THE EFFECTS OF PSYCHOLOGICAL CAPITAL AND SOCIAL CAPITAL ON NURSES' WORK ENGAGEMENT AND BURNOUT

A THESIS SUBMITTED TO THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

İSMAİL EL

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN
THE DEPARTMENT OF PSYCHOLOGY

OCTOBER 2019

Approval of the Graduate School of Social Sciences

_____

Prof. Dr. Yaşar Kondakçı
Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master of Science.

_____

Prof. Dr. Sibel Kazak Berument
Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

_____

Assist. Prof. Dr. Yonca Toker
Supervisor

Examining Committee Members

Prof. Dr. Reyhan Bilgiç (METU, PSY) _____

Assist. Prof. Dr. Yonca Toker (METU, PSY) _____

Assist. Prof. Dr. Başak Ok (Ankara Uni., PSİ) _____

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Last name: İsmail El

Signature:

ABSTRACT

THE EFFECTS OF PSYCHOLOGICAL CAPITAL AND SOCIAL CAPITAL ON NURSES' WORK ENGAGEMENT AND BURNOUT

El, İsmail
M.Sc., Department of Psychology
Supervisor: Assist. Prof. Dr. Yonca Toker

October 2019, 99 pages

In today's challenging business world, for human resources management and organizations, dealing with work engagement and burnout have always been a challenging task regarding their positive and negative outcomes to the organization. Besides, the occupational context of health sector is mostly regarded as stress-filled (Tennant, 2001). In order to deliver a high quality healthcare service, organizations need to develop and boost the staff's intrapersonal and social resources so as to make them more engaged in their work without letting them be deprived of their wellbeing.

Concerning the positive resources of personality, psychological capital is a principal concept of positive organizational behavior (Luthans & Youssef, 2004). Research verified the existence of psychological capital's significant effect on work engagement and burnout (Youssef & Luthans, 2007) as well as the significance of social capital's effect on work engagement (Susanne et al., 2013) and burnout (Boyas, Wind, & Kang, 2012; Farahbod, Chegini, Eramsadati, & Mohtasham-Amiri, 2015). In addition to direct effects of psychological capital and social capital on work engagement and burnout, the present study has a focus on the mediating role psychological capital on social capital in this association.

The research question was applied with participation of 363 nurses. Structural equation modeling was employed to check the model's reliability and construct validity. Furthermore, path analysis was conducted to examine the direct and indirect effects of psychological capital and social capital. Next, soebel test was employed to examine the significance of mediation. Results verified that both of psychological and social capitals significantly increased work engagement and decreased burnout. Besides, psychological capital partially mediated the social capital's association with work engagement and burnout.

Keywords: Burnout, Nursing, Psychological Capital, Social Capital, Work Engagement

ÖZ

PSİKOLOJİK SERMAYE VE SOSYAL SERMAYENİN HEMŞİRELERİN İŞE ADANMIŞLIK VE TÜKENMİŞLİK DUYGUSU ÜZERİNDEKİ ETKİLERİ

El, İsmail
Yüksek Lisans, Psikoloji Bölümü
Tez Yöneticisi: Dr. Öğr. Üyesi Yonca Toker

Ekim 2019, 99 sayfa

Günümüz çetin iş dünyasının insan kaynakları yönetimi ve organizasyonlar açısından olumlu ve olumsuz sonuçları göz önünde bulundurulduğunda işe adanmışlık ve tükenmişlik, üzerinde dikkatlice durulması ve yeterli zaman ayırılması gereken çetrefilli bir konu olmuştur. Bununla birlikte, mesleki içeriği ele alındığında, sağlık sektörü çoğunlukla stres dolu bi yapıya sahiptir. (Tennant, 2001). Yüksek kalitede bir sağlık hizmeti sunmak için sağlık kuruluşları, esenliklerinden mahrum olmadan kendilerini işlerine daha fazla adamalarını sağlamak için, çalışanlarının öz ve sosyal kaynaklarını geliştirmeli ve desteklemelilerdir.

Bu bağlamda, Pozitif örgütsel Davranış'ın temel bir kavramı olan psikolojik sermaye, kişisel psikolojinin pozitif kaynakları ile ilgilenmektedir. Araştırmalar psikolojik sermayenin çalışanların işe adanmışlık ve tükenmişliklerini anlamlı ölçüde yordadığını göstermiştir (Youssef & Luthans, 2007). Araştırmalar, ayrıca, sosyal sermayenin sırası ile işe adanmışlık (Susanne ve ark., 2013) ve tükenmişlik (Boyas ve ark., 2012; Farahbod ve ark., 2015) üzerinde anlamlı ölçüde artırıcı ve azaltıcı etkileri olduğunu doğrulamıştır. Doğrudan etkilerinin yanı sıra, bu araştırma psikolojik sermayenin sosyal sermaye üzerindeki aracı rolünü incelemektedir.

Bu araştırma, 363 hemşirenin katılımı üzerinden gerçekleştirilmiş olup, hipotezlerin test edilmesi amacıyla kurgulanan modelin yapısal güvenilirlik ve geçerliliklerinin test edilmesi için yapısal eşitlik modellemesinden yararlanılmıştır. Değişkenler arasındaki ilişkileri ve psikolojik sermayenin aracı rolünü incelemek için sırasıyla yol analizi yürütülmüş ve soebel testi uygulanmıştır. Elde edilen sonuçlar, hemşirelerin psikolojik sermaye ve sosyal sermayelerinin işe adanmışlıkları üzerindeki artırıcı ve tükenmişlikleri üzerindeki azaltıcı etkisini doğrulamıştır. Dahası, sosyal sermayenin işe adanmışlık ve tükenmişlik duygusu ile olan ilişkisi arasında psikolojik sermayenin kısmi aracı role sahip olduğu sonucu elde edilmiştir.

Anahtar Kelimeler: Hemşirelik, İşe Adanmışlık, Psikolojik Sermaye, Sosyal Sermaye, Tükenmişlik

To My Family & Friends

ACKNOWLEDGEMENTS

Firstly, I would like to express my sincere gratitude to my graduate and thesis supervisor Assist. Prof. Dr. Yonca Toker for her everlasting bold support of my graduate study and research, for her patience, daring motivation, and extensive knowledge. Her wise, passionate and friendly guidance have always incented me in all the time of my graduate study, and as well as my research and writing of this thesis. I could not have imagined having a better advisor and mentor.

Besides my supervisor Assist. Prof. Dr. Yonca Toker, I would like to thank the rest of my thesis committee members: Prof. Dr. Reyhan Bilgiç, Asst. Prof. Dr. Başak Ok for their intimate participation, close support and insightful comments which encouraged me to review my research from various perspectives and investigate more thoroughly.

My special thanks also goes to Prof. Dr. H. Canan Sümer, Prof. Dr. Reyhan Bilgiç, Assist. Prof. Dr. Yonca Toker, Prof. Dr. Özlem Bozo, Prof. Dr. Nuray Sakallı Uğur, Prof. Dr. Türker Özkan, Assoc. Prof. Dr. Aslı Kılıç and all other instructors in department of psychology at Middle East Technical University for all their invaluable teachings during all my study that they have always been supportive with their immense knowledge and intimate guidance making me love the field of psychology.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

1.1 Overview

Healthcare professionals play a critical role in representing the competence of their own organizations in addition to making important contributions to well-being and health of their society. In this regard, healthcare organizations are necessarily in need of highly capable healthcare professionals who are eager to work efficiently (Katrinli, Atabay, Gunay, & Guneri, 2008). In line with this objective, as the human resources constitute the primary capital of healthcare organizations to make their strategical goals realized, one of the main objectives of human resources management is to positively influence the behaviors of all employees in their organizations. Morever, the development of a sustainable organization necessitates promoted personal resources of employees for them to perform their works in enthusiasm while keeping themselves healthy (Kira, van Eijnatten, & Balkin, 2010). Besides, the attitudes adopted and the behaviors exhibited by healthcare professionals towards patients have a considerable impact on the quality of healthcare service and the satisfaction perceived by patients, as well (Moritz, Hinshaw, & Heinrich, 1989).

However, the healthcare organizations experience major difficulties, including but not limited to how to bring down the healthcare costs without compromising the quality of their healthcare services (Magnussen, Vrangbaek, & Saltman, 2009, p. 5) or the well-being of their employees (Elstad & Vabø, 2008; Jansson von Vulte´e, Axelsson, & Arnetz, 2007). Because, the factual situation has shifted from a relatively stable state to a much more dynamically changing and challenging one and accordingly the consequences are not always likely to be favourable for the organisations as it is expected in healthcare industry. Namely, the increasing costs of

healthcare, an aging population, advancements in the medical technology, increasing competence owing to the increase in the number of privately held healthcare organizations, the occurrence of new illnesses, and the increase in social consciousness for a healthcare service at a higher quality have caused pressures and laid a greater burden on public healthcare organizations and their employees.

In line with this argument, two important employee-level outcomes are work engagement and burnout. That is, considering the fact that the principal goal of the nursing profession is providing high-quality care as well as helping human beings (Miller, 2011), nurses ought to engage in their work with enthusiasm without losing their health and psychological well-being by protecting themselves from burnout and negative outcomes of this chronic phenomenon in order to deliver a high quality service at their organizations. However, a wide range of factors including individuals' intrapersonal capabilities as well as environmental factors are likely to have an impact on the consequences. In this consideration, so as to cope with the negative effects of any kind of workplace adversity, healthcare professionals need to develop their strength by using intrapersonal and external resources; otherwise, they are more likely to experience negative feelings such as burnout because of being already surrounded with episodes of work-related stressors and hardships.

Hence, it has importance to investigate and examine personal and social resources which protect nurses against burnout and negative outcomes of this chronic phenomenon. Regarding this, nurses with high psychological and social capitals are likely to be engaged in their work more with being able to combat adverse effects of working place in an efficient way, which in turn, will prevent the burnout experienced at work. This study focuses on social capital and psychological capital as antecedents of public healthcare nurses's engagement in their work and well-being. The research into the relationship between psychological and social capitals within the healthcare organizations is still at an early stage. Given the absence of established research for the psychological capital's mediation on the association between social capital and work engagement as well as burnout within the healthcare organizations, theoretical framework of the present study examined this mediation.

1.2 Psychological Capital

Being a principal concept of positive psychology (Luthans, Avolio, Walumbwa & Li, 2005), psychological capital is characterized by optimism, self-efficacy, hope and resilience (Luthans, Youssef, & Avolio, 2007, p. 542) all of which share a sense of having intentional pursuit of agentic goals with an interiorized control. Besides, psychological capital is considering the conditions and situations as well as the possibility of achieving success from a positive perspective based upon enduring effort (Luthans, Youssef et al., 2007, p. 550) with a motivation to face the challenges of life (Malekitabar, Riahi, & Malekitabar, 2017). More specifically, psychological capital refers to the positive psychological resources of personality identified by: (optimism) having a positive mental attitude about achieving the success towards the objectives at the present time or in time to come; (self-efficacy) having confidence in one's own capabilities to take on and put in the necessary effort to accomplish the challenging objectives; (hope) withstanding towards the objectives so as to achieve success; and (resilience) when confronted with problems and troubles, bearing up against and bouncing back even beyond to achieve success (Luthans, Youssef et al., 2007, p. 3).

Research verified the association of psychological capital with work engagement and burnout (Luthans, Youssef et al., 2007). That is, employees with high psychological capital were found to be considerably able to adapt themselves to their working environment (Luthans, Avey, Avolio, Norman, & Combs, 2006). The building blocks of psychological capital, that is optimism, self-efficacy, hope and resilience, are described next.

1.2.1 Optimism

Optimism is an attribute which explains positive circumstances on the basis of persistently long lasting personal factors while explaining the negative circumstances on the basis of external, short-winded and state dependent ones (Youssef & Luthans, 2007). Optimism has two key constructs; 'pervasiveness' and 'persistence', through which people consider events (Carver & Scheier, 2002). Individuals who have an

optimistic perspective perceive impediments, obstacles or failures as a challenge to welcome the opportunities so as to eventually achieve success (Luthans et al., 2005), in such a way of persevering (Stajkovic & Luthans, 1998), self-repairing, and therefore being ready again to cope with them (Cascio & Luthans, 2013). Optimist individuals are less likely to regard it as possible that the setbacks or obstacles will reoccur so they keep their motivation alive and continue to persist in performing their tasks to achieve their goals. Optimism was found to positively associate with work engagement (Arakawa & Greenberg, 2007; Medlin & Faulk, 2011).

1.2.2 Self-Efficacy

Self-efficacy is the belief of someone in himself or herself for being mighty to perform the action items required to be fulfilled in the given circumstances in order to attain the desired outcomes (Bandura, 1997). On the other hand, self-efficacy was described also as how the events are perceived and interpreted by an individual to control those aforementioned events (Avey et al., 2009; Hayek, 2012), that in turn determines how challenges are addressed, as well as how symptoms of stress are experienced by those individuals. That is to say, as it is widely accepted, self-efficacy is the individual's confidence in himself or herself for impelling cognitive resources or exhibiting behavioral patterns so as to perform and succeed in some certain tasks (Stajkovic & Luthans 1998).

When considered from this point of view, high-efficacy individuals can be said to mostly shoot for the stars, prefer challenging tasks, show high performance to carry out the tasks in order to accomplish their goals, have patience against any kind of obstacles. On the basis of these characteristic attributes, individuals with high self-efficacy are able to work independently and succeed in the objectives even if they receive limited or no support from the rest (Luthans, Youssef et al., 2007). Challenges are perceived by those individuals with high self-efficacy as possible to handle easily, in case when required competencies are given sufficiently (Avey et al., 2009).

1.2.3 Hope

Hope makes individuals be motivated to achieve success while performing a task (Avey, Wernsing, & Luthans, 2008). That is, with its multidimensional structure, hope is 'willpower' and 'waypower' of an individual (Avey, Luthans & Jensen, 2009; Clapp-Smith, Vogelgesang, & Avey, 2009; Snyder, 2002). Willpower refers to being able to put off gratification, withstanding short-term temptations so as to attain the long-term objectives and waypower refers to being able to think of contingency plans on the way to attainment of objectives in the presence of impediments, obstacles, or failures (Snyder, Irving, & Anderson, 1991). High intrinsic motivation in common with psychological well-being were found to characterize these two abilities (Campbell, 2000). Additionally, Hayek (2012) found a relation between hope and locus of internal control. Accordingly, locus of control refers to the level of confidence in the sufficiency of one's own capabilities and experiences for being able to have control on the circumstances taking place around and to accomplish positive results more in comparison to the negative ones (Wang, Tomlinson, & Noe, 2010).

Because of hope's protecting effect against uncontrollability, vulnerability, and unpredictability (Snyder, 2002), keeping the employees' hope alive has importance for the well-being of employees (Weick & Quinn, 1999). Besides, hope was found to positively associate with work engagement (Adams et al., 2002; Othman & Nasurdin, 2011; Youssef & Luthans, 2007).

1.2.4 Resilience

Resilience is the competence to put one's life and affairs in order, again, in the presence of setbacks, conflicting circumstances, failures, as well as even positive cases where accountability is increased (Luthans, 2002a). In addition, Rutter (1987) defined resilience as being capable of successfully handling events so as to defend oneself from the negative consequences of setbacks, obstacles or failures. In a similer vein, Luthans (2002b) defined resilience as being mighty to bounce back in the presence of an adversity (Luthans, 2002b).

Individuals with high resilience get back on the road in their lives even after experiencing stressful events such as adversity or any kind of failure. For this reason, resilient people put emphasis on individual's strength, as well as resources required to successfully resolve or cope with undesirable situations (Baumgardner & Crothers, 2010). Resilience was found to positively associate with positive emotions, especially in case the individual faces a troublesome case (Philippe, Lecours, & Beaulieu-Pelletier, 2008). Besides, resilience was found to positively associate with work engagement (Luthans, Avolio et al., 2007; Youssef & Luthans, 2007).

1.3 Social Capital

Capital is considered to be any asset that is of value for bringing any other asset out. One of the healthy work environments' aspects that is essentially regarded as worthy to organizational success is social capital which is comparatively less tangible but facilitates a productive activity. Social capital is at odds with other forms of capital mainly by being founded in the relations built among individuals rather than existing in individuals themselves (Adler, & Kwon, 2002).

Hanifan (1916) was the first scholar who brought social capital into existence to define bona fides, amicability, affinity, compathy and interaction among the actors of a social group. Hanifan (1916) also conceptualized those aforementioned constructs as intangibles which contribute to the life of people making it worthwhile in the daily lives of people and described social capital as a sort of investment which bears fruit through socialization of a group's actors. Social capital thereafter appeared in the community related studies by underlying the importance of building strong networks for survival of city neighborhoods, and the importance of social relationships which constitute the basis of collective and cooperative action together with mutual respect and trust (Jacobs, 1965).

Contemporary use of the concept evolved out of the three social scientists' works: Bourdieu, Coleman and Putnam (Castiglione, van Deth, & Wolleb, 2008). Bourdieu (1979) conceptualized social capital as the resources within reach to only upper class members. Coleman's (1998) depiction of social capital broadened

Bourdieu's approach by making it conceptualized not only for individuals but also for groups of people, also making all social classes in the society be included. Additionally, Coleman (1998) put forward the idea of the productive capacity of social capital emphasizing that it creates outcomes which otherwise would not be received. Both Bourdieu and Coleman acknowledged social capital as an asset resulting fom interactive relationships. According to Putnam (1993)'s approach, social features of an organization such as social norms, mutual trust and network constitute the social capital, enhancing the society's efficiency through collective and cooperative actions performed for mutual benefit.

Moreover, Burt (1992a) defined the social capital as the relationships which individuals develop with others through their friends, colleagues, and other contacts to benefit opportunities through the others' human capital. That is, by means of interacting with others, individuals have the possibility to utilize others' human capital to get benefit from this resource in favour of themselves (Portes, 2000). Nahapiet and Ghoshal (1998) defined social capital as the sum of all active and potential resources existing entirely in the relationships socially built among individuals, as well as communities.

In short, social capital is broadly regarded as an intangible asset which is embedded in relationships of societies, organizations, or individuals (Burt, 1997; Coleman, 1990, p. 303; Nahapiet & Ghoshal, 1998; Walker, Kogut, & Shan, 1997). Social capital comes into existence in common norms and values guiding social relationships established among members of a community or a network (Kowalski, Driller et. al, 2010). Principally emphasizing the relationships' importance as a basis of social action (Coleman, 1990, p.300), social capital can be therefore conceptualized as an attribute which allows for individuals to co-operate for their joint benefits within a community (Bourdieu, 1986, p. 21).

In workplace, social capital points out to the quantity and quality of interactive relations within the organization; to put it another way, the extent to which the members of an organization are connected, as well as the nature and quality of these aforementioned connections. Employment-based conceptualization makes use of the

social resource approach (Lin, 1999) and lays emphasis on the characteristic features of relation-based resources which are embedded in a network (Lin, Ensel, & Vaughn, 1981) as a component of organizational culture (Leanna & Van Buren, 1999) by addressing the norms, communication practices, and linkages which constitute the culture of an organization (James, 2000).

Even though it has various meanings because of having been adopted by a many sort of disciplines, Social Capital has been widely defined with three underlying dimensions; structural, relational, and cognitive dimensions (Nahapiet & Ghoshal, 1998) originating in relation-based resources and encouraging collaboration with the aim of achieving goals (Bourdieu, 1985; Macinko & Starfield, 2001). Furthermore, the key aspects which constitute the basis of social capital's aforementioned dimensions are Network ties (Kaasa, 2009), trust (Fukuyama, 1995, p. 333; Putnam, 1995), norms of reciprocity (Coleman, 1990, p. 310; Putnam, 1995), obligations (Coleman, 1990, p. 306), shared language and shared narrative (Tang, 2010), and identification (Putnam, 1995).

Literature lays emphasis on the several benefits of high social capital formed amongst nurses in the healthcare organizations such as increase in the happiness, the productiveness, the retention of nurses and the organization's monetary capital as well (Ernstmann et al., 2009; Hofmeyer & Marck 2008; Hsu et al., 2011). That is, nurses would be able to do their job more effectively and provide a safer patient care as members of a supportive interprofessional teams by means of shared resources, knowledge and know-how on the basis of mutual trust, respect and promoted cooperation in a working environment with high social capital. Besides, research verified that social capital has negative association with burnout (Kowalski, Driller et al., 2010). The building blocks of social capital which are structural, relational, and cognitive are described next.

