on

their knowledge to increase their work-related potential of cultural and social capital. How workers engage with each other help build rapport to promote a sense of belonging, motivating them to develop their potential capabilities (Araújo & Pestana, 2017; Bhati & Sethy, 2022; Howaldt & Schwarz, 2017). Soft skills and social innovations lead to mutual support for the employees and employer. During the 2020 global pandemic, soft skills were crucial for both skilled and unskilled workers deviating from the dysfunctions of a "routinized type of behavior" that quickly dismantled repetitive actions and activities, especially in health care (Howaldt & Schwarz, 2017, p. 167). Healthier interactions between employees generate increased feelings of belonging and fulfillment, allowing the unskilled worker to develop further while complementing the skilled workers' performance (Bhati & Sethy, 2022; Howaldt & Schwarz, 2017).

Lifestyles have drastically changed over time. The 21st- century presents challenges due to increased social media, world conveniences, peer pressures, self-prioritization influences, and other Western cultural fads; where soft skills are considered rare qualities (Howaldt & Schwarz, 2017; Rockow et al., 2016). Soft skills improve communication and may help close the gap among future generations approaching age eligibility to enter the workforce (Rockow et al., 2016). Unskilled opportunities allow the youth to develop exceptional capabilities, improve critical thinking skills, explore potential horizons, set personal benchmarks, and establish nurturing relationships (Rockow et al., 2016). Youth who participate in on-the-job training display the strength of character to pursue less formal educational opportunities

like vocational training to develop capability resources that may carry over into professional settings. Rockow et al. (2016) discussed the impact of positive relationships and soft skills on increasing self-efficacy in the youth as they develop human capabilities to deal with workplace and social challenges. Developing soft skills is crucial to the upcoming Generation Z and Generation Alpha members looking forward to employment opportunities to declare their independence (Rockow et al., 2016).

Human Capability Expansion

The current study examined innate capabilities as valuable capital resources revolved around controversy and assumption that unskilled positions are not targets of skill bias perceptions. Through their retrospective ideologies, economic and human resource practitioners promoted differences regarding human capabilities, causing a division among members of the U.S. workforce (Howaldt & Schwarz, 2017). Accepting the buy-in mentalities of economic and technology-oriented understandings composes the humanistic approach to work-related issues not mutually supported. Howaldt and Schwarz (2017) suggested a transformation of "Western economic models" (p. 163), and Stracher and Allen (2016) discussed a return to an "embryonic state" (p. 228) to reassess the value of human capability. The researchers indicated assessments of work environments and social arrangements can support initiatives to balance economy, technology, and embrace human capabilities that productively and progressively expand opportunities to move the world forward.

Unskilled workers, like skilled workers, reassess and realign choices of opportunity and freedom to create a better life (Krems et al., 2017). Workers' intentions of obtaining employment in unskilled positions are the same as the skilled worker's intentions to expand and improve their agenda of physical, economic, environmental, and social demographic components (Krems et al., 2017; Stracher & Allen, 2016). Experiences of psychological and emotional detachment restrict possibilities to adapt, function, and develop, thereby decreasing how individuals perceive themselves and believe in their capabilities (Austin, 2018; Howaldt & Schwarz, 2017; Rockow et al., 2016). The mechanisms of human capability serve to amplify individual change not always acquired through higher education. Achieving personal transformation entails using capability tools (e.g., adapt, function, and develop) to manipulate the natural and systemic responses that facilitate productive behaviors (Austin, 2018; Howaldt & Schwarz, 2017). The mechanisms of human capability parallel roles in skilled and unskilled workers' journey toward increased self-perception and self-efficacy necessary to facilitate a better quality of life (Krems et al., 2017; Martinez-Marti & Ruch, 2017; Tiwari, 2017). An objective in life to "do better" and "be better" (Hardin & Larsen, 2014, p. 224) is universal in realizing the value of innate characteristics that transpire human capability, purpose, and success for both skilled and unskilled workers.

Self-Efficacy

In 1977, Bandura posited a self-belief theory inspiring psychology research decades later (Krems et al., 2017). Bandura introduced self-efficacy theory as one's

ability to execute, direct, navigate, and perform actions that control and affect everyday lives (Bhati & Sethy, 2022; Krems et al., 2017). Researchers expanded the theory as the personal assurance of one's capability to adapt and function in a plan to achieve goals, approach challenges positively, and pursue a resourceful conviction to succeed (Autin et al., 2017; Krems et al., 2017). With the human capability and self-efficacy theories, Nussbaum and Bandura concurred that individual innate characteristics execute self-efficacy behaviors (Alkire & Deneulin, 2016; Biggeri et al., 2018; Karimi et al., 2016; Krems et al., 2017). Through the self-efficacy theory, Bandura reiterated the psychological and emotional engagement necessary to maximize belief in one's capabilities (Krems et al., 2017).

Four influences on self-efficacy affect skilled and unskilled workers alike; however, due to the differences in perception, specific influences are not applicable to unskilled workers as they are to skilled workers (Bhati & Sethy, 2022; Krems et al., 2017). The sources of influence are as follows: (a) mastery experiences: experiences gained through success of performance outcomes; (b) vicarious experiences: experiences observed and emulated by those who display high levels of belief in their capabilities or someone admired and able to influence; (c) verbal persuasion with the positive influence of words, encouragement, and constructive feedback; and (d) physiological feedback: physical reactions of positive or negative emotional stimuli (Krems et al., 2017). Each influence triggers a distinct response of internal motivation to heighten or destruct

self-efficacy. Consequently, adverse reactions may occur in the absence of the above influences when the benefits of reciprocated relationships are not present due to skill bias perceptions. (Krems et al., 2017).

Self-efficacy involves personally evaluating one's capabilities (Autin et al., 2017; Krems et al., 2017). Self-efficacy encompasses situational and dispositional factors related to life experiences, social relationships, psychological and emotional stimuli, exposure, workplace perception, and positive identification (Autin et al., 2017; Krems et al., 2017). Whether positive or negative, the sources of influence predict levels of self-efficacy and how individuals approach situations or tasks. Therefore, the preconception those in skilled positions have higher levels of self-efficacy is not always the case. This conception stems from economic, social, or occupational prestige and the assumption that a higher level of status predicts a higher level of self-efficacy. Theorists of the self-efficacy and human capability theories challenge these conceptions and convey that greater levels of self-efficacy are obtainable with positive influences or opportunities, regardless of status. Autin et al. (2016) and Krems et al. (2017) alluded to employees who feel privileged and consider others outside their economic, social, or professional circle inadequate. The perception that unskilled workers possess lower self-efficacy based on their job classification is a fallacy that allows organizational leaders and members of society to justify stereotypes, stigmas, and biases (Autin et al., 2017).

In a survey, 267 undergraduate students reported that social status represented control, influence, and power, indicating higher self-efficacy (Autin et al., 2017). The students suggested persons without the privilege of higher education may experience unfavorable psychological and emotional discord linked to work choices of lower social status in dual workforces. Autin et al. (2016) found a relationship between social perception and self-efficacy. An unskilled employment choice does not lessen an individual's desire to achieve greater self-efficacy; however, the differences in skilled and unskilled workers' perceptions suggest lower levels of self-efficacy exist. The research findings indicated that decreased self-efficacy is a result of the differences in perception fueling others' behaviors, not employment choices. When individuals seek employment perceived as having lower social standing; the behaviors of others produce situational psychological and emotional responses predicting decreased self-efficacy (Autin et al., 2017; Krems et al., 2017).

Researchers regard Maslow's hierarchy of needs (e.g., physiological, safety, belonging, esteem, and self-actualization) as a motivation model for skilled workers (Krems et al., 2017). Scholars found Maslow's hierarchy of human needs more significant to the unskilled worker to achieve self-efficacy in pursuit of identity and independence than to skilled workers' need for social and economic status (Autin et al., 2017; Krems et al., 2017). Historical perspectives showed research subjectively perceive higher education as significant to reaching maximum potential. However, recent studies show potential and purpose as functional motives for achieving a meaningful life for

unskilled workers, also driven by Maslow's hierarchy. The author reiterated fewer social and economic benefits are made available to unskilled workers; therefore, when unskilled workers seize the opportunity of viable employment, it demonstrates increased belief in their capability to pursue a more productive and positive trajectory of purpose and success (Autin et al., 2017; Krems et al., 2017).

Increased self-efficacy may result from the influences of adverse life experiences and challenges that lessen the presence or availability of more versed opportunities (Autin et al., 2017; Wayment & Bauer, 2017). The assumption that unskilled workers cannot reach levels of self-efficacy in unskilled positions is subjective and biased (Autin et al., 2017; Kanfer et al., 2017; Wayment & Bauer, 2017). Studies included discussions of positive interaction linked to motivation associated with balance and growth. Growth motivation is an essential aspect of self-efficacy prompted by situations or conditions that necessitate greater self-direction (Wayment & Bauer, 2017).

Wayment and Bauer (2017) examined more realistic modern-day circumstances and resources of opportunity to determine the progression of self-efficacy. Qualitative researchers linked functional motives to opportunities that feed the ego. The human capability approach theory incorporates the human needs theory to understand the progression of positive psychological and emotional involvement for unskilled workers to reach higher levels of self-efficacy (Krems et al., 2017; Wayment & Bauer, 2017). Individuals supporting the concept that self-efficacy is an achieved product of academics overlook the maturity process of personal identification. Whereas academics may present

avenues to enrich one's ability, individuals who realize their unique characteristics bring capabilities to fruition (Alkire & Deneulin, 2016; Austin, 2018; Krems et al., 2017; Wayment & Bauer, 2017). Individuals overcome unfortunate circumstances in life, choosing different paths to obtain meaning and purpose while focused on achieving greater self-efficacy levels (Krems et al., 2017; Wayment & Bauer, 2017).

Psychological and emotional identification complexities dampen when individuals perceive others as judging their character (Wayment & Bauer, 2017). Negative judgments can reduce motivation, impede employment enhancement, and isolate a sense of belonging, decreasing self-efficacy (Kanfer et al., 2017; Krems et al., 2017; Wayment & Bauer, 2017). Workplace administrators who allow judgmental behavior toward unskilled workers add to decreased self-efficacy and potentially lower aspirations of future goals (Kanfer et al., 2017; Krems et al., 2017; Stracher & Allen, 2016; Wayment & Bauer, 2017; Weidel, 2018). Lack of organizational support and employee recognition reduces self-efficacy (Stracher & Allen, 2016; Weidel,2018). These situational factors of the workplace facilitate climates of workforce division. A strong association exists between higher levels of self-efficacy and organizational support to cultivate productive, cohesive, and positive work relationships (Kanfer et al., 2017; Krems et al., 2017; Stracher & Allen, 2016; Wayment & Bauer, 2017; Weidel, 2018). Behaviors of ambiguity resulting from perceptions of job classifications and relevancy is consistent with skill bias perceptions, thus counteracting productivity, cohesiveness, and positive work relationships (Stracher & Allen, 2016; Weidel, 2018).

Professionals who feel that unskilled workers' contributions are less significant display behaviors that communicate a disregard for human value (Peters et al., 2020). The self-efficacy theory emphasized workplace opportunities for observational learning, social experiences, creativity, and reciprocated support to increase self-efficacy (Haq, 2016; Peters et al., 2020). Leaders of companies such as Apple, Google, and General Electric recruit unskilled work teams to partner alongside skilled technical staff to enhance customer service and tap into unknown creative talents. These companies are at the forefront of business and economic strategies to increase talent pipelines and advance unskilled workers' opportunities (Peters et al., 2020). The difference between skilled and unskilled workers in health care is unrecognized natural capabilities. Therefore, individuals who show disrespect, dehumanization, and disregard based on the perception of skill do not consider characteristic talents, and the unskilled worker's potential remains unnoticed (Autin et al., 2017; McPherson, 2018; Peters et al., 2020).

Self-efficacy is a testament to personal conviction weakened or strengthened by influences that uplift, reward, judge, disregard, or reject (Martinez-Marti & Ruch, 2017). Self-efficacy increases in environments led by leaders who promote balance and growth, inspire employee involvement, and encourage prosocial behavior to strengthen the character of all employees (Autin et al., 2017; Martinez-Marti & Ruch, 2017). Consequently, professionals who profess to excel with confidence in their job responsibilities may experience self-doubt. It is challenging to improve personal deficiencies when workplace perceptions and social persuasion influences serve to

diminish a person's efforts. Autin et al. (2016) and Martinez-Marti and Ruch (2017) identified self-efficacy as an element of individual assessment linked to objective identification and meaning from employment achieved through influences of mastery and vicarious experiences.

Self-Perception

Self-perception refers to an individual's conscious image of identity, including feelings of purpose, value, and success (Ismail & Tekke, 2015). How one believes others perceive them significantly affects the psychological and emotional processes that impact self-perception (Austin, 2018; Hardin & Larsen, 2014; Ismail & Tekke, 2015). Social and humanistic psychologists aim to separate self-perception from the general concepts of self-image and self-esteem, commonly associated with visual influences rather than the distinctive overlap of one's actual and ideal self (Hardin & Larsen, 2014; Ismail & Tekke, 2015). In the current study, I evaluated self-perception as a catch-all not related to physical or outward images but the inner vision and congruency of the ideal self (ISA) versus the actual self (ASR; Austin, 2018; Hardin & Larsen, 2014).

Previous research provided an understanding of the distinction between the two realities of identification: (a) ISA as the person individuals envision themselves to be and (b) ASR as the person they are. Hardin and Larsen (2014) utilized the Personal Orientation Inventory scale to measure self-concept, highlighting the effects of overlap between the self as related to self-perception. The responses of 220 undergraduates indicated a strong correlation between work influences and underlying psychological and

emotional impact when facing the discrepancies between who a person want to be and who they are. The study found encouragement, constructive feedback, and socially reciprocated relationships positively influenced self-perception. These influences allow people to visualize and discover their envisioned self without settling for their present self (Hardin & Larsen, 2014; McSherry & Pearce, 2018).

Negative experiences or relationships in the workplace meant to demean, destroy, or discourage others by display of unfavorable behaviors may cause extensive deterioration of a person's sense of identity, thereby decreasing self-perception (Hardin & Larsen, 2014; Krems et al., 2017). Subjective judgment and identification impact practical reasoning, causing incongruency with a person's perception of who they are and who they can be (Hardin & Larsen, 2014; Ismail & Tekke, 2015; Krems et al., 2017; McSherry & Pearce, 2018). Researchers discussed achieving congruency prompted by efforts to excite growth and development processes to motivate the quiet ego being more receptive to reward than discredit (Hardin & Larsen, 2014; Ismail & Tekke, 2015; McSherry & Pearce, 2018).

The equilibrium of self positively impacts humans' capabilities to defy challenges, overcome circumstances, aspire to higher goals, and seek opportunities to maximize potential (Cheng & McCarthy, 2018; Hardin & Larsen, 2014; Ismail & Tekke, 2015). The assumed relationship between self and self-perception represents an individual growth progression that alleviates the anxiety of an imbalanced state of being (Cheng & McCarthy, 2018). The research suggested unskilled individuals experience

greater anxiety than skilled workers due to peculiarities of personal challenges. Unskilled workers are less likely to report the absence of work relationships as a problem because of the psychological and emotional detachment associated with exclusion in the workplace (Cheng & McCarthy, 2018; Hardin & Larsen, 2014; Ismail & Tekke, 2015).

A fallacy connected to unskilled employment choices is workers lack the capabilities or intelligence to endure higher education or pursue higher-level tasks (Manstead, 2018; McPherson, 2018). Perceptions of menial or repetitive tasks facilitate such fallacies. Unskilled positions do not require high proficiency in a specific skill, but employment criteria suggest implied intelligence and personality traits a person can develop and cultivate (Cheng & McCarthy, 2018; Manstead, 2018; McPherson, 2018). In hospital environments, training and responsibility are factors to measure capability and competency visibly in skilled positions. However, when performance inconsistencies in unskilled workers are apparent, the fallacies involve an in-group and out-group mentality of misjudged character (Cheng & McCarthy, 2018; Howaldt & Schwarz, 2017; Manstead, 2018; Stracher & Allen, 2016). The misconceptions are subjective and highly associated with biases of individual experiences, ingrained behavior, or immaturity of the perpetrator.

Howaldt and Schwarz (2017) discussed the perception of skill inequality in the workplace induced by organizational climate processes. The research sought to determine the absence of administrative social innovation activities to support the self-perception concerns of workers perceived as less valued. Studies debate self-perception and the need

for continuous social innovations to offer equilibrium of self and balance in the workplace (Hardin & Larsen, 2014; Howaldt & Schwarz, 2017; Martinez-Marti & Ruch, 2017). The study recommended developing innovative practices to reduce social differentiation representing dysfunctions of bias-oriented climates. The literature presented a collective summarization of self-perception linked to positive identification to recognize human capability. Aligning skilled and unskilled workforce suggested cohesiveness as an attribute of valued human resources (Wolfson & Mathieu, 2018). Behaviors of cohesiveness exhibited by skilled workers boost unskilled workers' perception and offer a sense of belonging, thereby increasing self-perception (Hardin & Larsen, 2014; Ismail & Tekke, 2015; Wolfson & Mathieu, 2018).

Manstead (2018) argued that self-judgment could alter a person's perception of others. Individuals with a higher self-reflection tend to look down on others outside of similar demographics and shared experiences. Manstead revealed that individuals with lower self-reflection judge themselves more harshly due to decreased self-perception. Individuals who underestimate their capabilities and the realization of what they "can do" and are able "to do" experience limited self-perception (Karimi et al., 2016). Leaders and coworkers often scrutinize these individuals, looking for faults and deficiencies in their capabilities, leading to unrecognized potential (Karimi et al., 2016; Manstead, 2018).

Research lacks literature specific to unskilled workers' self-perception influenced by unhealthy working environments unless related to incidents of workplace violence (Wayment & Bauer, 2017). Wayment and Bauer (2017) identified skill bias perceptions

as a predictor of harmful behaviors provoking violent responses. Individuals experience decreased self-perception long before seeking employment (Autin et al., 2017). External influences such as the lack of education, socioeconomic status, generation transparency, and interpersonal conflicts are antecedents associated with psychological and emotional burdens of decreased self-perception (Autin et al., 2017; Krems et al., 2017). Therefore, workplace leaders should embrace the diversity of human capabilities and provide positive work environments for all employees to counteract the burdens of external influences.

Skill Bias Perceptions

Skill bias perception is an intentional or covert organizational and social practice to strip the appreciation and value from specific job classifications and task relevancy, thereby disregarding workers employed in lower-status positions (Behar, 2016; Brown, 2016; Manstead, 2018; Otis & Wu, 2018). Behaviors indicative of skill bias perceptions reflect an individual or group mentality toward a class of workers perceived as less valued (Behar, 2016; Manstead, 2018; Otis & Wu, 2018). Skill bias perceptions are common in industries, such as health care, which employ dual workforces. Humanistic psychologists examined perceptions as unconscious psychological stimuli to interpret people, things, or events indicative of skill bias (Gloss et al., 2017). Industrial and organizational psychology research differentiate characteristics of perceptions and define them as intentional behaviors by which others misinterpret people, things, or events, indicative of skill bias (Behar, 2016).

Workplace perceptions play a crucial role in manifesting positive thoughts and emotions to increase self-perception and self-efficacy in and out of the workplace (Behar, 2016; Ismail & Tekke, 2015; Manstead, 2018; Otis & Wu, 2018). Conversely, workplace perceptions may be devastating and problematic, leading to decreased self-perception and self-efficacy and potential harm to self and others (Gloss et al., 2017). Unknowingly, general inferences about a person's character and attacks on their personal agenda lead to stereotypical behavioral tendencies. Skill bias perceptions then becomes the intentions of displayed stereotypical behaviors. When a person perceived as less valued is targeted by stereotypical threats, they experience an emotional detachment resulting in anxiety, mental instability, self-doubt, or deviant destructive behaviors (Cheng & McCarthy, 2018; Gloss et al., 2017; Spencer et al., 2016). The experience of emotional detachment decreases perceptions of how workers view themselves or believe in their capabilities based on how others perceive them. Job classifications are not meant to define a person's character or place them in a subordinate group of inferior individuals; therefore, workplace behaviors delineate the differences in perception subjective stereotypical intentions (Autin et al., 2017; Cheng & McCarthy, 2018; Gloss et al., 2017; Krems et al., 2017).

Research specific to skill bias perceptions was limited; however, the human capital approach theory referenced a correlation between skill bias perceptions and human capabilities (Goldin, 2016; Pravdiuk et al., 2019; Raffiee & Coff, 2016; Wolfson & Mathieu, 2018). Additional studies established differences in perception between the

two workgroups, from historical economic warfare to modern-day workplace disparities consistent with skill bias perceptions (McPherson, 2018; Pravdiuk et al., 2019; Weidel, 2018). Behar (2016) and Gloss et al., (2017) explained skill bias perceptions activity as a predictable combination of individual biases (Behar, 2016; Gloss et al., 2017). The current study examined two types of bias that mimic subjective characterization shortcuts indicative of workplace environments. Common behaviors witnessed in the workplace linked to organizational dysfunction have shown associations with behaviors of skill bias perceptions (Peters et al., 2020; Wayment & Bauer, 2017). Previous researchers neglected to examine and discuss the existence of skill bias perceptions as a standalone topic. Moreover, direct studies about unskilled workers' self-perception and self-efficacy were limited.

Influences of Skill Bias Perception

Unidentified external and internal influences of skill bias perceptions exist, some subtle and others not. The intentions of leaders in the 21st-century workplace are not to enforce practices to create dysfunction or contribute to a division among workers. Nevertheless, the outcomes of workplace discord permit an unacceptable norm between workers (Cassad & Bryant, 2016; Cheng & McCarthy, 2018). Cheng and McCarthy (2018) addressed the impact of workplace dysfunction and division due to personality inconsistencies that discourage relationships and facilitate dispositional and situational triggers of emotions. A link existed between stereotypical characterizations, social stigmas, and unidentified biases via a cascade of processes that lead to a downward spiral

of adverse outcomes' oblivious, cognitive, affective, physiological, and motivational responses (Cassad & Bryant, 2016). The current study was a means to bring awareness of skill bias perceptions as a common phenomenon and the impact on a stigmatized group of employees. The unskilled workers' human capabilities contribute significantly to the health care industry and society; however, they are unrecognized and unsupported.

