Exploring the Relationship of Psycap and Turnover Intentions: A Study among Health Professionals

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The paramedical and nursing staffs in hospitals work under stressful conditions, resulting in higher turnover intentions. The present study aims to understand the structure of psychological capital in the context of healthcare professionals and also analyze the impact of PsyCap on turnover intentions. The structured questionnaire was administered to 222 paramedical and nursing staff working in public hospital in north India. The findings of this research reflect that psychological capital has a significant negative relationship with turnover intentions. Further our study also confirms the four factor structure of psychological capital having dimensions as self efficacy, hope, optimism and resilience.

Keywords: *Psychological Capital, Turnover Intentions, Employee attitude, Public Hospitals and Health Professionals.*

INTRODUCTION

In India, the healthcare sector is one of the sunshine sectors which is expected to grow to USD 280 billion in 2020 employing 7.4 million people according to FICCI – KPMG Report. Health workforce in India is a combination of both registered, formal health care providers and informal medical practitioners. There are formidable challenges that the Indian healthcare sector will face in the near future in order to maintain the sustainable growth. One such challenge is to attract and retain the skilled work force. According to industry estimates the turnover rate in the health sector is 10-12 percent, with 28-35 percent among the nurses and paramedic staff. Further in India, the paramedical staff are underpaid and overworked, and get less chance to upgrade their clinical skills.

The widespread nursing shortage and nurses' high turnover rate has become a global issue (Liu et al., 2012;Kaur, Mohindru& Pankaj, 2013; Delobelle et al., 2011; Martin, 2007). Turnover in the health sector is a global concern (Alhamwan& Mat, 2015) as it is costly and detrimental to organizational performance and quality of patient care (Steinmetz, Vries&Tijdens, 2014).

Intention to leave among paramedic & nursing staff arises with job dissatisfaction, work overload, work timings, feeling of insecurity, poor working conditions, and socio-demographic factors (Jadoo et

al., 2015) as well as high level of stress(Shantz, 2002) which can negatively affect their performance and quality of work life. Employees are unable to cope up because of various psychological pressures especially because of their job profiles wherein they have to deal with patients. Psychological Capital is observed to directly influence the strength of the emotional ties of the employee to the organization and in turn divulge positive outcomes (Avey et al., 2011; Thompson, Lemmon & Walter, 2015). This study aims to validate the four factor structure of psychological capital in the context of health sector in India and also examine its relationship with turnover intentions.

LITERATURE REVIEW

Psychological Capital

With an objective to enhance the employee performance through positive interventions, Luthans (2002) introduced the concept of positive organizational behaviour (POB) based on the positivity movement in the area of psychology (Seligman, 1998).POB proposes that state-like individual level positive psychological capacities like creativity, flow, emotional intelligence, organizational resilience, psychological capital can be measured, developed and managed with an objective to improve the attitude, behaviour and work related outcomes (Luthans, Youssef &Avolio, 2007, 2015). Psychological Capital (PsyCap) is one such state-like higher order construct which meets the POB criterion (Luthans, 2002) and is complimentary to measures of human (or intellectual), social and traditional physical capital. PsyCap is a positive capacity of an individual that exhibits state like characteristics and has undergone extensive theory building and research (Luthans et al., 2006; Thompson, Lemmon & Walter, 2015). PsyCap offers organizational behavior and human resource management researchers and practitioners a new positive perspective to study employee's related attitudes and behaviours (Luthans et al., 2007)

According to Luthans et al. (2007) PsyCap is defined as "an individual's positive psychological state of development, characterized by hope, efficacy, resilience and optimism" which is popularly known as HERO. PsyCap is a higher order construct which integrates these four resources synergistically i.e. PsyCap is greater than sum of its parts (Luthans, Youssef &Avolio, 2007).The synergy of psychological capital —through its independent yet interacting components of hope, optimism, efficacy/confidence, and resilience seems to offer great promise. (Combs, Luthans& Griffith, 2008)

Based on Snyder (2000) hope theory, hope is defined as positive motivational state that is based on three primary components i.e. goals, pathways (way power) and agency (will power) goal-directed thinking (Snyder, 1994). Self Efficacy in reference to POB is defined as "an individual's convictions (or confidence) about his or her abilities to mobilize the motivation, cognitive resources, and courses of action needed to successfully execute a specific task within a given context" (Stajkovic&Luthans, 1998b, p. 66).According to Avey, Wernsing and Luthans (2008),optimism refers to individual's conviction to attain desired goal and avoid undesirable ones. Further according to them resilience can be defined as "an individual's ability to bounce back or rebound from hardships, uncertainty or ambiguity, change or even positive events."