1.3.1 Structural Social Capital

The first dimension, that is the structural social capital, implies the overall pattern of interactions developed between actors, that it enables mutually

advantageous collective action through the established social roles supported by precedents, procedures, and rules (Hitt, Ho-Uk, & Yucel, 2002) by specifying "to whom" and "how" the actors should reach so as to gather information (Burt, 1992).

Network ties (Kaasa, 2009) and network configuration which refers to the pattern of interactions with regards to density, connectivity and hierarchy (Kaasa, 2009; Nahapiet & Ghoshal, 1998) constitute the main aspects of structural social capital. Structural social capital has dependency on to what extent the individuals use network ties to interact with others (i.e., intensity), and on the distribution of interaction patterns (i.e., decentralization) (Rulke & Galaskiewicz, 2000).

1.3.2 Relational Social Capital

The second dimension, that is the relational social capital, implies the quality and nature of interpersonal relationships which individuals or organizations have developed by means of their previously built interactions with others (Granovetter, 1992). Trust (Fukuyama, 1995, p. 333; Putnam, 1995), norms of reciprocity (Coleman, 1990, p. 310; Putnam, 1995), obligations (Coleman, 1990, p. 306), and identification are the main facets of relational social capital.

Trust refers to having confidence in the dependableness of individuals to others in their socially built network. Individuals who have trust in others believe that others will not behave in an opportunistic way (Nahapiet & Ghoshal, 1998; Tsai & Ghoshal, 1998). Trust plays an important role as a construct which constitutes the basis of social capital (Coleman, 1988; Nahapiet and Ghoshal, 1998; Rahn & Transue, 1998; Tsai & Ghoshal, 1998) being at the heart of any kind of social relationship (Mishra & Morrissey, 1990) and promoting mutual efforts (Ring & Van de Ven, 1994). Norms refers to socially defined unwritten rules for individuals to forgo their self-interests to act in parallel with that society's interest (Coleman, 1990, pp. 311; Dakhli & de Clercq, 2004), i.e., the degree of congruity and consensus to which the community complies with in the social system.

1.3.3 Cognitive Social Capital

The third dimension, that is the cognitive social capital, implies the resources which enable the actors of a social network to meet on a common base resulting in collective representation as well as joint explication of "meaning" among the actors (Nahapiet & Ghoshal, 1998). The cognitive social capital refers to a mentally proceeded psycho-social process and accordingly based on personal attitudes and subjectivity by definition (Uphoff, 2000) with its essential components of shared language and shared narratives (Tang, 2010) as well as shared values, beliefs, and attitudes (Krishna & Uphoff, 2002) which have impact upon individuals' actions towards collectivity.

1.4 Work Engagement

Work engagement is a complex construct that broadly covers organizational commitment, job satisfaction, employee loyalty, retention, as well as counterproductive work behaviors. Being composed of vigour, dedication and absorption, work engagement can be described as having a positive mindset in favour of one's own work (Bakker, Schaufeli, Leiter, & Taris, 2008).

Besides, Kahn (1990) defined work engagement as organizational members' giving themselves to their jobs' roles in such a way that they express themselves behaviorally, cognitively and emotionally while employing themselves in their job roles. Work engagement, with its behavioral aspects, refers to the energies physically exerted by employees for them to accomplish their job roles (Lockwood, 2007). Besides, with its cognitive and emotional aspects, work engagement refers to a workrelated frame of mind which is positively featured by vigor (i.e., having mental resilience with a high level of energy in the course of work), dedication (i.e., having enthusiasm against challenge), and absorption (i.e., being focused happily in the course of work engagement) (Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002). The cognitive expression of work engagement refers to the employees' confidence in their working conditions, leaders and organization. The emotional expression of work engagement refers to employees' feelings about and attitudes

toward their working conditions, leaders and organization. Also as stated in Development Dimensions International (DDI, 2015), work engagement is the extent to what they appreciate, rejoice in and keep their belief in their works. Therefore, the engagement of employees requires both physical and psychological effort when they perform their job roles in the organization.

Within this context, in order to deliver a high quality healthcare service, nurses ought to occupy themselves with a positive attitude engaged in their work. Additionally, research has shown that work engagement positively associates with psychological capital (Bakker et al., 2008; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007), and social capital (Susanne et al., 2013). Therefore, high psychological capital and social capital are expected to yield an increased engagement of nurses in their work.

1.4.1 Work Engagement and Psychological Capital

Research verified that, psychological capital has a significant positive association with work engagement (Bakker et al., 2008; Simons & Buitendach, 2013; Xanthopoulou et al., 2007). Additionally, employees with high psychological capital dedicate themselves to their jobs more when organizations fulfil their employees' needs for their efficacy and accomplishment, therefore paving the way for them to be more enthusiastic in engaging to their own works (Avey et al., 2008).

Besides, hope and resilience (Othman & Nasurdin, 2011), self-efficacy and optimism (Xanthopoulou et al., 2007; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2009) were found to develop and improve employees' work engagement. Furthermore, the aspects of work engagement which is specified by vigor, dedication and absorption (Bakker et al., 2008) were found to be associated with the ones of psychological capital.

To sum up, when all these constructs of psychological capital are taken into consideration at the workplace, optimism make employees have a strong belief in their chance of being successful; high self-efficacy gets employees to prefer challenging goals making them keep their motivation high to achieve those goals

(Ventura, Salanova, & Llorens, 2015); hope encourages employees to generate and pursuit multiple pathways towards these goals; and resilience allows employees to recover when pathways are blocked and employees run into setbacks (Xanthopoulou et al., 2007). Therefore, within the work context, development of psychological capital is likely to make positive contributions to engagement of nurses in their works that accordingly promotes the quality of healthcare service.

1.4.2 Work Engagement and Social Capital

Research verified that, social capital positively associates with work engagement (Fujita et al., 2016; Strömgren, Eriksson, Bergman, & Dellve, 2016). More specifically, relationships play a critical role of being a basis for the linkage among individuals; one of the essential constructs of an organization (Field, 2003). Social capital, being inherent in social relations (Coleman, 1988), enables faith and accordingly promotes collaboration among the actors of a network (Prusak & Cohen, 2001). That is, such a network of non-competitive relationships enables individuals to develop a sense of belonging to a community, work in harmony, and attain mutual goals at the organization (Coleman, 1988) that also necessitates the existence of mutual trust and norms. Furthermore, social capital, being a critical resource by ensuring "the collectivity owned capital" to the actors of the aforementioned interactions (Bourdieu, 1986, p. 249), provides the opportunity for individuals to improve their prospects (Coleman, 1988). As well, the faith resultant from social capital elicit acceptable reasons for employees to have confidence in their colleagues, managers and organization, as an alternative to creating adverse reasons for them to react defensively.

Moreover, social capital draws a line between being a bystander and an active participator via development of practices encouraging cooperation in favour of the all members' benefit in the social network which enables working together and sharing information. As well, a social network of like-minded employee generates a higher level of congruence, so that it ensures not only access to information of common interest, but also keeps the actors engaged in common goals rather than

leaving them overwhelmed alone with their own troubles. In addition, trust enables enriched and sustainable engagement since it forms the basis of building a longstanding relationship. In that vein, participation of employees in trustworthy social networks also makes sense of being in safe since they belong to a community to which they hold on in trust. That is, social capital is trusted togetherness bridging the gap between employees by connecting them together so that employees can strive against feeling loneliness, isolated, estranged, and disconnected from others.

Hence social capital, within the work context, creates added value for the employees through social networks at the workplace. Accordingly, it is likely that nurses with high social capital engage in their work more and feel the burnout less at their work.

1.5 Burnout

Burnout was initially described as a syndrome which takes place in human services (Freudenberger, 1974) but it is nowadays used for any kind of professions (Kowalski, Driller et al., 2010). Due to overly felt chronic stress at working environment (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Portoghese, Galletta, Coppola, Finco, & Campagna, 2014; Tucker, Weymiller, Cutshall, Rhudy, & Lohse, 2012), burnout results in such symptoms of emotional exhaustion, ineffectiveness (i.e., diminished personal performance capacity) and depersonalization (Malekitabar et al., 2017; Maslach & Jackson, 1984; Maslach, Jackson, & Leiter, 1996, p.192; Maslach et al., 2001; Rojas & Grisales, 2011).

Exhaustion of emotions refers to exhaustion of one's own emotional resources because of feeling emotional stress excessively due to being drained (Jawahar, Stone, & Kisamore, 2007; Maslach & Jackson 1984). A decrease in the sense of personal achievement implies a diminished feeling of being competent in performing one's own work (Maslach & Jackson 1984; Spooner-Lane & Patton, 2007). Depersonalization refers to showing an insensible and indifferent response to all others with whom the one is normally in touch (Lin, John, & Veigh, 2009; Maslach & Jackson 1984).

Burnout brings certain side effects such as low mood, low productivity, low work commitment, high absenteeism, high presenteeism, role conflict, job turnover, and decrease in the feelings of being competent along (Amiri et al., 2016). Burnout also results in health problems, and job dissatisfaction (Allen & Mellor, 2002; Hillhouse & Adler, 1997; Martini, Arfken, & Balon, 2006).

Burnout has already been recognized as a major problem through long ages but has become much more prevalent at contemporary organizations in recent years (Vander Elst et al., 2016). Despite its ubiquity, the professionals who work directly with people are under higher risk of experiencing burnout due to tremendous responsibility which they bear towards those people (Angelo, 2015; Özler & Atalay, 2011). To put it in different way, burnout is observed at professions which require providing services in direct touch with people, and the goal of which is helping people (Baran et al., 2010; Maslach et al., 2001). As it is so at all other professions which require helping people, the prevalence of burnout is relatively high in healthcare profession (Adriaenssens, De Gucht, & Maes, 2015; Adwan, 2014; Anagnostopoulos et al., 2012; Garrosa, Rainho, Moreno-Jime´nez, & Monteiro, 2010; Iglesias, de Bengoa Vallejo, Fuentes, 2010 due to its high physical and emotional demands (Greenglass, Burke, & Fiksenbaum, 2001; Leiter & Maslach, 1988).

Not to mention the fact that healthcare professionals are exposed to some major stressors including but not limited to intensive working environment, irregular working hours and overtime resulting in irregular sleeping and fatigue, as well as providing emotional support to patients. In addition, they have to deal with occupation-related problems, organizational inadequacies and scarce resources at workplace (Özler & Atalay, 2011). In addition to their efforts to cope with those aforementioned problems, not being able to allocate enough time for the struggle to make a living, and for their own private life make healthcare professionals experience work-related stress (Özler & Atalay, 2011) and accordingly burnout (Thorsen, Tharp, & Meguid, 2011).

Burnout negatively affects healthcare professionals, the organization and the

patients at the latter end (Craiovan, 2014). Stated in other words, burnout damages the whole life of healthcare professionals (Landa, Lopez-Zafra, Martos, & Aguilar Luzon, 2008) and then making organizations suffer (Flinkman, Laine, Leino-Kilpi, Hasselhorn, & Salantera, 2008) owing to increased absenteeism (De França, Ferrari, Ferrari, & Alves, 2012) and presenteeism (Hyeda & Handar, 2012). In addition, burnout causes a damaged self-image together with a negative attitude adopted toward work and lack of communication with patients while delivering healthcare, and therewith resulting in a decrease in the quality of healthcare services (Felton, 1998; Olley, 2003; Schmitz, Neumann, & Oppermann, 2000; Sherman, 2004) and consequently yielding customer dissatisfaction (Engelbrecht, Bester, & Van Den Berg, 2008; Stewart, 2009) at the latter end.

1.5.1 Burnout and Psychological Capital

Psychological capital is ever-increasingly regarded as an important intrapersonal resource to cope with stressful situations that it takes an active role in protecting employees against stressors (Luthans & Jensen, 2005) and burnout (Peng et al., 2013) experienced at workplace. That is, psychological capital alleviates one's negative physical and psychological reactions to the stressors by influencing one's understanding of stressful situation in a positive way (Lazarus, 2003). Therefore, employees may cope with stressors and accordingly protect themselves from being exposed to burnout by energizing their positive personal resources (Hobfoll, 1989).

The researchers found that psychological capital significantly decreases symptoms of job-related stress (Luthans & Youssef, 2007); and increases well-being in workplaces (Avey, Luthans, Smith, & Palmer, 2010). Therefore, development of psychological capital is likely to make positive contributions in the prevention of burnout in case employees feel emotional exhaustion or face with job stressors like high job demands.

1.5.2 Burnout and Social Capital

Research has verified that social capital has a significant decreasing effect on burnout (Boyas et al., 2012; Farahbod et al., 2015). More specifically, social capital may evidently take an active role for buffering the impact of job-related stress at workplace (Sapp, Kawachi, Sorensen, La Montagne, & Subramanian, 2010). That is, social relationships are likely to significantly promote and enhance employees' well-being (Kao, 2004) making a difference in the level of job-related stress and accordingly burnout felt by employees (Baruch-Feldman et al., 2002). In addition, the extent to which cooperative working environment, mutual support, common goals, and shared values reduce the risk of burnout is well worth the attention (Kowalski, Ommen et al., 2010). Therefore, employees can use social capital in social relationships at the workplace as a protection against job-related stress and burnout.

1.6 Social Capital as an Antecedent of Psychological Capital

A social and cultural environment is an essential part of people's life that people inevitably get feedback, having impact on the development of individuals' social skills and cognitive capabilities (Fry, 1995). In this consideration, psychological capital is continuously influenced by interactions of individuals with each other, as well as by the common norms, shared values, and mutual understandings paving the way for cooperation of members in a society or network (Luthans & Youssef, 2004; Putnam, 1995b).

Moreover, rather than "trait-like" ones, "state-like" characteristics are conceived to constitute a basis for optimism, self-efficacy, hope, and resilience (Avolio & Luthans, 2006, p.190; Luthans, Avolio et al., 2007; Luthans & Church, 2002). State-like characteristics refer to an individual's emotions and moods which are in a state of flux based upon the circumstances and accordingly are easily processable and responsive to change whereas the trait-like ones are comparatively more static and therewith resist to change more (Luthans & Church, 2002). Therefore, all those four positive capacities of psychological capital are open to

change and can be developed (Luthans, 2002a, 2002b; Luthans & Youssef, 2004; Luthans & Youssef, 2007; Luthans, Youssef et al., 2007).

In addition, psychological capital is defined to be "the who you are (i.e., actual self)" and "what you intend to become (i.e., the possible self)" (Luthans, Luthans, & Luthans, 2004; Luthans, Youssef et al., 2007, p.14; Luthans, Norman, Avolio, & Avey, 2008; Liu, 2013). Therefore, in order to reap the return of becoming a possible self they intend to be, it is possible for individuals to invest in their actual selves by taking advantage of their interactions with "whom they know" by means of the networks and societies to which they belong. Saying that, the development of individuals' psychological capital is not independent and is effected by their social capital and can be improved by using it (Ghasemzadeh, Zavvar, & Rezaei, 2015; Ghashghaeizadeh, 2016).

Research verified that social capital significantly effects psychological capital (Amirkhani & Arefnejad, 2012; Hashemi et al., 2012; Larson & Luthans, 2006) with a positive association (Avolio & Luthans, 2006). Furthermore, Adler and Kwon (2002) argued that changes in psychological capital at both individual and public levels are related to changes in social capital. As well, it was found that students who are addicted to the internet and accordingly have weak social interactions were facing decrease in their psychological capital (Simsek & Sali, 2014).

Research verified that social capital significantly effects psychological capital (Amirkhani & Arefnejad, 2012; Hashemi et al., 2012; Larson & Luthans, 2006) with a positive association (Avolio & Luthans, 2006). Furthermore, Adler and Kwon (2002) argued that changes in psychological capital at both individual and public levels are related to changes in social capital. As well, it was found that students who are addicted to the internet and accordingly have weak social interactions were facing decrease in their psychological capital (Simsek & Sali, 2014).

1.7 The Mediating Role Psychological Capital on Social Capital

Research verified that the association between psychological capital and social capital is significant (Amirkhani & Arefnejad, 2013; Hashemi, Babapour, &

Bahadori, 2012) and positive (Avolio & Luthans, 2006). Furthermore, psychological capital was found to have a significant association with work engagement (Simons & Buitendach, 2013) and burnout (Bitmiş & Ergeneli, 2015). Within this scope, in terms of personal and social resources, this study argues that psychological capital and social capital increase the employees' engagement in their work and alleviates the feeling of burnout experienced at work as well.

Nevertheless, the mediation of psychological capital on the association of social capital with work engagement and burnout, especially in public healthcare sector, have almost never been investigated. According to a research done within this scope, as dimensions of psychological capital, only resilience and self-efficacy were found to significantly effect social capital positively, whereas hope and optimism were found to have almost no effect (Tamer, Saglam, & Dereli, 2014). That is, individuals' self confidence in their own capacity to perform so as to achieve (Bandura, 1977, 1986, 1997), is likely to create a ground for mutual trust to be built bringing relational social capital out. As well, high ability to deal with challenges and obstacles is likely to create consistency on building interactions, that creates structural social capital (Tamer, Saglam, & Dereli, 2014).

Within this scope, this study will particularly address, argue and examine the mediating role of psychological capital on the association of social capital with work engagement and burnout for public healthcare nurses. Based on this, the study hypothesizes that:

Hypothesis 1: Nurses' psychological capital is expected to partially mediate the effects of social capital on their work engagement.

Hypothesis 2: Nurses' psychological capital is expected to partially mediate the effects of social capital on their burnout.

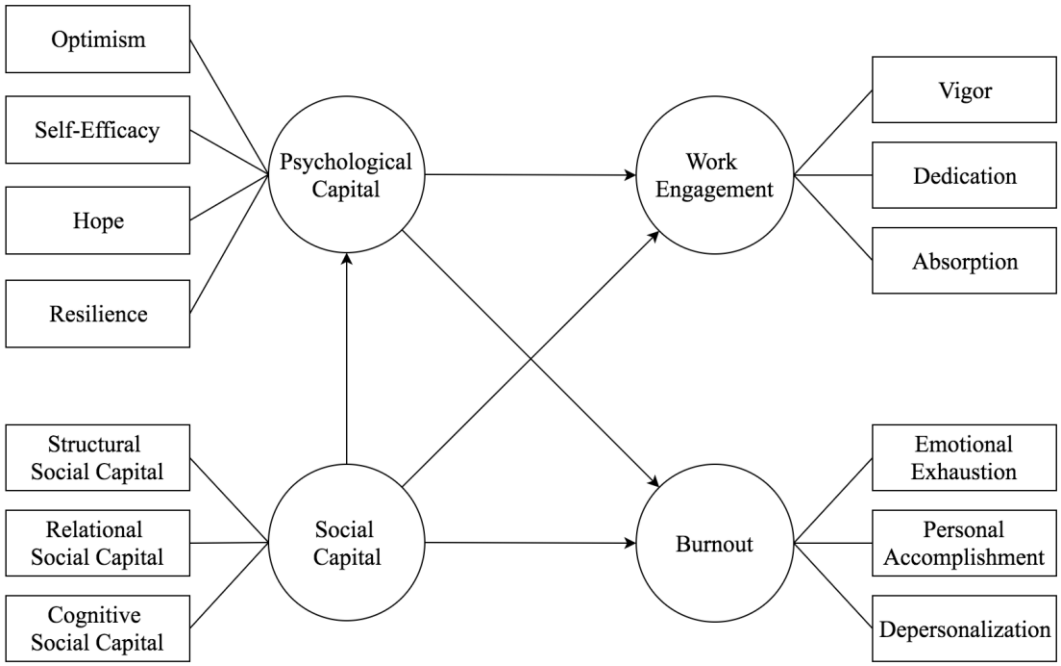

Figure 1. Hypothesized relationships of the latent variables

CHAPTER 2

METHOD

The present study aims to confirm the association between the nurses' social capital and psychological capital with their work engagement and burnout in line with the previous findings. As well, this research will argue, test and validate the hypotheses considering the mediating role of psychological capital. In this section; the details about sample population, procedure, and measures which were used in the research to assess the constructs are presented.

2.1 Sample and Procedure

The present study targets the nurses which operate in privately held and public hospitals in Turkey. With approval of the Middle East Technical University Human Subjects Ethics Committee, the questionnaire with an informed consent form was distributed to all participants so as to apply the research question.