Stereotypical Characterization and Social Stigma

Stereotypical characterizations and social stigmas reflect a deficit in human perception (Cassad & Bryant, 2016; Cheng & McCarthy, 2018; Manstead, 2018; Otis & Wu, 2018; Spencer et al., 2016). Stereotyping is an opportunity to participate in intentional or unintentional subjective judgment, prejudices, or distorted and disruptive general references to a class of people perceived to be different from oneself. This reflection of human perspective and opportunity suggests the "dark side" of one's personality, mainly the preparators' character (Cheng & McCarthy, 2018). The behavior leads to actions to degrade, disgrace, disapprove, or dismiss certain characteristics and capabilities of others perceived to a different caliber.

Humanistic psychologists recognize the personality trait of stereotyping as part of a rejected deterministic nature with no benefit to anyone other than the perpetrator (Cheng & McCarthy, 2018; Manstead, 2018; Spencer et al., 2016). Concerns about stereotypes and stigmas commonly correlate in research; however, each adds a different depth of understanding (Cassad & Bryant, 2016; Cheng & McCarthy, 2018; Manstead, 2018). The differences are apparent in the perpetrator's intentions and selected targets.

Stereotypical characterizations and stigmas may be disruptive and present consequences of unfavorable behaviors that undermine the aspirations and objectives of those considered to be the out-group (Cheng & McCarthy, 2018; Spencer et al., 2016).

Skilled workers in the in-group share favoritism among individuals with similar educational, social, and professional status relevant to the workplace and society. The out-group references the unskilled worker whose demographics differ from the preferred in-group and become the target of stereotypical threats and stigmatized labels (Cassad & Bryant, 2016; Cheng & McCarthy, 2018; Manstead, 2018; Otis & Wu, 2018; Spencer et al., 2016). Stereotypes and stigmas present conscious and unconscious threats more harmful to the out-group. In the current study, I explored perceptions of the unskilled worker as less valuable to understand various perspectives of stereotypes and stigmas.

Stereotypes are the most cognitive component of intergroup attitudes because the actions are discrete (Spencer et al., 2016). Spencer et al. (2016) suggested that although stereotyping might be subconscious, individual reasoning and behaviors are tendencies of a person's thought process. These tendencies promote an in-group and out-group mentality. The in-group and out-group mentality are elements of dysfunction in the workplace, and behaviors exacerbate feelings of human disregard (Cassad & Bryant, 2016). Workplace and social environments that foster stereotypical climates are challenging and demanding for all employees. However, stereotypical threats pose substantial implications for assumed deficits in character and capabilities. Social stigmas reference internal disapproval or discrimination related to generalized behaviors

associated with the character of a specific group of people or demographics (Cassad & Bryant, 2016; Manstead, 2018). Stigmas weigh heavily on emotions greater than psychological dispositions, whereby responses could be detrimental to a person's being (Manstead, 2018). Stigmas are representative of an in-group and out-group mentality, with the targets labeled according to society's perceptions and considered direct individual intentions by the perpetrator (Manstead, 2018).

Stereotypical characterization and social stigmas indicate challenges that elicit psychological and emotional responses of anxiety, fear, reduced engagement, and decreased self-perception and self-efficacy (Cassad & Bryant, 2016; Cheng & McCarthy, 2018). These responses led to intense self-evaluation of an out-group member, guiding unnecessary self-doubt in their capabilities, and presenting obstacles to adapt, function, and develop in the workplace. The outcome for out-group members is psychological and emotional disengagement (Cassad & Bryant, 2016; Cheng & McCarthy, 2018). Researchers' collaborative findings suggested stereotypical characterizations and social stigmas facilitate unsafe environments and produce barriers indicative of skill bias perceptions. Otis and Wu (2018) expanded their perspectives to further suggest that in-groups (e.g., skilled workers) misguided perceptions present a deficit of reality. It is common for individuals of higher rank to display undesirable behaviors to mask their insecurities and inadequacies. Therefore, stereotypical characterization and stigmas are also conscious intentions used as defense mechanisms to maintain a position of good standings within the in-group (Otis & Wu, 2018). The consequences of the in-group

mentality may be detrimental, though perceived differently than the out-group due to the differences in perception between the two.

Implicit Bias

Implicit or unconscious bias is the most common influence on professionals' perceptions in the workplace and society (Arif & Schlotfeldt, 2021; FitzGerald & Hurst, 2017; Zestcott et al., 2016). The research focused on unconscious attitudes and behaviors witnessed in health care under the constant scrutiny of patient–employee encounters and employee-employer relationships (FitzGerald & Hurst, 2017). However, researchers have not examined the implicit bias issues implicating skill bias perceptions on an employee-to-employee level. Implicit bias is a preconception of unequal assessment between two or more distinct alternatives, populations, events, or outcomes that affect the cognitive processes of understanding, actions, and decisions (Arif & Schlotfeldt, 2021; FitzGerald & Hurst, 2017; Zestcott et al., 2016). The preconception of unequal assessment applies to skill bias perceptions in health care environments because human resource assessments and employee evaluation conceal unconscious perceptions (Arif & Scholtfeldt, 2021; FitzGerald & Hurst, 2017; McPherson, 2018; Zestcott et al., 2016).

Negative workplace perceptions stem from involuntary, subtle, ingrained, or universal subjective opinions regarding common demographics (e.g., education, age, race, gender, religion), political views, job classifications, task relevancy, or significance of financial contributions (Brown, 2016; FitzGerald & Hurst, 2017; McPherson, 2018). These influences, combined with life experiences, relationships, and resolution of

challenges, affect biases that may intensify as time goes on and carry into a person's workplace (Arif & Schlotfeldt, 2021; FitzGerald & Hurst, 2017; McSherry & Pearce, 2018; Peters et al., 2020). Psychologists and behavioral experts discuss persons unwilling to replace subjective emotional output with objective input, causing unidentified bias to fester (Arif & Schlotfeldt, 2021; FitzGerald & Hurst, 2017; Peters et al., 2020; Zestcott et al., 2016). Behavioral psychology addressed the unwillingness to look at situations differently; therefore, implicit bias goes unnoticed. These actions unintentionally place unskilled workers at a considerable disadvantage because actions related to implicit biases are justified by the perpetrator and commonly overlooked (FitzGerald & Hurst, 2017; Peters et al., 2020; Zestcott et al., 2016).

Research regarding the extent of implicit bias in health care may initiate better practices for training and sensitivity to increase patient–employee encounters, employer–employee relationships, and employee–employee camaraderie (FitzGerald & Hurst, 2017). FitzGerald and Hurst (2017) surveyed N = 15,148 participants using the Implicit Association Test to measure the extent of implicit bias and its impact on general perceptions between workers of various occupations. Inferences drawn from observational data indicated a link between implicit behaviors and occupational prestige (FitzGerald & Hurst, 2017). The research is pertinent to this current study, showing that implicit bias introduces a wedge between workers outside of a person's intellectual capacity associated with skill bias perceptions. The wedge leads to differences in perception and allows the unskilled worker's characteristics of human capabilities

judged or perceived as less valued. Therefore, one can assume that unskilled workers fall into a stigmatized group and experience behaviors representative of implicit bias revealed in the findings of FitzGerald and Hurst and Zestcott et al. (2016).

Unfavorable evaluations of unskilled workers appear in simple behaviors such as the absence of eye contact, no response to extended greetings, nonverbal body language, unnecessary authority in a person's voice, sarcasm, attitudes of dissatisfaction, unfair feedback, or lack of support (Keller et al., 2020). These behaviors are common to individuals who harvest implicit bias, whether an intentional or unintentional display of action. The differences in work behaviors are more apparent to the unskilled than the skilled worker. The unskilled worker may experience exclusion, disrespect, aggressiveness, lack of emotion, or challenges of unfair boundaries in the workplace more than skilled workers (FitzGerald & Hurst, 2017; Keller et al., 2020; Zestcott et al., 2016).

The diversification of medical jobs suggests those with minimum education and less significant responsibilities are characteristically perceived differently (FitzGerald & Hurst, 2017). It is natural for high-ranking individuals to judge characteristics and capabilities as they perceive based on their familiarity. Manstead (2018) discussed the considerable impact of implicit bias on a person's thoughts, feelings, and behaviors of impartial treatment. Higher-ranked employees fail to understand how lower-ranking employees perceive their behaviors and how they diminish the self-perception and

self-efficacy of workers perceived as less valuable (FitzGerald & Hurst, 2017; Manstead, 2018).

Workplace perception suggests the generalization of capability differently through task responsibility of various industries (FitzGerald & Hurst, 2017; Manstead, 2018). Coincidentally, implicit bias is possible within the same sector of job classifications (Manstead, 2018). Those in low-ranking job classifications in the health care industry may be perceived as a higher caliber than employees in other low-ranking jobs, such as fast-food workers. An unskilled dietary worker may be perceived as a higher caliber than an environmental service worker. Implicit bias can also occur with skilled professionals. Although they are both nurses, a nurse anesthetist is perceived as a higher caliber than a registered nurse. The bias is consistent with skill bias perceptions and continued judgment of education, job responsibilities, and financial contributors. Implicit bias is not exclusive, yet there is a significant impact on employees who are perceived as less valued outside of the accepted professional in-group population (FitzGerald & Hurst, 2017; Manstead, 2018).

The behavior of entitlement is a form of implicit bias. Entitlement ranks high among workplace attitudes linked to occupational prestige (Brummel & Parker, 2015). A different mindset develops when individuals feel they are owed better treatment, respect, recognition, and support because of personal achievements, education, and professional and social status. Leaders in these environments do not promote prosocial behaviors or put aside self-interest for the sake of relationships and camaraderie with other employees

outside of their professional cohorts. Antisocial and negative-oriented tendencies like entitlement reduce social exchange (Brummel & Parker, 2015). Amid entitlement behaviors, members of the out-group feel a loss of belonging, a lack of organizational support, and less optimism about employment choices (Brummel & Parker, 2015; FitzGerald & Hurst, 2017; Manstead, 2018; Pravdiuk et al., 2019; Zestcott et al., 2016).

Entitlement suggests unidentified implicit bias predicts skill bias perceptions. The consequences of entitlement may result a division between skilled and unskilled workforces. Behaviors associated with implicit bias promote situational and toxic work environments for others while increasing the self-perception and self-efficacy of those feeling entitled (Brummel & Parker, 2015; FitzGerald & Hurst, 2017). Researchers examined the human capability approach theory to address factors contributing to the division between workforces and eliminate the "us and them" or "in-group and out-group" mindsets that accommodate implicit bias (Brummel & Parker, 2015). Administrators and leaders unknowingly create workplace climates where behaviors separate employees and present greater challenges for unskilled workers to adapt, function, and develop, disabling them to improve upon their human capabilities. In work environments and social arrangements free of implicit bias, skill bias perceptions are reduced and the out-groups experiences increased optimism, confidence, growth, and a sense of belonging (Brummel & Parker, 2015; Fiset et al., 2017; FitzGerald & Hurst, 2017; Wolfson & Mathieu, 2018). Reduced skill bias perceptions allow for cohesiveness and productive work relationships between the two groups.

Confirmation Bias

Confirmation bias is subtle acts of deliberate behaviors of convenience associated with personality traits filtered through exposure, perception, and retention (P. Williams et al., 2016). This type of bias is harmful, and persons develop tendencies to validate or confirm their pre-existing beliefs, even if they are aware of information to reverse or challenge their thoughts, opinions, or perceptions of other people (P. Williams et al., 2016). Individuals with confirmation bias selectively reject or ignore any evidence to support or dispute differences of ingrained preconceptions (P. Williams et al., 2016; Wu et al., 2016). Confirmation bias is associated with skill bias perceptions due to tendencies to strip appreciation and value from the unskilled workers' accomplishments of employment processed by selective judgment (Keller et al., 2020; P. Williams et al., 2016). Scholars adopting sociological perspectives of confirmation bias discussed its ability to make unrealistic distinctions and create the foundation for inequality in dual personnel workplaces (Keller et al., 2020; P. Williams et al., 2016; Wolfson & Mathieu, 2018; Wu et al., 2016).

Through intentional behavior exhibited in confirmation bias, individuals dehumanize unskilled workers' worth, increase antisocial behavior, and inflict psychological and emotional distress (Keller et al., 2020). The behaviors associated with confirmation bias are much like those in persons who feel entitled. Individuals with confirmation bias traits bring an unbalance to the work environment, destroying employee harmony and strongly influencing work happiness (Brummel & Parker, 2015;

FitzGerald & Hurst, 2017; Keller et al., 2020; P. Williams et al., 2016). The consequences of a disharmonious environment can be deteriorated work relationships and aggravated behavior over time, decreasing the self-perception and self-efficacy in those victimized.

Individuals with confirmation bias viewpoints associate the importance of educational resources greater than social capital resources to measure substantial financial contributors (Pravdiuk et al., 2019; P. Williams et al., 2016). Confirmation bias is related to Robeyns's (2016) capabilitarianism views to support education as the primary source of functional human capabilities and dictate a person's potential (Pravdiuk et al., 2019; Wolfson & Mathieu, 2018). A current perspective of economic measures should include the value of intangible qualities to assess the individualism of human capital, such as creativity, warmth, sensitivity, and integrity (P. Williams et al., 2016). Williams et al. (2016) presented the benefits of intangible capabilities and talents as valued human capital resources. Proponents of the human capability approach have proposed a similar view of individualism and support unobservable assets not taught through academics present in the makeup of a person's character, are valid measures of human resources (Alkire & Deneulin, 2016; Biggeri et al., 2018; Karimi et al., 2016; Robeyns, 2016; Weidel, 2018; Wolfson & Mathieu, 2018).

In the workplace, confirmation bias is problematic because it may influence other people or personal agendas to distort their beliefs if challenged with undesired

self-reflection (Peters et al., 2020). The onset of the problems can lead to stifling the formation of well-rounded ideas, reducing a person's ability to correct mistaken views, and distorting a person's thinking to become overconfident or extreme in their perception of self (Peters et al., 2020; Otis & Wu, 2018). Confirmation bias is detrimental to the perpetrator because it facilitates an in-group mentality. The consequences of responsive behavior overcoming challenges of self-reflection may be harmful and uncalculated when confirmation bias accepts an in-group mentality (FitzGerald & Hurst, 2017; Peters et al., 2020; Otis & Wu, 2018; P. Williams et al., 2016).

Literature referenced the influence of confirmation bias as a buy-in way of thinking, unjustifiably favoring one group of people over another (Otis & Wu, 2018; Peters et al., 2020). Researchers suggested that attitudes related to confirmation bias depend on the reputation of similar ranks or social groups, whereby the skilled worker facilitates an intentional alignment against the unskilled worker. This behavior is witnessed when in-groups share stereotypical and stigmatized views about the generalization of unskilled characteristics among cohorts, usually exaggerated humorously (Peters et al., 2020; Otis & Wu, 2018).

Incivility, job shaming, and ostracism are among the most common displays of confirmation bias in the workplace (Daniels & Robinson, 2019; Otis & Wu, 2018; Keller et al., 2020). These types of behavior represent interpersonal mistreatment based on evaluating another person's character by confirming a person's own (Daniels & Robinson, 2019). Confirmation bias is comparable to workplace abuse, much like

bullying or harassment (Daniels & Robinson, 2019; Keller et al., 2020). Daniels and Robinson (2019) suggested that confirmation tendencies increased stereotypical threats and enabled the perpetrator to feel self-righteous, overconfident, and untouchable, allowing their behavior to become offensive or aggressive toward an out-group population.

Incivility is one of the most obnoxious nonviolent behaviors reported in the workplace, potentially becoming aggressively resolved (Daniels & Robinson, 2019; Keller et al., 2020). Rudeness, unprofessionalism, inappropriate responses, silence, sarcastic rebuttals, bullying, placing blame, verbal abuse, overbearing opinions, or just a simple roll of the eye are behaviors of incivility that suggest the presence of confirmation bias and skill bias perceptions in the workplace. A disenchanted environment for unskilled employment becomes a reality for many who feel the job is not worth the treatment and mediates high turnover rates in unskilled employment throughout the United States (Keller et al., 2020).

Job shaming is an outward display of negative behavior related to confirmation bias and skill bias perceptions. Shame is a misunderstood emotion related to employment because of its discreteness, insensitivity, and ability to be masked by the guilt of a person's shortcomings (Daniels & Robinson, 2019). Job shaming is purposeful and powerful yet considered trivial based on the in-group mentality. Individuals demonstrating confirmation bias behavior aim to attack the character and capabilities of others in a way meant to disgrace or disregard human values (Daniels & Robinson, 2019;

Jecker et al., 2020; Keller et al., 2020). The topic of job shaming is overly sensitive due the consequences which may result in lifelong depression or death to those who fall victim to this type of mentality (Daniels & Robinson, 2019; Fabio & Gori, 2016; Hardin & Larsen, 2014; Rockow et al., 2016; Tiwari, 2017).

Individuals who favor Western cultural trends do not perceive behaviors of job shaming as unordinary because the action takes on characteristics of unintentional play or joking (Daniels & Robinson, 2019; Otis & Wu, 2018; Peters et al., 2020). An increase in job-shaming behaviors witnessed in recent years has the attention of civil rights advocates, prompting restoration programs to reduce stereotypes and stigmas that reflect skill bias perceptions (Daniels & Robinson, 2019; Jecker et al., 2020; Weidel, 2018). Recent changes in job titles, such as garbage man to sanitation engineer, housekeeper to environmental service associate, or clerk to customer service representative, are efforts to restore a sense of dignity and respect for human value lost in the perceptions of job titles (Arif & Schlotfeldt, 2021; Daniels & Robinson, 2019; FitzGerald & Hurst, 2017; Jecker et al., 2020; Weidel, 2018). These social change initiatives address workplace anxiety and depression, improve work conditions, and offer greater employment acceptance. Social advocacy groups prioritize initiatives to restore dignity in unskilled positions to lessen the impact of alternative worldly influences and paths of destructive lifestyles for upcoming generations and increase employment availability for retirees driven back into the workforce (Daniels & Robinson, 2019; Jecker et al., 2020; Peters et al., 2020).

A defiant behavior resulting from skill bias perceptions is the act of workplace ostracism. This behavior isolate individuals from work relationships or exclude groups of workers from organizational recognition (Fiset et al., 2017; Robinson & Schabram, 2017; Whitson et al., 2017). Ostracism is a subtle form of mistreatment, and perpetrators easily justify their behavior as an oversight with no malice intended (Fiset et al., 2017; Robinson & Schabram, 2017). Ostracism mimics both implicit and confirmation biases because of the ability to easily mask a person's insecurities or inadequacies (Fiset et al., 2017). When individuals practice ostracism, the objective is for the perpetrator to maintain the status quo among their cohorts by excluding those persons they feel do not meet the criteria for inclusion (Fiset et al., 2017; Robinson & Schabram, 2017; Keller et al., 2020; Whitson et al., 2017). The observed exclusion is acceptable by others who share the same in-group mentality. The victims being ostracized experience psychological and emotional detachment associated with decreased self-perception and self-efficacy (Fiset et al., 2017; Keller et al., 2020; Whitson et al., 2017).

Human resources managers use strategies of employment stratification as a form of unintentional ostracism through practices or privileges available for skilled employees and not unskilled employees (Fiset et al., 2017; McPherson, 2018). The pattern may be evident in simple instructions like assigned parking spots. The skilled workers can park closer to the entrance door, and the unskilled workers have assigned parking on higher levels further from the entrance door. This act of ostracism, though unintentional, produces perceived boundaries of workplace exclusion and organizational support

because the response interpretation represents a difference in how employees are treated and valued (Fiset et al., 2017; McPherson, 2018).

Distinguished from other uncivil behaviors, ostracized employees are confused by the perpetrator's dislike and are quick to self-assess, looking for personal faults to justify the perpetrator's behavior (Fiset et al., 2017). Diminished self-perception and self-efficacy may lead to accepting the blame for others' behavior (Fiset et al., 2017; Hardin & Larsen, 2014; Whitson et al., 2017). Skill bias perceptions significantly influence ostracism, and the consequence of exclusion is decreased self-perception and self-efficacy in a population of workers perceived as less valued.

Conclusion of Skill Bias Perceptions

The differences in perception between skilled and unskilled workers have created a need to examine skill bias perceptions as a phenomenon witnessed in the health care industry across the United States. Unknowingly, health care climates permit intentional or unintentional practices that strip the appreciation and value of unskilled workers whose human capabilities are essential for the survival of the health care industry (Behar, 2016; Brown, 2016; McPherson, 2018). Consequently, skill bias perceptions result from stereotypical characterizations, social stigmas, and unidentified biases, contributing to the division between skilled and unskilled workers. The current literature review provided evidence that the in-group and out-group mentality in the workplace perpetuates behaviors consistent with disregarding the human capabilities of persons with job classifications requiring minimum education and no formal skill set.

Displays of unfavorable acts of entitlement, incivility, job shaming, and ostracism often go unnoticed, ignored, or unfairly justified (Behar, 2016; Brown, 2016; Daniels & Robinson, 2019; Fiset et al., 2017; Jecker et al., 2020; Keller et al., 2020; Manstead, 2018; Otis & Wu, 2018). It is vital to better understand the extent of skill bias perceptions' accountability for toxic, unhealthy work environments, undesirable behaviors, and boundaries that present challenges for unskilled workers to adapt, function, and develop in the workplace. These factors impede opportunities for balance, growth, productive work relationships, positive identification, value, and meaningful employment for a population of workers with the same intention to flourish and advance personal agendas to obtain a better quality of life as the skilled worker.

Summary and Transition

The extensive literature review in Chapter 2 provided support and expanded awareness of skill bias perceptions. The primary theoretical framework of Nussbaum's human capability approach theory addressed the historical concepts of human capital resources and human capability, making it useful for affirming that differences in perception between skilled and unskilled workers remain relevant in the 21st-century workplace (Al-Janabi et al., 2013; Alkire & Deneulin, 2016; Biggeri et al., 2018; Goldin, 2016; Ismail & Tekke, 2015; Karimi et al., 2016; Peters et al., 2020; Pravdiuk et al., 2019; Raffiee & Coff, 2016; Robeyns, 2016; Stracher & Allen, 2016; Weidel, 2018; Wolfson & Mathieu, 2018). Additional researchers expanded perspectives to behaviors consistent with skill bias perceptions to predict decreased self-perception and

self-efficacy for the unskilled worker population (Alkire & Deneulin, 2106; Austin, 2018; Behar, 2016; Brown, 2016; Daniels & Robinson, 2019; Dweck, 2017; Elfenbein, 2016; Hardin & Larsen, 2014; Ismail & Tekke, 2015; Krems et al., 2017; Manstead, 2018; Martinez-Marti & Ruch, 2017; McPherson, 2018; Peters et al., 2020; Rockow et al., 2016; B. Williams et al., 2017; Whitson et al., 2017; Wu et al., 2016).

