

EVALUATING ORGANIZATIONAL PSYCHOLOGICAL CAPITAL LEVELS OF NURSES

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ABSTRACT:

This study was conducted to assess psychological capital levels of nurses. This descriptive study was carried out with 192 nurses working in a university hospital. The data were collected using Information Form and Psychological Capital Questionnaire (PCQ) and assessed in SPSS 18 program. The nurses obtained a mean total score of 4.24±0.55 from PCQ. Additionally, total scores of nurses who were female, worked in nurse-position and were satisfied with working in the hospital and this profession were higher; which was statistically significant. Also, "psychological resilience" was higher in female nurses and scores of "hope" subscale were higher in female and married nurses for hope subscale; whereas, self-efficacy scores were higher in nurses who had longer professional and service experiences, and were working at the operating room ($p<0.05$). Nurses and especially female nurses had high psychological capital levels.

Keywords: Hospitals, Nursing, Nursing Staff, Organizations, Staff Development.

INTRODUCTION

The ever-growing and changing global environment affects all the institutions as well as the health sectors. This not only increases the pressure on private and business lives of employees, but also makes it inevitable for them to be psychologically affected, thus leading to negativities and decreased efficiencies such as the fear of losing job, dissatisfaction, unhappiness, low performance, disloyalty, and the conflicts between private and business life (Akçay, 2012: 124). "Positive organizational behavior" is a new approach aiming at the performance improvement at work, by investigating the improvable and orientable human resources' potentials and psychological capacities while trying to reveal strengths rather than focusing on weaknesses, measure, improve, and manage the underlying psychological elements in order to increase the performance and efficiency at workplace (Keleş, 2011: 343; Akçay, 2012: 124). Using this approach, the organizational psychological capitals not only can increase the personal development and performance in individual sense but also can provide a structure that enhances the labor by increasing the performance and capacity in organizational sense (Çetin and Basım, 2012: 126). Briefly, the psychological capital is the whole positive and improvable characteristics of people (Erkuş and Fındıklı, 2013: 302).

Being one of the developing areas of positive organizational behavior, the psychological capital is not concerned about what or who the employees know, but “how they perceive and define themselves”, and it is composed of four components including hope, optimism, resilience, and self-efficacy (Akçay, 2012: 125; Erkmen and Esen, 2012a: 55). Hope can be defined as being ambitious towards the goals and directing the ways to the goals in order to succeed when necessary. Optimism means the positive expectation about being successful at the present time and in the future. Resilience signifies to overcome problems and obstacles to succeed, and make a better situation again. Self-efficacy signifies making the necessary efforts and having self-confidence in order to be successful in difficult tasks (Luthans et al., 2007: 3). On the other hand, one of the valuable features of psychological capital is that all of the components of hope, optimism, self-efficacy, and resilience are measurable, improvable, and acquirable through training. Accordingly, it is important to recognize the subject of the psychological capital by both institutions and employees at personal level, and comprehend this matter better and manage it effectively. In this respect, organizations should think about how they can increase psychological capital levels of employees, and they also should look for ways to do this. The concept of the psychological capital has significant outcomes for both employees and organizations (Yeşil et al., 2016: 27, 38, 39). Institutions make efforts to improve the psychological capitals indicating the developmental positive psychological conditions of the employees, and customize them specifically for themselves for providing the desired outcomes (Ocak et al., 2016: 113). Guner and Bozkurt (2017: 85) conducted a research to indicate the causes of happiness and unhappiness of individuals who work in the banking sector, and they concluded that the most important causes of happiness in those who are happy at work are identified as workplace friendship, work itself, manager’s contact, positive working conditions, prize and appreciation, customer relationships and achieving the goals. Managers, who aim to get the highest level of efficiency from their employees by providing a positive organizational climate in their organizations, should determine the strengths and weaknesses and the positive and negative behavioral variables of their employees and invest in psychological capitals by understanding their performance at their work (Keleş, 2011: 349). And, in their study, Bas et al., (2017: 20) suggested that job satisfaction of nurses is possible not by job rotation or wage increase but by strengthening friendship and co-operation in working environment.