Convenience sampling was used to reach a model; that is, the data was gathered from public healthcare nurses who are available to take part in the study without ever being fully extended. Different kinds of healthcare units with a variety in their number of healthcare staff were included so as to apply the research question to a broad range of medical units, i.e., intensive care, emergency, surgical medical units, and so on.

Prior to distribution of the questionnaires, approval of the Institutional Ethics Board for Research with Human Participants and permissions of the top management of the hospitals, and informed consents of study participants were obtained. The informed consent form included detailed information about the study purpose, duration, anonymity of responses, what was expected of the participants, and their rights of participation.

The first part of the questionnaire consisted of demographic questions relevant to gender, age, years in current position and total tenure. The second part of the questionnaire consisted of 78 questions measuring psychological capital, social capital, work engagement and burnout.

363 valid questionnaires out of 420 delivered ones were returned, implying a response rate of 86%. Of the participants, 77 (21.21%) were men and 286 (78.78%) were women. All of the participants were the ones who work at privately held university hospitals. The age of the participants ranged from 18 to 51 years (M = 25.36, SD = 7.02), whereas the age of men ranged from 18 to 42 (M = 24.58, SD = 5.43) and the age of women ranged from 18 to 51 (M = 25.56, SD = 7.38). Furthermore, the tenure of the participants ranged from 1 to 396 months (M = 63.39, SD = 78.38) whereas the tenure of men ranged from 1 to 264 months (M = 46.83, SD = 53.23) and the tenure of women ranged from 1 to 396 months (M = 67.85, SD = 83.39).

2.2 Measures

To sum up; Demographic Information Form as well as Psychological Capital, Social Capital, Work Engagement and Burnout questionnaires were delivered to the nurses. Each of those questionnaires is described below.

2.2.1 Demographic Information Forms

Demographic Information Form was prepared to gather demographic data through which nurses' gender, age, area of expertise, years in current position, and total tenure.

2.2.2 Psychological Capital Questionnaire (PCQ)

Psychological capital was measured with the Turkish version (Çetin & Basım, 2012) of the Psychological Capital Questionnaire which was originally developed by Luthans, Avolio et al. (2007), and has a compound structure consisting of the subdimensions optimism, self-efficacy, hope, and resilience. Responses are given on

a 6-point Likert-type scale (1 = “Strongly disagree”, 6 = “Strongly agree”). The scale has 21 items; the ‘optimism” dimension is measured by items 7, 11, 15, 16; the ‘self-efficacy’ dimension by items 2, 3, 12, 13, 18, 20; the ‘hope’ dimension by items 1, 5, 9, 14, 17, 21; and the ‘resilience’ dimension by items 4, 6, 8, 10, 19.

Psychological Capital Questionnaire has a high internal reliability based on its appropriately structured basis for Confirmatory Factor Analysis across various sort of samples (e.g., Luthans, Avolio et al., 2007; Çetin & Basım, 2012). In previous studies conducted by Luthans, Avolio et al. (2007) to assess the overall construct of psychological capital, as measured by cronbach alpha coefficient, the reliability of psychological capital was found to be ranging from $\alpha = .88$ to $\alpha = .89$. In addition, the reliability of each subscale was: optimism ($\alpha = .69$ - .79), self-efficacy ($\alpha = .75$ - .85), hope ($\alpha = .72$ - .80) and resilience ($\alpha = .66$ - .72) (Luthans, Avolio et al., 2007). In a Turkish sample, the overall reliability of psychological capital scale was found .91; whereas it was .67, .85, .81, and .68 for the subscales optimism, self-efficacy, hope, and resilience, respectively (Çetin & Basım, 2012).

2.2.3 Social Capital Questionnaire (SCQ)

The measurement of social capital was implemented with a Social Capial Questionnaire which was adopted and translated to Turkish by Göksel, Aydıntan, and Bingöl (2010) from studies of Moran and Ghoshal (1996), Nahapiet and Ghoshal (1998), Tsai and Ghoshal (1998).

Social Capital Questionnaire has a compound structure including all components of social capital, and consisting of sub-dimensions ‘structural social capital (Network ties, network configuration and appropriable organization)’, ‘relational social capital (trust, norms of reciprocity, obligation, and identification)’, and ‘cognitive social capital (shared language and shared narratives)’. Responses are given on a 5-point Likert-type scale (1 = “Never”, 5 = “Always”). The scale consists of total 26 items, and the ‘structural social capital’ dimension is measured by items 1-9; the ‘relational social capital” dimension by items 10-22; the ‘cognitive social capital’ dimension by items 23-26. As measured by cronbach alpha coefficient, the

reliability of social capital was ensured by α = .94 in overall (Göksel, Aydıntan, & Bingöl, 2010).

2.2.4 Work Engagement Questionnaire (WEQ)

In order to measure work engagement, Utrecht Work Engagement Scale-9 (UWES-9) which was originally developed by Schaufeli, Bakker, and Salanova (2006), and the adoption of which to Turkish with its validity and reliability studies was performed by Özkan and Meydan (2015) was used.

Utrecht Work Engagement Scale-9 (UWES-9) is seven point Likert-type scale (1 = "Strongly disagree", 5 = "Strongly agree") consisting of 9 items in a classification of three subscales (i.e., vigor, dedication, and absorption). The 'vigor' dimension is measured by items 1-3; the 'dedication" dimension by items 4-6; and the 'absorption' dimension by items 7-9. As measured by cronbach alpha coefficient, Utrecht Work Engagement Scale-9 (UWES-9) scale has an internal reliability ranging between α = .60 - .87 (Özkalp & Meydan, 2015; Schaufeli et al., 2006) in overall. In addition, the internal reliabilities of subscales were α = .74 - .90, α = .66 - .85, α = .85 - .94 (Özkalp & Meydan, 2015; Schaufeli et al., 2006) for vigor, dedication, and absorption respectively.

2.2.5 Burnout Questionnaire (BQ)

In order to measure burnout, MBI-Human Services Survey (MBI-HSS) that it was originated in Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981); was originally designed for use with healthcare and human service workers; and the adoption of which to Turkish as well as its validity and reliability studies was performed by Ergin (1993).

MBI-Human Services Survey (MBI-HSS) is a five point Likert-type scale (1 = "Never", 5 = "Always") consisting of 22 items in a classification of three subscales (i.e., emotional exhaustion, personal accomplishment, and depersonalization) each of which measures its own unique dimension of burnout. The dimension 'emotional exhaustion' is measured by items 1, 2, 3, 6, 8, 13, 14, 16, 20; the dimension 'personal

accomplisment' is measured by items 4, 7, 9, 12, 17, 18, 19, 21; and the dimension 'depersonalization' is measured by items 5, 10, 11, 15, 22. As measured by cronbach alpha coefficient, the scale of MBI-Human Services Survey (MBI-HSS) has a moderate reliability for burnout with α = .71 - .90 (Maslach et al., 1996, p. 198); whereas emotional exhaustion, personal accomplishment and depersonalization dimensions have reliability values of α = .83, α = .72, and α = .71 respectively (Ergin, 1993).

2.3 Data Analysis

Descriptive statistics were performed by means of Statistical Package for the Social Science (SPSS 21.0). Besides, confirmatory factor analysis (CFA) for structural equation modeling (SEM) was carried out, so as to verify the appropriate structural model and to prove the conceptual framework of research, in EQS 5.6.

CHAPTER 3

RESULTS

Results are presented in four sections: In the first section, the dataset was examined for missing values as well as outliers that it was further examined in consideration of some basic statistical assumptions regarding items. Next, so as to exclude the items which lower the internal reliability, the cronbach alpha values was checked. After data screening and cleaning, composite variables were created and therewith the data were re-screened and outliers were removed.

The second section, in regards of composite variables, presents the descriptive statistics including means and standart deviations, the reliability values as measured with cronbach's alpha, and bivariate correlations.

The third section presents the results of some basic statistical assumptions such as sampling adequacy, multicollinearity, homoscedasticity, positive definiteness and complexity. All were exmined as pre-requisites of Confirmatory Fator Analysis in regards of composite variables.

The fourth section presents the measurement models with the calculated goodness of fit indices and the structural model built so as to examine the hypotheses. The final section presents the results concerning the testing of the study hypotheses by means of path analysis and soebel test.

3.1 Data Exploring, Screening and Cleaning

3.1.1 Missing Data Analysis

The data were assessed in consideration of accuracy and were explored in order to see how much of the data file is missing. There exist 363 cases, 100% of which is valid. Furthermore, so as to check the accuracy of data overall, all items were checked and found to be in range.

3.1.2 Data Screening and Cleaning

After exploring, the data screening was carried out as described by Tabachnick and Fidell (2007) so as to eliminate univariate and multivariate outliers. 16 cases were detected as univariate outliers (< - 3.29, > + 3.29). Before deciding to remove any of those cases, Mahalanobis distance ($p < .001$) was also checked and 10 cases with $p < .001$ were detected as multivariate outliers. 1 case which were both univariate and multivariate outlier and 9 cases which were only multivariate outliers were excluded from the data. In addition, rest of the cases with univariate outliers were kept leaving the limits of univariate outliers as +/- 3.77. The remaining 353 cases were used at the rest of the analysis.

After screening and cleaning the data, taking into account the reliability of individual constructs (i.e., composite variables that constitute the latent variables 'psychological capital', 'social capital', 'work engagement' and 'burnout'), some items were excluded from data in order to increase the reliability of those constructs in question, as measured with cronbach's alpha value. Those items which were excluded are: 'At this time, I am meeting the goals that I have set for myself.', 'When things are uncertain for me at work, I usually expect the best.' and 'Success stories told in our hospital; it helps to create, share and store information and values for individuals and units.' which had caused a decrease in cronbach alpha values. The remaining 78 items were used in the rest of the analysis.

At the next step of analysis, the composite variables for each scale were created. For the psychological capital scale; the composite variables optimism, self-efficacy, hope, and resilience were created. For the social capital scale, the composite variables structural social capital, relational social capital and cognitive social capital were created. For the work engagement scale; the composite variables vigor, dedication and absorption were created. For the burnout scale, the composite variables emotional exhaustion, personal accomplishment and depersonalization were created.

After creation of the all composite variables, the data were re-screened for univariate and multivariate outliers as described by Tabachnick and Fidell (2007). 3

cases were detected as univariate outliers (< - 3.29, > + 3.29). Before deciding to remove any of those cases, Mahalanobis distance ($p < .001$) was also checked and 2 cases with $p < .001$ were detected as multivariate outliers. The aforementioned 2 cases which were only multivariate outliers were excluded from the data. In addition, rest of the cases with univariate outliers were kept leaving the limits of univariate outliers as +/- 3.77. Analyses were conducted with the remaining 351 cases.

3.2 Descriptive Statistics, Reliabilities and Bivariate Correlations

Cronbach's Alpha coefficients the value of which should be .70 or above (Nunnally & Bernstein, as cited in Hafiz & Shaari, 2013) were calculated so as to examine the reliability (i.e., internal consistency) of all composite variables and scale constructs under investigation. All of the composite varaibles and scale constructs were found to be reliable and accordingly have an acceptable internal consistency. Cronbach's alpha, mean, standard deviation as well as minimum and maximum values of composite and latent variables are presented in Table 1. Furthermore, bivariate correlations are presented in Table 2.

3.3 Assumptions of Factor Analysis

As pre-requisites of factor analysis, multicollinearity, homoscedasticity, data variance, positive definiteness, complexity and sampling adequacy were examined at the next steps of the study before CFA was implemented. Firstly, regarding multicollinearity, there did not exist any variable with a value of Variance Inflation Factor (VIF) greater than 10, accordingly no variables were found to have multicollinearity confirming that each factor had a low correlation with any combination of other factors. Secondly, in consideration of homoscedasticity, regression of standardized residuals was plotted and checked. The assumption of homoscedasticity seemed to be not violated. Thirdly, in consideration of the data variance, none of the measured variables was found to be greater than ten times more than any other variables, implying that the data variance assumption was satisfactorily met.

Table 1.

Descriptive Statistics of Composite and Latent Variables

Composite/Latent Variable	Mean	SD	Min	Max	Skewness[a]	Kurtosis[b]	Cronbach's α	# of Items
Optimism	4.23	1.00	1.33	6.00	-.11	-.33	.82	3
Self-Efficacy	4.79	.77	2.33	6.00	-.30	-.47	.90	6
Hope	4.76	.71	2.20	6.00	-.51	.29	.86	5
Resilience	4.58	.74	2.00	6.00	-.35	.15	.84	5
Structural Social Capital	3.72	.65	1.89	5.00	-.25	-.10	.89	9
Relational Social Capital	4.00	.67	1.92	5.00	-.74	.14	.94	13
Cognitive Social Capital	4.20	.69	2.33	5.00	-.57	-.47	.88	3
Vigor	5.23	.79	3.00	7.00	-.33	-.15	.85	3
Dedication	5.12	.81	2.67	7.00	-.15	-.44	.85	3
Absorption	5.13	.83	2.67	7.00	-.07	-.65	.82	3
Emotional Exhaustion	2.33	.61	1.00	4.22	.31	-.29	.86	9
Personal Accomplishment	2.07	.57	1.00	4.00	.48	.09	.79	8
Depersonalization	2.04	.69	1.00	4.20	.54	-.23	.81	5
Psychological Capital	4.59	.62	2.27	6.00	-.28	.44	.76	4
Social Capital	3.97	.54	2.48	5.00	-.52	-.18	.73	3
Work Engagement	5.16	.69	2.89	7.00	-.29	-.13	.81	3
Burnout	2.15	.50	1.00	3.72	.31	-.34	.71	3

Abbreviations. Min.: Minimum; Max.: Maximum; SD: Standard Deviation
Notes. a: Standard Error of Skewness = .13; b: Standard Error of Kurtosis = .26

Table 2.

Bivariate Correlations (Pearson) of Composite Variables

Composite Variable	Optimism	Self-Efficacy	Hope	Resilience	Structural Social Capital	Relational Social Capital	Crognitive Social Capital	Vigor	Dedication	Absorption	Emotional Exhaustion	Personal Accomplishment	Depersonalization
Optimism	1	.32**	.47**	.29**	.17**	.07	.15**	.31**	.37**	.33**	-.40**	-.06	-.34**
Self-Efficacy		1	.54**	.68**	.26**	.19**	.22**	.44**	.48**	.37**	-.40**	-.33**	-.30**
Hope			1	.51**	.30**	.24**	.25**	.44**	.51**	.34**	-.51**	-.30**	-.42**
Resilience				1	.24**	.21**	.24**	.43**	.45**	.35**	-.49**	-.45**	-.37**
Structural Social Capital					1	.45**	.44**	.46**	.45**	.40**	-.55**	-.23**	-.42**
Relational Social Capital						1	.53**	.40**	.44**	.43**	-.44**	-.30**	-.44**
Cognitive Social Capital							1	.43**	.47**	.44**	-.42**	-.26**	-.39**
Vigor								1	.70**	.51**	-.60**	-.22**	-.47**
Dedication									1	.56**	-.60**	-.38**	-.49**
Absorption										1	-.45**	-.24**	-.41**
Emotional Exhaustion											1	.29**	.72**
Personal												1	.29**
Depersonalization													1

Notes. * p < .05 (2-tailed); ** p < .01 (2-tailed)

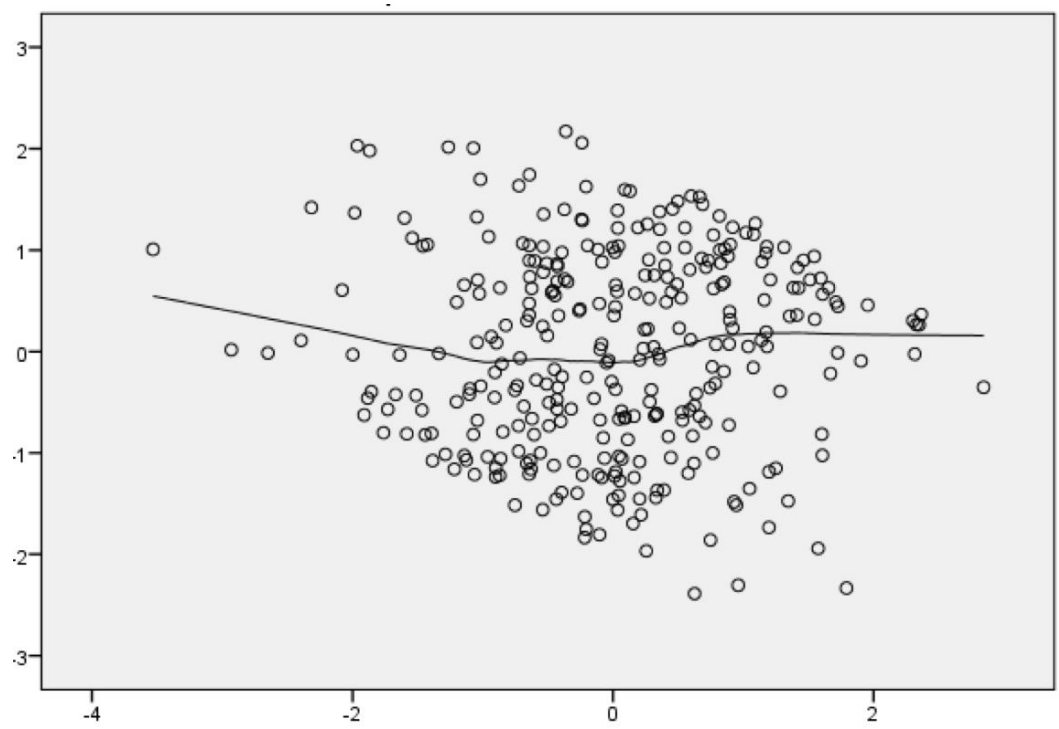

Figure 2. Scatter Plot of Standardized Residulas' Regression

Furthermore, the value of determinant was found to be equal to .002 at correlation matrix, pointing out that the assumption of positive definiteness was not violated. Next, regarding complexity, calculations were made so as to check if the model has right number of observations; *df* was found to be equal to 59, implying an overidentified model.

Finally, regarding sampling adequacy, at KMO and Bartlett's Test, the Kaiser-Meyer-Olkin Measure of Sampling Adequacy was found to be .890 which is greater than 0.5 that proved the adequacy of sample size.

3.4 Confirmatory Factor Analysis (CFA)

In the present study, reliability as well as construct validity of the model were examined through CFA so as to ensure model-data fit. That is, in keeping with Anderson and Gerbing (1988)'s proposal of two step approach, the analysis was performed mainly in two stages.

In the first phase, the measurement model was built to analyze the model's internal reliability, validity as well as goodness of fit indices and therewith the model was improved so as to achieve a better model-data fit. In the second phase, the structural model was built in order to examine the significance of associations existing among the all latent variables of the model (i.e., psychological capital, social capital, work engagement and burnout) and to test the hypotheses by means of path analysis.

In compliance with the suggestion of Hu and Bentler (1999) for the model fit, the accepted measurement and structural models should satisfy the criteria $\chi^2/df \leq 2$, Comparative Fit Index (*CFI*) ≥ 0.95, and Root Mean Square Error of Approximation (*RMSEA*) ≤ 0.06.

3.4.1 Measurement Model

So as to prove that the composite variables are significantly loading under the latent variables in the model, and to check if the model fits the data well, the goodness of fit indices of the measurement model was analyzed. Next, taking account of Lagrange Multiplier Test results, the measurement model was improved to achieve a better model-data fit so as to build the full latent structure.

In model-1 (Figure 3), normalized estimate of multivariate kurtosis was found to be equal to 3.5869; being less than 5, refers to a normally distributed data in respect of multivariate normality. Accordingly, model-1 was analyzed and reported in accordance with Normal Distribution Theory.

The average off-diagonal absolute standardized residual was found to be equal to .0436; being less than 1.96, implies that the residuals were normally distributed at α = .001. Additionally, the distribution of standardized residuals between -.1 and +.1 had a percentage of ρ = 93.40% which is above the cut-off 90.00%, implying that the outliers were distributed mostly in the center in the model-1.

Model-1, with its fit indices $ML\chi^2$ (351, 59) = 214.843, $p < .001$, *CFI* = .924, *RMSEA* = .087, *RHO* = .802, 90% *CI* [.074, .099], was found to be a non-satisfactory model since the division of $ML\chi^2$ (351, 59) = 214.843 to *df* = 59 is greater than 2.

Moreover, the data did not fit the model well since *CFI* = .924 is less than .95 and *RMSEA* = .087 is greater than .06.