This chapter presented specific behaviors of implicit and conformation biases reported as common in the workplace indictive of skill bias perceptions. It is disheartening to realize the 21st-century health care industry disregard the contributions and value of human capabilities of lower-level workers based on job titles, task responsibilities, and financial contributions. The COVID-19 pandemic highlighted the need and value of unskilled workers to complement the performances of the skilled workers to provide a positive patient care experience. Chapter 3 presents the quantitative research methodology and design elements of the current study. Included are the sampling strategy, data collection, instrumentation, analysis applications, and ethical considerations to conduct viable social science research.

Chapter 3: Research Methodology

In the 21st-century health care industry, there is a division between skilled and unskilled workers representative of skill bias perceptions. The purpose of the current study was to investigate the differences in perception between skilled and unskilled health care workers and predict skill bias perceptions, self-perception, and self-efficacy. The goal was to provide evidence that skill bias perceptions exist and predict a significant decrease in self-perception and self-efficacy in unskilled workers.

I chose a quantitative nonexperimental design to address the research questions and test the hypotheses using two statistical models. The multivariate analysis of variance (MANOVA) and multiple linear regression were appropriate statistical tests to minimize reliability errors and maintain the integrity of the collected data. Chapter 3 presents the design rationale, research problem, and purpose. The sampling strategy, recruitment process, data collection screening and cleaning, and reliability and validity of preexisting test instruments are also discussed in the chapter. There is a presentation of the validity threats, assumptions, and ethical considerations necessary to ensure compliance with Walden University's Institutional Review Board (IRB) and the American Psychological Association (APA) ethical codes and principles while conducting social science research.

Research Design and Rationale

The nonexperimental quantitative design was appropriate to examine two types of health care workers (skilled and unskilled) and predict the relationship between skill bias perceptions, self-perception, and self-efficacy. Nonexperimental research does not

involve any manipulation of control variables, and it is appropriate to use questionnaires as the method of data collection (Creswell & Creswell, 2018). Creswell and Creswell (2018) discussed the appropriateness of quantitative research to investigate the differences between a single independent variable and its outcome on one or more dependent variables in real-life settings. The type of worker was dichotomous (skilled or unskilled) and served as the independent predictor variable. Skill bias perceptions (measured by X), self-perception (measured by Y), and self-efficacy (measured by Z) were the dependent outcome variables examined in this study.

Quantitative researchers collect data from assigned numerical values to objectively investigate and analyze larger samples of a target population (Creswell & Creswell, 2018). Numerical statistics are reliable for studying sensitive social topics such as skill bias perceptions. Quantitative researchers detach themselves from possible biased personal thoughts, beliefs, emotions, and experiences that substantiate subjective responses necessary for interpretation in qualitative research (Creswell & Creswell, 2018; Frankfort-Nachmias & Leon-Guerrero, 2015). A mixed methods study is appropriate to explore in-depth occurrences for a greater understanding than quantitative or qualitative methods can deliver alone (Frankfort-Nachmias & Leon-Guerrero, 2015). The significant or nonsignificant numerical findings presented in the current study may be of greater value and may provide sufficient visual analyses of interest to the health care industry's bottom line of capital resources and financial outcomes than qualitative interpretations of words and feelings (see FitzGerald & Hurst, 2017). This design was feasible to ascertain

objective results consistent with the purpose of meaningful employment opportunities and improved work environments for unskilled workers in the health care industry. Additionally, the results of this study contribute to the literature by expanding research on skill bias perceptions and may manifest positive social change initiatives that elevate the perception of unskilled workers and continue to bring forth knowledge to the field of industrial and organizational psychology.

Quantifiable data supports the test of hypotheses with close-ended questionnaires using preexisting test instruments to lessen the burdens of cost and time (Creswell & Creswell, 2018). Although quantifiable data commonly provide descriptive summaries of the target population, quantitative researchers can also employ an inferential statistical approach (Frankfort-Nachmias & Leon-Guerrero, 2015). Inferential statistics are used for hypothesis testing and allow researchers to make predictions or conclusions regarding a general population; these outcomes differ from descriptive findings that only summarize the data (Frankfort-Nachmias & Leon-Guerrero, 2015). Social science researchers often use descriptive statistics to state facts and inferential statistics to support, refute, or modify the focused theory. According to FitzGerald and Hurst (2017), a quantitative design is a standard approach to evaluating professionals, thereby reducing the possibility of an unethical process. The approach is most frequently adopted when an experimental intervention is not feasible or desired. The closed-ended questionnaire constructed for the current study addressed the following research questions and enabled testing of the associated hypotheses:

RQ1: Are there statistically significant differences in perception between skilled and unskilled health care workers in skill bias perceptions, self-perception, and self-efficacy?

H_o1: There are no statistically significant differences in perception between skilled and unskilled health care workers in skill bias perceptions, self-perceptions, and self-efficacy.

H_a1: There are statistically significant differences in perception between skilled and unskilled health care workers in skill bias perceptions, self-perception, and self-efficacy.

RQ2: Do skill bias perceptions significantly predict respondents' self-perception?

H_o2: Skill bias perceptions do not significantly predict respondents' self-perception.

H_a2: Skill bias perceptions significantly predict respondents' self-perception.

RQ3: Do skill bias perceptions significantly predict respondents' self-efficacy?

H_o3: Skill bias perceptions do not significantly predict respondents' self-efficacy.

H_a3: Skill bias perceptions significantly predict respondents' self-efficacy.

Participants and Sampling Strategy

Skilled (e.g., nurses, respiratory therapists, and radiology technologists) and unskilled (e.g., dietary service aides, transporters, and environmental service aides) U.S. health care personnel were recruited from Amazon MTurk, an online survey host, to voluntarily participate in this study. Respondents who met the inclusion criteria of 18

years or older, education level (i.e., minimum high school diploma, higher level degree, or professional credential), one consecutive year of full-time employment in a U.S. hospital, and English as a first language were eligible to become participants. The job titles chosen for this survey represented participants of both employment classifications in a hospital setting whose job responsibilities support the overall positive patient care experience collectively.

Quantitative research allows for a larger sample of the total population with common characteristics to demonstrate sufficient power for statistical analysis (Creswell & Creswell, 2018). I conducted a G*Power 3.1.9.4 a priori analysis to determine the number of participants sufficient to test the study's hypotheses using MANOVA. I applied the statistical power of 0.95, an alpha level of 0.05, and a medium effect size (f^2 = 0.25) with one dichotomous predictor variable (workers), the analysis indicated the minimum sample size as N = 73 (see Figure 1; see also Creswell & Creswell, 2018; Faul et al., 2009). Additionally, I conducted an a priori analysis to determine the number of participants sufficient for multiple linear regression. Applying the statistical power of 0.95, an alpha of 0.05, and a recommended medium effect size (f^2 = 0.15) with two predictors (type of workers and skill bias perceptions), the minimum sample size was N = 107 (see Figure 2). The collected data sample consisted of 172 valid respondents, sufficient to test the hypotheses using both models.

Figure 1

*G*Power A Priori Analysis for MANOVA Sample Size*

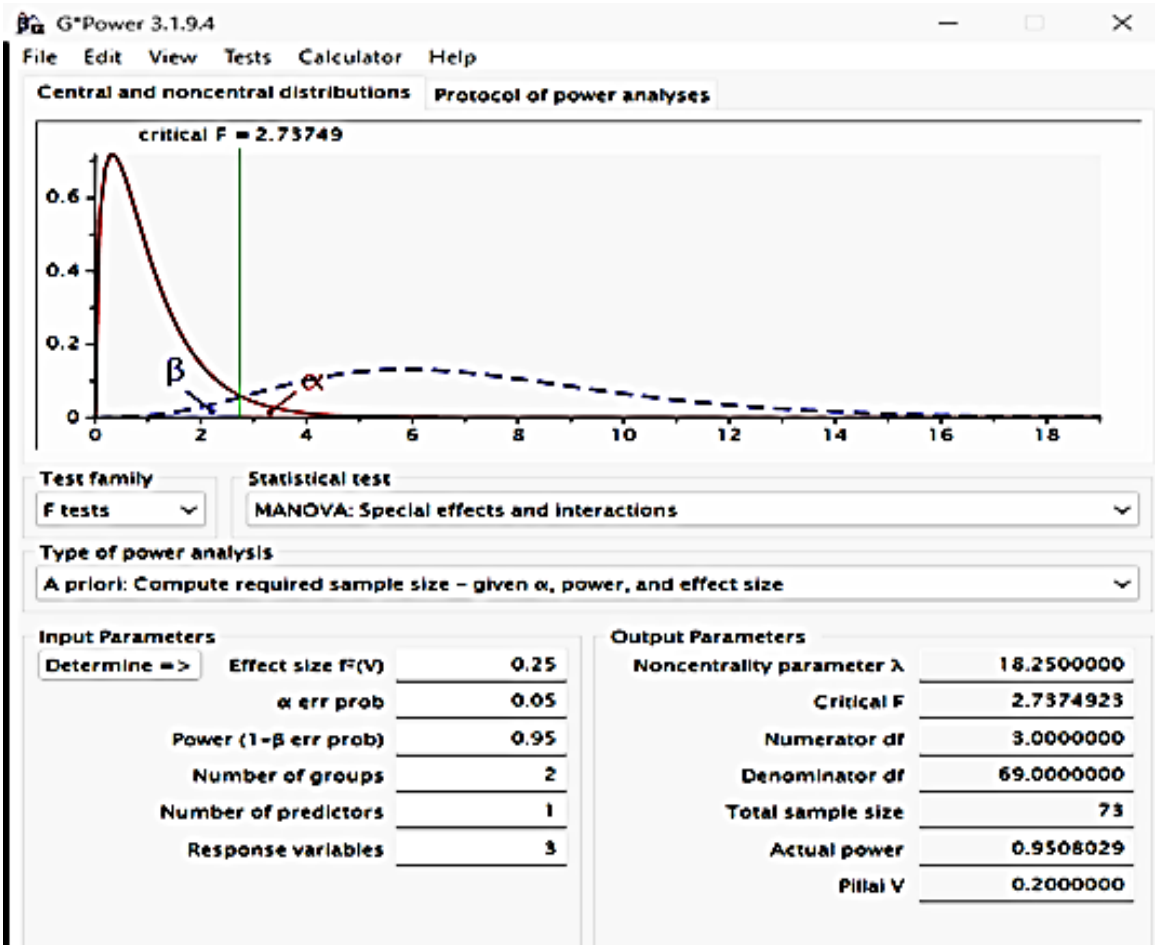
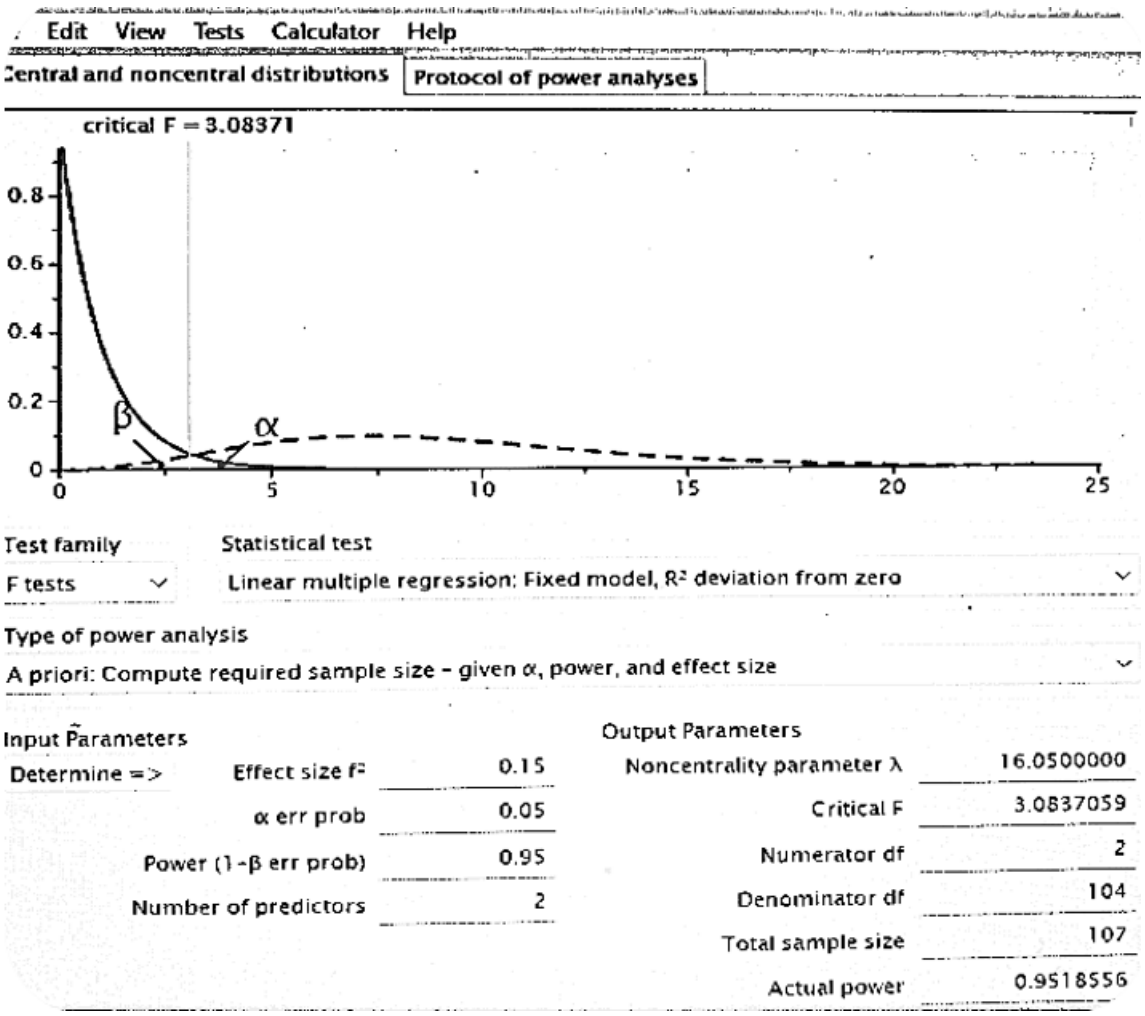


Figure 2

*G*Power A Priori Analysis for Multiple Linear Regression Sample Size*



Sampling Strategy

I used a stratified random sampling strategy to obtain an equal representation of skilled and unskilled participants from each of the six departments. Stratified sampling is a probability method of dividing a population into subgroups (strata) to examine the differences between the groups (Frankfort-Nachmias & Leon-Guerrero, 2015). My goal was to recruit thirty respondents from each of the six departments to represent each job title. The objective of recruiting $N = 180$ participants was to ensure a diverse pool of the sample population to achieve the suggested questionnaire response rate of at least 60% (see Creswell & Creswell, 2018).

A greater-than-expected response from skilled participants followed in a short time frame. Therefore, the decision to withdraw more skilled participants was implemented, and only the unskilled participants were qualified to be recruited. The final number of skilled and unskilled recruits before the data cleaning and screening process was $N = 195$. The decision not to conduct a second survey was deemed valid due to the possibility of the continued overwhelming number of skilled responses, leaving the sample represented by more skilled than unskilled workers. I attempted to achieve an equal number of unskilled job titles to employ the stratified random sample strategy to represent each department. A total of $N = 60$ unskilled participants provided an equal 20 respondents to represent each department. Creswell and Creswell (2018) and Frankfort-Nachmias and Leon-Guerrero (2015) stated that an unequal sample size of the two groups is not a problem when the number of subgroups is equally represented. Additionally,

unequal sample size is not problematic when using MANOVA and multiple linear regression to test hypotheses when the assumptions are met (Frankfort-Nachmias & Leon-Guerrero, 2015). Both statistical applications are robust to moderate deviations of assumptions with larger sample sizes. A larger participation of unskilled workers would have increased the generalizability of the unskilled worker population. Subsequently, it was reasonable to infer the number of unskilled participants was sufficient to provide statistical power to detect the effects of medium strength among the sampling distribution as calculated by the G*Power analysis for MANOVA and multiple linear regression (see Faul et al., 2009; Frankfort-Nachmias & Leon-Guerrero, 2015).

Data Collection

I proactively investigated each test instrument and requested the authors' permission to use the survey for my study. Permission was granted for three of the four preexisting surveys on their respective websites: the Flourishing Scale, the SOCAPO-E, and the General Efficacy Scale. An email for the ICECAP-A survey was sent to its author on September 30, 2021 (see Appendix A). On October 4, 2021, permission was granted via email to use the survey for research purposes (see Appendix B). This completed the first step to prepare for IRB approval to begin the data collection process.

Walden University's IRB approved (#11-15-22-0670761) the study using Amazon MTurk as the exclusive survey host and recruitment platform. After IRB approval, I registered with Amazon Web Services to anonymously recruit only MTurk workers as voluntary participants. Next, I set an inclusion criterion to recruit nurses,

respiratory therapists, radiology technologists, dietary service aides, transporters, and environmental service aides. The inclusion parameters per Amazon MTurk instructions were to qualify potential participants with common employment backgrounds employed in a hospital for one consecutive year, working in the United States, 18 years or older, and English as their first language. Additional inclusion criteria specified an approved MTurk worker ID number and task approval rate of 50%. I implemented filters to flag duplicate ID numbers and ensure participants took the survey only once. The platform was set to recruit (N = 180) confidential voluntary participants. I paid $3 through MTurk's worker compensation transaction process to qualify for completed surveys. No other social media, professional affiliations, physical sites, or verbal platforms were used for recruitment. The estimated time to complete the survey was 20–25 minutes.

I engaged SurveyMonkey to create a professional survey presentation. SurveyMonkey provided a link exclusively accessible to MTurk workers not accessible via SurveyMonkey's website or any other connecting link. A consent form approved by Walden's IRB (see Appendix C) was the survey's first page, followed by a demographic information survey (see Appendix D) and a 29-question closed-ended questionnaire combining the four preexisting test instruments: the Flourishing Scale, SOCAPO-E, GSE, and the ICECAP-A (see Appendix D). I uploaded the surveys onto SurveyMonkey for data collection on the third page. To identify each survey item, I congruently labeled each questionnaire as A, B, C, and D on SurveyMonkey in conjunction with the corresponding question number (e.g., A1, B9, C15, and D25). An additional question (#30) placed at the

end of the survey was assigned a random code and served as an attention check question. The question required the participants to cut and paste or manually input the code into the space provided on MTurk's website. The code represented a validation of survey completion and verification to reject incomplete surveys for payment. Additionally, the code assisted in the data screening process.

Recruitment Process, Time Frame, and Response Rate

The survey was initially open for 1 week; however, there was a greater-than-expected response rate from skilled job titles with fewer unskilled job titles represented on MTurk's CSV file. My goal to obtain a more balanced representation of job titles appeared unlikely due to the continued responses from skilled workers more than unskilled ones. Also, the anticipated financial burdens and repeated time spent conducting a second survey were considerations. After obtaining $N = 195$ voluntary participants, I disabled MTurk's exclusive web link. The time frame to set up Amazon MTurk as the host and recruitment platform, construct the survey using SurveyMonkey, and publish the survey on MTurk to recruit voluntary skilled and unskilled participants was from December 20, 2022, to January 26, 2023.

The construction of the survey and the widely recognized survey host greatly contributed to the greater-than-expected responses of the skilled job titles. The sample size is crucial to determine the response rate in quantitative research regarding the survey's importance and quality to attract the intended target population (see Creswell & Creswell, 2018; Frankfort-Nachmias & Leon-Guerrero, 2015). $N = 195$ potential

respondents met the inclusion criteria and indicated a sufficient sample size as indicated by the G* Power analyses. Upon completing the initial screening of participants, the response rate I calculated led me to disqualify $n = 23$ surveys, resulting in $N = 172$ eligible surveys for an 88% response rate. The sample size was appropriate to achieve the desired 60% response rate recommended for social and psychological research (Creswell & Creswell, 2018; Faul et al., 2009).

Data Screening and Cleaning Process

Screening Process

MTurk workers confirmed voluntary participation by reviewing the approved consent form. The participants learned that if they no longer desired to complete the survey, they could stop, and no payment transaction would occur as agreed upon between Amazon MTurk and the worker. The consent listed the potential risks or burdens they may have encountered. Also, the participants knew the study was confidential and there was no need to obtain personal information. Participants provided their understanding and agreement with the consent by hitting next to proceed to the demographic information survey. The demographic survey (see Appendix D) included participants' ages, job titles, and levels of education. The completion and accuracy of the demographic survey were of the utmost importance to assist in the data screening process. Upon completing the demographic survey, the participants hit "next" to access the questionnaire. I extended an advance "thank you" upon completion of the survey.

The large sample size and high response rate warranted several data screening and cleaning measures to ensure maximum validity of the results before conducting statistical tests (see Creswell & Creswell, 2018; Mertler & Vannatta, 2017). The prescreening process included a manual visual inspection of the MTurk CSV file to provide or reject payments. I uploaded the data from the CSV file to an Excel spreadsheet. Subsequently, I placed filters to flag specific ineligible surveys on the spreadsheet, the first to identify duplication of the MTurk's assigned worker ID. I observed no duplicate surveys. I used a second flag to reject surveys from participants who failed to provide the end-of-survey code for an overall 95% recorded responses, disqualifying and rejecting ten surveys. The end-of-survey code is important to validate the completion of the survey, measure respondents' engagement, and promote a higher quality of data (Mertler & Vannatta, 2017). I eliminated five surveys for failure to complete 95% of responses and marked them incomplete. Lastly, I screened the surveys for inaccurate responses to the demographic information, disqualifying seven because the respondents could only be within one age group or hold one job title (e.g., respondents cannot be within the 18–26 and 65+ age range or be a nurse and transporter at the same time). One survey was disqualified for failure to complete the demographic survey and not allowed to proceed. A total of $n = 23$ did not qualify, were rejected for payment, and were not imported into SPSS Version 28. A final $N = 172$ qualifying surveys surpassed the calculation obtained from the G*Power analyses of an effective sample size $N = 73$ for MANOVA and

N = 107 for multiple linear regression. I imported the remaining data from the Excel spreadsheet into SPSS Version 28.