Reviewing some studies on positive psychological capitals has demonstrated that people with high level of psychological capitals have a higher levels of job-satisfaction (Akçay, 2012: 123; Erkuş and Fındıklı, 2013: 302), innovative behaviors, information sharing, and performance levels (Yeşil et al., 2016: 38, 39). In addition, the result of a study conducted with a sample group including academicians, doctors, nurses, police officers and bankers revealed that as the psychological capital levels of individuals increased, their performance increased (Akdoğan and Polatçı., 2013: 289). Some studies found a positive correlation between psychological capitals and work performance (Avey et al., 2011: 127; Erkuş and Fındıklı, 2013: 302; Korkmazer et al., 2016: 271; Luthans et al., 2005: 249; Polatçı, 2014: 115). Moreover, in a study conducted with healthcare professionals, it was revealed that positive psychological capitals had a positive correlation with organizational trust and organizational citizenship behaviors (Yıldız, 2015: vi). In this respect, measuring the psychological capitals of the



employees allows achieving a power that increases both personal and organizational performance and efficiency, and can contribute to the decisions to be taken in different administrative situations (Çetin and Basım, 2012: 122). Therefore, the concepts of hope, optimism, self-efficacy, and resilience have different meanings for nurses, who are an indispensable member of health services and sometimes experience burnout (Kavlu and Pınar, 2009: 1543). Like all occupational groups, these concepts are significant factors in providing job satisfaction, organizational climate, and organizational loyalty for nursing group. Even though, there are many international studies investigating the positive psychological capitals, the number of studies in Turkey is limited. The studies conducted in Turkey have been concerned about business administration and management fields. In the literature review, the number of the related studies on health and nursing fields offering 7/24 service is scarce. Considering the great significance and value of employees, it is evidently important to conduct studies on positive psychological capitals in order to achieve the organizational goals today. In this respect, this study was conducted to evaluate the psychological capital levels of nurses in a university hospital.

METHODS

Purpose and type of the study

This descriptive study was conducted to evaluate the psychological capital levels of the nurses in a university hospital.

Place and time of the study

The study was conducted in a university hospital located in Trabzon between 17 February and 01 April 2016 after taking the necessary oral and written permissions.

Population and sample of the study

While the population of the study consisted of a total 456 nurses working in a university hospital in Trabzon, the sample consisted of 192 (42.1%) nurses who voluntarily participated in the study. No sample selection was made in the study, and the whole population was tried to be reached.

Data Collection tools

The data were collected by using the information form for the socio-demographic characteristics of nurses, and ‘Psychological Capital Questionnaire’ for their psychological capital levels.

The information form was prepared by the researchers and included 12 questions related to socio-demographic characteristics of the nurses such as gender, marital status, age, educational level, clinic they work for, professional experience, duration of work in the hospital, duration of work in the service, satisfaction with the nursing profession and working in the hospital, and the status of receiving the related training.

Psychological Capital Questionnaire (PCQ) was developed by Luthans et al., in 2007 to determine the psychological capital levels of employees (Luthans et al., 2007: 207). Its Turkish adaptation was conducted by Çetin and Basım in 2012. The questionnaire had a total of 24 items and 4 subscales; ‘optimism’, ‘psychological resilience’, ‘hope’, and ‘self-efficacy’. The ‘optimism’ subscale was measured with items 1, 9, 11, 14, 18, and 19, the ‘psychological resilience’ subscale with items 5, 7, 8, 10, 13, and 22, the ‘hope’ subscale with items 2, 6, 12, 17, 20, and 24, and the ‘self-efficacy’ subscale with the items 3, 4, 15, 16, 21, and 23.



Additionally, the items 1, 11, and 8 were reversely scored. This 6-point Likert-type questionnaire was rated as 1= Never, 2= Almost never, 3= Sometimes, 4= Often, 5= Mostly, and 6=Always. High scores pointed out high optimism, psychological resilience, hope and self-efficacy per each subscale. In the study by Çetin and Basım, the Cronbach's Alpha coefficient of the questionnaire was found to be 0.91 (Çetin and Basım, 2012: 129); whereas, in this study, the Cronbach's Alpha coefficient of the questionnaire was 0.86.