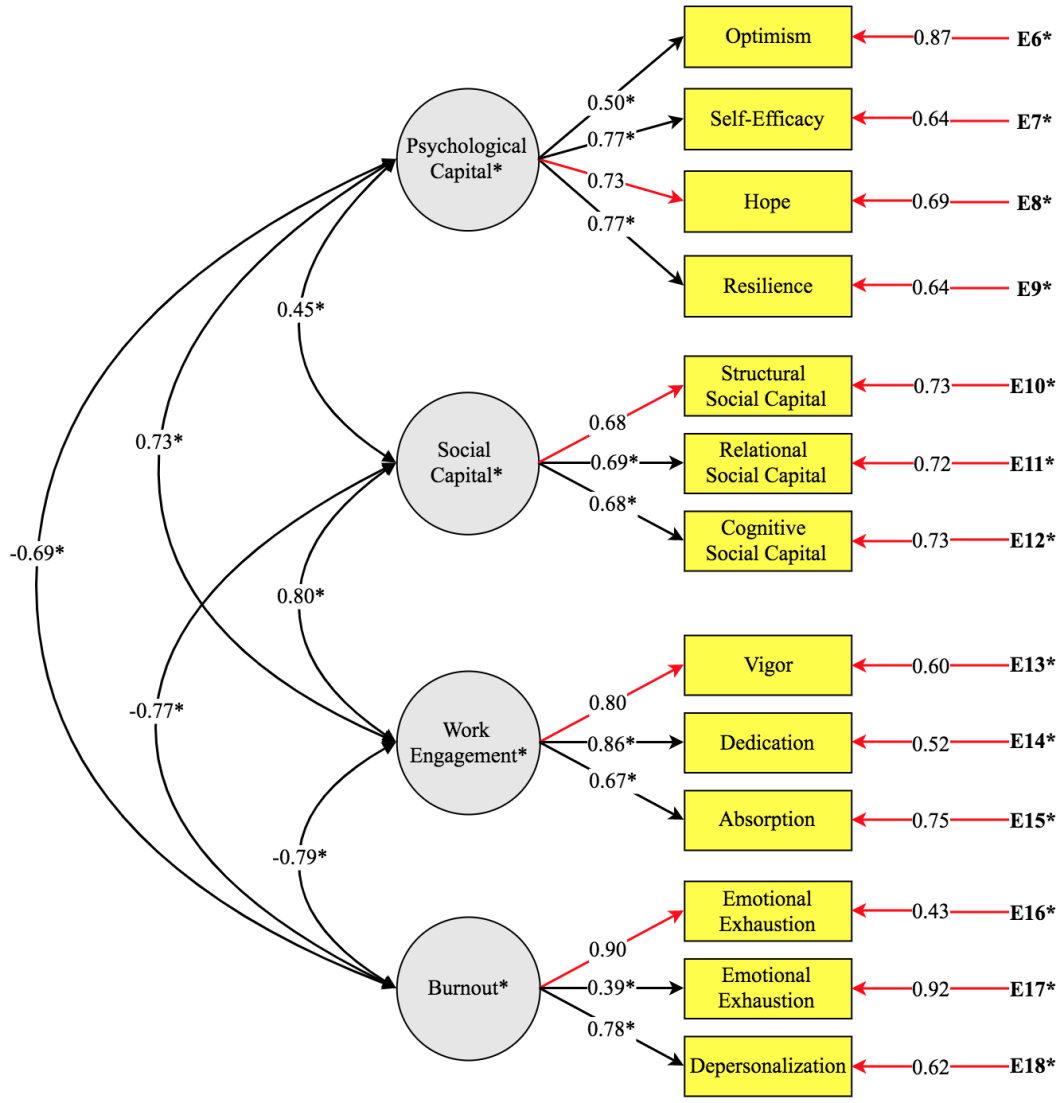

Figure 3. Measurement Model – Model 1

Without having to consult the Lagrange Multiplier Test results, since its factor loading was found to be less than .5, the composite variable 'personal accomplishment' was excluded from the measurement model that also increased the

composite reliability from cronbach α = .631 to α = .694. Next, model-2 was developed with removal of the composite variable 'personal accomplishment'.

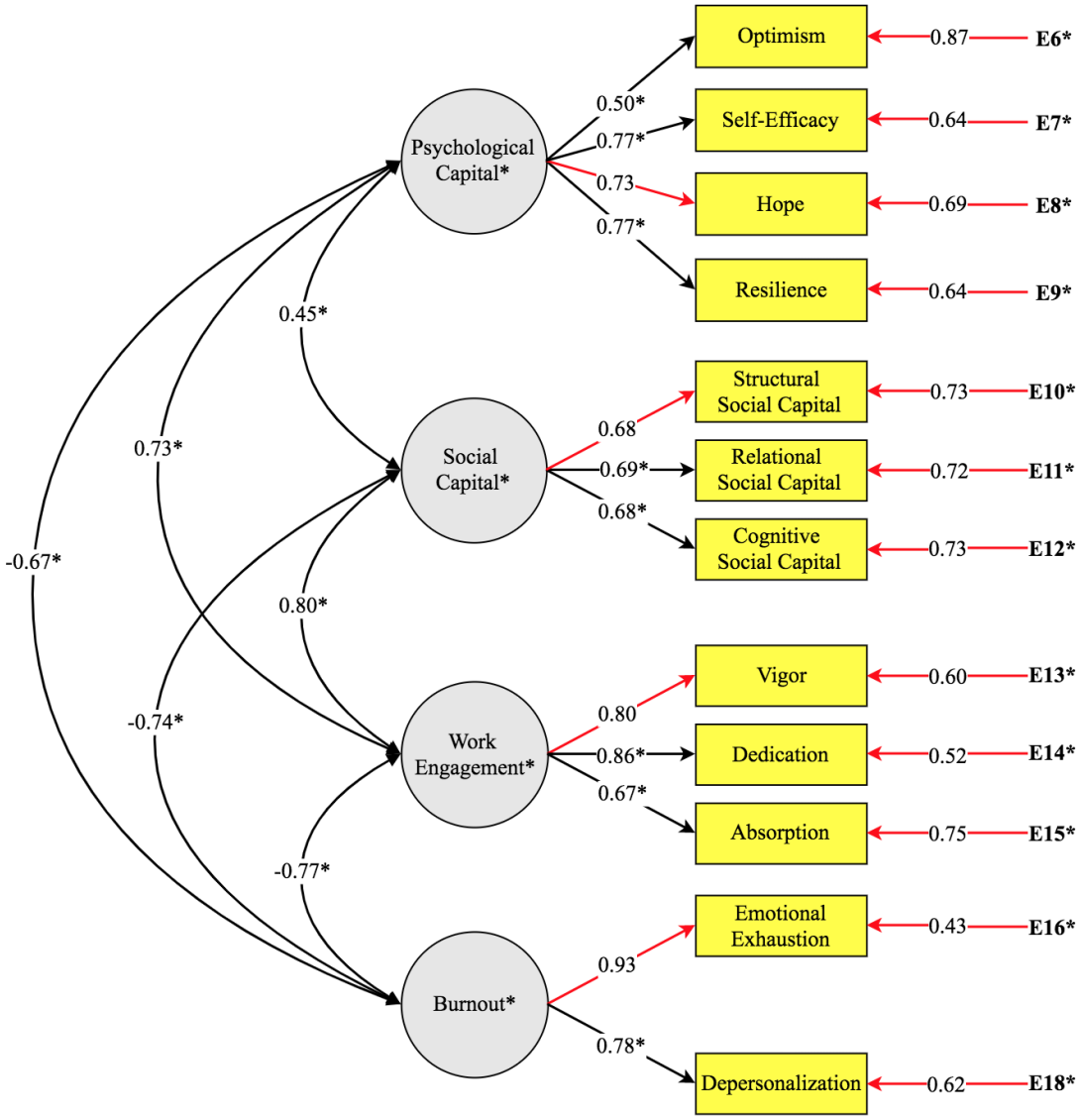

Figure 4. Measurement Model – Model 2

In model-2 (Figure 4), normalized estimate of multivariate kurtosis was found to be equal to 2.6420; being less than 5, refers to a normally distributed data in

respect of multivariate normality. Accordingly, model-2 was analyzed and reported in accordance with Normal Distribution Theory.

The average off-diagonal absolute standardized residual was found to be equal to .0364; being less than 1.96, indicates that the residuals were normally distributed at α = .001. Additionally, the distribution of standardized residuals between -.1 and +.1 had a percentage of ρ = 98.72% which is above the cut-off value of 90.00% implying that the outliers were distributed mostly in the center in the model-2.

Model-2, with its fit indices $ML\chi^2$ (351, 48) = 136.935, $p < .001$, *CFI* = .954, *RMSEA* = .073, *RHO* = .830, 90% *CI* [.058, .087], was found to be a non-satisfactory model since the division of $ML\chi^2$ (351, 48) = 136.935 to *df* = 48 is greater than 2. Moreover, the data did not fit the model-2 well since *RMSEA* = .073 is not less than .06 even though *CFI* = .954 is greater than .95. The Lagrange Multiplier Test proposed a modification of model-2 with additional constraint of adding error covariances E6-E8 and E7-E9 in order to achieve a better model-data fit with an estimated decrease of χ^2 (2) = 56.365, $p < .05$.

In model-3 (Figure 5), normalized estimate of multivariate kurtosis was found to be equal to 2.6420; being less than 5, refers to a normally distributed data in respect of multivariate normality. Accordingly, model-3 was analyzed and reported in accordance with Normal Distribution Theory.

The average off-diagonal absolute standardized residual was found to be equal to .0268; being less than 1.96, indicates that the residuals were normally distributed at α = .001. Additionally, the distribution of standardized residuals between -.1 and +.1 had a percentage of ρ = 98.72% which is above the cut-off 90.00%, implying that the outliers were distributed mostly in the center in the model-3.

Model-3 with its fit indices $ML\chi^2$ (351, 46) = 88.530, $p < .001$, *CFI* = .978, *RMSEA* = .051, *RHO* = .805, 90% *CI* [.035, .067], was found to be a satisfactory model since the division of $ML\chi^2$ (351, 46) = 88.530 to *df* = 46 is less than 2. Additionally, the data fit the model well since *CFI* = .978 is greater than .95, and *RMSEA* = .051 is less than .06, as well; accordingly, model-3 was chosen as the baseline model so as to build the structural model. On the other hand, there also

existed a significant improvement in the measurement model after the modification of model-2, ΔCFI=24 $\Delta ML\chi 2$ (351, 2) = 35.62 at α = .05.

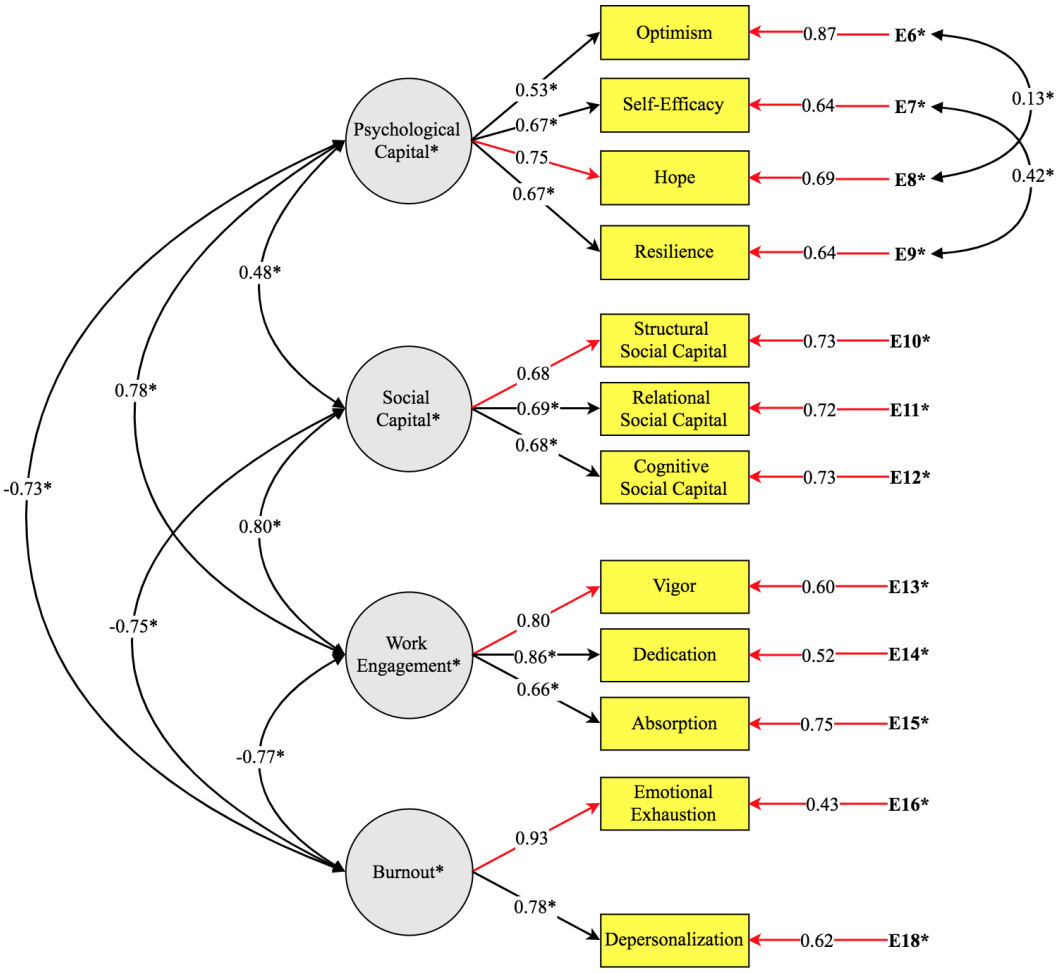

Figure 5. Measurement Model – Model 3

3.4.2 Structural Model

In the second part of the Confirmatory Factor Analysis, a structural model was built with four latent variables (Figure 6), and path analysis was carried out to examine the direct effects of psychological capital and social capital on work engagement and burnout; as well as the indirect effects of social capital on work

engagement and burnout by mediation of psychological capital. It was hypothesized that psychological capital will partially mediate the effects of social capital on work engagement (H1) and burnout (H2).

In structural model (Figure 6), normalized estimate of multivariate kurtosis was found to be equal to 2.6420; being less than 5, refers to a normally distributed data in respect of multivariate normality. Accordingly, structural model was analyzed and reported in accordance with Normal Distribution Theory.

The average off-diagonal absolute standardized residual was found to be equal to .0272; being less than 1.96, indicates that the residuals were normally distributed at α = .001. Additionally, the distribution of standardized residuals between -.1 and +.1 had a percentage of ρ = 98.72% which is above the cut-off value of 90.00% implying that the outliers were distributed mostly in the center in the structural model.

The structural model, with its fit indices $ML\chi^2$ (351, 47) = 88.801, $p < .05$, *CFI* = .978, *RMSEA* = .050, *RHO* = .805, 90% *CI* [.034, .066], was found to be satisfactory since the division of $ML\chi^2$ (351, 47) = 88.801 to *df* = 47 is less than 2. In addition, the data did fit the model well since *CFI* = .978 is greater than .95, and *RMSEA* = .050 is less than .06, as well. The Goodness of Fit Indices of Each Measurement Model is presented in Table 3.

Table 3.

Confirmatory Factor Analysis Fit Indices

Model		***MLχ2***	***df***	***p***	***CFI***	***RMSA***	***RHO***	***90% CI***
Measurement Model	**M-1**	214.84	59	< . 001	.924	.087	.802	[.074, .099]
	M-2	136.94	48	< . 001	.954	.073	.830	[.058, .087]
	M-3	88.53	46	< . 001	.978	.051	.805	[.035, .067]
Structural Model		88.80	47	< . 001	.978	.050	.805	[.034, .066]

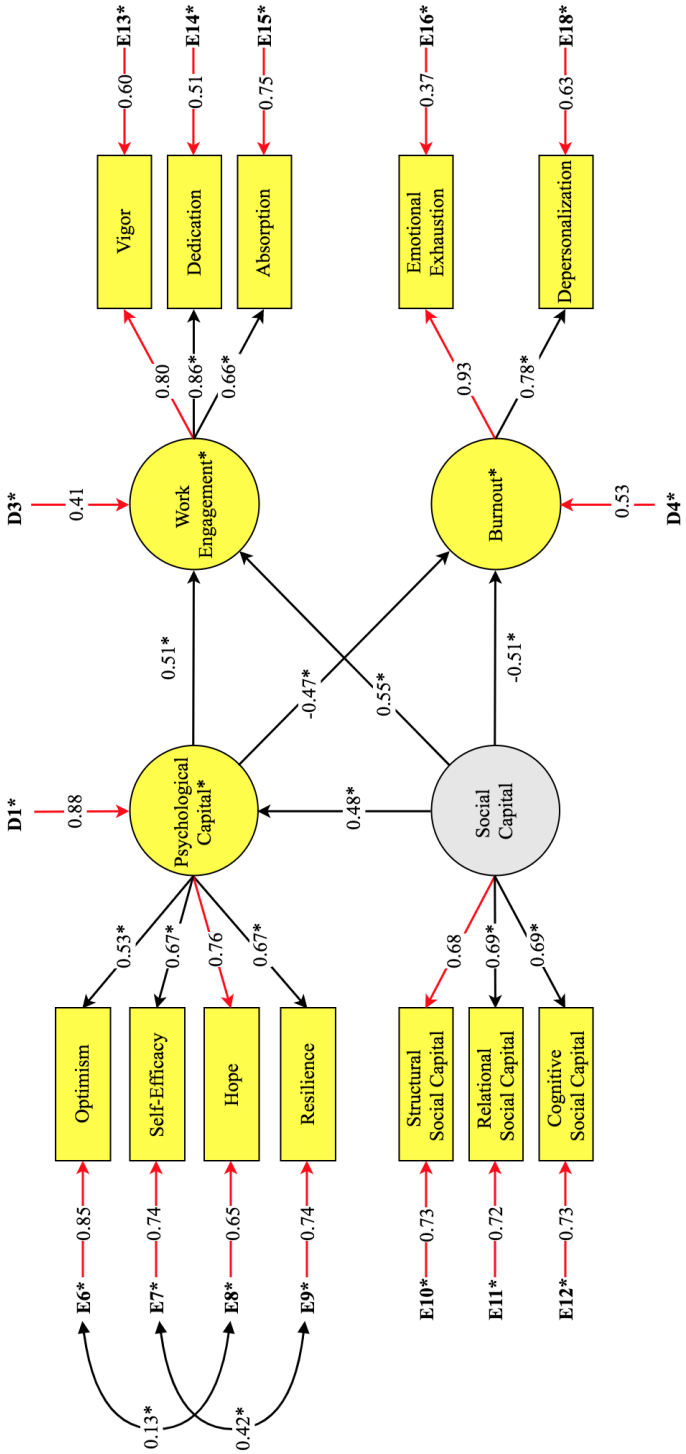

Figure 6. Structural Model

3.5 Testing the Study Hypotheses

Regarding the significance of associations existing among all latent variables, path analysis was carried out in EQS so as to examine the direct effects of psychological capital and social capital on work engagement and burnout; as well as the indirect effects of social capital on work engagement and burnout by mediation of psychological capital. Nurses' psychological capital was expected to partially mediate the effects of their social capital on their work engagement (H1) and burnout (H2).

In consideration of direct effects, results verified that social capital (β = .481 and p < .05) significantly predicted psychological capital, having a 23,1% variance. Furthermore, work engagement was significantly predicted by psychological capital (β = .512 and p < .05) and social capital (β = .545 and p < .05), having a variance of 82.8%. As well, having a variance of 72.1%, burnout was significantly predicted by psychological capital (β = -.475 and p < .05) and social capital (β = -.512 and p < .05).

Table 4.

Standardized Regressions of Latent Variables

Independent Variable	**Dependent Variable**	**Direct Effect**	**Indirect Effect**	**Total Effect**
		β	**β**	**β**
Social Capital	**Work Engagement**	.545**	.247**	.792**
	Burnout	-.512**	-.228**	-.740**
	Psychological Capital	.481**	-	.481**
Psychological Capital	**Work Engagement**	.512**	-	.512**
	Burnout	.-475**	-	.-475**

Notes. β = standard regression coefficient. * p < .05 (2-tailed). ** p < .01 (2-tailed).

Table 5.