Data Cleaning

I labeled the SPSS Version 28 data for variable recognition and data organization for use in statistical analyses. Age and levels of education were labeled AGE and EDU. The independent variables (type of workers) responses for nurses, respiratory therapists, and radiology technologists were assigned a value of 1 and labeled SKILLED. Responses for dietary service aides, transporters, and environmental service aides were assigned a value of 0 and labeled UNSKILLED. Lastly, the dependent variables were labeled SKBP (skill bias perceptions), SFP (self-perception), and SFE (self-efficacy). I entered the appropriate scoring values according to the Likert scale of each test instrument, as indicated by the authors. I transferred the raw data to a USB drive and locked it in a private storage cabinet for 5 years after which I will destroy the USB.

Missing Data and Outliers

Additional data cleaning occurred to determine any missing data and outliers in SPSS Version 28. A Little's Missing Completely at Random (MCAR) test was useful to determine any missing data in the questionnaire responses of N = 172 participants. The test resulted in a few randomly missing responses and was observed as less than 5%. Missing data of 5% is acceptable, and no other alternative methods of handling the missing data are necessary (see Mertler & Vannatta, 2017). The missing observations did

not demonstrate a pattern; therefore, I considered them random and did not transform, replace, or reject them.

Outliers are observations of unusual or extreme values within the responses of the sample distribution (Mertler & Vannatta, 2017). Outliers were tested in conjunction with Little's MCAR test to eliminate respondents with unusual or extreme values. The Mahalanobis distance statistics test with ranges set from -9 to 0 revealed one extreme out-of-range outlier of skilled responses and measure of self-perception. Observations of the outlier revealed no values greater or less than 3.0. I determined to leave the outlier, which could come from the larger population sample of skilled participants, or the participant's response is simply different from the rest of the sample for that question (see Mertler & Vannatta, 2017). I observed no other multivariate outliers posing a disproportionate influence on the results of MANOVA and multiple linear regression conducted in this study.

Data Analysis

After completing the data collection process, I uploaded the data to SPSS Version 28 for analysis. An analysis of Pearson's correlation coefficient allowed me to determine whether the dependent variables skill bias perceptions, self-perception, and self-efficacy correlated at a value of .30 or higher and to ensure MANOVA was the appropriate statistical application. MANOVA is an extension of ANOVA to examine differences in scores of a single dichotomous independent variable (e.g., type of worker) on more than one dependent variable (e.g., skill bias perceptions, self-perception, and self-efficacy).

The dependent variables are scored as interval scales regarding perceptions or opinions in quantitative research because numerical values are potentially assigned to arbitrary measurements (Frankfort-Nachmias & Leon-Guerrero, 2015).

Initially, the descriptive statistics occurred as a combined file to determine the number and percentage of skilled and unskilled participants. I then split the file to analyze the demographic characteristics as a descriptive summary to include frequencies and percentages of age groups, education levels, and job titles. Cross-tabulations and Chi-square tests were means to ascertain descriptive values representative of age groups and education levels for skilled and unskilled participants as a reference for interpretation.

A one-way MANOVA is appropriate to determine differences between independent groups on more than one dependent variable if the following assumptions are met: (a) participants are randomly divided into equal subgroups, and from each subgroup, voluntary participants are chosen to equally represent each group; (b) multivariate normality is present; (c) there is equal variance (p = >.001) and (d) no multivariate outlier present to influence research results; (e) independent variables consist of one or more categorical groups; (f) two or more dependent variables can be measured at an interval or ratio level (perception is scored as an interval that allows assigned numerical values to arbitrary measurements, and (g) adequate sample size is obtained (Creswell & Creswell, 2018; Frankfort-Nachmias & Leon-Guerrero, 2015).

I performed the following analyses: (a) descriptive statistics for mean, standard deviation, frequencies, and cross tabulations to determine percentages; (b) assumption

tests for linearity, normality, and homogeneity of variance; (c) variate analyses for significance (Sig. = $p < .05$) and effect size; and (e) MANOVA analyses to examine the relationships and variances of the type of workers combined and individually on the dependent variables to address Research Question 1. The analyses allowed me to determine statistically significant differences between skilled and unskilled respondents on skill bias perceptions, self-perception, and self-efficacy. Findings that resulted in $p = < .05$ indicated statistically significant differences between the two groups; therefore, the null hypotheses are rejected. Additionally, Pearson correlation coefficients and Cronbach's alpha reliability for internal consistency occurred to further substantiate the relationship between variables and test instruments commonly used with MANOVA (see Mertler & Vannatta, 2017).

Second, I performed multiple linear regression analyses to examine a linear relationship between two or more independent variables and a single dependent variable (see Creswell & Creswell, 2018). The analysis is appropriate to predict the outcome of self-perception and the outcome of self-efficacy based on the type of workers and skill bias perceptions. The multiple linear regressions address Research Questions 2 and 3.

In all statistical applications, researchers must ensure that assumptions are met. The assumptions of multiple linear regression are as follows: (a) sample size, (b) linearity, (c) homoscedasticity, (d) independence of errors, (e) normality, and (f) independence of independent variables (Creswell & Creswell, 2018; Frankfort-Nachmias & Leon-Guerrero, 2015). Assumption tests for multiple linear regression include

scatterplots, residual values, Durbin-Watson, and the VIF (variance inflation factor). I calculated the G* Power analysis N =107 as a sufficient sample size; therefore, with N = 172 respondents achieved; the assumption of sample size was met.

Operationalization of the Variables

A benefit of quantitative research is the process by which researchers can describe the measures of the phenomenon that otherwise are not distinguishable (Mertler & Vannatta, 2017). The independent predictor variable type of workers allowed me to distinguish the differences in perception between the skilled and unskilled workers regarding the respondent's perception of how they view themselves and believe in their capabilities in the workplace. Consequently, responses to multiple questions suggested differences in perception between the two groups, addressing the respondent's perception of how others view them and believe in their capabilities in the workplace. These perceptions indicated the existence of skill bias perceptions. Thus, the extent of skill bias perceptions impacts the respondent's self-perception and self-efficacy. Each test instrument included Likert scales to provide values substantial to the mean, standard deviation, significance, and correlation of observed measurable effects of skill bias perceptions and its prediction on the self-perception and self-efficacy of the unskilled worker. MANOVA and follow-up ANOVAs allowed me to test the hypotheses for RQ1. A series of multiple linear regressions test the hypotheses for Research Questions 2 and 3 to predict a direct effect of skill bias perceptions on the outcome of self-perception and self-efficacy as reported by the respondents.

RQ1: Are there statistically significant differences in perception between skilled and unskilled health care workers in skill bias perceptions, self-perception, and self-efficacy?

To answer RQ1, I examined the demographic characteristics of skilled and unskilled participants' age, level of education, and job titles. Descriptive analyses provided a summary of frequencies and percentages of all demographic characteristics, and cross-tabulations allowed me to determine the greater association of demographics. The results showed the average age and education level consistent with most participants. Answering RQ1 required examining a relationship between the respondent's perception of success (flourishing) in the workplace and differences in self-perception and self-efficacy as reflected by the type of worker (skilled or unskilled). Pearson's coefficients established a positive correlation between the three dependent variables. I observed the means and standard deviations for each dependent variable respective of the type of workers. MANOVA was the statistical analysis performed to examine the significance of the effect of the independent variable (type of workers) on the dependent variables as a combined file. ANOVA analyses were conducted as follow-up tests using a split file to examine the type of worker's responses on skill bias perceptions, self-perception, and self-efficacy. I hypothesized a difference in the means, standard deviations, correlations, and significance of the effect on each dependent variable with significantly higher values for the skilled respondents than unskilled respondents.

RQ2: Do skill bias perceptions significantly predict respondents' self-perception?

I conducted a multiple linear regression with follow-up ANOVA to predict the responses of the type of workers, calculating skill bias perceptions as the independent variable to measure the significance or non-significance value of the dependent variable self-perception. The collaborative tests addressed the hypothesis skill bias perceptions significantly predict the outcome of self-perception.

RQ3: Do skill bias perceptions statistically predict respondents' self-efficacy?

Likewise, multiple linear regression and a follow-up ANOVA was performed to predict the responses of the type of workers calculating skill bias perceptions as the independent variable to measure the significance or non-significance value on the dependent variable self-efficacy. I conducted a collaboration of analyses to test the hypothesis that skill bias perceptions significantly predict the outcome of self-efficacy.

Instrumentation

I used four validated preexisting test instruments to measure the differences in perception between skilled and unskilled health care workers and predict the outcome of skill bias perceptions, self-perception, and self-efficacy. I instructed the participants to respond to the questions confidentially and not engage the responses of others. Also, they were to self-report honest responses regarding their perceptions in the workplace. The test instruments used in this study were acceptable and met the standard reliability

(r = .70+) and validity (positive, moderate, significant) coefficients per the U.S. Department of Labor Employment and Training Administration Guidelines (1999) for satisfactory use for data collection.

Flourishing Scale

The Flourishing Scale, developed by Diener et al. (2009), measured self-perception as perceived by the respondent's achievements and success in the workplace. The 8-item survey scores on a 7-point Lickert scale (from 1 = *strongly disagree* to 7 = *strongly agree*), whereby higher scores represent greater psychological resources and strengths perceived as a person's state of flourishing (achievement and success; Fabio & Gori, 2016; Hardin & Larsen, 2014; Howaldt & Schwarz, 2017; Ismail & Tekke, 2015; VanderWeele, 2017; Weziak-Bialowolska et al., 2021; P. Williams et al., 2016). The Flourishing Scale represented Questions A1 through A8 of the combined survey published on Amazon MTurk (see Appendix E).

The survey was appropriate to examine RQ1 to determine differences in the skilled and unskilled workers' perception of achievement and success in terms of how they view themselves presently and their future (e.g., "I lead a purposeful and meaningful life," "I actively contribute to the happiness and well-being of others," "I am optimistic about my future"). I devised RQ2 to predict skill bias perceptions of respondents' self-perception (e.g., "I am competent and capable in the activities that are important to me," "My social relationships are supportive and rewarding," and "People respect me"). Weziak-Bialowolska et al. (2021) surveyed 2,370 working adults using the Flourishing

Scale focused on the domains of meaning, purpose, positive work relationships, consciousness, optimism, and inclusion described by the World Health Organization. Fabio and Gori (2016) collected data from 115 various occupations to measure responses of self-perception in work relationships to encourage purpose and meaningful employment. Skill bias perceptions indicate individuals with perceptions of greater characteristic attributes and capability resources. The findings showed when the domains of flourishing are present, so are predicted outcomes of higher self-perception (Fabio & Gori, 2016; Weziak-Bialowolska et al., 2021; VanderWeele, 2017). The study showed values of Cronbach's alpha ranging from $\alpha = 0.76$ to $\alpha = 0.92$. The Cronbach's alpha for the overall Flourishing Scale was reported by Diener et al. (2009), $\alpha = 0.87$, and Weziak-Bialowolska et al., $\alpha = 0.91$.

Social Capital of Health Care Organizations Reported by Employees Survey

The SOCAPO-E is a 6-item survey to measure perceived social capital, specifically in hospital environments (Ansmann et al., 2020). The survey has a four-point Likert scale (1 = *strongly disagree* to 4 = *strongly agree*) to examine constructs of identity, belonging, consciousness, and resourcefulness influenced by perceptions of workplace attitudes and behaviors. The constructs were validated by questions regarding mutual understanding (e.g., "In our hospital, there is unity and agreement"), trust (e.g., "In our hospital, we trust one another"), and sense of belonging (e.g., "In our hospital, there is a 'we feeling'") to predict skill bias perceptions. The instrument encompasses Bauman's concept theory of community and Nussbaum's human capability approach

theory to acknowledge persons with shared interests as shared resources and less likely to experience behaviors associated with skill bias perceptions (Ansmann et al., 2020). The SOCAPO-E was appropriate to examine the differences in perceptions between skilled and unskilled health care workers, indicative of behaviors that suggested skill bias perceptions, and predicted underlying consequences of skill bias perceptions' outcomes on self-perception and self-efficacy.

Ansmann et al. (2020) conducted two studies in the United States and Finland, where both skilled and unskilled worked collaboratively. In the first study, Ansmann et al. surveyed 32,000 hospital employees (e.g., nurses, clinicians, janitors, and transporters) examined the relationship between social aspects of positive work environments. In the second study, the researchers surveyed 1,050 respondents (e.g., physicians, nurses, and support staff) to measure the impact of work climates that encourage collective actions and increase positive outcomes. The findings indicated positive psychological and emotional identification, social experiences, and cohesiveness and encouraged personal development to challenge skill-biased environments and promote increased self-perception and self-efficacy. The SOCAPO-E was appropriate for measuring similar constructs of skill bias perceptions and predicting the outcome of respondents' self-perception and self-efficacy. The Cronbach's alpha reported for Study 1 was $a = .76$, and for Study 2 was $a = .93$, with significantly positive relationships of similar constructs and subscales used in the current research. The SOCAPO-E survey represented questions B9 through B14 on the combined survey published on Amazon MTurk (see Appendix F).

General Self-Efficacy Scale

Centered on Bandura's (1977) theory of self-efficacy, GSE is a 10-item assessment developed by Schwarzer and Jerusalem (1995). The survey was suitable for use in a broad spectrum of applications instrumental to study the workplace and assess a person's belief in their capability to adapt, function, develop, and succeed in unfamiliar environments (Krems et al., 2017). The survey was used to measure perceptions of behavior indicative of how one views experiences of individual capabilities and functioning in the workplace (Krems et al., 2017; Martinez-Marti & Ruch, 2017). The survey consists of a 4-point Likert scale (1 = *does not describe me at all* to 4 = *describes to a great extent*). The test instrument was appropriate for use in diverse populations and proved to encompass constructs of flexible criteria (Martinez-Marti & Ruch, 2017). The survey represented questions C15 through C24 on the combined survey published on Amazon MTurk (see Appendix G).

Martinez-Marti and Ruch (2017) surveyed 363 adults of varying education levels, measuring resilience, self-efficacy, social support, and life satisfaction (e.g., "Thanks to my resourcefulness, I know how to handle unforeseen situations," "I can remain calm when facing difficulties because I can rely on my coping abilities," and "If someone opposes me, I can find the means and ways to get what I want"), resulting in a Cronbach's alpha of $\alpha = 0.88$. Seena and Arthi (2018) collected data from 312 information technology employees to evaluate perceived employee self-efficacy using an updated version of the GSE scale and reported a Cronbach's alpha of $\alpha = 0.96$. The

researchers concluded that productive work relations and positive organizational support predict increased self-efficacy among employees (Martinez-Marti & Ruch, 2017; Seena & Arthi, 2018). To test the hypothesis of RQ3, the GSE was appropriate to predict the significance of skill bias perceptions on the respondents' self-efficacy.

ICEpop Capability Measure for Adults Scale

The ICECAP-A, a survey developed in 2012 for diverse international populations, was registered for use in the United States in 2017. The survey measures five dimensions of human capability relevant to self-perception (Afentou & Kinghorn, 2020; Al-Janabi et al., 2013). The survey includes concepts of Nussbaum's human capability approach theory to assess measures of capability attributes such as stability, attachment, autonomy, achievement, and enjoyment. The questionnaire consists of five distinct headings with four response options consistent with the respective constructs to collect data from skilled and unskilled health care workers. The headings are as follows: (a) feelings settled and secure; (b) love, friendship, and support; (c) being independent; (d) achievement and progress; and (e) enjoyment and pleasure. Each set of headings is scored on a 4-point Likert scale ranked by the use of verbal words such as *all*, *many*, *a few*, and either *unable* or *cannot*. The Likert scale options are 4 = *all or a lot*, 3 = *many or quite a lot*, 2 = *few or a little*, and 1 = *unable or cannot* (e.g., "I am able to feel settled and secure in all areas of my life," "I am unable to feel settled and secure in all areas of my life," "I can have a lot of love, friendship, and support," "I cannot have any love, friendship, and support"; Al-Janabi et al., 2013). According to Al-Janabi et al. (2013), terminology such as *all*, *many*,

few, and *unable* used in surveys are expressions of quantifiers that allow participants to prioritize their responses in a closed-ended questionnaire rather than just agree, disagree, or answer yes or no. Initially, Al-Janabi et al. used the ICECAP-A survey in a health economic mixed methods study to accompany interviews to identify the attributes of capability well-being for sixty-three adults and how they viewed themselves. The survey proved valid when introduced in the U.S. for assessing capability in terms of what a person "can do" and "can be" in their life. The Cronbach's alpha was 0.79, indicating a good test-retest reliability. The survey predicted the hypotheses for RQ2 and RQ3.

Afentou and Kinghorn (2020) reported a systematic review of 27 studies conducted in the U.S. between 2012 and 2019. The researchers used the ICECAP-A self-reported survey to measure the perception of capability and functioning within various health care contexts. The results showed a strong correlation between the five human capability attributes and the outcome of individual self-perception. Psychometric properties showed Cronbach's alpha ranges from $a = 0.81$ to $a = 0.89$. The responses of the skilled and unskilled participants in the current study indicated an association between the five dimensions of self-perception and characteristics identified skill bias perceptions. Questions D25 through D29 represented the ICECAP-A survey published on Amazon MTurk (see Appendix H).

Threats to Validity

In quantitative research, threats to the internal, external, statistical conclusion, and construct validity are crucial to avoid (Creswell & Creswell, 2018). Therefore, I ensured

measures to minimize content, criterion, and construct validity by adhering to the guidelines of testing for this research. The measures employed was as follows: (a) established correlations between the independent and dependent variables; (b) maintained a large sample of population representation to reduce Type II error for data collection; (c) used a nonexperimental research design to avoid manipulation; (d) conducted confidential computer-based self-reported surveys to eliminate researcher bias and reduce the possibility of response bias; (e) used preexisting peer-reviewed test instruments with similar constructs and credited validity and reliability coefficients; (f) presented the professional research favorably to assume the participants' responses to be authentic, honest, and objective; (g) used a credible web recruitment and survey host platform which provided internal inclusion parameters for approved MTurk workers; and (h) used Amazon MTurk flagging options to maximize the screening process.

A significant threat to external validity was the use of a random stratified sampling strategy. I attempted to obtain a more balanced number of skilled and unskilled respondents; however, the representation of skilled workers was greater. According to the G*Power analysis, $N = 172$ is a sufficient sample size to conduct the analyses of both statistical models. Additionally, to reduce the threat of oversampling, the survey was exclusive to participants in the United States, 18 years of age or older, and English as a first language as verified according to the policies of Amazon MTurk to meet the qualifications as a MTurk paid panelist. I was unable to verify the inclusion criteria for any potential respondent; therefore, I relied on Amazon MTurk. However, Amazon

MTurk's protocol included a person's job title, age, and employment criteria as part of the application process to become a paid panelist. The inclusion parameters set for participation in the current study were flagged to disqualify any individuals not included in the specified job titles and employment status to ensure increased validity of participants. Further exclusion disqualifiers regarding any validity of the sampling strategy were eliminated via the data screening and cleaning process of the demographic information survey to ensure maximum external validity. The use of pre-existing test instruments specific to health care was helpful in eliciting responses from participants with knowledge of hospital climates and cultures. Subsequently, using an inferential statistical approach to show the relationship between the two types of health care workers allowed me to infer logical predictions about the population based on generalizations of Western cultural influences supported by the literature review (see Frankfort-Nachmias & Leon-Guerrero, 2015).

I did not retrieve any personal identification; however, Amazon MTurk required exclusively assigned worker ID numbers restricted to participants' compensation protocol. The personal information collected from Amazon MTurk was based on the approval of their profile and policy of provisions for participation in academic surveys. The participants were aware of the inclusion criteria from the informed consent form approved by Walden's IRB. I employed parameters to maximize the recruitment and sampling process, maintain criterion validity, and reduce sampling errors.

An additional concern of external threat was the participant's interpretation of job classifications (skilled and unskilled). Participants may feel subjectively judged. Explanation of job descriptions provided by human resources (e.g., nurses, respiratory therapists, radiology technologists, dietary service aides, transporters, and environmental service aides) are knowledgeable to the workers upon acceptance of employment, thereby avoiding any confusion or judgment regarding skilled and unskilled classifications from the researcher. An explanation of job classifications in the invitation was a measure to decrease external language threats and clarify employment levels.

A final consideration of internal validity was the participants' responsibility to maintain confidentiality. Due to the online data collection, I cannot know whether the participants took the survey individually, in a group, or engaged in shared communication. I encouraged the participants not to discuss the study or share responses to preserve the integrity of the current study. The informed consent conveyed the importance of confidentiality. I made aggressive efforts to minimize any threat in the recruitment process by using Amazon's MTurk, a world-renowned credible survey host, to attract voluntary, conscious participants aware of the benefits of meaningful surveys. Additionally, using Amazon MTurk and SurveyMonkey for confidential data collection and screening was an effort to establish trust and restrict potential interactions with participants.

Ethical Considerations

I enforced all ethical considerations required by Walden University's IRB and the APA to maintain the integrity of the current study. I followed the IRB protocol to obtain approval to conduct the research, obtain informed consent, recruit participants, and collect data. Additional provisions to ensure the utmost ethical considerations of voluntary participation was specifics to privacy, confidentiality, research intent, the significance of research, burdens and repercussions of participation, and disclosure of study findings published in Walden University's library.

The informed consent indicated that the participants had the right to withdraw at any time they no longer desired to complete the survey with the understanding that no payment transaction would occur. The study was strictly voluntary, and the compensation fee of $3 transacted through Amazon's MTurk was not considered a form of coercion or monetary persuasion. An explanation of the study objective for participating appeared on Amazon MTurk's initial recruitment platform as a way to reduce division between health care workers, improve how unskilled workers are viewed, and examine how they view themselves and believe in their capabilities. Implications of a positive social change to elevate perceptions of unskilled workers included promoting improved working environments, expanded employment resources and value, and increased opportunities for a greater agenda of life.

I followed the APA (2017) Code of Conduct guidelines to provide the highest standards of professionalism. Principle B: Fidelity and Responsibility indicated the

researcher's actions cannot provoke or result in danger, harm, or the possibility of an adverse effect on the participants' lives. Principle C: Integrity dictated that no activity of fabrication or manipulation of results performed by the researcher occurs to achieve desired outcomes. Lastly, Principle E: Respect for People's Rights and Dignity indicated the researcher must respect the dignity and worth of all participants and place safeguards to ensure their right to privacy and confidentiality. Amazon MTurk recruited all qualifying participants according to the parameters of inclusion criteria set forth to participate as survey panelists on the website. Demographics of gender and race were not a concern or criterion of this study; therefore, I did not anticipate implications of discrimination or potential adverse outcomes due to subjective misrepresentation.