Data Collection

First, institutional permission was obtained in the data collection process. Then, the consent of the nurses, who voluntary participated in the study, were received, and the information form and Psychological Capital Questionnaire were collected by hand by the researchers through face-to-face interviews with the nurses.

Statistical Analysis

The results of the study were analyzed using SPSS 18.0 (Statistical Package for the Social Sciences Inc.; Chicago, IL, ABD) program. While the demographic characteristics of the nurses were analyzed by using frequency, percentage, and average tests, their demographic characteristics and scale scores were compared through ANOVA, t test, Mann Whitney U test, and Kruskal Wallis test.

Ethical Considerations

In order to conduct the study, written permission was obtained from Health Application and Research Center Farabi Hospital of KTU – Karadeniz Technical University – on 19.12.2016 and also, the permission for the use of the Psychological Capital Questionnaire was received from the authors of the questionnaire via email. In addition, the consent of the nurses, who participated in the study, was received.

Limitations of the Study

This study was only limited with the views of the nurses working in a university hospital. Conducting the study in public and private hospitals with a larger sample group may lead to different and sounder interpretations.

RESULTS

It was found that 50% of the nurses were 30 years old and younger, 90.6% were female, 54.7% were married, 68.8% had a bachelor's/master's degree, and 28.6% worked in surgical units. The professional experience of 66.7%, and the institutional experience of 73.4% were less than 10 years. In addition, 59.9% of the nurses had a service experience less than 5 years. While 72.4% of the nurses were satisfied with working as a nurse, only 57.3% were satisfied with working in the institution. Additionally, 63% did not participate in any training for motivating/strengthening themselves and being optimistic (Table 1).

Table 1. The Results Related to the Demographic Characteristics of the Nurses (n=192)

Demographic characteristics of the nurses	N	%
Gender		
Female	174	90.6
Male	18	9.4
Marital status		
Married	105	54.7

Single	87	45.3
Age		
30 years old and younger	96	50.0
30 years old and older	96	50.0
Educational level		
Health vocational high school	36	18.7
Associate degree	24	12.5
Bachelor's/master's degree	132	68.8
Clinic they work for		
Surgical units	55	28.5
Internal medicine units	47	24.5
Operating theatre	17	8.9
Specific unit (emergency/ burn / chemotherapy)	24	12.5
Intensive care	27	14.1
Pediatric service / gynecology service	22	11.5
Professional experience		
Less than 10 years	128	66.7
11 years and more	64	33.3
Duration of working in the hospital		
Less than 10 years	141	73.4
11 years and more	51	26.6
Duration of working in the service		
Less than 5 years	115	59.9
6 years and more	77	40.1
Satisfaction with the nursing profession		
Satisfied	139	72.4
Not satisfied	53	27.6
Satisfaction with working in the hospital		
Satisfied	110	57.3
Not satisfied	82	42.7
Status of receiving the related training		
Yes	71	37.0
No	121	63.0



According to the questionnaire, the nurses received a mean score of 4.24 ± 0.55 from the overall psychological capital questionnaire. On the other hand, they obtained a mean score of 4.03 ± 0.61 in the subscale of optimism; 4.32 ± 0.64 in the subscale of psychological resilience; 4.26 ± 0.64 in the subscale of hope; and 4.34 ± 0.78 in the subscale of self-efficacy. By examining the subscales of psychological capital questionnaire, it was determined that while the subscale of self-efficacy was the highest, the optimism subscale was the lowest, and the total psychological capital levels were high (Table 2).