Unstandardized Regressions of Latent Variables

Independent Variable	Dependent Variable	Direct Effect		Indirect Effect		Total Effect	
		B	**SE**	**B**	**SE**	**B**	**SE**
Social Capital	**Work Engagement**	.77**	7.17	.35**	5.54	1.12**	10.06
	Burnout	-.65**	-7.12	-.29**	-5.43	-.94**	-1.0E1
	Psychological Capital	.58**	6.17	-	-	.58**	6.17
Psychological Capital	**Work Engagement**	.60**	7.54	-	-	.60**	7.54
	Burnout	.-50**	-7.27	-	-	.-50**	-7.27

Notes. * $p < .05$ (2-tailed). ** $p < .01$ (2-tailed).

Furthermore, except hope, structural social capital, vigor and emotional exhaustion, all composite variables were significantly loaded by the latent variables that they belong to. That is, psychological capital was found to have significant factor loadings on optimism ($\beta = .527$ and $p < .05$), self-efficacy ($\beta = .673$ and $p < .05$) and resilience ($\beta = .674$ and $p < .05$), but not on hope ($\beta = .756$ and $p < .05$). Social capital was found to have significant factor loadings on relational social capital ($\beta = .694$ and $p < .05$) and cognitive social capital ($\beta = .687$ and $p < .05$), but not on structural social capital ($\beta = .681$ and $p < .05$). Work engagement was found to have significant factor loadings on dedication ($\beta = .858$ and $p < .05$) and absorption ($\beta = .664$ and $p < .05$), but not on vigor ($\beta = .801$ and $p < .05$). Burnout was found to have significant factor loading on depersonalization ($\beta = .777$ and $p < .05$), but not on emotional exhaustion ($\beta = .929$ and $p < .05$).

Moreover, the indirect effect of social capital ($\beta = .247$ and $p < .05$) on work engagement by mediation of psychological capital was found to be significant. As

well, the indirect effect of social capital (β = -.228 and p < .05) on burnout by mediation of psychological capital was found to be significant. Thereby, the results verified that psychological capital partially mediates the effects of social on work engagement (H1) and burnout (H2). That is to say, an increase in social capital also increases psychological capital which in turn increases work engagement and decreases burnout, and vice versa.

Besides, the results did not support the existence of a full mediation, because the direct effects of social capital on work engagement and burnout were found to be significant. Furthermore, the results of soebel test which was performed so as to check if psychological capital fully mediated the effect of social capital on work engagement and burnout confirmed that there did not exist a full mediation, p = .95154753 at α = .05.

CHAPTER 4

DISCUSSION

Discussion is presented below in four sections: In the first section, results for the associations among all the study variables including but not limited to the mediating role of psychological capital on the association between social capital and its outcomes are discussed. In the second section, conclusion of the present study is presented. In the third section, theoretical and practical implications of the study are presented. In the last section, limitations of the present study and suggestions for a future research are presented.

4.1 Direct and Indirect Effects of Psychological Capital and Social Capital

The present study argued the effects of psychological capital and social capital on work engagement and burnout; and further examined the indirect effects of social capital on work engagement and burnout with inclusion of psychological capital's mediating role as well.

Corresponding with direct effects, in line with the previous findings, the results of the present study verified that both psychological capital and social capital have a significant increasing effect on work engagement and a significant decreasing effect on burnout.

Moreover, corroborative with the hypothesized arguments of present study, results confirmed that psychological capital partially mediates the effect of social capital on work engagement and burnout. That is to say, the study verified the existence of a significant positive association between psychological capital and social capital that corresponds with the previous findings argued by Amirkhani and Arefnejad (2012); Hashemi et al. (2012); Avolio and Luthans (2006); Larson and Luthans (2006). Results of the study further verified that social capital has a

significant positive effect on psychological capital; implying that, psychological capital's direct effect on work engagement and burnout are stronger in the employees with higher social capital and vice versa. Stated in other words, psychological capital has a stronger increasing effect on work engagement and stronger decreasing effect on burnout in the nurses with higher social capital. Those aforementioned results of the study corroborate with previous findings of Adler and Kwon (2002) who argued that changes in psychological capital at both individual and public levels is related to changes in social capital.

4.2 Conclusion

In the last decades, the field of psychology has begun to put attention grabbing emphasis on scientific research in the matter of what made contribution to individuals' potential of advancement (Sheldon & King, 2001; Snyder & Lopez, 2002). The progress of positive psychology (Peterson, 2006; Peterson & Seligman, 2004; Snyder & Lopez, 2002) extended to the workplace, by setting sight on positivity in individuals and in organizations as well (Luthans, Youssef, & Avolio, 2007; Nelson & Cooper, 2007; Roberts, 2006; Spreitzer & Sonenshein, 2004). Taking all into account, positive organizational behavior was defined as the study of positively oriented psychological resources which can be improved, measured and managed effectually for the enhancement of employees' job performance (Luthans, 2002). Furthermore, positive psychology aims at developing positive approaches so as to effectually cover a ground in the management of individuals' intrapersonal resources (Luthans, Avolio, Avey, & Norman, 2007).

Being a principal concept of positive psychology (Luthans, Avolio, Walumbwa & Li, 2005), psychological capital has therefore the potential of being developed and improved. More specifically, positive psychological capacities mostly recognized in the field of organizational behavior such as optimism (Seligman, 1998) and self-efficacy (Bandura, 1997; Stajkovic & Luthans, 1998) as well as the other ones once regarded as being "a quality of gifted individuals" such as hope and resilience (Garmezy, 1974) have been empirically supported that they can be developed

(Masten & Reed, 2002; Snyder, 2000).

Besides, any other crucial aspect for a healthy working environment which is extremely important to the success of organizations is social capital. Social capital at workplace indicates that socially built interactive networks create positive value and develop resources for employees and organizations as well (DiCicco-Bloom et al., 2007). While workplace social capital has different definitions in consideration of various disciplines, there is an ever increasing evidence of its positive outcomes for both nurses and public healthcare organizations (Ernstmann et al., 2009; Hsu et al., 2011). Research done on social capital in the nursing profession has extended the focus to nurses themselves in the recent times, mentioning of the benefits of establishing social capital at high levels amongst nurses in public healthcare organizations (Hofmeyer, 2003; Hofmeyer & Marck, 2008; DiCicco-Bloom et al., 2007; Ernstmann et al., 2009; Hsu et al., 2011).

Hence forth, it is plausible to suggest that any investment on social assets is essentially an investment on psychological capital in the workplace. In other words, being a member of such a network built by means of social interactions with high respect and mutual trust derives higher optimism, making nurses regard the reoccurrence of setbacks, obstacles or failures as less likely possible; so making them pin their hope on future rather than present or past, and therewith yields a sense of subjective wellbeing derived from optimism. Furthermore, belonging to and being identified by such a network built with high respect and mutual trust and accordingly yielding higher optimism creates a leverage used to achieve the group's collective goals resulting in more idealistic team members with higher self-efficacy which makes nurses prefer more challenging tasks. As well, the existence of a high level communication among nurses in a network built with mutual trust is likely to make nurses share their resources more and give much more support to their colleagues since they believe that the favor which they do will be reciprocated in return at some time in the near future. On the other side of these reciprocal actions, the support taken for shared resources and know-how is likely to promote nurses' self efficacy (i.e., is likely to promote the nurses' credence in their innate ability for them to

achieve the common goals) and resilience (i.e., is likely to make nurses perform the course of action essential to cope with any kind of obstacles, setbacks or failures).

Consequently, congruent with the findings of the present study, it is rational to conclude that public healthcare nurses who work in healthy working environments with a supportive culture that is being fostered with high level of social interactions in an atmosphere of mutual trust, deep respect, effective communication, bold support, cooperative teamwork and allowance to access shared resources are likely to promote optimism, self-efficacy, hope and resilience of nurses and therewith help them do their job more effectively with a burnout felt less.

4.3 Theoretical Implications

Despite its limitations, the findings of the present study have some noteworthy implications for broadening the existent theoretical background in positive organizational behavior research as well as for the development, use and management of nurses' social capital and psychological capital so as to increase the work engagement and to decrease the burnout in healthcare organizations. Apart from the literature which investigated the effect of psychological capital on social capital, the present study aimed to argue, enlighten and emphasize the positive effect of social capital on psychological capital, especially in public healthcare, as well as to give supportive argument to the direct effects of social capital and psychological capital on work engagement and burnout in consistence with literature. In order to achieve this goal this study examined the theoretical frameworks in this area and the findings showed that there is more room to investigate about healthcare staff's social capital in consideration of all staff, patients and organization itself in healthcare organizations for certain positive organizational behavior practices when examined in the light of the social capital's concept itself as well as its antecedents and outcomes, in addition to the psychological capital.

4.4 Practical Implications

The present study, in addition to its theoretical implications, argued the proper course of actions required for human resources management to take into consideration regarding psychological capital and social capital, suggesting the promotion of those valuable resources as an effective approach to promote the nurses' engagement in their work and empower them in coping with burnout. In this regards this study is believed to make valuable contributions to the positive organizational behavior in healthcare organizations as well as to the organization itself, especially in Turkey.

Nurses' social capital, with the essence of concept itself, put emphasis on the importance, richness and depth of social assets which are created and accessed through social interactions. Considering the advantages for the organization itself, together with its significant direct effects on work engagement and burnout, the existence of a high level social capital and hence a boosted psychological capital is likely to result in a boosted work engagement with an alleviated burnout, that leads to decrease in turnover intentions as well as increase in retention of nurses, and yields an increase in cost savings regarding benefits at organizational level by extension. On the other hand, the findings of the present study do not have solely economic implications. Even though economic capital is mostly used to measure the worth in healthcare, social capital together with psychological capital are necessarily required to be taken into consideration in decision-making in regards of human resources since they are likely to make numerous contributions to positive organizational behavior of nurses, yielding high-quality nursing practices.

Therefore, healthcare organizations aiming to increase nurses' work engagement and to reduce burnout ought to extend their focus on developing efficacious strategies to establish and strengthen social capital which is also conducive to foster nurses' psychological capital. Within this consideration, the healthcare organizations can emphasize on taking concrete steps and building the key resources of social capital so as to: forge relations to extend the essential cooperation, promote collective action, build solidarity and cultivate mutual trust,

consolidate communication and exchange of knowledge, and create an environment supportive for social inclusion and cohesion. Accordingly, the aforementioned steps which are conceived to develop and improve nurses' social capital and therewith to foster psychological capital in the workplace will help healthcare organisations to create quality nursing practice environments that add value to nurses and organizations.

4.5 Limitations and Future Research Suggestions

The present study has some limitations that needs to be kept in mind while interpreting the study findings. First, the study was carried out in a few privately held hospitals which accepted to participate in and the questionnaires were distributed manually by the chief nurses. Remaining limited to a few privately held hospitals owing to time limitation should be taken into consideration with regards to generalizability which requires variety and gathering data from quite a few hospitals with diverse departments and located in different cities as well.

Second, demographic questions related to the working duration spent at the last department and the area of specialization were not answered by hardly any of the nurses; and, accordingly the present study could not control for the effect of such demographic information on psychological capital, social capital, work engagement and burnout in the analysis.

Next, when the definition of social capital is considered, there exists a large degree of heterogeneity in the literature. More specifically, workplace social capital has different conceptualizations at almost all of the previous research owing to the use of various models based on diversified theories from social capital literature, and the application of workplace social capital to nursing is scarce as well. That is to say, as it stands in the literature, the concept has been investigated, examined, explained or defined by a great many authors based on various theoretical frameworks pursuant to attributes and antecedents incongruent with each other. This aforementioned confusion around what constitutes social capital, and difficulty in distinguishing antecedents from attributes makes it challenging to understand and use the concept in

nursing. Thus, the present study focused on the common thread to all previous findings of social capital in the nursing profession, that perhaps had excluded some important aspects from the final attributes and antecedents which should be taken into consideration for all public healthcare staff. This captures the necessity of unanimity as well as clarification in the concept of social capital with its attributes and antecedents in consideration of all public healthcare staff, with a room for amendment and evolution in the future.

Moreover, the nursing literature applies to several countries, including but not limited to Germany (Ernstmann et al., 2009; Kowalski, Ommen et al., 2010), United States of America (Crow, 2002; DiCicco-Bloom et al., 2007), Canada (Hofmeyer, 2003; Hofmeyer & Marck, 2008), Australia (Brunetto et al., 2011) and Taiwan (Hsu et al., 2011). That is to say, the concept of social capital in nursing is even pertinent to the social context of the countries that should be taken into consideration as a controlling factor in future research of social capital in nursing or public healthcare staff.

Finally, nurses' workplace social capital is such a concept that it has the makings of comprising a basis for an exploratory theory to incorporate the all social capital employed in the healthcare organization including all members of the healthcare team. This would perhaps lead to a better conception of the unique contributions of social capital for healthcare teams and organizations as a whole.

REFERENCES

Adams, V. H., Snyder, C. R., Rand, K. L., King. E. A., Sigmon, D. R., & Pulvers, K. M. (2002). "Hope in the workplace". In R. Giacolone & Jurkiewicz (Eds.), Handbook of workplace spirituality and organizational performance (pp. 367-377). New York: Sharpe.

Adler, P. S., & Kwon, S. (2002). Social capital: prospects for a new concept. *Academic Management Review, 27*(1), 17-40.

Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. *International Journal of Nursing Studies, 52*(2), 649-661.

Adwan, J. Z. (2014). Pediatric Nurses' Grief Experience, Burnout and Job Satisfaction. *Journal of Pediatric Nursing*, *29*(4), 329-336.

Allen, J., & Mellor, D. (2002). Work context, personal control, and burnout amongst nurses. *Western Journal of Nursing Research, 24*(8), 905-917.

Amiri, M., Khosravi, A., Eghtesadi, A. R., Sadeghi, Z, Abedi, G., Ranjbar, M, & Mehrabian, F. (2016). Burnout and its influencing factors among primary health care providers in the north east of iran. *PLoS ONE 11*(12), 1-11. doi:10.1371/journal. pone.0167648

Amirkhani, T., & Arefnejad, M. (2013). The impact of psychological capital and citizenship behavior on social capital. *Journal of Iranian Management Sciences, 36,* 89-112.

Anagnostopoulos, F., Liolios, E., Persefonis, G., Slater, J., Kafetsios, K., & Niakas, D. (2012). Physician burnout and patient satisfaction with consultation in primary health care settings: evidence of relationships from a one-with-many design. *Journal of Clinical Psychology in Medical Settings*, *19*(4), 401-410.

Angelo, R, P. (2015). Chambel MJ. The reciprocal relationship between work

characteristics and employee burnout and engagement: a longitudinal study of firefighters. *Stress Health*, *31*(2), 106-114.

Arakawa, D., & Greenberg, M. (2007). Optimistic managers and their influence on productivity and employee engagement in a technology organisation: implications for coaching psychologists. *International Coaching Psychology Review*, *2*(1), 78-89.

Avey, J. B., Luthans, F., & Jensen, S. M. (2009). Psychological capital: A positive resource for combating employee stress and turnover. Human Resource Management, *48*(5), 677-693.

Avey, J. B., Luthans, F., Smith, R. M., & Palmer, N. F. (2010). Impact of positive psychological capital on employee well-being over time. *Journal of Occupational Health Psychology*, *15*(1), 17-28.

Avey J. B., Reichard R. J., Luthans F., & Mhatre K. H. (2011). Meta-analysis of the impact of positive psychological capital on employee attitudes, behaviors, and performance. *Human Resource Development Quarterly*, *22*, 127-152.

Avey, J. B., Wernsing, T. S., & Luthans, F. (2008). Can positive employees help positive organizational change? Impact of psychological capital and emotions on relevant attitudes and behaviors. *The Journal of Applied Behavioral Science*, *44*(1), 48-70.

Avolio, B. J. (2006). The High Impact Leader. New York: McGrow Hill.

Avolio, B., & Luthans, F. (2006). The high impact leader: moments matter in accelerating authentic leadership development. New York, NY: McGraw-Hill.

Bakker, A. B., Schaufeli, W. B., Leiter, M. P., & Taris, T. W. (2008). Work Engagement: An Emerging Concept in Occupational Health Psychology. *Work Stress*, *22*(3), 187-200.

Baran, G., Bıçakçı, M. Y., İnci, F., Öngör, M., Ceran, A., & Atar, G. (2010). Analysis of burnout levels of teacher. *Procedia Social and Behavioral*

Sciences, 9, 975-980.

Baruch-Feldman, C., Brondolo, E., Ben-Dayan, D., & Schwartz, J. (2002). Sources of social support and burnout, job satisfaction, and productivity. *Journal of Occupational Health Psychology*, *7*(1), 84-93.

Baumgardner, S. R., & Crothers, M. K. (2010). Positive Psychology. New Jersey: Pearson Education.

Bitmiş, M. G., & Ergeneli, A. (2015). How psychological capital influences burnout: The mediating role of job insecurity. *Social and Behavioral Sciences*, *207*, 363-368

Bourdieu, P. (1979). La distinction: critique sociale du jugement. Editions de Miniuit, Paris.

Bourdieu, P. (1985). The social space and the genesis of groups. *Theory Sociology, 14*(6), 723-744.

Bourdieu, P. (1986). The forms of capital. In: Richardson, J.G. (Ed.), Handbook of Theory and Research for the Sociology of Education. Greenwood Press, New York.

Boyas, J., Wind, L. H., & Kang, S. Y. (2012). Exploring the relationship between employment-based social capital, job stress, burnout, and intent to leave among child protection workers: An age-based path analysis model. *Child Youth Service Review*, *34*(1), 50-62.

Brunetto, Y., Farr-Wharton, R., & Shacklock, K. (2011). The impact of supervisor-subordinate relationships on nurses' ability to solve workplace problems: implications for their commitment to the organization. *Organizational Development in Healthcare: Conversations on Research and Strategies Advances in Healthcare Management, 10*, 215-237.

Burt, R. S. (1992a). Structural holes. Cambridge, MA: Harvard University Press.

Burt, R. S. (1992b). The social structure of competition. In N. Nohria & R. Eccles (Eds.), Networks and organizations: Structure, form, and action: pp. 57-91. Boston: Harvard Business School Press.

Burt, R. S. (1997). The contingent value of social capital. *Administrative Science Quarterly, 42,* 339-365.

Campell, L. K. (2000). A comparison of job satisfaction between internal and external locus of control nurses, Unpublished doctoral dissertation, Texas A&M University - Commerce.

Carver, C., & Scheier, M. (2002). Optimism. In C.R. Snyder & S. Lopez (Eds.), Handbook of positive psychology (pp. 231-243). New York: Oxford University Press.

Cascio, W., & Luthans, F. (2013). Reflections on the metamorphosis at Robben Island: The role of institutional work and positive psychological capital. *Journal of Management Inquiry*, *23*(1), 51–67.

Castiglione, D., van Deth, J. W., & Wolleb, G. (2008). Social capital's fortune: an introduction. In The Handbook of Social Capital (Castiglione D., van Deth, J. W., & Wolleb, G., eds), Oxford University Press, Oxford, pp. 1–21.

Chang, H. H., & Chuang, S. S. (2011). Social Capital and Individual Motivations on Knowledge Sharing: Participant Involvement as a Moderator. *Information & Management,* Vol. 48, No. 1, pp. 9-18.

Chiu, C. M., Hsu, M. H., & Wang, E. T. (2006). Understanding Knowledge Sharing in Virtual Communities: An integration of Social Capital and Social Cognitive Theories. *Decision Support System,* Vol. 42, No. 1, pp. 1872-1888.

Cetin, F., Basim, H. N. (2012). Örgütsel psikolojik sermaye: Bir ölçek uyarlama çalışması. *Amme Idaresi Dergisi*, Vol. 45, No. 1, pp. 121-137.

Cherniss, C. (1993). Role of professional self-efficacy in the etiology and

amelioration of burnout. In Schaufeli, W. B., Maslach, C., & Marek, T. (Eds.), Professional burnout: Recent developments in theory and research. Series in applied psychology: Social issues and questions (pp. 135-149). Washington, DC: Taylor & Francis.

Clapp-Smith, R., Vogelgesang, G. R., & Avey, J. B. (2009). Authentic leadership and positive psychological capital: The mediating role of trust at the group level of analysis. *Journal of Leadership & Organizational Studies*, Vol. 15, No. 3, pp. 227-240.

Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, Vol. 94, pp. 95-120.