The participants logged into a secure website with their personal log-on information exclusive to Amazon MTurk workers to maintain privacy and confidentiality. I obtained no identifying personal information. I provided the Walden University IRB approved consent form. Data collected from SurveyMonkey underwent import into an Amazon MTurk CSV file and transfer into an Excel spreadsheet identified by MTurk worker ID. I uploaded the responses to the SPSS database for screening and cleaning and transferred raw data from the computer onto a password-protected USB in a locked storage cabinet. The USB will be destroyed after 5 years as required by Walden's IRB. As communicated on the informed consent form, disclosure of findings will be searchable by study title and available after publication on the Walden University website. I identified myself as a doctoral candidate and author of the study for

dissertation purposes. Adhering to these principles was essential to demonstrate my integrity and accountability before, during, and after the research process.

Summary and Transition

Chapter 3 presented details of the quantitative methodology to examine the differences in the perception of skilled and unskilled health care workers and predict skill bias perceptions, self-perception, and self-efficacy. The methodology was appropriate to ensure the current study meets all requirements and maximizes a reliable and valid study. The comprehensive literature review in Chapter 2 indicated the uniqueness and significance of completing this research. Chapter 4 will present significant or nonsignificant findings of aggregated data calculated through statistical models outlined in Chapter 3.

Chapter 4: Research Results

The purpose of this study was to investigate the differences in perception between skilled and unskilled health care workers' skill bias perceptions, self-perception, and self-efficacy. Additionally, I sought to predict skill bias perceptions and the outcomes on self-perception and self-efficacy. I formulated three research questions and hypotheses to statistically determine whether differences in perceptions between the two types of health care workers predict skill bias perceptions, self-perception, and self-efficacy of the skilled workers greater than unskilled workers.

Chapter 4 presents the results of aggregated data responses from nurses, respiratory therapists, radiology technologists, dietary service aides, transporters, and environmental service aides to ascertain the findings. A demographic survey ensured adherence to the inclusion criteria for the voluntary participants' age range, level of education, and job title. I used four reliable preexisting test instruments: the Flourishing Scale, the SOCAPO-E reported by employees, the GSE scale, and the ICECAP-A to measure the dependent variables of skill bias perceptions, self-perception, and self-efficacy. Statistical analyses performed in Statistical Package for the Social Sciences Version 28 software allowed me to examine the scores for descriptive summary, frequencies, Pearson's correlation, Cronbach's alpha, and assumption tests. MANOVA, ANOVA, and multiple linear regression were the tests performed to examine the research questions and test the hypotheses. The significant or nonsignificant results of $N = 172$

skilled and unskilled participants appear in Chapter 4 as I discuss each research question and tested hypothesis separately.

Data Collection Overview

After IRB approval of my study, Amazon MTurk hosted the recruitment platform for voluntary skilled and unskilled health care workers from specified departments, employed in a U. S. hospital for one consecutive year, 18 years of age or older, and English as their first language. I used SurveyMonkey to construct a professional, confidential 29-item close-ended questionnaire combining four pre-existing test instruments. An additional Question #30 was added as a random survey code. An exclusive link to SurveyMonkey was posted on Amazon MTurk to recruit potential Amazon MTurk workers. The hosting platform recruited N =195 potential participants.

Values of each corresponding response were uploaded from MTurk into a Microsoft Excel worksheet to begin the screening process to disqualify duplicate, inaccurate demographics, or incomplete surveys. A total of N = 172 eligible participants' responses were imported into SPSS Version 28 for statistical analyses. I uploaded the raw data onto a USB and secured the USB in a locked personal file cabinet. The data collection process lasted approximately 6 weeks.

Data Analysis

After completing the data screening and cleaning process, the remaining qualifying surveys exceeded the target population calculated by the G*Power analysis of N = 73 for MANOVA and N = 107 for multiple linear regression to compute a sufficient

effect size. I used 172 surveys to analyze the descriptive demographic summary, frequencies, mean and standard deviation, Pearson's correlation, Cronbach's alpha of reliability, and tests for assumptions of normality, linearity, and homogeneity. I performed statistical applications of MANOVA and follow-up ANOVAs to test the hypotheses of RQ1. Multiple linear regressions allowed me to predict skill bias perceptions and the outcome on self-perception of RQ2 and self-efficacy of RQ3. Tables and figures accompany the written results for greater visual clarity and data references presented in Chapter 4.

Descriptive Summary of Sample Representation

The demographics of age, levels of education, and job titles were pertinent to this study to establish common characteristics among participants. Table 1 presents a demographic summary of the distribution of recruited participants. I used the analysis to confirm the inclusion criteria and assist in the screening process. Skilled workers represented 65.1%, and unskilled workers represented 34.9% of the sample population. The largest portion of skilled workers was nurses (n = 54; 30.8%), and the largest portion of unskilled was transporters (n = 22; 12.7%). Most respondents (70%) were between the ages of 27 and 40, considered the millennial generation (BLS, 2020). Observations of education showed that 40% of skilled workers attained bachelor's degrees, and one unskilled worker (0.58%) held a bachelor's degree. Surprisingly, eight (4.7%) skilled workers reported having only a high school/GED diploma, and three (1.7%) reported some college.

Table 1

Summary of Participant Demographic Characteristics

Demographic	Total		Skilled		Unskilled	
	n	%	*n*	%	*n*	%
Age						
18–26	30	17.4	19	11.0	11	6.4
27–40	93	54.1	70	40.7	23	13.8
41–55	29	16.9	17	9.8	12	6.7
56–64	20	11.6	6	3.5	14	8.1
Total	172	100	112	.65	60	.35
Education						
High school/GED	41	24.1	8	4.7	33	19.3
Some college	21	12.3	3	1.7	18	10.5
Associate's	15	8.7	8	4.7	7	4.1
Bachelor's	59	34.5	58	40.0	1	.58
Master's	31	18.1	31	18.1	0	.00
Doctorate	4	2.3	4	2.3	0	.00
Total	171	100	112	.65	60	.35
Skill level						
Skilled						
Nurse	54	30.8				
Respiratory therapist	32	18.7				
Radiology technologist	26	15.2				
Unskilled						
Dietary service Aide	20	11.7				
Transporter	22	12.9				
Environmental service aide	19	11.1				
Total	172	100				

I sensed a responsibility to provide an explanation of the 4.7% and 1.7% skilled workers having only a high school/GED diploma or some college, respectively. According to Nancarrow and Borthwick (2021) and BLS (2022), respiratory therapists and radiology technologists are classified as skilled allied health professionals distinct from nurses. Before the mid-1970s, these job titles required only a high school diploma and practice hours of hands-on training supervised by higher level certified technologists. Specified academics and completed hours of clinical training were sufficient to test for certification awarded by the respective professional board of ethics and standards (e.g., the American Board of Radiological Technology). It was not until the mid-1980s that the allied health professions required formal academics in liberal arts specific to the field and hours of clinical training to test for designated credentials. Students earn an associate degree upon completion of math, science, and language courses. Since the 1980s, it has been the discretion of many allied health programs that prospective students possess an associate degree before admission (Nancarrow & Borthwick, 2021). Thus, the opportunity to enter skilled health care positions with only a high school/GED diploma is no longer a reality.

Table 2 presents a descriptive analysis summarizing the mean and standard deviation of the dependent variables skill bias perceptions, self-perception, and self-efficacy resulting from the respective test instruments used to measure each scale. Cronbach's alpha indicated the internal consistency, reliability, and strength of agreement among the items comprising each scale. The values indicated a high level of internal

consistency and, according to their respective authors, were acceptable (α =.80 or better; Afentou & Kinghorn, 2020; Ansmann et al., 2020; Diener et al., 2009; Schwarzer & Jerusalem, 1995).

Table 2

Mean and Standard Deviation for Skill Bias Perceptions, Self-Perception, and Self-Efficacy

Variable	*N*	Cronbach's α	*M*	*SD*
Skill bias perceptions	159	0.95	3.19	0.60
Self-perception	170	0.92	6.19	0.61
Self-efficacy	157	0.94	3.20	0.60

Note. The values represent the total combined number of responses for the mean and standard deviation of the measured scales.

An additional descriptive analysis occurred to summarize the mean and standard deviation as a split file to examine the dichotomous independent variable (type of workers). The independent variable was labeled SKILL LEVEL, with skilled workers assigned the value of 1 and unskilled workers assigned the value of 0 for analysis purposes. The results appear in Table 3. The mean scores of the skilled respondents were consistently higher than those of the unskilled respondents for all three dependent variables. The greater mean score was apparent for self-perception in skilled respondents (M = 6.53, SD = .444) than in unskilled respondents (M = 5.60, SD = .423), indicating a decrease in self-perception for unskilled respondents. The lower mean score observed in skill bias perceptions for unskilled respondents (M = 2.60, SD = .426) indicated skilled respondents (M = 3.51, SD = .420) showed greater behaviors of skill bias perceptions.

Table 3

Mean and Standard Deviation for Skill Bias Perceptions, Self-Perception, and Self-Efficacy by Type of Worker

Variable	Skill level	*N*	*M*	*SD*
Skill bias perceptions	Skilled	101	3.51	.413
	Unskilled	58	2.60	.413
Total		159		
Self-perception	Skilled	110	6.53	.437
	Unskilled	60	5.60	.410
Total		170		
Self-efficacy	Skilled	104	3.49	.551
	Unskilled	53	2.70	.340
Total		157		

Tests of Assumptions

Assumption of Normality

The normality test for the independent and dependent variables was conducted using the Kolmogorov–Smirnov analysis, which is appropriate for sample sizes greater than 50 (see Frankfort-Nachmias & Leon-Guerrero, 2015). The results of the analysis indicated the dependent variables for the unskilled sample were normally distributed, $p = >.05$, and the dependent variables for the skilled sample violated the assumption of normality, $p = < .05$ (see Table 4).

Table 4

Tests of Normality in MANOVA

Variable		Kolmogorov–Smirnov[a]			Shapiro–Wilk		
	Skill level	Statistic	*df*	Sig.	Statistic	*df*	Sig.
Skill bias perceptions	Skilled	.142	93	<.001	.893	93	<.001
	Unskilled	.108	51	.194	.972	51	.271
Self-perception	Skilled	.189	93	<.001	.855	93	<.001
	Unskilled	.097	51	200*	.978	51	.465
Self-efficacy	Skilled	.185	93	<.001	.850	93	<.001
	Unskilled	.125	51	.045	.955	51	.049

Note. * = lower bound of the true significance; [a] = Lilliefors significance correction.

An additional normality test was to calculate the skewness and kurtosis to determine the symmetrical distribution for the type of worker and each dependent variable (see Table 5). The table showed that skilled worker data were slightly more negatively distributed than unskilled worker data; however, they were acceptable for normality. Subsequently, kurtosis for each independent variable was not greater than or equal to 3, reflecting a normal distribution (see Mertler & Vannatta, 2017).

Table 5

Test of Normality: Mean, Standard Deviation, Skewness, and Kurtosis

Variable	Skill level	*M*	*SD*	Skewness	Kurtosis
Skill bias perceptions	Skilled	3.50	.413	1.094	.975
	Unskilled	2.60	.413	.221	.426
Self-perception	Skilled	6.51	.437	1.351	2.837
	Unskilled	5.60	.410	.069	.387
Self-efficacy	Skilled	3.45	.551	1.089	.346
	Unskilled	2.70	.338	.587	.032

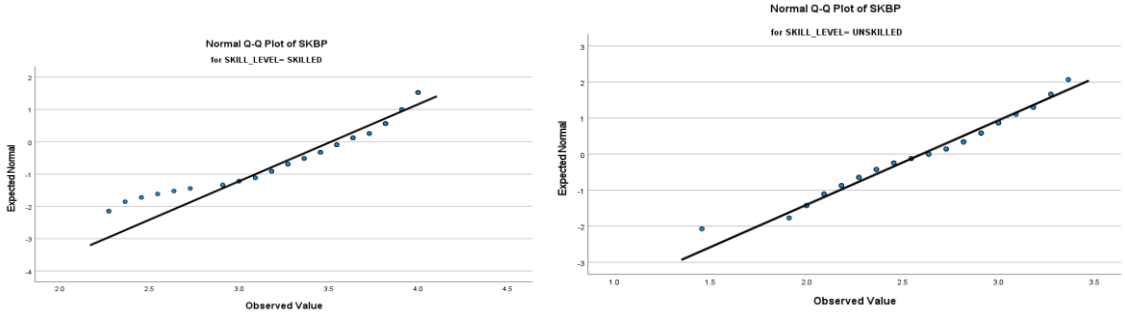
To further evaluate the distribution of data between independent variable (types of workers) and dependent variables (skill bias perceptions, self-perception, and

self-efficacy), a normal probability plot was appropriate to show the distribution of data. The Q-Q plots revealed a normal distribution (see Figure 3). MANOVA is not sensitive to slight nonnormality: therefore, multivariate normality of the data distribution is not regarded as moderately or extremely violated (Frankfort-Nachmias & Leon-Guerrero, 2015; Mertler & Vannatta, 2017). Appropriate statistical tests for normality are required when assessing the assumptions of MANOVA. The Kolmogorov–Smirnov test, the skewness and kurtosis, and the Q-Q plots were the statistics used to analyze the normality of the independent and dependent variables to determine normal distribution. The analyses demonstrated normally distributed data; therefore, the assumption of normality was met.

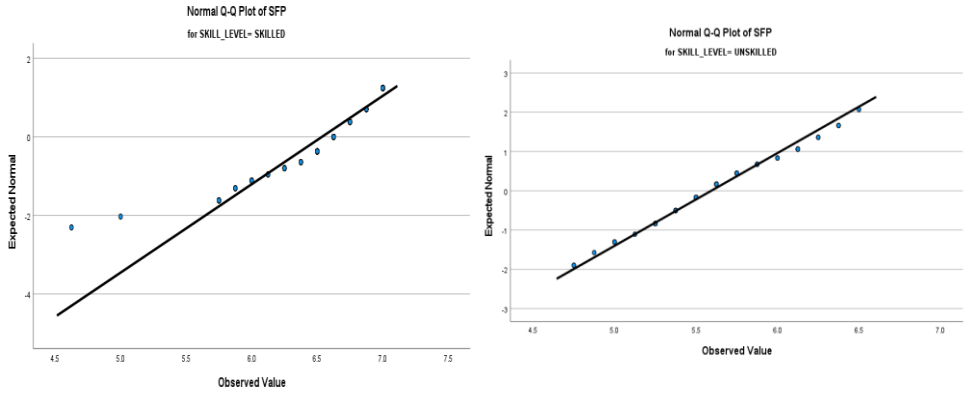
Figure 3

Q-Q Plot for Normality of Data Distribution for Skilled and Unskilled

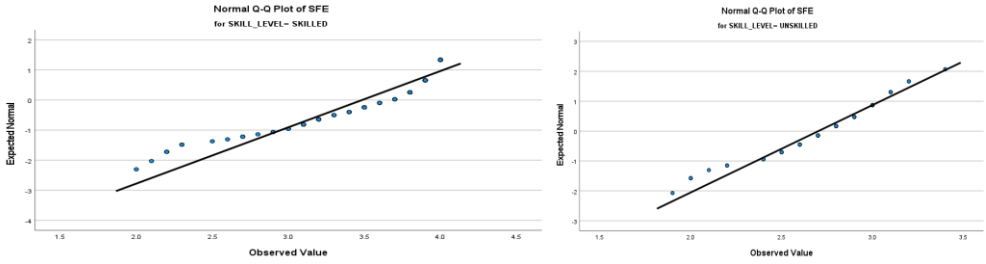
Skilled vs. Unskilled for Skill Bias Perceptions



Skilled vs. Unskilled for Self-Perception



Skilled vs Unskilled for Self-efficacy

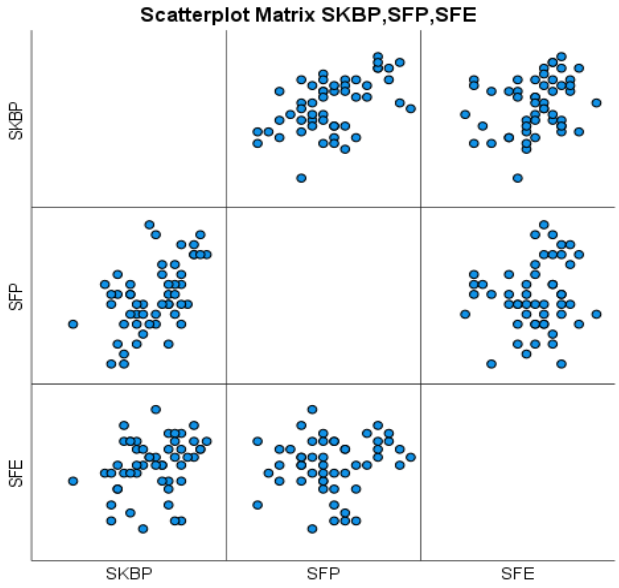


Assumption of Linearity

The scatterplot matrix was appropriate to test the assumption of linearity and determine a linear relationship between each pair of dependent variables. The scatterplots revealed a linear relationship between the three dependent variables, and the strength of the relationship is strong (see Figure 4). The residuals were consistent and not clustered on the plot's top, bottom, or right or left sides; therefore, the assumption of linearity was met.

Figure 4

Scatterplot Matrix for Dependent Variables Skill Bias Perceptions, Self-Perception, and Self-Efficacy



Assumption of Multicollinearity

Pearson's correlation coefficient (*r*) test for multicollinearity was to identify the strength and direction of a linear relationship between the dependent variables: skill bias

perceptions, self-perception, and self-efficacy. Linear relationships are an assumption of MANOVA in which the dependent variables should be moderately correlated. Pearson's correlation coefficient, *r*, is statistically significant (p = <0.01 and <.001). The *r* values indicated a strongly correlated linear relationship between the dependent variables: skill bias perceptions, self-perception, and self-efficacy. Therefore, the assumption of multicollinearity was met (see Table 6). Table 6 showed a moderately significant correlation between the independent variable (two groups of workers) and education. Although not a variable used for analysis, education receives reference throughout the discussion as a point of interest associated with skill bias perceptions.

Table 6

Correlation Matrix for Dependent Variables with Demographics

Variable	2	3	4	5	6
1. Age	-0.22**	-0.18**	-0.03	0.01	0.05
2. Skill level		0.75***	0.73***	0.71***	0.59***
3. Education			0.66***	0.69***	0.56***
4. Skill bias perceptions				0.82***	0.72***
5. Self-perception					0.68***
6. Self-efficacy					

Note. N = 172. Significance: **p <0.01; ***p <0.001. Nonsignificant items were intentionally left blank.

Assumption of Homogeneity

A Box's M test for the assumption of homogeneity of variances–covariances matrices resulted in p = .001. According to Mertler and Vannatta (2017), significance was determined at α = .001 because the Box's M test is highly sensitive, and a *p-value* neither

less nor greater than .001 indicated the assumption of homogeneity was met. An alternative to Box's M test is Pillai's trace in MANOVA, used when the group sample sizes are extremely unequal. The test is more robust and offered greater protection against Type I errors. The Pillai's trace test indicated a statistically significant difference between skilled and unskilled on the combined dependent variables, F (3,140) = 63.464[b], p = <.001; n_p^2 = .576 (see Table 7). Therefore, the null hypothesis can be rejected, and the assumption of observed variances for the dependent variables was met.

Table 7

MANOVA Analysis for Homogeneity of Skilled and Unskilled Respondents for Skill Bias Perceptions, Self-Perception, and Self-Efficacy

Hypothesis effect	Partial value	F	df	p	n_p^2
Pillai's trace	.576	63.46[b]	3.00	<.001	.576
Wilk's lambda	.424	63.46[b]	3.00	<.001	.576
Hotelling trace	1.360	63.46[b]	3.00	<.001	.576
Roy's largest root	1.360	63.46[b]	3.00	<.001	.576

Note: [b] = Exact statistic

Additionally, I conducted Levene's test of equality of error variances for homogeneity between the combinations of dependent variables. The assumptions are met when p values are > .05. The results of the analysis showed that skill bias perceptions (1,142) = .582, p = >.05, and self-perception F (1,142) =.019, p = >.05 met the assumption. However, the variances for self-efficacy F (1,142) = 11.078, p = <.001 indicated a statistically significant value of p = <.05, for which the assumption is violated (see Table 8).

Table 8

Levene's Test of Equality of Error Variances for Skill Bias Perceptions, Self-Perception, and Self-Efficacy

Variable	*F*	*df1*	*df2*	*p*
Skill bias perceptions	.582	1	142	.447
Self-perception	.742	1	142	.390
Self-efficacy	11.078	1	142	.001

Note. Statistically significant value $p = <.05$

Rectification of Unequal Variance

The dependent variable self-efficacy is pertinent to the current study and the outcome of self-efficacy predicted by skill bias perceptions. Alternative tests for equality of error variances are one-way ANOVA and the Welch robust test for equality when Levene's test results determine a violation of assumption (see Mertler & Vannatta, 2017). I conducted the analyses to ensure the unequal sample sizes were not problematic and to rectify the assumption of MANOVA when examining self-efficacy. The results of the one-way ANOVA appear in Table 9, and the results of the robust tests are in Table 10. The findings are $p = <.001$, indicated statistically significant differences between the groups. The assumption of the equality of error variance was met.

Table 9

One-Way ANOVA for Equality of Error Variances Assumption

Self-efficacy	Sum of squares	*df*	Mean square	*F*	Sig.
Between groups	19.750	1	19.750	82.23	<.001
Within groups	37.230	155	.240		
Total	56.980	156			

Table 10

Robust Tests of Equality Means for Self-Efficacy

Self-efficacy	Statistic[s]	*df1*	*df2*	Sig.
Welch	110.880	1	149.728	<.001
Brown-Forsythe	110.880	1	149.728	<.001

Note. a = asymptotically F distributed.

Testing the Hypotheses

RQ1: Are there statistically significant differences in the perception between skilled and unskilled health care workers on skill bias perceptions, self-perception, and self-efficacy?

A MANOVA was conducted to assess the differences between the independent variable (types of workers: skilled and unskilled) and the three dependent variables (skill bias perceptions, self-perception, and self-efficacy). The MANOVA resulted in significant differences between the skilled and unskilled respondents on the dependent variables F (3, 140) = 63.46, p = <.001, Pillai's trace V = .576. Given the significant MANOVA, I conducted follow-up univariate one-way ANOVAs to examine how the type of worker differed between the group and within the group on each dependent variable. All results were statistically significant: skill bias perceptions F (1, 157) = 179.03, p = < .05, self-perception F (1,1 68) = 174.62, p = < .05, and self-efficacy F (1, 155) = 82.23, p = <.05 (see Table 11). Additionally, the eta-squared values (n^2) were assessed to evaluate the ratio of variance of the dependent variable based on the independent variable to determine the effect of interaction (Mertler & Vannatta, 2017).