Table 2. The distribution of mean scores of the nurses for overall psychological capital questionnaire and its subscales (n=192)

Subscale	n	Min.	Max.	Mean \pm Sd
Optimism	192	1.67	5.33	4.03 ± 0.61
Psychological Resilience	192	2.33	5.83	4.32 ± 0.64
Hope	192	2.67	5.83	4.26 ± 0.64
Self-Efficacy	192	2.67	6.00	4.34 ± 0.78
Total	192	2.96	5.67	4.24 ± 0.55

In addition, the score of nurses, who were female (MWU=1089.0; $p=0.033$) and married (MWU=3776.5; $p=0.038$), for the hope subscale was high, and the results were statistically significant. Besides, the psychological resilience levels (MWU=1108.0; $p=0.041$) and the total scale score (MWU=1078.5; $p=0.030$) of the female nurses were high, and these results were also statistically significant. The self-efficacy level of the nurses having a professional experience of 11 years and more (MWU=3193.5; $p=0.130$) and having a service experience of 6 years and more (MWU=3603.5; $p=0.029$) was higher than those having professional experience of 10 years and below and having a service experience of 5 years and below, which was statistically significant. Moreover, the nurses satisfied with working as a nurse had higher scores in the overall scale ($t=4.011$; $p=0.000$) and the subscales of optimism (MWU=2318.0; $p=0.000$), psychological resilience (MWU=2401.5; $p=0.000$), and hope (MWU=2645.5; $p=0.002$) compared to the nurses who were not satisfied with working as a nurse, which was statistically significant. Similarly, the nurses satisfied with working in the institution had higher scores in the overall scale ($t=4.506$; $p=0.000$) and all the subscales of optimism (MWU=2848.5; $p=0.000$), psychological resilience (MWU=3206.5; $p=0.001$), hope (MWU=3110.0; $p=0.000$) and self-efficacy (MWU=3418.0; $p=0.004$) compared to the nurses who were not satisfied with working in the institution, and that was statistically significant. Additionally, a statistically significant difference was found between the units of the nurses and their self-efficacy scores ($F=3.802$; $p=0.003$). Based on this difference, the score of the nurses, working in the operating theatre, for self-efficacy subscale was higher than the scores of the nurses working in the surgical and specific units (emergency burn, etc.) (Table 3).

No statistically significant difference was found between total and subscale mean scores of the psychological capital questionnaire and age, having bachelor's/master's degree, and the status of participating in any training on motivating/strengthening themselves and being optimistic ($p>0.05$).

Table 3. Comparing total and subscale scores of the nurses for the Psychological Capital Questionnaire according to their demographic characteristics (n= 192)

Demographic characteristics	Psychological Capital Questionnaire And Its Subscales																			
	n	Optimism			Psychological resilience				Hope				Self-efficacy				Total			
Gender		Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	
Female	174	95.11	16549	4.000	93.87	16333	4.333	93.76	16314	4.166	94.40	16425	4.333	93.70	16303	4.187				
Male	18	109.94	1979	4.250	121.94	2195	4.666	123.00	2214	4.416	116.81	2102	4.583	123.58	2224	4.541				
MWU values= p values =		MWU=1324.000 p=0.279			MWU=1108.000 p=0.041				MWU=1089.000 p=0.033				MWU=1200.500 p=0.103				MWU=1078.500 p=0.030			
Marital Status		Mean Rank	Sum of Rank	Med.	Mean	SD.		Mean Rank	Sum of Rank	Med.	Mean	SD.		Mean	SD.		Mean	SD.		
Married	105	91.742	9633	4.000	4.260	0.671	-	88.97	9341.5	4.166	4.336	0.802	-	4.194	0.556	-				