Coleman, J. (1990). Foundations of social theory. Cambridge, MA: Harvard University Press.

Craiovan, P. M. (2014). Correlations between perfectionism, stress, psychopathological symptoms and burnout in the medical field. *Procedia-Social and Behavioral Sciences*, Vol. 127, pp. 529-533.

Crow, G. (2002). The relationship between trust, social capital and organizational success. *Nursing Administration Quarterly*, Vol. 26, pp. 1–11.

Dakhli, M., & de Clercq, D. (2004). Human capital, social capital, and innovation: a multi-country study. *Entrepreneurship & Regional Development*, *16*, 107-128.

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology*, *86*(3), 499-512.

Development Dimensions International (DDI). (2015). Whitepaper-employee engagement: the key to realizing competitive advantage. Available: www.ddiworld.com (October 10, 2011).

De França, F., M., Ferrari, R., Ferrari, D. C., Alves, E. D. (2012). Burnout and labour aspects in the nursing teams at two medium-sized hospitals. *Rev Lat Am*

Enfermagem, *20*(5), 961-970.

DiCicco-Bloom, B., Frederickson, K., O'Malley, D., Shaw, E., Crossan, J. C., & Looney, J. A. (2007). Developing a model of social capital: relationships in primary care. *Advances in Nursing Science, 30*, 12-24.

Elstad, J. I., & Vabø, M. (2008). Job stress, sickness absence and sickness presenteeism in Nordic elderly care. *Scandinavian Journal of Public Health, 36*(5), 467-474.

Engelbrecht, M. C., Bester, C. L., Van Den Berg, H. et al. (2008). A study of predictors and levels of burnout: The case of professional nurses in primary health care facilities in the free state province, South Africa. *Journal of Economy, 76*(1), 15-27.

Ergin, C. (1993). Doktor ve hemşirelerde tükenmişlik ve Maslach Tükenmişlik Ölçeğinin uyarlanması. Bayraktar, R., & Dağ, İ. (Ed.), VII. Ulusal Psikoloji Kongresi Bilimsel Çalışmaları içinde (pp. 143-154). Ankara: VII. *Ulusal Psikoloji Kongresi Düzenleme Kurulu ve Türk Psikologlar Derneği*.

Ernstmann, N., Ommen, O., Driller, E., Kowalski, C., Neumann, M., & Bartholomeyczik, S. (2009) Social capital and risk management in nursing. *Journal of Nursing Care Quality, 24*, 340-347.

Farahbod, F., Chegini, M. G., Eramsadati, L. K., & Mohtasham-Amiri, Z. (2015). The Association between Social Capital and Burnout in Nurses of a Trauma Referral Teaching Hospital. *Acta Medica Iranica*, 53(*4*), 214-219

Felton, J. (1998). Burnout as a clinical entity—its importance in health care workers. *Occupational Medicine, 48*(4), 237-250.

Field, J. (2003). *Social Capital.* London: Routledge.

Fletcher, C. E. (2001). Hospital RNs' job satisfactions and dissatisfactions. *Journal of Nursing Administration, 31*(6), 324-331.

Flinkman, M., Laine, M., Leino-Kilpi, H., Hasselhorn, H. M., & Salantera, S. (2008). Explaining young registered Finnish nurses' intention to leave the profession: A questionnaire survey. *International Journal of Nursing Studies, 45*(5), 727-739.

Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues, 30*, 159-165.

Fry, P. (1995). Perfectionism, humor, and optimism as moderators of health outcomes and determinants of coping styles of women. *Genetic, Social, and General Psychology Monographs, 12*(1), 211-245.

Fujita, S., Kawakami, N., Ando, E., Inoue, A., Tsuno, K., Kurioka, S., & Kawachi, I. (2016). The association of workplace social capital with work engagement of employees in health care settings: A multilevel cross-sectional analysis. *Journal of Occupational and Environmental Medicine, 58*(3), 265-71. doi: 10.1097/JOM.0000000000000605.

Fukuyama, F. (1995). Trust: The social virtues and the creation of prosperity. New York: Free Press.

Garrosa, E., Rainho, C., Moreno-Jime´nez, B., & Monteiro, M. J. (2010). The relationship between job stressors, hardy personality, coping resources and burnout in a sample of nurses: A correlational study at two time points. *International Journal of Nursing Studies, 47*(2), 205-215.

Ghashghaeizadeh, N. (2016). Study of Relationship between Psychological Capital and Social Capital among Women Teachers. *Journal of Educational and Management Studies, 6*(1), 09-12.

Ghasemzadeh, A., Zavvar, T., & Rezaei, A. (2015). Impact of psychological capital and social capital on the job stress and deviant behaviors in clinical staff. *International Journal of Hospital Research, 4*(4), 149-153.

Göksel, A., Aydıntan, B., & Bingöl, D. (2010). Örgütlerde Bilgi Paylaşım Davranışı: Sosyal Sermaye Boyutundan Bir Bakış. *Ankara Üniversitesi SBF Dergisi, 65*(4), 87-109.

Granovetter, M. S. (1992). Problems of explanation in economic sociology. In N. Nohria & R. G. Eccles (Eds.). Networks and organizations: Structure, form and actions: pp. 25–56. Boston: Harvard Business School Press.

Greenglass, E. R., Burke, R. J., & Fiksenbaum, L. (2001). Workload and burnout in nurses. *Journal of Commun. Appl. Soc. Psychology*, *11*(3), 211-215.

Hafiz, B., Shaari, J. A. N. (2013). Confirmatory factor analysis (CFA) of first order factor measurement model-ICT empowerment in Nigeria. *International Journal of Business Management and Administration*, *2*(5), 081-088

Hanifan, L. J. (1916) The rural community school center. *Annals of the American Academy of Political and Social Science*, *67*, 130–138.

Hashemi, T., Babapour, J., & Bahadori, J. (2012). The role of psychological capital in psychological well-being by considering the moderating effects of social capital. *Journal of Social Psychological Research*, *1*(4), 123-144.

Hayek, M. (2012). Control beliefs and positive psychological capital: Can nascent entrepreneurs discriminate between what can and cannot be controlled? *Journal of Management Research*, *1*(1), 23-33.

Hillhouse, J. J., & Adler, C. M. (1997). Investigating stress effect patterns in hospital staff nurses: results of a cluster analysis. *Social Science & Medicine*, *45*(12), 1781-1788.

Hitt, M. A., Ho-Uk, L., & Yucel, E. (2002). 'The importance of social capital to the management of multinational enterprises: Relational networks among Asian and Western firms." *Asia Pacific Journal of Management*, *19*, 353-372.

Hobfoll, S. E. (1989). Conservation of Resources: A New Attempt at Conceptualizing Stress. *American Psychologist*, *44*, 513-524.

Hodges, T. D. (2010). An Experimental Study of the Impact of Psychological Capital on Performance, Engagement, and the Contagion Effect, Dissertations and Theses from the College of Business Administration, University of Nebraska.

Hofmeyer, A. (2003). A moral imperative to improve the quality of work-life for nurses: building inclusive social capital capacity. *Contemporary Nurse*, *15*, 9-19.

Hofmeyer, A., & Marck, P. B. (2008). Building social capital in healthcare organizations: thinking ecologically for safer care. *Nursing Outlook*, *56*, 145-151.

Hsu, C. P., Chang, C. W., Huang, H. C., & Chiang, C. Y. (2011). The relationships among social capital, organisational commitment and customer-oriented prosocial behaviour of hospital nurses. *Journal of Clinical Nursing*, *20*, 1383-1392.

Hyeda, A., & Handar, Z. (2012). Productivity evaluation in Burnout. *Rev Bras Med Trab*, *9*(2), 78-84.

Iglesias, M. E. L., de Bengoa Vallejo, R. B., Fuentes, P. S. (2010). The relationship between experiential avoidance and burnout syndrome in critical care nurses: A cross-sectional questionnaire survey. *International Journal of Nursing Studies*, *47*(1), 30-37.

James, E. H. (2000). Race-related differences in promotions and support: Underlying effects of human and social capital. *Organization Science*, *11*(5), 493-508.

Jansson von Vulte´e, P., Axelsson, R., Arnetz, B. (2007). The impact of organisational settings on physician wellbeing. *International Journal of Health Care Quality Assurance*, *20*(6), 506-515.

Jawahar, I. M., Stone, T. H., Kisamore, J. L. (2007). Role Conflict and Burnout: The Direct and Moderating Effects of Political Skill and Perceived Organizational support on burnout dimensions. *International Journal of Stress Management*, *14*(2), 142-159.

Kaasa, A. (2009). Effects of different dimensions of social capital on innovative activity: Evidence from Europe at the regional level. *Technovation*, *29*, 218-233

Kahn, W. A. (1990). Psychological Conditions of Personal Engagement and Disengagement at Work. *Academy of Management Journal*, *33*(4), 692-724.

Kao, G. (2004). Social capital and its relevance to minority and immigrant populations. *Sociology of Education*, *77*, 172-183.

Katrinli, A., Atabay, G., Gunay, G., & Guneri, B. (2008). Leader member exchange, organizational identification and the mediating role of job involvement for nurses. *Journal of Advanced Nursing*, *64*(4), 354-362.

Kira, M., van Eijnatten, F. M., & Balkin, D. B. (2010). Crafting sustainable work: development of personal resources. *Journal of Organanizational Change Management*, *23*(5), 616-632.

Kowalski, C., Driller, E., Ernstmann, N., Alich, S., Karbach, U., Ommen, O., Schulz-Nieswandt, F., & Pfaff, H. (2010). Associations between emotional exhaustion, social capital, workload, and latitude in decision-making among professionals working with people with disabilities. *Research on Developmental Disabilities*, *31*(2), 470-479.

Kowalski, C., Ommen, O., Driller, E., Ernstmann, N., Wirtz, M. A., Köhler, T., & Pfaff, H. (2010). Burnout in nurses – the relationship between social capital in hospitals and emotional exhaustion. *Journal of Clinical Nursing*, *19*(11-12), 1654-1663.

Krishna, A., & Uphoff, N. (2002). 'Mapping and measuring social capital through assessment of collective action to conserve and develop watersheds in Rajasthan, India." Pp. 85-88, 115-124 in The Role of Social Capital in Development, edited by Thierry Van Bastelaer. Melbourne: Cambridge University Press.

Landa, J. M. A., Lopez-Zafra, E., Martos, M. P. B., & Aguilar-Luzon, M. C. (2008). The relationship between emotional intelligence, occupational stress and health in nurses: A questionnaire survey. *International Journal of Nursing Studies*, *45*(6), 888-901.

Larson, M., & Luthans, F. (2006). Potential added value of psychological capital in

predicting work attitudes. *Journal of Leadership and Organizational Studies*, *13*(2), 75-92.

Larson, M. D., Norman, S. M., Hughes, L. W., & Avey, J. B. (2013). Psychological Capital: A new Lens for Understanding Employee Fit and Attitudes. International Journal of Leadership Studies, *8*(1), 28-43.

Lazarus, R. S. (2003). Does the positive psychology movement have legs? *Psychological Inquiry, 14*(2), 93-109.

Leana, C. R., & Van Buren, H. J. (1999). Organizational Social Capital and Employment Practices. *The Academy of Management Review*, *24*(3), 538-555.

Leiter, M. P., & Maslach, C. (1988) The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior, 9*(4), 297-308.

Lin, N., Ensel, W., & Vaughn, W. (1981). Social resources and strength of ties: Structural factors in occupational status attainment. American Sociological Review, *46*, 393-405.

Lin, N. (1999). Building a network theory of social capital. *Connections*, *22*(1), 28-51.

Lin, F., John, W., & Veigh, C. (2009). Burnout among hospital nurses in China. *Nurse Management*, *17*, 294-301.

Liu, Y. (2013). Mediating effect of positive psychological capital in Taiwan's life insurance industry. *Social Behavior and Personality*, *41*(1), 109-111.

Lockwood, N. R. (2007). Leveraging Employee Engagements for Competitive Advantage: HRs Strategic Role. *HR Magazine, 52*(3), 1-11.

Luthans, F. (2002a). The Need for and Meaning of Positive Organizational Behavior. *Journal of Organizational Behavior*, *23*(6), 695-706.

Luthans, F. (2002b). Positive Organizational Behavior: Developing and Managing Psychological Strengths. *Academy of Management Executive*, *16*(1), 57-72.

Luthans, F., Avey, J. B., Avolio, B. J., Norman, S. M., & Combs, G. M. (2006). Psychological capital development: toward a micro-intervention. *Journal of Organizational Behaviour*, *27*, 387-393.

Luthans, F., Avey, J. B., Avolio, B. J., & Peterson, S. J. (2010). The development and resulting performance impact of psychological capital. *Human Resource Development Quarterly*, *21*, 41-67.

Luthans, F., Avolio, B. J., Walumbwa, F., & Li, W. (2005). The Psychological Capital of Chinese Workers: Exploring the Relationship with Performance. *Management and Organization Review*, *1*(2), 247-269.

Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2007). Positive Psychological Capital: Measurement and Relationship with Performance and Satisfaction. *Personnel Psychology*, *60*(3), 541-572.

Luthans, F., & Church, A. H. (2002). Positive organizational behavior: developing and managing psychological strengths [and executive commentary]. The *Academy of Management Executive (1993-2005)*, *16*(1), 57-75.

Luthans, F., & Jensen, S. M. (2002). Hope: A new positive strength for human resource development. *Human Resource Development Review*, *1*(3), 304-22.

Luthans, F., Luthans, K., & Luthans, B. (2004). Positive psychological capital: Going beyond human and social capital. *Business Horizons*, *47*(1), 45-50.

Luthans, F., Norman, S. M., Avolio, B. J., & Avey, J, B. (2008). The mediating role of psychological capital in the supportive organizational climate—employee performance relationship. *Journal of Organizational Behavioral*, *29*(2), 219-238.

Luthans, F., & Youssef, C. M. (2004). Human, Social, and Now Positive Psychological Capital Management: Investing in People for Competitive

Advantage. *Organizational Dynamics, 33*(2), 143-160.

Luthans, F., & Youssef, C. M. (2007). Emerging Positive Organizational Behavior. *Journal of Management, 33*(3), 321-349.

Luthans, F., Youssef, C. M., & Avolio, B. J. (2007). Psychological Capital: Developing the Human Competitive Edge, Oxford: Oxford University Press.

Luthans, K. W., Jensen, S. M. (2005), The linkage between psychological capital and commitment to organizational mission. *Journal of Nursing Administration, 35*(6), 304-310.

Macinko, J., & Starfield, B. (2001). The utility of social capital in research on health determinants. *The Milbank Quarterly, 79*(3), 387-427.

Magnussen, J., Vrangbaek, K., & Saltman, R. B. (2009). Nordic Health Care Systems: Recent Reforms and Current Policy Challenges. McGraw-Hill Education, Berkshire, GBR.

Malekitabar, M., Riahi, M., & Malekitabar, A. R. (2017). The role of psychological capital in psychological well-being and job burnout of high schools principals in Saveh, Iran. *Iran Journal of Psychiatry Behavioral Science, 11*(1).

Mallak, L. (1998). Putting Organizational Resilience to Work. *Industrial Management, 40*(6), 8-14.

Martinez, C. (2004). Job stress and job satisfaction in child welfare: An analysis of the impact of group supervision. *Envision: The Manitoba Journal of Child Welfare, 3*(2), 37-54.

Martini, S., Arfken, C. L., Balon, R. (2006). Comparison of burnout among medical residents before and after the implementation of work hours limits. *Academic Psychiatry, 30*(4), 352-355.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout.

Journal of Organizational Behavior, *2*, 99-113.

Maslach, C., & Jackson, S. E. (1984). Burnout in organizational settings. *Applied Social Psychology Annual*, *5*, 133-153.

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). Maslach Burnout Inventory Manual, Consulting Psychologists Press, Palo Alto, Calif, USA, 3rd edition.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*, 397-422.

Medlin, B., & Faulk, L. (2011). The relationship between optimism and engagement: the impact on student performance. *Res. in Higher Education Journal*, *13*, 1-9.

Miller, J. F. (2011). Burnout and its impact on good work in nursing. *Journal of Radiology Nursing*, *30*(4), 146-149.

Mishra, J., & Morrissey, M. A. (1990). Trust in employee/employer relationships: A survey of west Michigan managers. *Public Personnel Management*, *19*(4), 443-486.

Moran, P., & Ghoshal, S. (1996). Value creation by firms. In Keys, J. B., & Dosier, L. N. (Eds.), Academy of Management Best Paper Proceedings: pp. 41-45.

Moritz, P., Hinshaw, A.S. & Heinrich, J. (1989). Nursing resources and the delivery of the patient care: The national center for nursing research perspective. *Journal of Nursing Administration*, *19*(5), 12-17.

Nahapiet, J., & Ghoshal, S. (1998). Social capital, intellectual capital, and the organizational advantage. *Academy of Management Review*, *23*, 242-266.

Nunnally, J. C., & Bernstein, I. H. (1994). Psychometric Theory (3rd ed.). New York: McGraw-Hill.

Olley B. (2003). A comparative study of burnout syndrome among health professionals in a Nigerian teaching hospital. *African Journal of Medicine and Medical Sciences*, *32*(3), 297-302.

Othman, N., & Nasurdin, A. M. (2011). Work Engagement of Malaysian Nurses: Exploring the Impact of Hope and Resilience. *World Academy of Science, Engineering and Technology*, *5*(12), 391-395.

Özkalp, E. & Meydan, B. (2015). Schaufeli ve Bakker tarafından geliştirilmiş olan işe angaje olma ölçeğinin türkçe'de güvenilirlik ve geçerliliğinin analizi. *İş, Güç, Endüstri İlişkileri ve İnsan Kaynakları Dergisi*, *17*(3), 04-19.

Özler, D. E., & Atalay, C. G. (2011). A research to determine the relationship between organizational cynicism and burnout levels of employees in health sector. *Business & Management Review*, *1*(4), 26-38.

Peng, J. X., Jiang, X. H., Zhang, J. X., Xiao, R. X., Song, Y. Y., Feng, X., ..., & Miao, D. M. (2013). The impact of psychological capital on job burnout of Chinese nurses: The mediator role of organizational commitment. *PLOS ONE*, *8*(12), 1-7.

Peterson, S. J., & Byron, K. (2007). Exploring the Role of Hope in Job Performance: Results from four Studies. *Journal of Organizational Behavior*, *29*, 785-803.

Philippe, F. L., Lecours, S., & Beaulieu-Pelletier, G. (2008). Resilience and positive emotions: Examining the role of emotional memories. *Journal of Personality*, *77*(1), 139-175.

Portes, A. (2000). The two meanings of social capital. *Sociological Forum*, *15*(1), 1-12.

Portoghese, I., Galletta, M., Coppola, R. C., Finco, G., & Campagna, M. (2014). Burnout and Workload Among Health Care Workers: The Moderating Role of Job Control. *Safety and Health at Work*, *5*(3), 152-157.

Prusak, L., & Cohen, D. (2001). How to Invest in Social Capital. *Harvard Business*

Review, *79*(6), 86-93.

Putnam R.D. (1993) Making Democracy Work: Civic Traditions in Modern Italy. Princeton University Press, Princeton, NJ.

Putnam, R. D. (1995a). Bowling alone: America's declining social capital. *Journal of Democracy*, *6*(1), 65-78.

Putnam, R, D. (1995b). Tuning in, tuning out: the strange disappearance of social capital in America. PS *Political Science and Politics, 28*(4), 664-683.

Rahn, W. M., & Transue, J. E. (1998). Social Trust and Value Change: The Decline of Social Capital in American Youth, 1976-1995. *Political Psychology*, *19*(3), 545-565.

Ring, P. S., & Van de Ven, A. H. (1994). Developmental processes of cooperative interorganizational relationships. *Academy of Management Review*, *19*, 90-118.

Rojas, B. M., & Grisales, R. H. (2011). Burnout syndrome in professor from academic unit of a Colombian university. *Investigación Y Educación en Enfermería*, *29*(3), 427-434.

Rulke, D. L., & Galaskiewicz, J. (2000). Distribution of knowledge, group network structure and group performance. *Management Science*, *46*(5), 612-625.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, *57*(3), 316-331.

Sapp, A. L., Kawachi, I., Sorensen, G., La Montagne, A. D., & Subramanian, S. V. (2010). Does workplace social capital buffer the effects of job stress? A cross-sectional, multilevel analysis of cigarette smoking among U.S. manufacturing workers. *Journal of Occupational and Environmental Medicine*, *52*(7), 740-750.

Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: a cross-national study. *Educational*

Psychology Measurement, 66, 701-716.

Schaufeli, W. B., Salanova, M., Gonzalez-Roma, V., & Bakker, A. B. (2002). The Measurement of Engagement and Burnout: A Two Sample Confirmatory Factor Analytic Approach. *Journal of Happiness Studies*, *3*(1), 71-92.

Schmitz, N., Neumann, W., & Oppermann, R. (2000). Stress, burnout and locus of control in German nurses. *Int. Journal of Nursing Studies, 37*(2), 95-99.

Sherman, D. W. (2004). Nurses' Stress & Burnout: How to care for yourself when caring for patients and their families experiencing life-threatening illness. *AJN The American Journal of Nursing*, *104*(5), 48-56.

Simons, J. C., & Buitendach, J. H. (2013). Psychological capital, work engagement and organisational commitment amongst call centre employees in South Africa. *SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde, 39*(2), 1-12.

Simsek, E., Sali, J. B. (2014). The role of internet addiction and social media membership on university students' psychological capital. *Contemporary Educational Technology*, *5*(3), 239-256.

Snyder, C. R. (2002). Hope theory: rainbows in the mind. *Psychological Inquiry*, *13*(4), 249-275.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The Will and the Ways: Development and Validation of an Individual-Differences Measure of Hope. *Journal of Personality and Social Psychology*, *60*(4), 570-585

Snyder, C. R., Irving, L., & Anderson, J.R. (1991). Hope and health: measuring the will and the ways. In C.R. Snyder & D.R. Forsyth (Eds.), Handbook of social and clinical psychology: the health perspective (pp. 285-307). Elmsford, NY: Pergamon Press.

Spooner-Lane, R., Patton, W. (2007). Determinants of burnout among public hospital

Nurses. *AJAN*, *25*(1), 8-16.

Stajkovic, A. D., & Luthans, F. (1998b). Social Cognitive Theory and Self-Efficacy: Going Beyond Traditional Motivational and Behavioral Approaches. *Organizational Dynamics*, *26*(4), 62-74.

Stewart, K. L. (2009). Nurse manager's knowledge of staff nurse burnout [Dissertation]. Western Carolina University.

Strömgren, M., Eriksson, A., Bergman, D., & Dellve, L. (2016). Social capital among healthcare professionals: A prospective study of its importance for job satisfaction, work engagement and engagement in clinical improvements. *International Journal of Nursing Studies*, *53*, 116-125.

Susanne, L. B., Kowalski, C., Wirtz, M., Ansmann, L., Driller, E., Ommen, O., Oksanen, T., & Pfaff, H. (2013). Work engagement of hospital physicians: do social capital and personal traits matter? *Psychother. Psychosom. Med. Psychology*, *63*(3/4), 122-128.

Tamer, İ., Sağlam, M., & Dereli, B. (2014). Unorthodox forms of capital in organizations: positive psychological capital, intellectual capital and social capital. *Social and Behavioral Sciences*, *152*, 963-972

Tang, J. (2010). How entrepreneurs discover opportunities in China: An institutional view. *Asia Pacific Journal of Management*, *27*, 461-479

Tennant, C. (2001). Work-related stress and depressive disorders. *Journal of Psychosomatic Research*, *51*(5), 697-704.

Thorsen, V. C., Tharp, A. L., Meguid, T. (2011). High rates of burnout among maternal health staff at a referral hospital in Malawi: A cross-sectional study. *BMS Nursing*, *10*(1), 1-7.

Tsai, W., & Ghoshal, S. (1998). Social capital, and value creation: The role of intrafirm networks. *Academy of Management Journal*, *41*, 464-478

Tucker, S. J., Weymiller, A. J., Cutshall, S. M., Rhudy, L. M., & Lohse, C. M. (2012). Stress ratings and health promotion practices among RNs: a case for action. *Journal of Nurse Administration*, *42*(5), 282-292.

Uphoff, N. (2000). Understanding social capital: Learning from the analysis and experience of participation. In P. Dasgupta, & I. Serageldin (Eds.), Social capital: A multifaceted perspective (pp. 215–252). Washington, DC: The World Bank.

Vander Elst, T., Cavents, C., Daneels, K., Johannik, K., Baillien, E., Van den Broeck, A., & Godderis, L. (2016). Job demands-resources predicting burnout and work engagement among Belgian home health care nurses: A cross-sectional study. *Nurs Outlook*, *64*(6), 542-556.

Ventura, M., Salanova, M., & Llorens, S. (2015). Professional Self-Efficacy as a Predictor of Burnout and Engagement: The Role of Challenge and Hindrance Demands. *The Journal of Psychology*, *149*(3), 277-302.

Walker, G., Kogut, B., & Shan, W. (1997). Social capital, structural holes, and the formation of an industry network. *Organizational Science*, *8*, 109-125.

Wang, S., Tomlinson, E. C., & Noe, R. A. (2010). The role of mentor trust and protégé internal locus of control in formal mentoring relationships. *Journal of Applied Psychology*, *95*, 358-367.

Weick, K. E., & Quinn, R. E. (1999). Organizational change and development. *Annual Review of Psychology*, *50*, 361-386.

Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2007). The Role of Personal Resources in the Job Demands-Resources Model. *International Journal of Stress Management*, *14*(2), 121-141.

Xanthopoulou, D., Bakker A. B., Demerouti E, & Schaufeli W. B. (2009). Reciprocal relationships between job resources, personal resources, and work engagement. *Journal of Vocational Behaviour*, *74*, 235-244.

Youssef, C. M., & Luthans, F. (2007). Positive Organizational Behavior in the Workplace: The Impact of Hope, Optimism, and Resilience. *Journal of Management*, *33*(5), 774-800.

APPENDICES

APPENDIX A: Approval of Human Subjects Ethics Committee

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
MIDDLE EAST TECHNICAL UNIVERSITY

DUMLUPINAR BULVARI 06800
ÇANKAYA ANKARA/TURKEY
T: +90 312 210 22 91
F: +90 312 210 79 59
ueam@metu.edu.tr
www.ueam.metu.edu.tr

Sayı: 28620816 / 211

05 NİSAN 2018

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Dr. Öğretim Üyesi Yonca TOKER

Danışmanlığını yaptığınız yüksek lisans öğrencisi İsmail EL'in ***"Psikolojik ve Sosyal Sermayenin Sağlık Sektörü Çalışanlarının İşe Bağlılığı ve Tükenmişlik Duygusu Üzerindeki Etkileşimli Etkileri: Sosyal Sermayenin Bağdaştırıcı Rolü"*** başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2018-SOS-053** protokol numarası ile **06.04.2018 - 30.06.2019** tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Ş. Halil TURAN
Başkan V

Prof. Dr. Ayhan SOL
Üye

Prof. Dr. Ayhan Gürbüz DEMİR
Üye

Doç. Dr. Yaşar KONDAKÇI
Üye

Doç. Dr. Zana ÇITAK
Üye

Doç. Dr. Emre SELÇUK
Üye

Dr. Öğr. Üyesi Pınar KAYGAN
Üye

APPENDIX B: Informed Consent

Ön Çalışma Yönergesi ve Soruları
Gönüllü Katılım (Bilgilendirilmiş Onay) Formu

Bu çalışma, ODTÜ / Endüstri ve Örgüt Psikolojisi Yüksek Lisans Programı öğrencisi İsmail EL tarafından, Yardımcı Doçent Doktor Yonca TOKER danışmanlığında yürütülmektedir. Çalışmanın amacı, psikolojik sermaye ve sosyal sermayenin etkileşimli olarak sağlık sektörü çalışanlarının kendilerini işlerine olan adamışlıkları ve tükenmişlikleri üzerindeki etkileri ile psikolojik sermayenin sosyal sermaye üzerindeki aracı rolünün tespit edilerek doğrulanmasına katkı sağlayacak bilgiler elde etmektir. Çalışmaya katılım tamamıyla gönüllülük temelinde olmalıdır. Yaklaşık 45 dakika sürecek olan bu mülakat esnasında, sizden kimlik belirleyici hiçbir bilgi istenmeyecek, yöneticiniz ve işyerinizi göz önünde bulundurarak 77 adet soruyu yanıtlamanız istenecektir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayınlarda kullanılacaktır.

Anket, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakıp çıkmakta serbestsiniz. Böyle bir durumda görüşmeyi gerçekleştiren kişiye, görüşmeyi sonlandırmak istediğinizi söylemek yeterli olacaktır. Görüşme sonrasında, bu çalışmayla ilgili sorularınız cevaplanacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için İsmail EL ile iletişime geçebilirsiniz (E-posta: ismail.el@metu.edu.tr; Telefon numarası: 0538 988 67 38; Adres: Üniversiteler Mahallesi, ODTÜ Lisans Üstü Araştırmacı Konukevi Oda: 234/4, Çankaya/ANKARA.)

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

Ad Soyad **Tarih** **İmza**

APPENDIX C: Demographic Information Form

Demografik Bilgi Formu

Lütfen aşağıda yer alan bilgileri doldurunuz.

1. Cinsiyetiniz: Kadın Erkek

2. Yaşınız: _____

3. Şu anda çalıştığınız sektör: _____

4. Uzmanlık alanınız: _____

5. Şu anki pozisyonda geçirdiğiniz çalışma süreniz: _____

6. Toplam çalışma süreniz: _____

Teşekkür ederiz. Şimdi diğer anketleri doldurabilirsiniz.

APPENDIX D: Psychological Capital Scale

Psikolojik Sermaye Ölçeği

Birazdan okuyacagınız ifadeler, sahip olduğunuz psikolojik sermaye ile ilgilidir. Lütfen cümleleri dikkatlice okuyarak söz konusu ifadeye ne ölçüde katıldıgınızı, ilgili kutucuktaki rakamlardan size uygun olanı yuvarlak içine alarak belirtiniz. Rakamların anlamları su sekildedir:

1 – Kesinlikle Katılmıyorum
2 – Katılmıyorum
3 – Kısmen Katılmıyorum
4 – Kısmen Katılıyorum
5 – Katılıyorum
6 – Kesinlikle Katılıyorum

1. Bu aralar kendim için belirlediğim iş amaçlarımı yerine getiriyorum.	1	2	3	4	5	6
2. Bir grup iş arkadaşıma bir bilgi sunarken kendime güvenirim.	1	2	3	4	5	6
3. Çalışma alanımda, hedefler/amaçlar belirlemede kendime güvenirim.	1	2	3	4	5	6
4. Daha önceleri zorluklar yaşadığım için, işimdeki zor zamanların üstesinden gelebilirim.	1	2	3	4	5	6
5. Herhangi bir problemin çözümü için birçok yol vardır.	1	2	3	4	5	6
6. Genellikle, işimdeki stresli şeyleri sakin bir şekilde hallederim.	1	2	3	4	5	6

7. İşimde benim için belirsizlikler olduğunda, her zaman en iyisini isterim.	1	2	3	4	5	6
8. Eğer zorunda kalırsam, işimde kendi başıma yeterim.	1	2	3	4	5	6
9. Eğer çalışırken kendimi bir tıkanıklık içinde bulursam, bundan kurtulmak için birçok yol düşünebilirim.	1	2	3	4	5	6
10. İşimde birçok şeyleri halledebileceğimi hissediyorum.	1	2	3	4	5	6
11. İşimle ilgili şeylerin daima iyi tarafını görürüm.	1	2	3	4	5	6
12. Yönetimin katıldığı toplantılarda kendi çalışma alanımı açıklarken kendime güvenirim.	1	2	3	4	5	6
13. Uzun dönemli bir probleme çözüm bulmaya çalışırken kendime güvenirim	1	2	3	4	5	6
14. Şu anda, işimde kendimi çok başarılı olarak görüyorum.	1	2	3	4	5	6
15. İşimle ilgili gelecekte başıma ne geleceği konusunda iyimserimdir	1	2	3	4	5	6
16. İşime “her şeyde bir hayır vardır” şeklinde yaklaşıyorum.	1	2	3	4	5	6
17. Şu anda iş amaçlarımı sıkı bir şekilde takip ediyorum.	1	2	3	4	5	6

18. Organizasyonun stratejisi konusundaki tartışmalara katkıda bulunmada kendime güvenirim.	1	2	3	4	5	6
19. İşimdeki zorlukları genellikle bir şekilde hallederim.	1	2	3	4	5	6
20. Organizasyon dışındaki kişilerle (tedarikçiler, tüketiciler vb.) problemleri tartışmak için temas kurarken kendime güvenirim.	1	2	3	4	5	6
21. Mevcut iş amaçlarıma ulaşmak için birçok yol düşünebilirim.	1	2	3	4	5	6

Lütfen kontrol ediniz: Bütün ifadeler için bir rakamı isaretlediniz mi?

APPENDIX E: Social Capital Scale

Sosyal Sermaye Ölçeği

Birazdan okuyacagınız ifadeler, isyerinizde deneyimlediğiniz sosyal ilişkiler bazında edindiğiniz sosyal sermaye ile ilgilidir. Lütfen cümleleri dikkatlice okuyarak söz konusu ifadeye ne ölçüde katıldıgınızı, ilgili kutucuktaki rakamlardan size uygun olanı yuvarlak içine alarak belirtiniz. Rakamların anlamları su sekildedir:

1 – Hiçbir Zaman (Hiç yok)
2 – Çok Nadir (Çok az var)
3 – Ara Sıra (Orta miktar var)
4 – Genellikle (Çokça var)
5 – Her Zaman (Çok fazla var)

1. Hastanemizde bireysel bilgilerimizi diğerleriyle paylaşabileceğimiz iletişim kanalları mevcuttur.	1	2	3	4	5
2. Hastanemizdeki iletişim kanalları başkalarının sahip olduğu bilgilere erişimime olanak sağlamaktadır.	1	2	3	4	5
3. Hastanemizde iletişim kanalları farklı birim ve kişilerde mevcut olan bilgilerin paylaşılmasına olanak sağlamaktadır.	1	2	3	4	5
4. Hastanemizde iletişim kanalları farklı birim ve kişilerde mevcut olan bilgilerin dağıtılmasına olanak sağlamaktadır.	1	2	3	4	5
5. Hastanemizdeki iletişim sistemi farklı birim ve kişilerden gelen bilgilerin diğer kişilere zamanında iletilmesine olanak sağlar.	1	2	3	4	5

6. Hastanemizdeki iletişim ağı, iletişim ağı içinde bulunan kişilere bilgilerini paylaşma ve dağıtma olanaklarından haberdar olma fırsatı sağlar.	1	2	3	4	5
7. Hastanemizdeki iletişim kanalı yoğun miktarda bilgi ve çok sayıda bilgi paylaşımını gerçekleştirecek kişi ve birime sahiptir.	1	2	3	4	5
8. Hastanemizdeki iletişim kanalı, bilgisini paylaşmak isteyen kişi ve birimlerin kolayca iletişim ağına katılmasına olanak sağlar.	1	2	3	4	5
9. Hastanemizdeki örgütsel anlayış, farklı bireysel ve kültürel değerlere dayalı iletişim ve ilişkilerin oluşmasına olanak sağlamaktadır.	1	2	3	4	5
10. Hastanemizde kullandığımız ortak dil sahip olunan ve paylaşılan bilgileri elde etmede, yorumlamada ve anlamada etkinlik sağlar.	1	2	3	4	5
11. Hastanemizde kullandığımız ortak dil, mevcut bilgilerden yeni bilgiler elde edilmesinde kolaylık sağlar.	1	2	3	4	5
12. Hastanemizde anlatılan başarı hikâyeleri; birey ve birimler için bilgi ve değerlerin yaratılmasında, paylaşılmasında ve saklanmasında yol gösterici olur.	1	2	3	4	5
13. Grup arkadaşlarımla paylaşımcı bir ilişkimiz vardır. Fikirlerimizi, duygularımızı ve ümitlerimizi serbestçe paylaşabiliriz.	1	2	3	4	5

14. İşyerinde çektiğim zorlukları grup arkadaşlarımla özgürce konuşabilirim ve onlar da beni dinlemek ister.	1	2	3	4	5
15. Eğer grup arkadaşlarımdan birileri bir başka gruba transfer edilirse hem onlar hem biz yalnızlık hissederiz.	1	2	3	4	5
16. Eğer grup arkadaşlarımla sorunlarımı paylaşırsam, yapıcı ve ilgili bir şekilde tepki vereceklerdir.	1	2	3	4	5
17. Grup arkadaşlarımla birbirimize, kişisel ilişkilerimizde belirgin ölçüde duygusal yatırımlar yapıyoruz.	1	2	3	4	5
18. Grubumuzda takım çalışmasını ve yardımlaşmayı destekleyen bir anlayış vardır.	1	2	3	4	5
19. Grubumuzda iletişime ve bilgi paylaşımına isteklilik ve açıklık paylaşılan bir değerdir.	1	2	3	4	5
20. Grubumuzda eleştirilere ve farklı fikirlere açıklık, paylaşılan bir değerdir.	1	2	3	4	5
21. Grubumuzda yazılı olmayan kurallar bilgi paylaşımını desteklemektedir.	1	2	3	4	5
22. Grubumuzda iletişime, bilgi paylaşımına isteklilik ve açıklık beni benzer şekilde davranmaya zorunlu kılar.	1	2	3	4	5
23. Grubumda paylaşılan değerleri kendi değerlerimle uyumlu buluyorum.	1	2	3	4	5

24. Çalıştığım grup ile kendimi bir bütün olarak görebiliyorum.	1	2	3	4	5
25. Grubumuzdaki iletişime, bilgi paylaşımına isteklilik ve açıklık değerleri beni de bu yönde davranmaya sevk ediyor.	1	2	3	4	5
26. Hastanemizde birbirimizi anlamamızı ve iletişime geçmemizi kolaylaştıracak ortak terimler, ifadeler ve sözlerden oluşan bir dil kullanırız.	1	2	3	4	5

Lütfen kontrol ediniz: Bütün ifadeler için bir rakamı isaretlediniz mi?

APPENDIX F: Work Engagement Scale

İşe Adanmışlık Ölçeği

Birazdan okuyacagınız ifadeler, işinize karşı olan hisleriniz ile ilgilidir. Lütfen cümleleri dikkatlice okuyarak söz konusu ifadeye ne ölçüde katıldıgınızı, ilgili kutucuktaki rakamlardan size uygun olanı yuvarlak içine alarak belirtiniz.

Rakamların anlamları su sekildedir:

1 – Kesinlikle Katılmıyorum
2 – Katılmıyorum
3 – Kısmen Katılmıyorum
4 – Kararsızım
5 – Kısmen Katılıyorum
6 – Katılıyorum
7 – Kesinlikle Katılıyorum

1. İşimi yaparken kendimi çok enerjik hissederim.	1	2	3	4	5	6	7
2. İşimi yaparken kendimi güçlü ve dinç hissederim	1	2	3	4	5	6	7
3. Sabah uyandığımda işe gitme isteği duyuyorum	1	2	3	4	5	6	7
4. İşim bana coşku veriyor.	1	2	3	4	5	6	7
5. İşim bana ilham veriyor.	1	2	3	4	5	6	7
6. Yaptığım işten gurur duyuyorum.	1	2	3	4	5	6	7

7. Yoğun bir şekilde çalışırken kendimi mutlu hissediyorum.	1	2	3	4	5	6	7
8. İşe gömülmüş durumdayım.	1	2	3	4	5	6	7
9. Çalışırken kendimden geçiyorum.	1	2	3	4	5	6	7

Lütfen kontrol ediniz: Bütün ifadeler için bir rakamı isaretlediniz mi?