Consequences of PsyCap

PsyCap construct can be developed, for desired attitudes, behaviors, and performance, (Sweetman, Luthans, Avey&Luthans, 2011) and it has benefits to organization as it helps in building a positive and supportive organizational climate (Luthans, Norman, Avolio&Avey, 2008). PsyCap improves job satisfaction (Abbas et al., 2016; Fu, Sun, Wang, Yang and Wang, 2013; Jung and Yoon, 2015), reduces intention to quit (Avey, Luthans and Jensen, 2009; Sun, Zhao, Yang and Fan, 2012; Luthans and Jensen, 2005), improves job performance (Ganotice, Yeung, Beguina and Villarosa, 2016), predicts work

engagement (Boamah and Laschinger, 2015; Karatepe and Karadas, 2015) and affects organizational citizenship behavior (Karatepe and Karadas, 2015; Beal, Stavros and Cole, 2013; Shukla and Singh, 2013)

Studies in area of health care provides evidence that psychological capital acts as a positive resource for fighting against nurses' burnout (Ding et al., 2015; Wang, Chang, Fu and Wang, 2012), protects new nurses from early career negative work experiences (Laschinger and Fida, 2014) and for combating depressive symptoms in Chinese physicians (Liu, Chang, Fu, Wang and Wang, 2012).

Influence of PsyCap on Turnover Intention

A turnover intention or intention to leave the job is considered as a deliberate action of an individual to leave the job or organization within the near future (Tett and Meyer 1993; Appollis, 2010; Mobley, Horner and Hollingsworth, 1978; Bhat, 2014). Turnover intention is a multistage process consisting of psychological, cognitive and behavioral components and there can be several reasons for intention to quit such as job dissatisfaction, lack of commitment to the organization and feelings of stress (Chen et al., 2010; Applebaum et al., 2010;Arshadi&Damiri, 2013) and anxiety (Appollis, 2010). Other factors identified in literature (Steinmetz et al., 2014) includes factors like poor quality of work life, organizational justice, least training programs for promotion, ill-defined career paths, poor/bad working conditions, underpaid, including seasonally challenging nature of the job (Sirgy et al., 2001; Battu&Chakravarthy, 2014; Koonmee et al., 2010).Turnover intention is an important predictor of voluntary turnover (Griffeth, Hom&Gaertner, 2000) because it is the final step in the cognitive process when employees withdraw from their positions. Turnover intentions capture both individual perception and consideration of alternatives. The turnover intention (intent to quit the organization), being studied in the present study is the conscious and deliberate decision to leave the organization.

Avey, Hughes, Norman and Luthans (2008) observed that employees high on PsyCap feel more empowered and therefore have less intention to quit. Earlier Avey, Patera and West (2006) observed that employees high on PsyCap are less likely to be absent from work and exhibit lower turnover intentions.Similarly, Avey, Reichard, Luthans and Mhatre (2011) in their meta-analytic study observed that there is a negative relationship between PsyCap and turnover intentions.A number of studies including the work of Shahnawaz& Jafri (2009); Singh & Garg (2014); Sihag&Sarikwa (2014) and Gupta & Singh (2014) have also supported the negative relationship between PsyCap and turnover intentions. Based on this we hypothesize

H1: There is significant negative relationship between psychological capital and turnover intentions of the health professionals.

RESEARCH METHODOLOGY

Sample and Data Collection

Data was collected from paramedical & nursing staff from the state funded public hospitals located in two major cities of North India i.e. Jammu and Shimla. Both these hospitals are also medical colleges in their respective region and cater to the wider audiences in the region and therefore the staff is subjected to excessive workload throughout the year. The scope of this study was limited to the paramedic and nursing staff working in these hospitals which included assistant matron, sister supervisors, theatre nurses, senior staff nurses, junior staff nurses, sister tutors, lab technicians, EEG / ECG Technicians, Technical Operators, X-Ray Technicians and other categories of the paramedical employees. The total paramedic staff located in Shimla was 633 whereas 865 people were employed in the hospital located at Jammu. At 95% level of confidence and 5% margin of error,the statistical sample size was estimated. Due care was taken to ensure that a proportionate representation of these designated staff is included

as part of the overall sample. The briefing about the nature of the study and the items was given to all the respondents. Also the personal contact number was shared with all the respondents to seek clarification, if any, related to the questionnaire. The visit was again made to all the respondents after one week of distribution of the questionnaire to collect the completely filled questionnaire. A total of 325 questionnaire were distributed out of which 230 questionnaire were returned. The average response rate of filling up of the questionnaire across both the locations was 68%. The reason for this level of response was that some of the junior level staff either refused to fill up the questionnaire or found it complicated according to their level of qualification. However, this size was enough to get a representative sample from the population. The data from both these locations were combined considering that there were no differences and there were comparable conditions.