Single	87	102.241	8895	4.166	4.404	0.613	-	105.59	9186.5	4.333	4.360	0.761	-	4.305	0.549	--
MWU/ t test values =		MWU=4068.000			t=-1.537			MWU=3776.500			t=-0.208			t=-1.374		
p values=		p=0.191			p=0.126			p=0.038			p=0.835			p=0.171		
Professional experience		Mean	SD.		Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean	SD.	
Less than 10 years	128	4.069	0.566	-	94.10	12044.50	4.333	95.94	12280.50	4.166	89.45	11449.50	4.333	4.218	0.528	-
11 years and more	64	3.974	0.694	-	101.30	6483.50	4.333	97.62	6247.50	4.250	110.60	7078.50	4.500	4.298	0.603	-
MWU/ t test values =		t=1.015			MWU=3788.500			MWU=4024.500			MWU=3193.500			t=-0.943		
p values =		p=0.311			p=0.395			p=0.843			p=0.013			p=0.347		
Duration of working in the service		Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean	SD.	
Less than 5 years	115	95.70	11006	4.000	92.58	10647	4.333	96.47	11094.50	4.166	89.33	10273.50	4.166	4.208	0.542	-
6 years and more	77	97.69	7522	4.000	102.35	7881	4.333	96.54	7433.50	4.166	107.20	8254.50	4.500	4.299	0.571	-
MWU/ t test values =		MWU=4336.000			MWU=3977.000			MWU=4424.500			MWU=3603.500			t=-1.125		
p values =		p=0.808			p=0.231			p=0.994			p=0.029			p=0.262		
Satisfaction with the nursing profession		Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean	SD.	
Satisfied	139	106.32	14779	4.166	105.72	14695.5	4.500	103.97	14451.5	4.333	100.55	13977	4.333	4.340	0.540	-
Not satisfied	53	70.74	3749	3.666	72.31	3832.5	4.000	76.92	4076.5	4.000	85.87	4551	4.333	3.994	0.514	-
MWU/ t test values =		MWU=2318.000			MWU=2401.500			MWU=2645.500			MWU=3120.000			t=4.011		
p values =		p=0.000			p=0.000			p=0.002			p=0.101			p=0.000		
Satisfaction with working in the hospital		Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean Rank	Sum of Rank	Med.	Mean	SD.	
Satisfied	110	111.60	12276	4.166	108.35	11918.5	4.500	109.23	12015	4.333	106.43	11707	4.500	4.393	0.503	-
Not satisfied	82	76.24	6251	3.666	80.60	6609.5	4.166	79.43	6513	4.000	83.18	6821	4.166	4.045	0.560	-
MWU/ t test values =		MWU=2848.500			MWU=3206.500			MWU=3110.000			MWU=3418.000			t=4.506		
p values =		p=0.000			p=0.001			p=0.000			p=0.004			p=0.000		
Clinic they work for		Mean	SD.		Mean Rank	Med.		Mean Rank	Med.		Mean	SD.		Mean	SD.	
Surgical Units ¹	55	4.036	0.538	-	93.38	4.333	-	90.63	4.166	-	4.139	0.683	-	4.173	0.463	-



Internal Medicine Units ²	47	3.950	0.753	-	98.28	4.333	-	104.89	4.333	-	4.400	0.766	-	4.261	0.562	-
Operating Theatre ³	17	4.058	0.709	-	119.79	4.333	-	128.21	4.333	-	4.862	0.780	-	4.551	0.552	-
Specific Unit (Emergency / Burn / Chemotherapy) ⁴	24	4.090	0.591	-	84.65	4.333	-	79.79	4.166	-	4.027	0.725	-	4.069	0.626	-
Intensive Care ⁵	27	4.111	0.539	-	94.61	4.333	-	92.26	4.166	-	4.463	0.673	-	4.284	0.546	-
Pediatric service / gynecology service	22	4.060	0.507	-	97.75	4.416	-	92.18	4.083	-	4.560	0.980	-	4.293	0.623	-
F/ X ² _{KW} values =		F= 0.310			X ² _{KW} = 4.374			X ² _{KW} = 9.756			F= 3.802			F= 1.809		
p values =		p= 0.907			p= 0.497			p= 0.082			p= 0.003			p= 0.113		
Tukey (p<0.05)											3> 1,4					

DISCUSSION

It is evident that while the most significant power in any organization or institution is the human, the most valuable power within the human is their psychological condition. If an individual has a high level of psychological capital, they may not only have a higher performance, but also manage the interaction between his/her potential business and family life in favor of himself/herself, and also their performance may also get high. In other words, high psychological capital of the persons bring them happiness, success and peace in their business or family life (Akdoğan and Polatçı, 2013: 289). In this respect, since healthcare professionals work in a labor-intensive sector, increasing their performance is significant for enhancing the quality of the service provided, satisfying the patients, and succeeding in organizational goals (Korkmazer et al., 2016: 271). Accordingly, this study conducted to determine the psychological capital levels of the nurses, revealed that high levels of psychological capitals were observed among nurses, majority of whom were female, half of whom were 30 years old and younger, and more than half of whom were married, had bachelor's/master's degree, and had professional and institutional experience of less than 10 years. Similar to the results of the present study, some studies conducted with nurses revealed high levels of psychological capital in them (Berberoğlu, 2013: 101; Shelton and Renard, 2015: 6). The psychological capital levels of the participants were also found to be high in the study conducted by Yıldız and Örucü (2016: 279) in healthcare professionals. In addition, the results of three separate studies executed in South Korea indicated average psychological capital levels of nurses (Kim et al., 2015: 10; Ko et al., 2013: 308; Yim et al., 2017: 6).