The n^2 values indicated a medium effect of interaction between the skilled and unskilled workers on skill bias perceptions (.533) and self-perception (.510). Consequently, the effect of interaction between the skilled and unskilled respondents on self-efficacy is small (.350); however, the sum of squares indicated a greater variation of individual values within each group and mean square. As observed, the *F* value is evidence of less variation between groups on skill bias perceptions and self-perception. The findings of the one-way ANOVA supported MANOVA to reject the null hypothesis for RQ1 and accept the alternative. There are statistically significant differences in perception between skilled and unskilled health care workers on skill bias perceptions, self-perception, and self-efficacy.

Table 11

ANOVA Comparing Skilled and Unskilled Respondents on Skill Bias Perceptions, Self-Perception, and Self-Efficacy

Variable	Sum of squares	*df*	Mean square	*F*	*p*	n^2
Skill bias perceptions						
Between groups	30.510	1	30.510	179.03	<.001	.533
Within groups	26.756	157	.170			
Self-perception						
Between groups	31.952	1	31.952	174.62	<.001	.510
Within groups	30.741	168	.183			
Self-efficacy						
Between groups	19.750	1	19.750	82.23	<.001	.350
Within groups	37.229	155	.240			

Additional Evaluation for Research Question 1

To further analyze RQ1, the frequency of responses for three central questions respective to the study's theoretical framework were selected from the Flourishing Scale listed in Chapter 3 (A1, A4, A7). These questions encompassed the focused domains consistent with workers' perception of success in the workplace (see Appendix E). Higher representation of responses indicated workers have the perception of possessing greater physiological resources and characteristic strengths (Diener et al., 2009). The frequency of the responses of the skilled workers compared to the unskilled indicated consistently higher levels of self-perception and the perception of flourishing in the workplace greater (see Table 12).

Table 12

Frequencies, Means, and Standard Deviations of the Flourishing Scale to Measure Self-Perception

	Skill level	Scale	*N*	*M*	*SD*
Question A1: I lead a purposeful and meaningful life.					
	Skilled	Somewhat agree	1	6.70	.485
		Agree	33		
		Strongly agree	78		
Total			112		
	Unskilled	Somewhat agree	18	5.75	.541
		Agree	39		
		Strongly agree	3		
Total			60		
Question A4: I actively contribute to the happiness and well-being of others.					
	Skilled	Neither agree nor disagree	2	6.37	.646
		Somewhat agree	4		
		Agree	56		
		Strongly agree	49		
Total			111		
	Unskilled	Neither agree nor disagree	14	5.33	.914
		Somewhat agree	16		
		Agree	26		
		Strongly agree	4		
Total			60		
Question A7: I am optimistic about my future.					
	Skilled	Somewhat disagree	1	6.36	.815
		Neither agree nor disagree	2		
		Somewhat agree	12		
		Agree	38		
		Strongly agree	59		
Total			112		
	Unskilled	Somewhat disagree	1	5.03	.610
		Neither agree nor disagree	7		
		Somewhat agree	41		
		Agree	11		
		Strongly agree	0		
Total			60		

Note. Flourishing Scale 7-point Likert (1 = *strongly disagree* to 7 = *strongly agree*).

Multiple Linear Regression: Research Questions 2 and 3

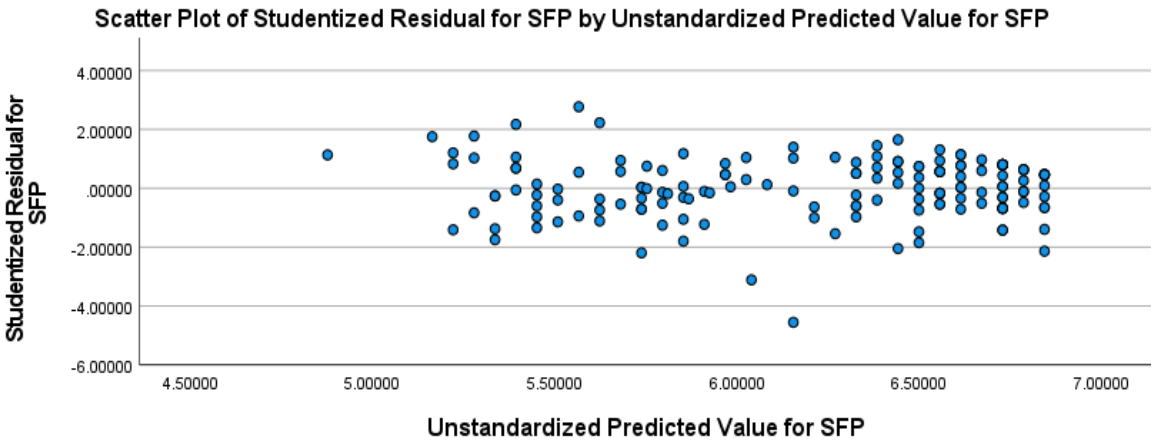
RQ2: Do skill bias perceptions significantly predict respondents' self-perception?

To evaluate RQ2, I conducted a multiple linear regression model to determine the variation and contribution of two independent variables (type of workers and skill bias perceptions) to predict the outcome of the dependent variable self-perception. The independent variable type of worker is dichotomous and coded to create indicator variables (Frankfort-Nachmias & Leon–Guerrero, 2015; Laerd Statistics, 2022). The type of worker was labeled SKILL LEVEL and assigned values as SKILLED = 1 and UNSKILLED = 0. In regression models, the dichotomous independent variable was interpreted differently; the slope coefficient represented the difference in the dependent variable between the dichotomous types of workers (Frankfort-Nachmias & Leon-Guerrero, 2015; Laerd Statistics, 2022).

Before conducting the analyses, assumptions of multiple linear regression were tested. Previously, the assumption of linearity was visible in the scatterplot matrix of the independent and dependent variables in MANOVA (see Figure 4). I conducted a further evaluation to assess linearity in multiple linear regression using scatterplots to illustrate the studentized residuals versus the unstandardized predicted residual values of self-perception in Figure 5. Figure 5 showed homoscedasticity assessed by the visual inspection of the studentized residuals and unstandardized predicted values. Assessed by visual inspection, Figure 5 illustrates the assumption of linearity, and the assumption of homoscedasticity was met.

Figure 5

Scatterplot for Assumptions of Linearity and Homoscedasticity



I conducted an additional assumption of normality for multiple linear regression. The generated histogram showed the standardized residuals as a normally distributed bell curve; thus, the assumption of normality was met (see Figure 6). Figure 7 showed the normal P-P plots with no deviations of the residuals present; thus, the assumption of normality was met.

The independence of observation assumption was tested using the Durbin–Watson statistic. The range of Durbin–Watson is 0 to 4, and an acceptable value is 1.50 to 2.50 (see Mertler & Vannatta, 2017). The assumption was met and indicated no correlation with a result of 1.724, and R^2 =.704 explained 70% of the variability (see Table 13). Subsequently, the assumption of multicollinearity was tested by assessing the VIF and resulted 2.137 (see Table 15). The results indicated the assumption of multicollinearity was not violated.

Figure 6

Histogram for Normality of Regression Standardized Residual

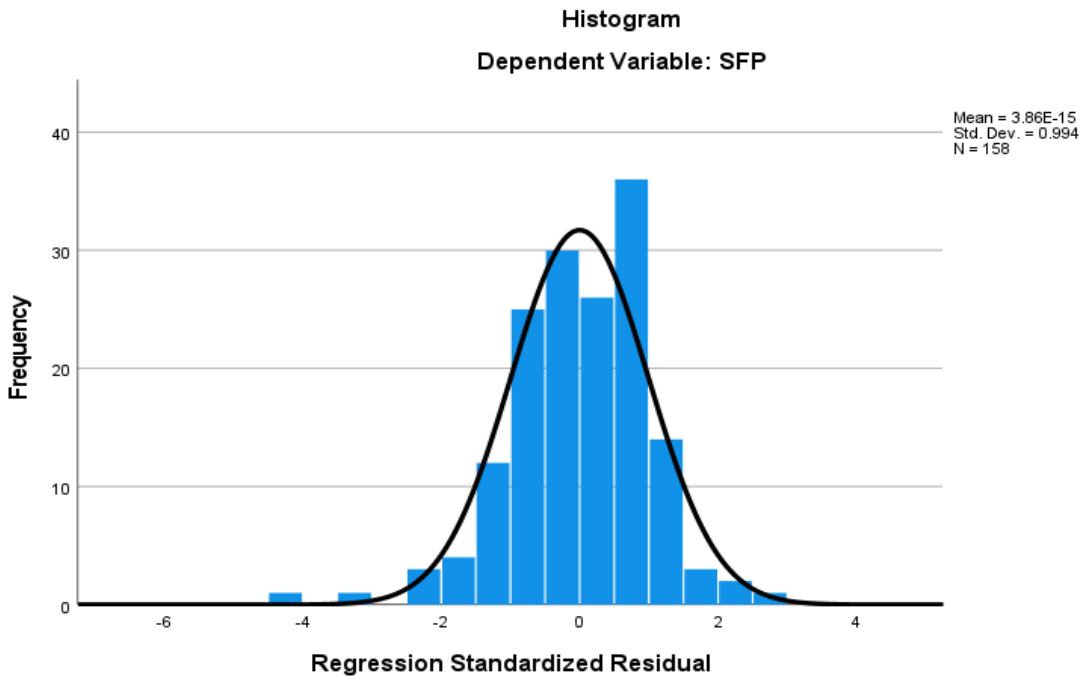


Figure 7

Normal P-P Plot for Assumption of Normality

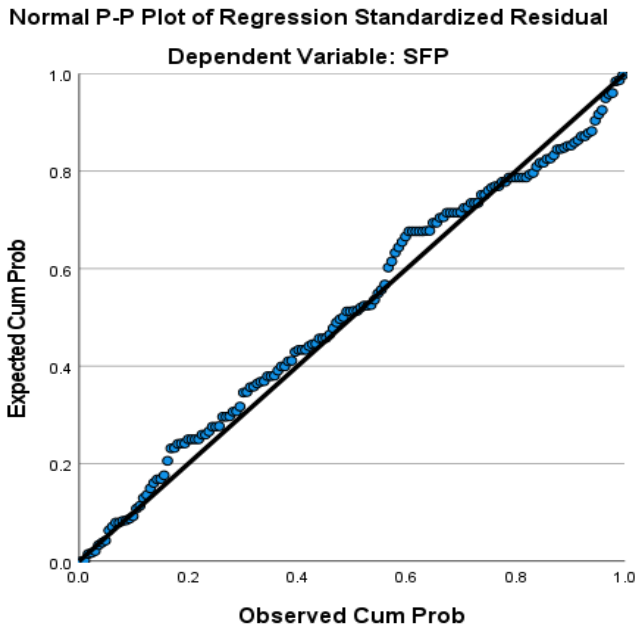


Table 13

Model Summary: The Durbin–Watson for Independence of Observation Assumption

Model	*R*	Adjusted R^2	Adjusted R^2	*SE* (estimates)	Durbin–Watson
1	.839[a]	.704	.701	.34013	1.724

a. Predictors: (Constant), SKILL LEVEL, skill bias perceptions

b. Dependent variable: self-perception

The results of the multiple linear regression included an ANOVA to assess the probability between the independent and dependent variables, as reported by R^2. Table 14 presents the results, which demonstrate a statistically significant relationship between the type of worker (skilled and unskilled) and skill bias perceptions on self-perception. The

slope coefficients and *p* values of the multiple linear regression showed a significant relationship with the type of workers ($B = .359$, $p = <.001$) and skill bias perceptions ($B = .632$, $p = <.001$) on self-perception (see Table 15). The SKILL LEVEL coefficient represented the difference between the type of worker (skilled = 1, unskilled = 0). Therefore, the predicted self-perception for skilled respondents is .359 greater than for unskilled respondents. The *B* value for skill bias perceptions ($B = .632$) indicated that for every one-unit increase in skill bias perceptions, self-perception increased by .632. Therefore, skill bias perception does predict self-perception greater in the skilled workers than the unskilled workers. The null hypothesis for RQ2 was rejected.

Table 14

ANOVA for multiple linear regression on Self-Perception

Model	Sum of squares	*df*	Mean square	*F*	Sig.
1 Regression	42.717	2	21.360	184.63	<.001[b]
Residual	17.931	155	.116		
Total	60.648	157			

[a]. Dependent variable: self-perception

[b]. Predictors: (Constant), SKILL LEVEL, skill bias perceptions

Table 15

Multiple Linear Regression Coefficients for Self-Perception

Model	*B*	Std. error	*t*	*p*	95% CI		Collinearity statistics (VIF)
					Lower bound	Upper bound	
1							
(Constant)	3.958	.176	22.449	<.001	3.610	4.307	
Skill bias perceptions	.632	.066	9.606	<.001	.502	.762	2.137
Skill Level	.359	.062	4.375	<.001	.197	.521	2.137

a. Dependent variable: self-perception

RQ3: Do skill bias perceptions significantly predict respondents' self-efficacy?

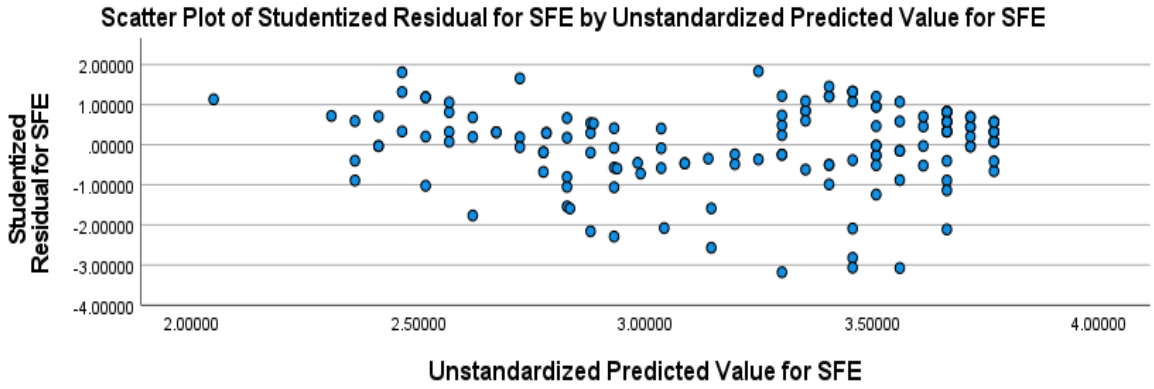
To test the hypothesis of RQ3, I conducted a multiple linear regression analysis. The analysis was to determine the variation and contribution of the independent dichotomous variable type of worker (skilled and unskilled) and the independent variable skill bias perceptions to predict the outcome of the dependent variable self-efficacy. All assumptions of multiple linear regression needed assessment before conducting the analyses. The independent dichotomous variable type of worker (skilled and unskilled) and the independent variable skill bias perceptions emerged as having a strong positive relationship. Pearson's correlation coefficient was r =.73.

The assumption of linearity between the independent and dependent variables appeared in a scatterplot matrix to assess the assumption of MANOVA (see Figure 4). However, the assumption of linearity was further evaluated by a scatterplot of the studentized residuals versus the unstandardized predicted residuals. According to Mertler

and Vannatta (2017), the scatterplot can assess the assumption of homoscedasticity by visual inspection of the studentized residuals and unstandardized predicted values (see Figure 8). Upon visual inspection, Figure 8 showed the assumption of linearity, and the assumption of homoscedasticity was met.

Figure 8

Scatterplot for Assumption of Linearity and Homoscedasticity



Next, the assumption of normality was assessed and illustrated by a generated histogram. The histogram showed the standardized residuals as a normally distributed bell curve; thus, the assumption of normality was met (see Figure 9). In addition, the P-P plot assessed the assumption of normality. The assumption of normality was met, explained by the observance of no deviation of residuals present (see Figure 10).

Figure 9

Histogram for Normality of Regression Standardized Residual

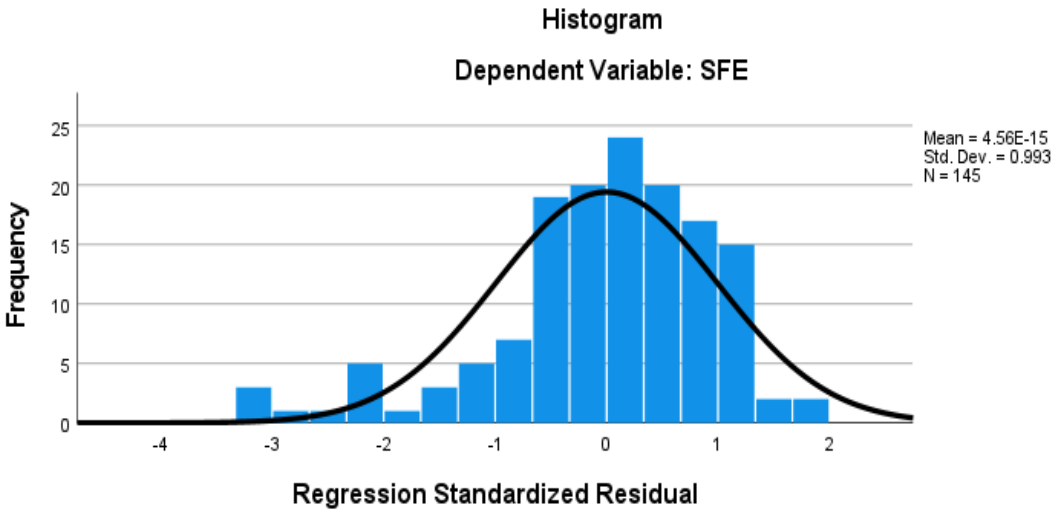
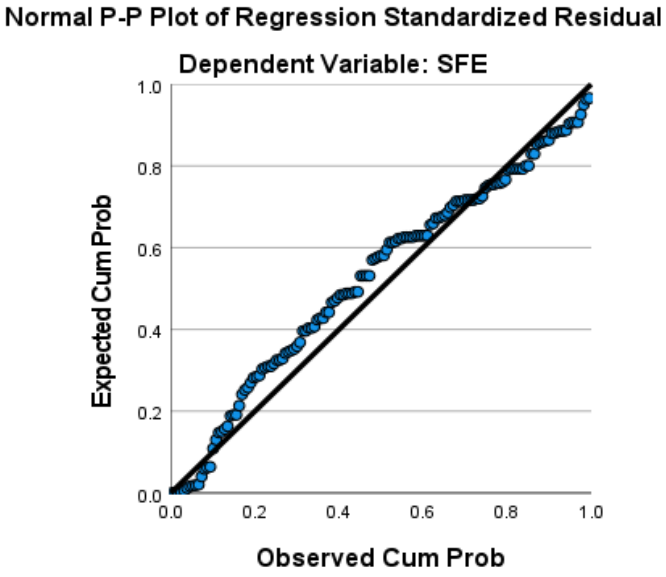


Figure 10

Normal P-P Plots for Assumption of Normality in Multiple Linear Regression



The independence of observation assumption was tested using the Durbin–Watson statistic. The range of Durbin–Watson is 0 to 4, and an acceptable value is 1.50 to 2.50 (see Mertler & Vannatta, 2017). The assumption was met and indicated no correlation with a result of 1.885, and R^2 =.544 explained 54.4% of the variability (see Table 16). Subsequently, the assumption of multicollinearity was tested by assessing the VIF and resulted 2.088 (see Table 18). The results indicated the assumption of multicollinearity was not violated.

Table 16

Model Summary: The Durbin–Watson for Independence of Observation Assumption

	R	R^2	Adjusted R^2	*SE* (the estimates)	Durbin–Watson
1	.738[a]	.544	.538	.41197	1.885

a. Predictors: (Constant), SKILL LEVEL, SKBP (skill bias perceptions)
b. Dependent variable: SFE (self-efficacy)

The results of the overall multiple linear regression included an ANOVA to assess the probability between the independent and dependent variables, as reported by R^2 (see Table 17). The results indicated a statistically significant relationship between the type of worker (skilled and unskilled) and skill bias perceptions on self-efficacy. The slope coefficients and *p* values of the multiple linear regression show a significant relationship with the type of workers (*B* = .266, *p* = <.001) and skill bias perceptions (*B* = .571, *p* = <.001) on self-efficacy (see Table 18). SKILL LEVEL represented the difference between the types of workers (skilled = 1 and unskilled = 0). Therefore, the predicted self-efficacy for skilled respondents is .266 greater than for unskilled respondents. The *B*

value for skill bias perceptions (B = .571) indicated that for every one-unit increase in skill bias perceptions, self-efficacy increased by .571. Thus, skill bias perceptions predict self-efficacy greater in skilled workers than unskilled workers.

Table 17

ANOVA for Multiple Linear Regression on Self-Efficacy

Model	*SS*	*df*	*MS*	*F*	Sig.
1 Regression	28.757	2	14.379	84.719	<.001[b]
Residual	24.100	142	.170		
Total	52.858	144			

[a]. Dependent variable: Self-efficacy

[b]. Predictors: (Constant), SKILL LEVEL, Skill bias perceptions

Table 18

Multiple Linear Regression Coefficients for Self-Efficacy

Model	*B*	Std. error	*t*	*p*	95% CI		Collinearity statistics (VIF)
					Lower bound	Upper bound	
1							
(Constant)	1.219	.220	5.532	<.001	.783	1.654	
Skill bias perceptions	.571	.082	6.976	<.001	.409	.732	2.088
Skill level	.266	.104	2.569	.011	.061	.471	2.088

[a]. Dependent variable: self-efficacy

The results for the overall multiple linear regression to test the hypothesis of RQ3 (see Table 18) were $H3_o$: Skill bias perceptions do not significantly predict respondents' self-efficacy; and $H3_a$: Skill bias perceptions do significantly predict respondents'

self-efficacy indicated skill bias perceptions significantly predict self-efficacy; however, I concluded that the type of worker has no significant effect on self-efficacy ($p = .011$) as reflected in Table 18. The slope of the positive *B* coefficient indicated there may not be significant supporting evidence to reject the null hypothesis; nevertheless, all other analyses infer a positive correlation of interaction with small to medium effect.

Summary and Transition

Chapter 4 presented the quantitative analyses to determine differences in perception of skill bias perceptions, self-perception, and self-efficacy and to predict skill bias perceptions on the outcomes of self-perception and self-efficacy. The chapter included the research purpose, data collection, sample demographics, and models of MANOVA, ANOVA, and multiple linear regression to examine three research questions and test each hypothesis.