The profile of the respondents is presented in Table 1 below. The table indicates that majority of respondents as part of the study was females – 94.4% in case of Shimla and 86.6% in case of Jammu. This was primarily because majority of the nursing staff in both these hospitals were females and the ratio of the respondent is in line with the composition of the paramedic / nursing staff in both these hospitals. In terms of the age profile of the respondents' majority of the respondents were in the age group of 21-30 years – 83.2% in case of Shimla and 87.62% in case of Jammu. This was due to the fact that around 75% of the respondents who took part in the research were on contractual basis. This choice was logical keeping in view that fact that intention to leave the job will be more predominant in case of contractual employees as compared to the employees who are on permanent basis. In line with this, approximately 80% of the respondents had the work experience of less than 5 years.

Measures

The PCQ scale developed by Luthans, Avolio, Avey and Norman (2007) was used to measure PsyCap. The reliability and validity has been demonstrated in various previous research(Luthans et al., 2007). The PCQ measures respondent's current levels of self-efficacy, hope, optimism, and resiliency, each component is measured using its own 6-item subscale (Luthans et al., 2007). All the items of the scale are measured on a 6 point Likert scale where 1 indicates "strongly disagree" and 6 indicates "strongly agree". All questions ask the respondents how they feel "right now". Previous studies in the context of nurses have reported cronbach alpha values for the total scale in the range of 0.80 – 0.90 (Laschinger et al, 2012; Sun et al., 2012) with the subscales value ranging from 0.50 to 0.89. The PCQ scale has been used by Aveyet al. (2008), Luthanset al. (2008), Singh and Mansi (2009), Shahnawaz and Jafri (2009), Mortazavi et al. (2012), Singh and Garg (2014), Ali and Ali (2014), Chaleoykitti (2014) and Liu et al. (2015).

The turnover intention was measured using a three-item measure which was based on Mobley, Horner& Hollingsworth theory (1978). The items were: (1) I think a lot about leaving the organization, (2) I am actively searching for an alternative to the organization, and (3) As soon as it is possible, I will leave the organization. Response ranged by 5-point Likert Scaling from 1= "Strongly disagree" to 5= "Strongly agree".Hussami, Darawad and Hayajneh (2013) used this scale in health sector and got significant results. Recently this scale has been used by Yin- Fah et al. (2010), Bobbio and Manganelli (2015) to measure turnover intention.

4.0 Results

The demographic profile of the respondents is shown in Table 1. The data was screened for outliers and the assumption of normality. We used the boxplot to identify the outliers. The outliers were identified for the composite score of self efficacy, optimism, hope and resilience. Hair et al. (2013) suggested that in dealing with the outliers the researcher could retain or delete them if necessary.

Table 1: Demographic Profile of Respondents				
	Shimla (N=125)		Jammu (N=97)	
	Frequency	Percentage	Frequency	Percentage
Gender				
Male	7	5.6 %	13	13.4%
Female	118	94.4%	84	86.6%
Age Group				
21-30	104	83.2 %	85	87.62%
31-40	13	10.4 %	08	8.24%
Above 41	08	6.4 %	04	4.12%
Marital Status				
Married	22	17.6 %	25	25.77 %
Unmarried	103	82.4 %	72	74.22%
Type of Job				
Permanent	29	23.2 %	28	28.86 %
Contractual	96	76.8 %	69	71.13 %
Tenure (in Years)				
Less than 5	100	80 %	84	86.59 %
5-10	11	8.8 %	6	6.9 %
Above 10	14	11.2 %	7	7.21%

Table 2 : Testing the Assumption of Normality for PsyCap and Turnover Intentions			
Location	**Shapiro –Wilk**		
	Statistic	**df**	**Sig.**
Shimla	.979	121	.06
Confidence Jammu	.982	93	.23
Shimla	.979	121	.06
Optimism Jammu	.982	93	.23
Shimla	.978	121	.05
Hope* Jammu	.980	93	.16
Shimla	.983	121	.15
Resilience Jammu	.982	93	.25
Shimla	.980	124	.06
Turnover Intentions Jammu	.959	95	.54