The concept of the psychological capitals which has created positive consequences in the behaviors of employees and provided advantages for organizations during competition (Çelik et al., 2014: 566) was introduced by Luthans et al., in 2005. This concept was clarified through the sub-dimensions of hope, self-efficacy, psychological resilience and optimism, and has drawn attention to the positive strengths of people (Erkmen and Esen, 2012b: 98). In this respect, the expectations of nurses for a positive future are described as “hope”; their expectations for experiencing nice and good situations in the present and future which are described as “optimism”, their skill for coping with and succeeding in negative conditions



which is described as “psychological resilience”, and their belief of having the capacity to overcome what is expected from them is described as “self-efficacy”. Therefore, it can be said that people having high levels in these subscales believe in their competences for achieving higher goals and are more hopeful in achieving their goals, more optimistic in a realistic sense in getting positive results, and succeeding at coping with their problems (Türesin Tetik and Köse, 2017: 359). Psychological capital subscales were found to be higher in a study conducted abroad with 116 nurses working in the public and private sectors (Shelton and Renard, 2015: 6). In the study, the psychological capital subscale scores of the nurses were the highest in the self-efficacy subscale, and the lowest in the optimism subscale. Similar to the results of the present study, a study conducted in Turkey revealed that the highest mean score of the nurses was observed in the subscale of self-efficacy; whereas the lowest mean score was observed in the subscale of optimism (Kaya, 2012: 163). The highest score was found in the subscale of self-efficacy in another study conducted with healthcare professionals (Korkmazer et al., 2016: 276). In another study conducted on 472 participants from five occupational groups including police officers, military personnel, bank personnel, nurses and physicians, the highest and the lowest scores were observed in the subscales of self-efficacy and optimism. Thus, this made the authors think that nurses working in Turkey or the participants of the other studies had a high self-belief in achieving their goals; however, they did not have a sufficient positive perceptions regarding the present and future conditions of their works. Türesin Tetik and Köse supported this view in their study (2017: 355). Besides, in the same study, it was found that nurses had higher levels of psychological capitals including resilience, hope and optimism than lawyers. In addition, the same study revealed higher levels of resilience and optimism in nurses compared to physicians (Türesin Tetik and Köse, 2017: 356). In short, it can be said that nurses had generally a higher total psychological capital level and they used their hope, resilience and optimism characteristics better. This may be associated with the fact that the majority of the nurses were female. In the present study, the psychological capital levels of female nurses were found to be higher than male nurses. According to these results, it is possible to assert that women have more hope and optimism towards life because with the role of being a woman, they might be required to see life more hopefully and be more resilient for their children and families. In the results of the present study, the psychological resilience levels of the female nurses were high. It was indicated that individuals having a high level of psychological resilience would be more successful in orienting themselves to the change; struggling against the obstacles and problems, and working with high performance. Another study indicated that less emotional burnout was experienced by individuals with high levels of psychological resilience or those with high levels of hope had less emotional burnout, depersonalization and personal accomplishment. It was emphasized that having a good expectation for future and being motivated to find solutions to achieve targets in the organizational sense and using these solutions were significant in decreasing burnout (Çetin et al., 2013: 101, 103). In the present study, hope levels of female and married nurses were higher, which supported the results of that study. Similar to the present study’s results, another study indicated high level of hope in married participants (Tösten and Özgan, 2017: 875). In another study, total psychological capital levels and all the subscale scores of married employees were found to be high (Türesin Tetik and Köse, 2017: 358). In another study, on the other hand, it was found that married employees