To answer RQ1, I employed MANOVA to determine differences in perception between the skilled and unskilled workers on skill bias perceptions, self-perception, and self-efficacy. The findings presented statistically significant differences evidenced by values of strong correlations, positive interactions, between- and within-group calculations, and medium effect, indicated practical significance of research outcomes. The null hypothesis for RQ1 was rejected, and the alternative hypothesis was accepted. Inferences based on the results of random sampling and MANOVA analysis indicate skilled workers have greater interactions of skill bias perceptions, self-perception, and self-efficacy.

I employed multiple linear regression to analyze RQ2 and RQ3 to predict the outcomes of self-perception and self-efficacy versus independent variables SKILL LEVEL to distinguish the type of workers and skill bias perceptions. The results showed that both independent variables were congruently associated with the dependent variables. The multiple linear regression provided analyses to test the hypotheses and resulted in overall statistically significant values. The null hypotheses of RQ2 were rejected, as evidenced by values that skill bias perceptions do predict the respondent's self-perception. SKILL LEVEL was an independent dichotomous variable to categorize skilled and unskilled workers to determine and emphasize with confidence a greater interaction on the outcome of self-perception because of the differences in perception between the two types of workers. The results supported that skilled workers possess greater characteristics of skill bias perceptions that predict self-perception. Inferentially, the results showed that skilled workers possess the greater characteristics of skill bias perceptions and, therefore, have greater interaction and a higher level of self-perception. Accordingly, the greater characteristics in skill bias perceptions for the skilled workers decreased self-perception in the unskilled workers.

To analyze RQ3, I also employed multiple linear regression to test the hypothesis that skill bias perceptions significantly predict the respondent's self-efficacy. The analyses resulted in a positive statistically significant finding that skill bias perceptions do predict self-efficacy; however, did not support a significant observation that skill bias perceptions predict self-efficacy greater in skilled workers than unskilled workers. Based

on the random sampling, the research could suggest that skill bias perceptions predicted self-efficacy greater in skilled workers than unskilled workers based on the strength of statistical significance of resulting values that concur with generalized conclusions about larger populations. Therefore, failure to reject the null hypothesis indicated the data did not provide ample evidence; however, the lack of evidence does not prove an interaction did not exist between the type of worker and self-efficacy.

Chapter 5 will present an interpretation of the results, a discussion of the literature to support or rebut the key findings, recommendations to further investigate skill bias perceptions in the workplace, and a conclusion of the key takeaways to reiterate the significance of this research study. I will discuss the implications of positive social change to reduce the division between the two types of workers.

Chapter 5: Interpretations, Discussion, Recommendations, Implications, and Conclusions

The comprehensive literature review, recruitment and data collection process, statistical applications, and result interpretations evidenced a meaningful and purposeful study. This study addressed a common phenomenon witnessed in the U.S. health care industry: a division between skilled and unskilled workforces. Previous researchers did not expose skill bias perceptions as an explanation contributing to the division between the workforces or decreased self-perception and self-efficacy in the unskilled workers' population. The disclosure of skill bias perceptions addressed a gap in the literature to those with an interest in the health care industry.

The purpose of this quantitative nonexperimental study was to investigate the differences in perception between skilled and unskilled health care workers' skill bias perceptions, self-perception, and self-efficacy. The objective was to disclose the realization that skill bias perceptions exist, and skill bias perceptions predict self-perception and self-efficacy. Moreover, the goal of the research was to demonstrate skill bias perceptions significantly predict a decrease in self-perception and self-efficacy in unskilled workers. The responses of 172 skilled and unskilled voluntary U.S. health care workers provided data collected from a 29-question survey to use for statistical analyses. I conducted a MANOVA with follow-up ANOVA models to test and evaluate the hypothesis for RQ1. Individual multiple linear regression allowed me to test the hypotheses for RQ2 and RQ3. The calculated results indicated whether to accept the alternative hypothesis or fail to reject the null hypothesis for each research question.

Interpretation and Discussion of Findings

Research Question 1

The MANOVA results for RQ1 indicated statistically significant differences in perception between the skilled and unskilled health care workers' skill bias perceptions, self-perception, and self-efficacy. Individual follow-up ANOVAs supported the MANOVA findings, as evidenced by consistently higher scores of skilled workers, calculated from the responses of the respective test instrument used to measure each dependent variable. Therefore, the null hypothesis for RQ1 was rejected.

The higher score in skilled bias perceptions for skilled workers suggested a stronger relationship, which indicated greater characteristics of skill bias perceptions. High response values indicate individuals who perceive themselves to have greater psychological resources and strengths, as evidenced by the responses to the Flourishing Scale (Diener et al., 2009; Fabio & Gori, 2016). Prior studies conducted using the Flourishing Scale were not specific to skill bias perceptions; however, characteristics of flourishing associate behaviors of skill bias perceptions when a person perceive themselves as more competent, well-established, and highly optimistic; maintain marginalized relationships; and feel their social-psychological functioning is superior to others (Diener et al., 2009; Fabio & Gori, 2016; Weziak-Bialowolska et al., 2021).

The SOCAPO-E measured perceived social capital in hospital environments indicative of behaviors that suggest skill bias perceptions (Ansmann et al., 2020). The survey was instrumental in acknowledging the theoretical framework of this study.

Ansmann et al. (2020) conducted two studies—the first with nurses, clinicians, janitors, and transporters and the second with physicians, nurses, and support staff—to examine the relationship between the social aspects of positive work environments. The findings of the two studies indicated that positive psychological and emotional identification, productive social work experiences, cohesiveness, and encouraged personal development were essential to a united workforce. The low response scores to the survey reflected a lack of mutual understanding, trust, sense of belonging, respect, and unity, as reflected in the unskilled workers' responses. Higher response scores of skilled workers indicated a strong sense of mutual understanding, trust, sense of belonging, respect, and unity. My findings showed that differences in perception between the two types of workers result from skill bias perceptions. The higher scores reflected in the responses of the skilled workers indicated they perceived themselves as more valuable and they perceived others to view them more significantly. These findings correlate with the characteristics and behavior of skill bias perceptions discussed in the literature.

Prior researchers described skill bias perceptions characteristics as displays of intentional or unintentional unfavorable individual or group mentality behaviors toward a class of individuals perceived as less valuable (Behar, 2016; Brown, 2016; Manstead, 2018; Otis & Wu, 2018). Multiple researchers distinguished the in-group and out-group mentality, stereotypical characterizations, stigmas, and unidentified biases as triggers to subjectively initiate differences in perception between coworkers (Diener et al., 2009; Fabio & Gori, 2016; Weziak-Bialowolska et al., 2021). The scores of the current study

indicated an in-group and out-group mentality, supporting a difference in perception between skilled and unskilled workers. In other studies, the differences in perception were more toward workers employed in unskilled jobs requiring minimal education, such as dietary services, transportation, and environmental services, than skilled coworkers employed as nurses, respiratory therapists, and radiology technologists (Brown, 2016; Cassad & Bryant, 2016; Cheng & McCarthy, 2018; Manstead, 2018; Otis & Wu, 2018; Spencer et al., 2016; Wayment & Bauer, 2017).

The higher scores of self-perception and self-efficacy evidenced in the MANOVA and ANOVA results indicated skilled workers viewed themselves as having a higher caliber of self and greater belief in their human capabilities in the workplace (see Alkire & Deneulin, 2016; Diener et al., 2009; Fabio & Gori, 2016; Hardin & Larsen, 2014; Peters et al., 2020; VanderWeele, 2017; Weidel, 2018; Weziak-Bialowolska et al., 2021). The noteworthy results of the higher scores indicated that skilled workers perceive those outside their higher caliber of self differently. In addition, the workers have lesser belief in the human capabilities of individuals outside of their perceived caliber, indicating they view unskilled workers as having less value. In the current study, the overall results of MANOVA and ANOVA indicated differences in perception between skilled and unskilled workers. This finding aligns with the literature that skill bias perceptions exist in the health care industry, contributing to divisions between the workforces.

The low scores of MANOVA for unskilled responses indicated fewer characteristics associated with skill bias perceptions (see Diener et al., 2009; Fabio &

Gori, 2016). According to Fabio and Gori (2016), individuals who experience negative psychological and emotional detachment about their working environment are less likely to demonstrate subjective, undesired behaviors toward others. The responses of a lessened relationship between unskilled workers and skill bias perceptions were apparent in the ANOVA results in the current study. These findings suggest that individuals deprived of the experience to "embrace their wholeness" (Weziak-Bialowolska et al., 2021, p. 1) do not possess characteristics of skill bias perceptions or display an in-group mentality (Diener et al., 2009). The lower scores of the unskilled workers are consistent with prior studies suggesting that, in the workplace, employees who view themselves as less valued do not seek to disrupt but to adapt, function, and develop in conditions that present uncomfortable settings or challenge their state of well-being (see Austin, 2018; Howaldt & Schwarz, 2017; Hurst, 2017; Ismail & Tekke, 2015; Krems et al., 2017; Martinez-Marti & Ruch, 2017; Weziak-Bialowolska et al., 2021). Skill bias perceptions are more common toward a stigmatized group of people viewed as having less value or considered outside of a person's professional circle of cohorts, as indicated by consistently higher scores of the skilled responses (Cassad & Bryant, 2016; Cheng & McCarthy, 2018; FitzGerald & Hurst, 2017; Weziak-Bialowolska et al., 2021).

Consequently, the lower score in skill bias perceptions for unskilled workers in relationship to the skilled workers' scores suggested that unskilled workers are perceived as a stigmatized group and less beneficial to skilled workers' in-group mentality when defining their level of success (see Cassad & Bryant, 2016; FitzGerald & Hurst, 2017).

Conversely, the lower score in skill bias perceptions for the unskilled workers in relationship to the skilled workers suggested that unskilled workers do not possess the characteristics of skill bias perceptions because they view themselves as less valued and consider themselves the underdogs based on the "dark side" (Cheng & McCarthy, 2018, p. 537) of the skilled workers' behavior. Cheng and McCarthy (2018) discussed debilitative dispositional and situational factors related to workplace anxiety experienced by the out-group that emerges from psychological and emotional feelings of rejection.

The results of lower MANOVA scores to analyze self-perception and self-efficacy were reflective of unskilled job titles and education levels, as evidenced by the responses of the test instrument used to measure the specific dependent variable. The ICECAP-A measures the five dimensions of capability relevant to self-perception (Afentou & Kinghorn, 2020; Al-Janabi et al., 2013). Prior researchers found that unskilled workers view themselves differently in the workplace because of the psychological and emotional detachment associated with feelings of exclusion, a lack of mutual support, misjudged characters, a lack of cohesiveness, and behaviors consistent with the in-group mentality (Cheng & McCarthy, 2018; Manstead, 2018; Stracher & Allen, 2016).

The GSE measures the perception of how an individual views experiences and behaviors that influence their capability to adapt, function, and develop in the workplace (Krems et al., 2017; Martinez-Marti & Ruch, 2017). The lower scores for unskilled workers in the current study indicated less assurance of a person's feeling to function and

succeed in workplaces where the organizational climate does not promote productive work relations or extend positive organizational support (see Martinez-Marti & Ruch, 2017; Seena & Arthi, 2018). The MANOVA analysis revealed differences in the perception of self-efficacy for skilled workers to be greater than unskilled workers. Although significant, the response scores for unskilled workers were more closely related to the skilled workers than expected. These findings are consistent with the literature suggesting that Maslow's hierarchy of needs (i.e., physiological, safety, belonging, esteem, and self-actualization) motivates unskilled workers to pursue purpose, identity, and self-sufficiency, the same as the skilled worker (Krems et al., 2017).

Research Questions 2 and 3

Understanding the impact of skill bias perceptions, I conducted two multiple linear regression analyses to evaluate RQ2 and RQ3. Multiple linear regression was appropriate for predicting and inferentially introducing theory to interpret the findings of the tested hypotheses (Mertler & Vannatta, 2016). The alternative hypothesis for RQ2 was the following: Skill bias perceptions significantly predict respondents' self-perception. The alternative hypothesis for RQ3 was the following: Skill bias perceptions significantly predict the respondent's self-efficacy. The alternative hypotheses for RQ2 and RQ3 for the current study, distinguished skill bias perceptions as the predictor variable.

Research Question 2

The results of the multiple linear regression showed a statistically significant relationship to support that skill bias perceptions predict the respondent's (*skilled* = 1 or *unskilled* = 0) self-perception. The null hypothesis was rejected. The magnitude of the skilled workers' responses to self-perception substantiated a greater variation (63.2%) that skill bias perceptions predict self-perception in the skilled respondents, as observed in the significant *p*-value and 95% confidence level regression results. As observed in the ANOVA regression model, the sum of squares indicated a 42% variation of the total 60% variation to explain skill bias perceptions and the type of worker outcome on self-perception.

Prior research suggested that as characteristics of skill bias perceptions are increasingly evident, self-perception increases because self-perception is paramount to understanding the distinction between ASR and ISA (Hardin & Larsen, 2014; Ismail & Tekke, 2015). The assumed relationship between skill bias perceptions and self-perception in skilled workers represents their perception of individual growth, progression, and human capabilities that alleviate the challenges to adapt, function, and develop in working environments with an in-group mentality (Cheng & McCarthy, 2018). Self-perception represents greater consciousness, inclusion, and purpose for the skilled worker (Cheng & McCarthy, 2018; Hardin & Larsen, 2014; Ismail & Tekke, 2015).

The external and internal influences of skill bias perceptions are apparent in conscious and unconscious behaviors of stereotypical characterizations, stigmas, in-group mentality, and unidentified biases such as implicit and confirmation biases discussed in Chapter 2. These behaviors impact the unskilled worker or the out-group. Previous studies alluded to skill bias perceptions as the predictor of decreased self-perception in unskilled workers in the health care industry because of diminished representation of their accomplishments and the realization of "who they are" and "who they want to be" (Karimi et al., 2016, p. 796; see also Manstead, 2018; Otis & Wu, 2018).

Research Question 3

The multiple linear regression to predict skill bias perceptions on the respondent's self-efficacy was inconclusive. The results indicated that skill bias perceptions significantly predict self-efficacy; however, determining the type of worker had no significant effect on self-efficacy. Consequently, the findings failed to reject the null hypothesis due to insufficient evidence to conclude that the type of worker does not have an interaction with skill bias perceptions to predict the respondent's self-efficacy. The nonsignificant *p*-value and slight difference in variation (26%) between the two types of workers observed in the regression model do not predict that the unskilled workers' belief in their human capabilities are lessened because of their job classification or lack of education. However, the responses of the current study indicated the behaviors of skill bias perceptions positively interact with and lessen the unskilled workers' self-efficacy. The ANOVA resulted in a statistically significant observation. Moreover, the sum of

squares indicated a 29% variation between the total respondents to support skill bias perceptions has a greater interaction with skilled workers than unskilled workers, thereby predicting the outcome of self-efficacy.

The results of self-efficacy are not unrealistic. Bandura's (1997, as cited in Krems et al., 2017) self-efficacy theory encompasses multiple facets of a person's belief in their human capabilities. Moreover, Nussbaum's (1943 as cited in Alkire & Deneulin, 2016; Autin et al., 2017; Biggeri et al., 2018; Krems et al., 2017) human capability approach theory shows innate characteristics as resources of human capabilities to adapt, function, and develop in pursuit of an agenda to achieve goals and a conviction to succeed. Understandably, skill bias perceptions are significant in predicting self-efficacy because the influences of skill bias perceptions may increase or decrease a person's perception of their capabilities (Autin et al., 2017; Hardin & Larsen, 2014; Krems et al., 2017; Martinez-Marti & Ruch, 2017; Seena & Arthi, 2018).

Self-efficacy is strongly associated with psychological and emotional maturity and is not impacted by job classifications or education (Autin et al., 2017; Kanfer et al., 2017; Krems et al., 2017), being vital in the pursuit of purpose, identity, and self-sufficiency for the unskilled as for the skilled worker (Krems et al., 2017). The progression of maturity relates to feelings of optimism, confidence, and resourcefulness (Martinez-Marti & Ruch, 2017). The findings of this study align with previous researchers who found that individuals achieve increased self-efficacy through productive work relations and positive organizational support in work climates that do not foster

skill bias perceptions behavior (Martinez-Marti & Ruch, 2017; Seena & Arthi, 2018). Likewise, individuals experience decreased self-efficacy through situational and dispositional factors that discourage positive psychological and emotional stimuli (Autin et al., 2017). Autin et al. (2016) measured the self-efficacy of privileged (skilled) individuals and those less privileged (unskilled) to challenge the preconception that privileged individuals have greater levels of self-efficacy. The researchers' results suggested that economic and occupational prestige equates to higher levels of self-efficacy: however, it is the influences and experiences of the environment that reciprocate greater or lesser belief in a person's capabilities (Martinez-Marti & Ruch, 2017; Seena & Arthi, 2018).

The nonsignificant findings of multiple linear regression to analyze whether the type of worker predicts skill bias perceptions on self-efficacy showed an effect between the two is not supported by the statistical results of this study; however, the findings do not exclude that an effect does exist (Mertler & Vannatta, 2016). Previous researchers reiterated aspirations to "do better" and "be better" as an individual conviction to a person's agenda for a better quality of life, regardless of the level of education or employment classification (Autin et al., 2017; Hardin & Larsen, 2014; Kanfer et al., 2017; Krems et al., 2017). Consequently, the internal motivation to succeed in the workplace is as universal to the unskilled worker as it is the skilled worker to find meaningful employment in an environment that recognizes the human capabilities of all employees (Autin et al., 2017; Krems et al., 2017).

Researchers challenged Nussbaum's perspective of human capability being the product of innate characteristics, suggesting human capability is the product of academic growth and development (Alkire & Deneulin, 2016; Bhati, 2022; Haq, 2016; Robeyns, 2016; Weidel, 2018; Wolfson & Mathieu, 2018). Humanistic psychology scholars recognize that self-efficacy is motivated by knowledge, experience, positive interactions, and opportunities to develop potential in individuals with and without occupational prestige (Bhati, 2022; Brummel & Parker, 2015; FitzGerald & Hurst, 2017; Pravdiuk et al., 2019). Therefore, my failure to reject the hypothesis of RQ3 indicated that self-efficacy in skilled and unskilled workers is representative of a person's assessment of capabilities motivated by knowledge, experiences, interactions, and opportunities, regardless of job classification or level of education.

Theoretical Relationship of Findings

The research findings showed that differences in perception between skilled and unskilled health care workers are consistent with skill bias perceptions. The theoretical alignment of Nussbaum's human capability approach theory and the current study's results share the realization that health care environments intentionally or unintentionally foster climates that exacerbate feelings of decreased optimism, belonging, purpose, consciousness, confidence, and resourcefulness for workers who have minimal education and no formal skill set and perform duties with less significance of financial contribution (Alkire & Deneulin, 2016; Fabio & Gori, 2016; Ismail & Tekke, 2015; Martinez-Marti & Ruch, 2017; VanderWeele, 2017). The theoretical alignment of the supplemental theories

of self-concept and self-efficacy supported the findings aligned with the human capability approach theory. Self–concept correlates with how individuals view themselves and how they perceive others to view them, and self-efficacy with belief in their capabilities, and how one perceives others believe in their capabilities. Comparatively, strengthened or weakened self-perception and self-efficacy may be the result of explicit influences that infer differences in the perception of skilled and unskilled workers' human capabilities.

Self-perception is a reciprocated attribute promoted in cohesive working environments facilitated by positive social relationships, mutual support, purpose, and value, not only for the skilled worker but for the unskilled worker as well (Alkire & Deneulin, 2016; Hardin & Larsen, 2014; Howaldt & Schwarz, 2017; Ismail & Tekke, 2015; Martinez-Marti & Ruch, 2017). According to FitzGerald and Hurst (2017), the workers less reciprocated due to biased and judgmental assessments of job classifications and responsibilities experience exclusion, disrespect, aggressiveness, and challenges of unfair boundaries in the workplace. Arif and Scholtfeldt (2021) concurred that unequal evaluation between two or more populations alters the cognitive process of perception, understanding, actions, and decisions, creating a toxic work environment and decreased self-perception in the workers perceived as less valued.

Self-efficacy is linked to internal motivations that amplify personal natural and systemic responses to aspire to higher levels of potential (Krems et al., 2017). Working environments without opportunities for balance and growth initiatives do not allow the progress of psychological and emotional involvement necessary to recognize innate

characteristics that transform into greater potential (Krems et al., 2017). Pravdiuk et al. (2019) and Keller et al. (2020) suggested that unrealistic distinctions create a foundation for inequality in the judgment of human capabilities associated with talents of academic resources. Conversely, innate characteristics of individualism are the catalysts to promote inner ambitions to maximize a person's capabilities to achieve a greater trajectory in life (Krems et al., 2017; Martinez-Marti & Ruch, 2017). Thereby, self-efficacy is the makeup of innate characteristics that inspire unskilled workers to reach higher levels of potential for a better life, much like skilled workers.

Limitations of the Study

All research studies have limitations regarding validity, reliability, and generalizability, which could affect the results of significant or nonsignificant findings (Creswell & Creswell, 2018). In this section, each limitation receives discussion to ensure the assessment of all weaknesses of the research design.

Validity

I used Amazon MTurk to recruit participants and as the online survey host, and I relied on the scrutiny of Amazon's pool of approved workers to meet the inclusion criteria required for the current study. The participants were anonymous to me and only identified by Amazon-approved worker ID; therefore, I could not validate their demographics. Amazon MTurk served as the exclusive recruitment platform, whereas the parameters set forth by Amazon's web design ensured a limited recruitment platform. I used SurveyMonkey to construct and administer the confidential survey to ascertain

honest responses; however, I cannot reassure there was no collaboration, or the responses were not collective. Also, the data collection process posed a threat to the validity of this study due to the skepticism of authenticity or potential bias in the participant's responses to the self-reporting questionnaire. To minimize other internal validity threats, I set parameters in Amazon MTurk to flag inappropriate demographic information, duplicate responses, and incomplete surveys before exporting the data from Amazon into SPSS Version 28 for data analysis.