In our study we used the Shapiro Wilk test to assess the univariate normality of each sub scale variable under consideration (Hair et al., 2006). The study by Razali and Wah (2011) suggest that Shapiro Wilk test is more powerful normality tests as compared to others. Only the hope sub scale was transformed using the square of the original value to get the normally distributed data. The remaining three variables i.e. self-efficacy, optimism and resilience did not required any transformation and the value of the Shapiro Wilk test indicated that the data is normal.

Confirmatory Factor Analysis

To determine the stability and reliability of the four factor structure of PsyCap, confirmatory factor analysis using Structural Equation Modeling (SEM) was applied. We began with the a priori framework of four factor structure of PsyCap. The four dimensions of PsyCap were allowed to co-vary with each other and the values were estimated using AMOS (See figure below). The results of CFA (using AMOS) are presented in Table 3

Table 3: Standardized Factor Loading, Variance Extracted and Reliability Estimates

		Items	Loading	CR	AVE
1.	C1	I feel confident analyzing a long-term problem to find a solution.	0.812	0.711	0.631
2.	C2	I feel confident in representing my work area in meetings with management.	0.861		
3.	C3	I feel confident contributing to discussions about the company's strategy.	0.793		
4.	C4	I feel confident helping to set targets/goals in my work area.	0.811		
5.	C5	I feel confident contacting people outside the company (e.g., suppliers, Patients) to discuss problems.	0.783		
6.	C6	I feel confident presenting information to a group of colleagues.	0.866		
7.	O1	When things are uncertain for me at work, I usually expect the best.	0.701	0.794	0.677
8.	O2	If something can go wrong for me work-wise, it will.	0.784		
9.	O3	I always look on the bright side of things regarding my job.	0.805		
10.	O4	I'm optimistic about what will happen to me in the future as it pertains to work.	0.859		
11.	O5	In this job, things never work out the way I want them to.	0.766		
12.	O6	I approach this job as if "every cloud has a silver lining."	0.821		
13.	H1	If I should find myself in a jam at work, I could think of many ways to get out of it.	0.765	0.763	0.701
14.	H2	At the present time, I am energetically pursuing my work goals.	0.881		
15.	H3	There are lots of ways around any problem.	0.821		
16.	H4	Right now I see myself as being pretty successful at work.	0.790		
17.	H5	I can think of many ways to reach my current work goals.	0.707		
18.	H6	At this time, I am meeting the work goals that I have set for myself.	0.816		
19.	R1	When I have a setback at work, I have trouble recovering from it, moving on.	0.721	0.741	0.687
20.	R2	I usually manage difficulties one way or another at work.	0.865		
21.	R3	I can be "on my own," so to speak, at work if I have to.	0.864		
22.	R4	I usually take stressful things at work in stride.	0.762		
23.	R5	I can get through difficult times at work because I've experienced difficulty before.	0.893		
24.	R6	I feel I can handle many things at a time at this job.	0.746		
25.	TI1	I think a lot about leaving the organization.	0.894	0.812	0.705
26.	TI2	I will probably look for a new job in the next year.	0.881		
27.	TI3	As soon as possible, I will leave the organization.	0.801		

The Cronbach Alpha values were Self Efficacy (0.706), Optimism (0.777), Hope (0.694), Resilience (0.790) and Turnover intentions (0.667). These values are in consistent with the values reported in the previous studies for the subscales and as recommended by Nunnally (1978). According to Hair et al. (2006), the convergent validity of a construct can be assessed based on recommended cut off value of 0.7 for factor loadings, 0.7 for construct reliability and 0.5 for average variance extracted. As can be seen above, the values for all the three measures exceed the recommended value and hence we can conclude about the reliability and the convergent validity of the construct.

The correlation between the factor scores for each construct is shown in Table 4. The results support the prediction that PsyCap is negatively related to turnover intention. Also the variance – extracted estimates as shown in Table 2 are greater than the corresponding inter construct squared correlation estimates as shown in Table 2 indicating appropriate discriminant validity among the constructs.