had higher levels of self-efficacy and psychological resilience. High psychological levels of the married employees may be associated with the undertaking responsibilities by their families because in the business life, people need to quickly recover from the effects of conditions they are going to be exposed to and sustain themselves in their lives. Time to be spent on any failure might reflect negatively on both themselves and their families (Seçgin, 2013: 109). To sum up, working people need to see life more hopefully since, as pointed out by Erkmén and Esen (2013: 24), employees with high level of hope seek solutions to achieve targets, and even struggle to turn seemingly negative condition into a positive one and see events with all the dimensions. This was verified with another result of the present study. The nurses satisfied with working as a nurse (except for self-efficacy) and working in the institution were generally found to have high levels of psychological capital in the overall scale and in all of its subscales. Consequently, it might be stated that these nurses had more positive perceptions and were seeing life with more hope.

While the concept of hope is associated with expectations in a more broad sense, the concept of self-efficacy is related to beliefs concerning a particular area and the efforts in that area (Erkmén and Esen, 2012a: 57). In the study, the self-efficacy subscale scores of the nurses having more experience years in profession and in service and working in the operating theatre were higher than the others. This may be associated with the fact that with the increasing experience years, nurses had more knowledge and experience and therefore, felt themselves more competent. Similar to the results of the present study, it was found in a study conducted with nurses that those having more than 15 years of experience had higher levels of psychological capital than those who had less experience (Yim et al., 2017: 9). In the study by Yıldız and Örucü (2016: 280), the psychological capital levels of healthcare professionals having less work experience and less duration of working experience in the institution were lower than those who had more working experience and more duration of working experience in the institution. Similarly, in another study it was found that as total working duration of employees increased, their psychological capital levels also increased. In this study, self-efficacy caused a difference among the subscales. As it can be seen, employees working for a long time and having the benefits of experience use their positive emotions more by acknowledging some facts through their experiences compared to the newly hired staff (Erkmén and Esen, 2012a: 68). In studies by Polatçı (2011: 201) and Karatürk (2015: 108), it was revealed that working in the same profession for a long while had a positive effect on the psychological capital levels. Additionally, the study by Karatürk (2015: 115) indicated that with increasing working duration, the institution was adopted and a sense of belonging to that institution was developed, and thus resulted in this situation. Another study revealed that the self-efficacy levels of the employees who worked in the same institution for a long time were higher as well (Seçgin, 2013: 147). Moreover, individuals with high self-efficacy were found to experience less decrease in the sense of personal success and depersonalization (Çetin et al., 2013: 101). Another study showed that those having a working experience of 6 years and more had higher levels of total psychological capital, self-efficacy, hope, resilience and optimism than those having a total experience of 5 years and less (Türesin Tetik and Köse, 2017: 359).

In addition to these studies, in the present study, it was found that the age and educational level of the nurses had no effect on total and subscale scores of psychological capital



questionnaire. In the study by Kaya (2012: 187, 188), similarly, it was found that the age and educational level of nurses did not affect their psychological capital levels.

CONCLUSION

It was revealed that the organizational psychological capital levels of the nurses were high together with all of its subscales; the total psychological capital levels of especially female nurses who were satisfied with working in the institution and as a nurse, were high and they had more psychological resilience and high levels of hope. Moreover, it was shown that married nurses had higher levels of hope; and those having more years of working in the service and having more experience and those working in the operating theatre had more self-confidence about their self-efficacy. In line with these results, it can be beneficial to provide trainings and organize seminars for personal development, sensitiveness, empathy and emotional management in order to increase the psychological capital levels of nurses who are particularly male, single, not satisfied with working in the institution and as a nurse, having less experience in the profession and in service, due to the improvable nature of psychological capital. The inclusion of selective courses into the undergraduate degree curriculum for these topics can be suggested especially for students who are male and come without liking nursing occupation. It can be useful for the managers to take precautions for increasing job satisfaction and motivation for the employees not satisfied with working in the institution and as a nurse. Psychological guidance and counselling services can be established within the hospital. Thus, it has been thought that the professional quality and efficiency, as well as the satisfaction of patients and nurses and also the psychological welfare levels of the nurses would increase.



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