Reliability

I used four preexisting peer-reviewed test instruments purposeful in multiple studies to measure the dependent variables of skill bias perceptions, self-perception, and self-efficacy. This selection was to ensure the consistency of the findings related to this study. According to the instruments' authors, an acceptable range of reliability was a = .80+ (Afentou & Kinghorn, 2020; Al-Janabi et al., 2013; Ansmann et al., 2020; Diener et al., 2009; Fabio & Gori, 2016; Martinez-Marti & Ruch, 2017; Schwarzer & Jerusalem, 1995; Seena & Arithi, 2018; Weziak-Bialowolska et al., 2021). I conducted a reliability analysis, and the results of Cronbach's alpha indicated a strong internal reliability range from α = .92–.95 for skill bias perceptions, self-perception, and self-efficacy. The internal reliability of this study may decrease due to the inability to validate the demographic information and the difference in sample sizes obtained for data collection should a retest occur.

Generalizability

The unequal sample size for this current study posed the greatest limitation using the stratified random sampling strategy. My objective was to recruit an equal number of skilled (nursing, respiratory therapy, and radiology) and unskilled (dietary services, transportation, and environmental services) workers to represent each of the six departments. Instead, due to an overwhelming number of skilled respondents, the sample consists of more skilled than unskilled workers. However, the unequal sample size of the two groups is not problematic in stratified random sampling when the subgroups are equally represented (see Creswell & Creswell, 2018; Frankfort-Nachmias & Leon-Guerrero, 2015). Notably, a larger participation of unskilled respondents would have increased the generalizability of the research.

Additionally, the sample population included skilled and unskilled health care workers in nursing, respiratory therapy, radiology, dietary services, transportation, and environmental services who have worked in a U.S. hospital setting for one consecutive year. I chose these six departments for the study because the personnel work closely together to provide a positive patient care experience. I excluded other hospital personnel classified as skilled and unskilled because their job responsibilities did not collectively support each other. Physicians and high-ranking administrative personnel were ineligible due to the assumed occupational prestige of their job titles. The inclusion of other skilled and unskilled health care personnel would have increased the generalizability of the results and provided perspectives on different findings. Additionally, participants outside

the U.S. could have provided a larger representation of skilled and unskilled workers for greater generalizability. Skilled and unskilled positions from other industries were excluded. Respectfully, the responses of the excluded populations from other industries were not generalizable because of a difference in their mission than the mission of health care.

Recommendations

The current study's findings warrant the consideration of recommendations for future research to investigate the existence of skill bias perceptions as a predictor of self-perception and self-efficacy. A different research methodology would hold promise for this research topic. A qualitative research method allows the researcher to ascertain in-depth perspectives directly from participants regarding their perceptions, lived experiences, and behaviors in the workplace. Comparatively, a mixed methodology would provide greater insight into the research topic using numerical statistics and verbal interpretations for more comprehensive findings and enhance its applicability.

It is recommended to expand the demographics of the sample population outside of the U.S. and include classified skilled and unskilled health care personnel from other departments to add to the generalizability of the research. Additionally, researchers could examine other industries with dual workforces to determine whether skill bias perceptions exist and, if so, its impact on those industries. Scholars would benefit from examining female and male workers to determine a greater distinct relationship between skill bias perceptions predicting self-perception and self-efficacy. Researchers could use

age as an independent variable to expand the perspectives and potentially target age groups with greater characteristics of skill bias perceptions having a more significant impact on the division between the workforces. Future research could determine whether the younger generations of skilled workers, more engaged in the influences of 21st-century Western culture, exhibit greater characteristics of skill bias perceptions. Subsequently, obtaining a larger sample population to survey would increase reliability and generalizability.

An influential recommendation for future research would be to conduct a study after implementing incentives for unskilled workers to feel more valued. Increased organizational support may elevate the perception of unskilled workers. Researchers could conduct a pre and post study to determine whether skill bias perceptions are observed less in skilled workers and predict the outcome of self-perception and self-efficacy to be higher in unskilled workers after the implementation of incentives and increased organizational support than before the incentives. A study of this nature could increase validity, reliability, and generalization to benefit future research and continued contributions to industrial and organizational psychology.

Implications for Health Care Environments and Social Change

The comprehensive literature review established skill bias perceptions as a significant contributing factor to the division between skilled and unskilled health care workers in the U.S. I sought to identify triggers of skill bias perceptions (e.g., stereotypical characterization, stigmas, and unidentified biases). The significant findings

suggested that behaviors consistent with skilled workers' skill bias perceptions resulted from the organizational climate and leaders who do not embrace the innate characteristics of unskilled workers' human capabilities. Previous research indicated numerous situational and dispositional factors influence the organizational climate, such as human resource policies, employee evaluations, workplace boundaries, unavailable growth opportunities, non-cohesiveness, and lack of support, all of which may incite skill bias perceptions (Goldin, 2016; Krems et al., 2017; Peters et al., 2020; Pravdiuk et al., 2019; Raghupathi & Raghupathi, 2020; Wayment & Bauer, 2017; Weidel, 2018).

Consequently, my review of the literature supported that leadership assessment of employees is subjective based on observable attributes and performance, thereby potentially overlooking or discarding the value of innate characteristics of their unskilled workforce (Austin, 2018; Krems et al., 2017; Peters et al., 2020; Pravdiuk et al., 2019; Weidel, 2018). Therefore, implications of reassessment and alignment in human resource policies and practices, reengineering of leadership, and more strategic planning and development of innovative organizational support can reduce skill bias perceptions and acknowledge all employees as valued human capital resources. Moreover, much like drug-free zones, health care industry leaders could establish judgment- and bias-free zones. Such actions would encourage skilled workers to actively participate in prosocial behavior that promotes positive psychological and emotional responses toward their support system of unskilled workers whose mission is the same as the skilled worker: to provide a positive patient care experience. The results of this study may enlighten the

health care industry that skill bias perceptions are factors administrators and leaders can address to provide a positive and productive work environment for all employees. Additionally, addressing the phenomena of skill bias perceptions and improving the work environment would increase the self-perception and self-efficacy of unskilled workers. Also, may encourage them to reach higher levels of potential outside of unskilled employment, like returning to school or seeking vocational skills to become equipped for today's employment opportunities.

Lastly, this study is significant to social change by providing findings to elevate and restore the dignity of unskilled employment positions. Organizational leaders and society members need to recognize the innate capabilities of individuals with minimal education and no formal skill set as valued human resources. Social change implications include the potential to alleviate the subjective stereotypical characterizations, stigmas, and unidentified bias associated with persons employed in unskilled positions, specifically in the health care industry. The preconception that unskilled workers lack capabilities, intelligence, or aspirations to achieve a greater trajectory of a better life is a fallacy to resolve through greater recognition and initiatives to reward the unique, innate characteristics of individuals without higher education. According to several authors, the preconceptions associated with unskilled employment linked to skill bias perceptions are unjustifiable and greatly identify the perpetrator's "dark side" (Cheng & McCarthy, 2018, p. 552; see also Behar, 2016; Daniels & Robinson, 2019; Fiset et al., 2017; Jecker et al., 2020; Keller et al., 2020; Manstead, 2018; Otis & Wu, 2018). Recognition and

acknowledgment of individual capabilities in persons without higher education may diminish various social issues witnessed throughout the country today, such as unemployment, homelessness, labor shortages, and alternative lifestyle choices, leading to self-destruction and crime. The results of the current study are relevant to various types of businesses that employ individuals with a minimum education to reassess policies and procedures to ensure workers' innate characteristics of human capability are recognized and appreciated.

Conclusion

Since the onset of, during, and after the COVID-19 pandemic, unskilled workers are an essential human capital resource in health care and other industries. The comprehensive literature review and findings of this study provided theoretical evidence of differences in perception consistent with skill bias perceptions. Skill bias perceptions strip the appreciation and value from job classifications and responsibilities of hardworking individuals with minimum education, no formal skill set, and a lack of credentials of assumed occupational prestige. It is time to do away with the fallacies that individuals in unskilled positions lack the capabilities, intelligence, or aspirations to achieve and flourish in pursuit of a better quality of life. It is time to reassess, recognize, and acknowledge the innate characteristics of human capabilities in individuals without higher education to improve working environments to ensure all employees' contributions are significant. Efforts to reduce stereotypical characterizations, stigmas, and unidentified biases that influence skill bias perceptions behaviors can be introduced

into working environments and social arrangements as strategic plans to uplift and promote growth and development. Ultimately, elevating how unskilled workers are viewed by others and perceive how others view them can increase their self-perception and self-efficacy.

In 2023, there were vast strikes across the United States by workers in major industries such as the big three auto companies, hotels, casinos, UPS, and others (*Bronfenbrenner, 2023*). Hundreds of the striking employees classified as unskilled workers entering the workforce with a minimum high school education and no formal skill set chose to participate. Despite issues of wages, benefits, declining work conditions, and corporate greed at the forefront of their negotiations, the bottom line emphasized they felt unvalued, and their human capabilities were not being recognized or acknowledged. Health care workers in dietary services, transportation, and environmental services whose human capabilities are not recognized or acknowledged and are perceived as less valued have similar sentiments. I sought to provide theoretical evidence that skill bias perceptions are a common phenomenon and predictor of decreased self-perception and self-efficacy, contributing to the division between skilled and unskilled workers in the health care industry. In health care, the common mission is to provide high-quality medical service and a positive patient care experience, where all workers' contributions must be perceived as significant. I hope the current study's results have contributed to elevating the perception of unskilled workers in the health care industry and other businesses. The human capability approach theory framing this study, postulated all

persons are instilled with distinctive human capabilities to define purpose and value in meaningful employment opportunities, whether achieved through higher education or talents not taught or acquired through academics (Alkire & Deneulin, 2016; Biggeri et al., 2018; Ismail & Tekke, 2015; Krems et al., 2017; Weidel, 2018). Accordingly, I concurred with the human capability approach theory and advocate for the dynamics of unskilled employment positions in positive, productive, supportive, judgment-free environments adding to the purpose and value of meaningful employment opportunities, thereby providing psychological and emotional stimuli to increase self-perception and self-efficacy.

The current study contributes to a greater understanding of how one views themselves, how one perceives others view them, how one believes in their capabilities, and how one believes others perceive their capabilities in the workplace. Enlightened workplace and social environments are vital to establishing a personal agenda "to do better" so one "can be better" (Hardin & Larsen, 2014, p. 224). I advocate for members of the future workforce (Generation Z, 1995–2009) and (Generation Alpha, 2010–2024) who may be challenged by opportunities of higher education but aspire "to do better" and "be better," potentially making the world a better place. Furthermore, this study could increase mindfulness of unfavorable behaviors associated with stereotypical characterizations, stigmas, and biases that unknowingly impact the workplace and the self-perception and self-efficacy of the unskilled worker population.

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Appendix A: Requesting Permission to Use the ICEpop CAPability Measure for Adults Scale (ICECAP-A)

Dr. Samantha Husbands
[redacted]

Greetings Dr. Husbands,

My name is Cheryl Jackson, I am a doctoral candidate from Walden University majoring in Industrial and Organizational Psychology. Currently, completing my dissertation proposal titled *Skill Bias Perception of the Unskilled Workers' Self-Perception and Self-Efficacy* under the direction of committee chair, Dr. Barbara Chappell, who can be reached via email: [redacted] Being proactive, I am writing to request permission to use the ICECAP-A test instrument in my research study.

I was introduced to the survey during my literature review by authors Al-Janabi et al. (2013) and Afentou and Kinghorn (2020). My research study is focused on human capability and the theoretical framework of both Sen and Nussbaum's human capability approach theories. While the survey may not directly relate to skill bias perception, the 5 attributes (attachment, autonomy, enjoyment, stability, and achievement) of the measure are significantly substantial to the research topic in a healthcare setting.

I have read your agreement for use of the ICECAP-A instrument and fully understand the conditions as written. Should I be allowed to use the instrument, I will adhere to the written agreement and policies of Walden University's Internal Review Board as a privilege with your permission.

The survey would be used under the following conditions:

- I will use the survey only for the purpose of my research study and will not sell or provide the survey to another for any reason.
- The survey will not be used unless approved by Walden University's IRB for this specific research study.
- I will include all copyright and reference information on any documents referring to the ICECAP-A test instrument.
- I will use the ICECAP-A per the author's instructions and guidelines.
- Should any additional concerns of the survey arise, I will keep the author abreast of all communications and comply as further instructed.

Dr. Hudson, I am asking for consideration to use the ICECAP as stipulated on the attached form of permission. Should any other concerns be addressed, please feel free to contact me. Thank you in advance.

Best regards,

Cheryl Jackson, MS
Doctoral Candidate, Industrial/Organizational Psychology
Walden University
[redacted]

Appendix B: Approved Permission to Use the ICEpop CAPability Measure for Adults Scale (ICECAP-A)

Dear Cheryl,

RE: ICECAP User Agreement Form

Thank you for submitting the User Agreement for your study: *Skill Bias Perception of Unskilled Workers' Self-Perception and Self-Efficacy*

We are happy for you to use the ICECAP-A instrument in this study and have added the study to our database. Please do not change the wording of the attributes or levels, unless the study involves translation of the instrument and this was made clear to us on the User Agreement form.

Please do let us know of any publications resulting from your work which you would like us to add to the references section of our website.

Guidance on scoring the ICECAP instruments and a set of frequently asked questions can be found on the website: www.birmingham.ac.uk/research/activity/mds/projects/HaPS/HE/ICECAP and a scoring spreadsheet in MS Excel is available upon request.

The ICECAP measures are free to use. The development, valuation, validation, and use of the measures are all reported in a relatively small but growing body of academic literature. The information provided on our website is not intended to duplicate or offer a comprehensive overview of this literature. The website and database are maintained by a small group of academics with their own teaching and research commitments and as such we are unable to offer general support in terms of study design, data analysis, or interpretation of findings.

Please find attached a version of the instrument in MS Word. If you wish to use existing translations, these may either be available on our website, from published research articles, or upon request from the research team who completed the translation. We are unable to provide an MS Word version of the instrument in the case of translations.

Even if English is the first language of your intended study population, please do consider the fact that cultural differences may exist across different countries. If you wish to make changes to the instrument in order to allow for such cultural differences, please discuss this with us.

Please use reference A196 in any future correspondence.

Many thanks,
Sam

Dr Samantha Husbands
Senior Research Associate in Qualitative Research and Health Economics
Population Health Sciences
Bristol Medical School
University of Bristol
[redacted]
Bristol
[redacted]

Email: [redacted]

Appendix C: Informed Consent Form

You are invited to take part in a research study about the differences in perception between skilled and unskilled healthcare workers. My name is Cheryl Jackson, and I am a doctoral candidate in Industrial and Organizational Psychology at Walden University. This form is part of a process called "informed consent" to allow you to understand this study before deciding to participate or not.

This study seeks a total of 180 volunteers, 30 from each of the six listed job titles, who meet the following criteria:

- Work in a hospital within the United States
- Employed in one of the listed job titles for at least one consecutive year (Nurse, Respiratory Therapists, Radiological Technologist, Dietary Service, Transporter, Environmental Service)
- Are 18 years of age or older
- English is your first language

Study Purpose:

The purpose of this study is to examine if differences in perceptions exist between skilled and unskilled workers that influence workplace behaviors.

Data Collection Procedures:

This study will involve you completing the following steps:

- Complete a short demographic information survey (3 questions)
- Complete four short surveys (20–25 minutes)

Here are a few sample questions:

__ I can usually handle whatever comes my way.
__ People respect me on the job.
__ In our hospital, the work climate is good.

Voluntary Nature of the Study:

Participation is strictly voluntary. Your participation is respected and appreciated. If you decide to no longer participate, you are not obligated to complete the surveys and may discontinue at any time.

Risks and Benefits of Being in the Study:

Being in this study could involve some risk of the minor discomforts that can be encountered in daily life by sharing information that you may find unpleasant. With the protections in place, this study would pose minimal risk to your well-being. This study offers no direct benefits to individual volunteers. This study aims to bring awareness and

shed light on what differences exist, which could help leaders potentially target strategies to better healthcare organizations. The researcher will share the overall results by posting the final published dissertation in ProQuest (a publication of Walden University research).

Payment:

$3 for four short surveys (20–25 minutes) paid upon completion of all surveys per Amazon's MTurk secure worker transaction process.

Privacy:

The researcher is required to protect your privacy. The researcher will not obtain any personal information at any time. Any identifiers collected remain confidential according to Amazon MTurk's privacy policy. If the researcher were to share this dataset with another researcher in the future, the dataset would contain no identifier, so this would not involve another round of obtaining informed consent. Data will be kept on a USB and secured in a locked file cabinet by Cheryl Jackson for a period of 5 years, as required by the university. You are encouraged to retain this consent for your records.

Contacts and Questions:

You can ask questions of the researcher via email: cheryl.jackson8@waldenu.edu. If you want to talk privately about your rights as a participant or any negative parts regarding the research via your Walden University's Research Participant Advocate at [redacted]. Identify the research study using Walden University's approval number 11-15-22-0670761. It expires on 11-15-2023.

Obtaining Your Consent

If you feel you understand the study and wish to participate, please indicate your consent by placing a check in the box "I agree."

☐ I Agree.

Appendix D: Demographic Information Survey

Please place a check in the appropriate box. One check per category.

1. What is your age in years?
   - ☐ a. 18 – 29
   - ☐ b. 30 – 41
   - ☐ c. 42 – 55
   - ☐ d. 56 – 64
   - ☐ e. 65+

2. What is your job title?

   Nurse –
   - ☐ a. LPN
   - ☐ b. RN

   Respiratory Therapist –
   - ☐ a. CRT
   - ☐ b. RRT

   Radiological Technologist -
   - ☐ a. ARRT
   - ☐ b. ARRT with advanced modalities

   - ☐ Dietary Service Aide/ Associate
   - ☐ Transporter
   - ☐ Environmental Service Aide/Associate

3. What is your highest level of education?
   - ☐ a. High School Diploma/GED
   - ☐ b. Some College/not completed
   - ☐ c. Associate Degree
   - ☐ d. Bachelor's Degree
   - ☐ e. Master's Degree
   - ☐ f. Doctorate Degree

Appendix E: Flourishing Scale

How do you perceive yourself in your workplace – For each statement below, indicate your response by checking the box that best represents your feelings.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
A1. I lead a purposeful and meaningful life.	☐	☐	☐	☐	☐	☐	☐
A2. My social relationships are supportive and rewarding.	☐	☐	☐	☐	☐	☐	☐
A3. I am engaged and interested in my daily activities.	☐	☐	☐	☐	☐	☐	☐
A4. I actively contribute to the happiness and well-being of others.	☐	☐	☐	☐	☐	☐	☐
A5. I am competent and capable in the tasks that are important to me.	☐	☐	☐	☐	☐	☐	☐
A6. I am a good person and live a good life.	☐	☐	☐	☐	☐	☐	☐

A7. I am optimistic about my future.	☐	☐	☐	☐	☐	☐	☐
A8. People respect me.	☐	☐	☐	☐	☐	☐	☐

Appendix F: Social Capital of Healthcare Organizations Reported by Employees for Positive Workplaces (SOCAPO-E)

Originated from the Institute for Social Research, University of Michigan, 1976

How do you perceive your job in your workplace? For each statement below, indicate your response by checking the box that best represents your feelings.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly Agree
B1. In our hospital, there is unity and agreement.	☐	☐	☐	☐
B2. In our hospital, we trust one another.	☐	☐	☐	☐
B3. In our hospital, there is a "we feeling" among the employees.	☐	☐	☐	☐
B4. In our hospital, the work climate is good.	☐	☐	☐	☐
B5. In our hospital, the willingness to help one another is great.	☐	☐	☐	☐
B6. In our hospital, we share many common values.	☐	☐	☐	☐

From "Measuring the Social Capital of Healthcare Organizations Reported by Employees for Creating Positive Workplaces – Validation of the SOCAPO-E Instrument," by L. Ansmann, K. L. Hower, M. A. Wirtz, C. Kowalski, L. M. Ernstmann, and H. Pfaff, 2020, *BMC Health Services Research*, *20*(1), 272–281. https://doi.org/10.1186/s12913-020-05105-9

Appendix G: The General Self-Efficacy Scale

How do you perceive yourself in your workplace? For each statement below, indicate your response by checking the box.

	Not true at all	Hardly true	Moderately true	Exactly true
C1. I can always manage to solve difficult problems if I try hard enough.	☐	☐	☐	☐
C2. If someone opposes me, I can find ways to get what I want.	☐	☐	☐	☐
C3. It is easy for me to stick to my aims and accomplish my goals.	☐	☐	☐	☐
C4. I am confident that I could deal efficiently with unexpected events.	☐	☐	☐	☐
C5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	☐	☐	☐	☐
C6. I can solve most problems if I invest the necessary effort.	☐	☐	☐	☐
C7. I can remain calm when facing difficulties because I can rely on my coping abilities.	☐	☐	☐	☐
C8. When I am confronted with a problem, I can usually find several solutions.	☐	☐	☐	☐
C9. If I am in trouble, I can usually think of a solution.	☐	☐	☐	☐
C10. I can usually handle whatever comes my way.	☐	☐	☐	☐

From R. Schwarzer and M. Jerusalem, "Generalized Self-Efficacy Scale," 1995. In J. Weinman, S. Wright, and M. Johnston, *Measures in Health Psychology: A User's Portfolio*. *Cause and Control Beliefs* (pp. 35–37). NFER-NELSON.

Appendix H: ICEpop CAPability Measure for Adults (ICECAP-A)

How do you feel about your overall quality of life about your workplace? For each statement below, indicate your response by checking the box that best represents your feelings. Please pick only one and pay attention to the highlighted words.

D1. **Feelings settled and secure**	
I am able to feel settled and secure in **all** areas of my life.	☐
I am able to feel settled and secure in **many** areas of my life.	☐
I am able to feel settled and secure in **a few** areas of my life.	☐
I am **unable** to feel settled and secure in **any** area of my life.	☐

D2. **Love, friendship, and support**	
I can have **a lot** of love, friendship, and support.	☐
I can have **quite a lot** of love, friendship, and support.	☐
I can have **a little** love, friendship, and support.	☐
I **cannot** have **any** love, friendship, and support.	☐

D3. **Being independent**	
I am able to be **completely** independent.	☐
I am able to be independent in **many** things.	☐
I am able to be independent in **a few** things.	☐
I am **unable** to be **completely** independent.	☐

D4. **Achievement and progress**	
I can achieve and progress in **all** aspects of my life.	☐
I can achieve and progress in **many** aspects of my life.	☐
I can achieve and progress in **a few** aspects of my life.	☐
I **cannot** achieve and progress in **any** aspect of my life.	☐

D5. **Enjoyment and pleasure**	
I can have **a lot** of enjoyment and pleasure.	☐
I can have **quite a lot** of enjoyment and pleasure.	☐
I can have **a little** enjoyment and pleasure.	☐
I **cannot** have **any** enjoyment and pleasure.	☐