The model fit indices for the CFA are presented in Table 5 and the findings indicate that the measurement model presents a reasonably good model fit. We have presented the absolute fit indices (χ2, AGFI), Relative fit indices (NFI) and Non Centrality based indices (RMSEA, CFI)

AGFI = Adjusted goodness of fit statistic; CFI = Comparative Fit Index; NFI = Normed Fit Index; RMSEA = Root Mean Square of Error Approximation.

Structural Model

The confirmatory factor analysis done earlier tests the measurement theory by providing the validity of individual measures based on the overall fit indices, the structural model represents the theory with set of structural equation and establishes the relationship between the constructs. The structural model helps to assess the nature and magnitude of the relationship between the constructs. To examine the relationship between PsyCap and turnover intentions, a recursive structural model was established and tested using AMOS as shown in the figure below.

Table 4: Construct Correlation Matrix (Standardized)

	Hope	Optimism	Self Efficacy	Resilience	Turnover
Hope	1.00	0.04	0.02	0.05	0.18
Optimism	0.21	1.00	0.05	0.09	0.12
Self Efficacy	0.15	0.23	1.00	0.10	0.15
Resilience	0.23	0.31	0.32	1.00	0.17
Turnover	- 0.42	- 0.35	- 0.39	- 0.41	1.00

Table 5: Model Fit Indices of the Measurement Model

Fit Indices	Actual Value	Recommended Value
χ2 Statistics	0.08	p<=0.05
AGFI	0.92	>=0.90
NFI	0.97	>=0.95
CFI	0.96	>0.95
RMSEA	0.04	<=0.06

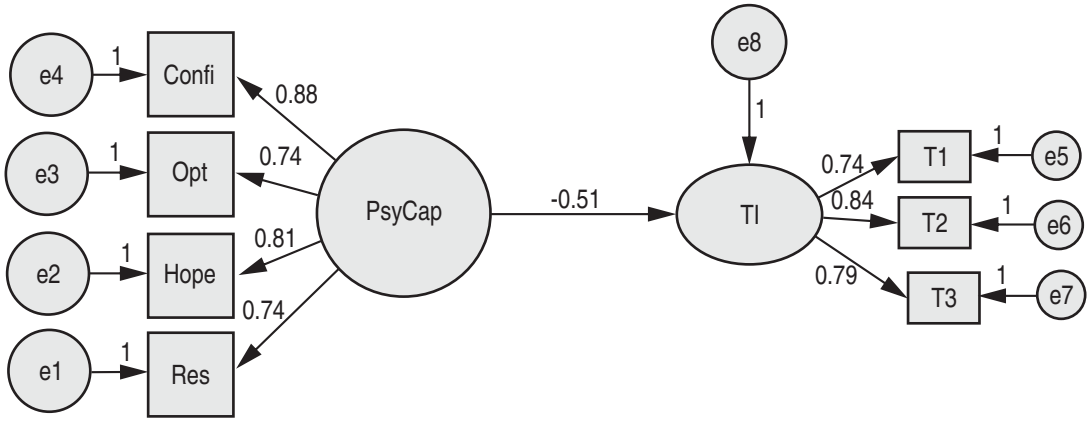

Figure 1

PsyCap was considered as the second order construct with four sub dimensions i.e. Hope, Optimism, Self Efficacy and Resilience. The scores for all the items under the sub dimension were added to get the summated score. These summated score were then used to evaluate the relationship between PsyCap and Turnover intentions. All the scores at an individual level were considered. PsyCap was considered as an exogenous construct (independent variable) whereas turnover intention was considered as endogenous construct (dependent variable).

Before evaluating the regression coefficients, the model fit indices of the structural model are presented in Table 6 which is evaluated using AMOS. The most popular goodness of fit indices that is used to assess the absolute model fit is the chi square statistics. However, Hu andBentler (1999) suggest that relative $\chi 2$ Statistics is less sensitive to the sample size and the value below 5 indicates reasonable fit (Marsh &Hocevar, 1985). Further the value of AGFI (0.96), NFI (0.98), CFI (0.97) and RMSEA (0.34) are all as per the recommended value.

Using the maximum likelihood estimation procedure the structural model was estimated and the standardized regression estimates are presented in Table 7 below

This study found negative relationship of Psychological capital with turnover intentions ($\beta = -0.51$, $p<0.05$). The impact of the four dimensions of psychological capital were as - confidence ($\beta = 0.88$, $p<0.05$), optimism ($\beta = 0.74$, $p<0.05$), hope ($\beta = 0.81$, $p<0.05$) and resilience ($\beta = 0.74$, $p<0.05$). This suggests that self-efficacy contributes maximum towards psychological capital followed by hope.

Table 6: Model Fit Indices of the Structural Model

Fit Indices	Actual Value	Recommended Value
Relative $\chi 2$ Statistics	3.98	Below 5
AGFI	0.96	>=0.90
NFI	0.98	>=0.95
CFI	0.97	>0.95
RMSEA	0.34	<=0.06

Table 7 : Regression Estimates				
	Estimate	Standard Error	Standardized β	p value
T. Int←PsyCap	- 0.412	0.05	- 0.51	≤ 0.05
Resilience←PsyCap	1.000		0.74	≤ 0.05
Optimism←PsyCap	0.713	0.028	0.74	≤ 0.05
Hope←PsyCap	0.619	0.052	0.81	≤ 0.05
SE←PsyCap	0.803	0.025	0.88	≤ 0.05
TI1←TI	1.000		0.74	≤ 0.05
TI2←TI	0.892	0.160	0.84	≤ 0.05
TI3←TI	0.745	0.745	0.79	≤ 0.05

CONCLUSION

The researchers tested for the impact of PsyCap on employee's intention to leave the job. Consistent with (Avey et al., 2009; Appollis, 2010; Avey et al., 2011; Haq, 2014), our findings clearly support that individuals who are high in PsyCap are likely to exhibit low intention to leave the job in the workplace than their low PsyCap counterparts.

The findings of this research reflect that psychological capital has a significant negative relationship with turnover intentions. Further our study also confirms the four factor structure of psychological capital having dimensions as self efficacy, hope, optimism and resilience. Paramedic & nursing staff in the both hospitals exhibited higher level of self-efficacy (M =3.82, SD = 0.85), moderate level of optimism (M = 2.8, SD = 1.1), are confident to determine goal and various pathways to attain that goal i.e. hope (M = 3.97, SD =0.84) and are also ready to face adversity and stress i.e. Resilience (M = 3.73, SD = 0.89). As far as turnover intentions of paramedical & nursing staff are concerned, the average score is 2.89 and standard deviation score is 1.29. From this mean score it can be said that some of the respondents intend to leave the job.

While examining the difference in psychological capital based on gender, age, location we observed that there is no difference on the basis of age and tenure of the respondent. Earlier studies in other contexts have observed difference in psychological capital based on age, but this study reports no difference among the paramedic & nursing staff. In terms of the experience of the respondent, there are no significant differences across all the four dimensions of psychological capital.

In hospitals, type of job has different relation as compare to aforesaid information. Our study confirms the findings of Choubisa (2009) that permanent paramedic & nursing staff in the government hospitals reflect higher level of self efficacy (confidence) because of the secured job. During our discussions with the paramedic & nursing staff, we observed that the paramedic & nursing staff generally get their work done from the contractual staff and feel secured of their jobs because of the transfer policy as well. Further we observed that permanent staff reflects higher resilience probably because of their experience in the profession. On the other hand the contractual staff reflects higher optimism as compared to the permanent staff. In terms of hope, there is no significant difference among these two groups.

The present study contributes to both theory and practice. With employee retention as one of the major strategic human resource challenge, it is important to identify factors that contribute towards the reduction of turnover intentions among the

employees. This study contributes \towards this challenge, as our findings confirm the relationship between psychological capital and turnover intentions. Since psychological capital can be enhanced through training of employees, this is a useful finding which provides human resource managers a strategic lever to reduce the turnover intentions. Organizations can undertake practices towards enhancing the employees' psychological capital. It can be concluded that employees those who are high in psychological can serve better than those who are low in PsyCap. Our study confirms the argument of Mortazavi et al. (2012) that hospital should recruit, develop, and manage nurses who are generally higher in PsyCap.

LIMITATIONS AND FUTURE RESEARCH

The findings suggest the need to focus future research and practice on how PsyCap training may be a valuable part for organizations in order to overcome from negative issues. Second, comparative analysis can be done among private and public hospitals. PsyCap is still in infancy stage in India and more Studies can be explored on training intervention program of Psychological capital and various outcomes can be observed. In this study only state run medical colleges were included as part of the study. Such institutions are at the tertiary level. We covered only two states i.e. Jammu & Kashmir and Himachal Pradesh. This may not be the representative of the entire country. Future research can include more regions to get a wider representation. However, there are many other variables which can have effect on the turnover intentions, which can be included in future.

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