APPENDIX G: Burnout Scale

Tükenmişlik Ölçeği

Birazdan okuyacagınız ifadeler, isyerinizde deneyimlediğiniz tükenmişlik duygusu ile ilgilidir. Lütfen cümleleri dikkatlice okuyarak söz konusu ifadeyi ne sıklıkla yaşadığınızı, ilgili kutucuktaki rakamlardan size uygun olanı yuvarlak içine alarak belirtiniz.
Rakamların anlamları su sekildedir:

1 – Hiçbir Zaman
2 – Nadiren
3 – Bazen
4 – Çoğu Zaman
5 – Her Zaman

1. İşimden soğuduğumu hissediyorum	1	2	3	4	5
2. İş dönüşü kendimi ruhen tükenmiş hissediyorum.	1	2	3	4	5
3. Sabah kalktığımda, bir gün daha bu işi kaldıramayacağımı hissediyorum.	1	2	3	4	5
4. Hastalarımın neler hissettiklerini hemen anlarım	1	2	3	4	5
5. Hastalarıma sanki insan değillermiş gibi davrandığımı hissediyorum.	1	2	3	4	5
6. Bütün gün insanlarla uğraşmak benim için çok yıpratıcı.	1	2	3	4	5
7. Hastalarımın sorunlarına en uygun çözüm yollarını bulurum.	1	2	3	4	5

8. Yaptığım işten yıldığımı hissediyorum.	1	2	3	4	5
9. Yaptığım iş sayesinde insanların yaşamına katkıda bulunduğumu hissediyorum.	1	2	3	4	5
10. Bu işte çalışmaya başladığımdan beri insanlara karşı daha sert davranıyorum.	1	2	3	4	5
11. Bu işin giderek beni katılaştırmasından korkuyorum.	1	2	3	4	5
12. Çok şeyler yapabilecek güçteyim.	1	2	3	4	5
13. İşimin beni kısıtladığını hissediyorum.	1	2	3	4	5
14. İşimde çok fazla çalıştığımı hissediyorum.	1	2	3	4	5
15. Hastalarıma ne olduğu umurumda değil.	1	2	3	4	5
16. Doğrudan insanlarla çalışmak beni çok yıpratıyor.	1	2	3	4	5
17. Hastalarımla aramda rahat bir ortam yaratırım.	1	2	3	4	5
18. İnsanlarla yakın bir çalışmadan sonra kendimi canlanmış hissederim.	1	2	3	4	5
19. Bu işte kayda değer birçok başarı elde ettim.	1	2	3	4	5
20. Yolun sonuna geldiğimi hissediyorum.	1	2	3	4	5

21. İşimdeki duygusal sorunlara serinkanlılıkla yaklaşırım.	1	2	3	4	5
22. Hastalarımın bazı problemlerini sanki ben yaratmışım gibi davrandıklarını hissediyorum.	1	2	3	4	5

Lütfen kontrol ediniz: Bütün ifadeler için bir rakamı isaretlediniz mi?

APPENDIX H: Turkish Summary/ Türkçe Özet

BÖLÜM 1

GİRİŞ

Sağlık sektörü çalışanları, toplumların refahına ve sağlığına önemli katkılarda bulunuyor olmalarının yanı sıra, kendi kuruluşlarının yetkinliğini temsil etmede kritik bir rol oynamaktadır. İnsan kaynakları yönetiminin temel hedeflerinden biri, stratejik amaçlarını gerçekleştirme noktasında sağlık kuruluşlarının birincil sermayesini insan kaynakları oluşturduğu için, kurumlarındaki tüm çalışanların davranışlarını olumlu yönde etkilemektir. Fakat, sağlık kuruluşları, sağlık hizmetlerinin kalitesinden (Magnussen, Vrangbaek, & Saltman, 2009, s. 5) veya çalışanlarının sağlıklarından ödün vermeden sağlık hizmeti maliyetlerinin nasıl düşürüleceği (Elstad & Vabø, 2008; Jansson, Vulte´e, Axelsson, & Arnetz, 2007) de dahil ancak bunlarla sınırlı olmamak üzere büyük engel ve zorluklarla karşılaşmaktadır. Artan sağlık hizmetleri maliyetleri, yaşlanan nüfus, tıp teknolojisindeki gelişmeler, özel sağlık kuruluşlarının sayısındaki artış dolayısıyla kızışan rekabet, yeni hastalıkların ortaya çıkması, ve daha kaliteli bir sağlık hizmeti talebinde bulunan sosyal bilincin artması ile kamu sağlık hizmeti kuruluşları üzerindeki baskılar artmış ve beraberinde sağlık çalışanlarına daha fazla yük getirmiştir. Bir organizasyonun sürdürülebilirliğini koruyabilmesi, çalışanların kişisel kaynaklarının kullanılmasını gerekli kılar (Kira, van Eijnatten, & Balkin, 2010).

Bu argüman doğrultusunda, çalışan düzeyinde iki önemli netice, işe adanmışlık ve tükenmişliktir. Şöyle ki, hemşirelik mesleğinin asıl amacının yüksek kalitede bakım sağlamak ve insanlara yardım etmek olduğu gerçeğini göz önünde bulunduracak olursak (Miller, 2011), hemşirelerin yüksek kalitede sağlık hizmeti

sunabilmeleri için sağlık ve psikolojik esenliklerini kaybetmeden kendilerini işlerine adamaları büyük önem arz etmektedir. Bu bağlamda, psikolojik ve sosyal sermayeleri yüksek olan hemşirelerin, çalışma yerinin olumsuz etkileriyle etkin bir şekilde mücadele ederek tükenmişliğe karşı kendilerini korumaları ve kendilerini işlerine daha çok adamaları beklenmektedir. Sağlık kuruluşlarında, sosyal sermaye ile işe adanmışlık ve tükenmişlik arasındaki ilişkide psikolojik sermayenin aracı rolünün neredeyse hiç çalışılmamış olması sebebiyle, teorik çerçevede bu çalışma söz konusu bu aracı rolü incelemek için yürütülmüştür.

Psikolojik Sermaye, bireylerin öz kaynaklarının yönetiminde olumlu yaklaşımlar geliştirmeyi amaçlayan (Luthans, Avolio, Walumbwa, & Li, 2005) pozitif psikolojinin temel bir kavramıdır (Luthans, Avolio, Avey, & Norman, 2007). Psikolojik sermaye, tümü içselleştirilmiş bir kontrolle temsili hedefleri gerçekleştirme motivasyonunu barındıran iyimserlik, öz-yeterlik, umut ve psikolojik dayanıklılık (Luthans, Youssef, & Avolio, 2007, s. 542) ile nitelendirilir. Şöyle ki, psikolojik sermaye, (iyimserlik) mevcut ve gelecek zamanlarda kişinin başarılı olacağına dair kendini güven içinde hissetmesi; (öz-yeterlik) zorlu görevlerde başarıya ulaşmak için gerekli yetkinliğin gösterilebilirliği noktasında kendine güveni olması; (umut) başarıya ulaşmak için hedefler doğrultusunda mukavemet etmesi; ve (psikolojik dayanıklılık) problem ve sıkıntılarla karşı karşıya kaldığında başarıya ulaşmak için dirayet göstermesi ve kendini yeniden toparlaması ile boyutlandırılmış kişiliğin pozitif psikolojik kaynaklarını temsil eder (Luthans, Youssef ve ark., 2007, s. 3).

Diğer bir yandan, sosyal sermaye, temelde ilişki kaynaklı ve hedeflere ulaşmak için işbirliğini teşvik eden (Bourdieu, 1985; Macinko & Starfield, 2001) yapısal, ilişkisel ve bilişsel boyutlar üzerine kuruludur (Nahapiet ve Ghoshal, 1998). Ayrıca, ilişki ağları (Kaasa, 2009), güven (Fukuyama, 1995, s. 333; Putnam, 1995), normlar (Coleman, 1990, s. 310; Putnam, 1995), yükümlülükler (Coleman, 1990, s. 306), ortak dil, paylaşılan anlatılar (Tang, 2010) ve özdeşleşme (Putnam, 1995) sosyal sermaye boyutlarının temelinde yer alır. Sosyal sermayenin yapısal, ilişkisel, ve bilişsel boyutlarına aşağıda yer verilmiştir.

İşe adanmışlık; kişinin kendi çalışması lehine dinçlik, adanmışlık ve özümseme temeline kurulu olumlu bir zihniyete sahip olmasıdır (Bakker, Schaufeli, Leiter, & Taris, 2008). Ayrıca, Kahn (1990), işe adanmışlığı örgüt üyelerinin iş rollerini yerine getirirken davranışsal, bilişsel ve duygusal olarak görevlerinin gerektirdiği role kendilerini adamaları olarak tanımlamıştır. Davranışsal yönleriyle işe adanmışlık, çalışanların harcadıkları fiziksel enerji ile ilgilenir (Lockwood, 2007). Bunun yanı sıra, bilişsel ve duygusal yönleriyle işe adanmışlık, dinçlik, adanmışlık ve özümseme ile tanımlanır (Schaufeli, Salanova, Gonzalez- Roma, & Bakker, 2002). Araştırmalar, psikolojik sermaye ve işe adanmışlık arasında anlamlı ve pozitif bir ilişkilinin varlığını doğrulamış (Bakker ve ark., 2008; Hodges, 2010; Simons & Buitendach, 2013; Xanthopoulou ve ark., 2007) ve yüksek psikolojik sermayeye sahip çalışanların kendilerini işlerine daha çok adadıklarını tespit etmiştir (Avey ve ark., 2008). Şöyle ki, umut ve psikolojik dayanıklılık (Othman & Nasurdin, 2011), öz-yeterlik ve iyimserliğin (Xanthopoulou ve ark., 2007; Xanthopoulou ve ark., 2009) çalışanların işe adanmışlıklarını geliştirip iyileştirdiği belirlenmiştir. Özetle, iyimserlik, başarılı olma konusunda güçlü bir inanca sahip olmaya; yüksek özyeterliğe sahip olmak, zorlu hedefleri tercih etmelerini sağlayarak bu hedeflere ulaşmak için motivasyonlarını yüksek tutmaya (Ventura, Salanova, & Llorens, 2015); umut, çalışanları bu hedeflere yönelik birden fazla yol oluşturmaya ve takip etmeye teşvik eder (Xanthopoulou et al., 2007). Psikolojik dayanıklılık ise, aksiliklerle karşılaştıklarında çalışanların tekrar toparlanmalarını sağlar (Xanthopoulou et al., 2007). Dahası, ilişkiler, organizasyonun temel yapılarından biri olarak, bireyler arasında kurulan bağlantıların temelini oluşturmasıyla kritik bir rol oynar (Field, 2003). İlişkilerin doğasında yer alan sosyal sermaye (Coleman, 1988), ilişki ağına mensup aktörler arasında bağlılığı tesis ederek işbirliğini teşvik eder (Prusak ve Cohen, 2001). Şöyle ki, rekabet dışı ilişki ağı, beraberinde kurumda karşılıklı güven ve normların varlığını da gerekli kılarak, bireylerin bir topluluğa ait olma duygusu geliştirmelerini, uyum içinde çalışmalarını, ve ortak hedeflere ulaşmalarını sağlar (Coleman, 1988). Dahası, benzer düşünceye sahip çalışanlardan oluşan bir sosyal ilişki ağı, aynı zamanda, daha yüksek uyum yaratarak, ortak

çıkarlar doğrultusunda aktörlerin birbirine tutunmalarını sağlar. Ek olarak, güven, uzun süreli bir ilişki kurmanın temelini oluşturduğu için sürdürülebilir bir bağlılık sağlar. Bu bağlamda, çalışanların güvenilebilir ağlara katılımı, aynı zamanda güvenle bağlandıkları bir sosyal ağa ait oldukları için, güvende olduklarını hissetmelerini sağlar, ki böylelikle çalışanlar yalnızlık, yalıtılmışlık, yabancılaşmışlık ve diğerleri ile bağlantısı kopmuşluk hissine karşı savaş verebilmiş olur. Bu nedenle, yüksek sosyal sermayeli hemşireler, işlerinde tükenmişlik duygusunu daha az hissedecek ve kendilerini işlerine daha fazla adayacaklardır. Araştırmalar, sosyal sermayenin işe adanmışlık üzerinde anlamlı ölçüde artırıcı etkisi olduğunu doğrulamıştır (Fujita ve ark., 2016; Strömgren, Eriksson, Bergman, & Dellve, 2016).

Diğer yandan, çalışma ortamında aşırı hissedilmiş kronik stres sonucu deneyimlenen tükenmişlik (Demerouti, Bakker, Nachreiner & Schaufeli, 2001; Portoghese, Galletta, Coppola, Finco, & Campagna, 2014; Tucker, Weymiller, Cutshall, Rhudy, & Lohse, 2012), duygusal tükenme, kişisel performans kapasitesinin azalması ve duyarsızlaşma semptomlarına sebep olur (Malekitabar ve ark., 2017; Maslach & Jackson, 1984; Maslach, Jackson, & Leiter, 1996, s.192; Maslach ve ark., 2001; Rojas & Grisales, 2011). Duyguların tükenmesi, kişinin duygusal kaynaklarının tükenmesi anlamına gelir (Jawahar, Stone, & Kisamore, 2007; Maslach & Jackson 1984). Kişisel kapasitenin azaldığı hissiyatı, kişinin kendi işini yapma konusunda yetkin olma hissinin azalması anlamına gelir (Maslach & Jackson, 1984; Spooner-Lane & Patton, 2007). Duyarsızlaşma, kişinin normal temasta olduğu diğerlerine karşı duyarsız ve kayıtsız bir yanıt göstermesi anlamına gelir (Lin, John, & Veigh, 2009; Maslach & Jackson 1984). İnsanlara yardım gerektiren diğer tüm mesleklerde olduğu gibi, yüksek fiziksel ve duygusal gereksinimi sonucu (Greenglass, Burke, & Fiksenbaum, 2001; Leiter & Maslach, 1988), sağlık hizmeti sektöründe tükenmişlik nispeten daha yaygındır (Adriaenssens, De Gucht, & Maes, 2015; Adwan, 2014; Anagnostopoulos ve ark., 2012; Garrosa, Rainho, Moreno-Jime´nez, & Monteiro, 2010; Iglesias, de Bengoa Vallejo, & Fuentes, 2010). Tükenmişlik, sağlık hizmeti çalışanlarını, organizasyonu ve en sonunda hastaları olumsuz yönde etkileyecektir (Craiovan, 2014). Psikolojik

sermaye, günden güne, işyerinde deneyimlenen stres yükleyiciler (Luthans & Jensen, 2005) ve beraberinde hissettirdiği tükenmişliğe karşı çalışanların kendilerini korumalarında aktif rolü olan bir öz kaynak olarak kabul edilmektedir (Peng ve ark., 2013). Araştırmalar, psikolojik sermayenin işle ilgili stres semptomlarını önemli ölçüde azalttığını (Luthans & Youssef, 2007) ve esenliği artırdığını (Avey, Luthans, Smith, & Palmer, 2010) göstermiştir. Bu nedenle, yüksek iş talepleri gibi işteki stres yükleyicilere ve tükenmişliğe karşı çalışanların psikolojik sermayesi azaltıcı rol oynayacaktır. Ayrıca, ortak çalışma, karşılıklı destek, ortak hedefler ve paylaşılan değerlerin tükenmişlik riskini azaltma derecesi dikkat çekicidir (Kowalski, Ommen ve ark., 2010). Bu nedenle çalışanlar, işyerindeki sosyal ilişkileri sonucu ortaya çıkan sosyal sermayeyi işle ilgili strese ve tükenmişliğe karşı kalkan olarak kullanabilirler. Araştırmalar, sosyal sermayenin stresin etkisini tamponlamak için işyerinde aktif rol oynadığını (Sapp, Kawachi, Sorensen, La Montagne, & Subramanian, 2010) ve beraberinde tükenmişliğe karşı yatıştırıcı etkisi olduğunu doğrulamıştır (Boyas ve ark., 2012; Farahbod ve ark., 2015).

Konu, öz ve çevresel kaynaklar bazında ele alındığında söylenmelidir ki; sosyal ve kültürel çevre, sosyal yetenek ve bilişsel becerilerin gelişimini etkileyecek şekilde bireylerin kaçınılmaz şekilde geri bildirim aldıkları, yaşamlarının önemli bir parçasıdır (Fry, 1995). Bu bağlamda, psikolojik sermaye, bireylerin birbirleriyle etkileşimlerinden ve aynı zamanda toplumdaki veya ilişki ağındaki bireylerin işbirliğine zemin hazırlayan sosyal normlar, ortak değerler ve karşılıklı anlayıştan sürekli etkilenmektedir (Luthans & Youssef, 2004; Putnam, 1995b). Ayrıca, psikolojik sermayenin boyutları (yani, iyimserlik, öz-yeterlik, umut ve psikolojik dayanıklılık) "karakter temelli" özelliklerin aksine "durum temelli" özellikleri barındırmaktadır (Avolio & Luthans, 2006, s.190; Luthans, Avolio ve ark., 2007; Luthans & Church, 2002) ve dolayısıyla psikolojik sermaye değişime açıktır (Luthans, 2002a, 2002b; Luthans & Youssef, 2004; Luthans & Youssef, 2007; Luthans, Youssef ve ark., 2007). Böylelikle, bireylerin psikolojik sermayesi, sosyal sermayenin kullanımı ile geliştirilebilir (Ghasemzadeh, Zavvar, & Rezaei, 2015; Ghashghaeizadeh, 2016). Bu bağlamda, bu çalışma psikolojik sermayenin ve

örgütsel iklimden kaynaklanan istihdama dayalı sosyal sermayenin çalışanların işe adanmışlıklarını artırdığını ve tükenmişliklerini azalttığını savunmaktadır. Bununla birlikte, neredeyse hiç araştırılmamış olması sebebiyle, bu çalışma özellikle hemşirelerin sosyal sermayesi ile işe adanmışlıkları ve tükenmişlikleri üzerindeki etkisinde psikolojik sermayenin aracı rolünü ele alacaktır. Buna dayanarak, bu araştırma şu hipotezleri öne sürmektedir:

Hipotez 1: Hemşirelere ait sosyal sermaye ve işe adanmışlık arasındaki ilişkide psikolojik sermayenin kısmi aracı rolü söz konusudur.

Hipotez 2: Hemşirelere ait sosyal sermaye ve tükenmişlik arasındaki ilişkide psikolojik sermayenin kısmi aracı rolü söz konusudur.

BÖLÜM 2

METOD

Bu çalışmanın hedef nüfusu Türkiye'deki özel sektör ve devlet hastanelerinde çalışan hemşireleri kapsamaktadır. Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu tarafından alınan onay ile, araştırma sorusunu uygulamak için tüm katılımcılara bilgilendirilmiş onam formu ile anket dağıtılmıştır. Çalışma örneklemine ulaşmak için uygun örneklem yöntemi kullanılmıştır; şöyle ki, çalışmaya katılmaya elverişli olan hemşirelerden veriler toplanmıştır. Araştırma sorusunu uygulamak için sağlık personeli sayısında çeşitlilik gösteren yoğun bakım, acil servis gibi çok çeşitli tıbbi birimlere ulaşılmıştır. Anket formları dağıtılmadan önce İnsan Araştırmaları Hastane Kurumsal Etik Kurulu veya üst yönetim kararları, ve sonrasında katılımcıların bilgilendirilmiş onamları alınmıştır. Toplam 420 anket dağıtılmış ve %86 yanıt oranıyla 363 geçerli anket teslim alınmıştır. Katılımcıların 77 (%21.21)'si erkek ve 286 (%78.78)'sı kadın olup, hepsi özel üniversite hastanesi çalışanlarıdır. Katılımcıların yaşları 18 ile 51 arasında (*Ort* = 25.36, *SS* = 7.02), erkeklerin yaşı 18 ile 42 arasında (*Ort* = 24.58, *SS* = 5.43), kadınların yaşı 18 ile 51 arasında değişmektedir. (*Ort* = 25.56, *SS* = 7.38). Ayrıca, katılımcıların görev süresi 1 ile 396 ay arasında (*Ort* = 63.39, *SS* = 78.38), erkeklerin görev süresi 1 ile 264 ay arasında (*Ort* = 46.83, *SS* = 53.23) ve kadınların görev süresi 1 ila 396 ay (*Ort* = 67.85, *SS* = 83.39) değişmektedir.

Ölçümler, Demografik Bilgi Formu ve beraberinde Psikolojik Sermaye, Sosyal Sermaye, İşe Adanmışlık ve Tükenmişlik ölçekleri ile gerçekleştirilmiştir. Demografik Bilgi Formu, hemşirelerin cinsiyet, yaş, uzmanlık alanı, şu anki çalıştığı pozisyonunda geçirdiği süre ve toplam görev süresi gibi demografik verileri toplamak için hazırlanmıştır. Psikolojik sermaye, ilk olarak Luthans, Avolio ve arkadaşları (2007) tarafından geliştirilen ve iyimserlik, öz-yeterlik, umut, ve

psikolojik dayanıklılık alt boyutlarından oluşan 24 maddelik psikolojik sermaye ölçeğinin Çetin ve Basım (2012) tarafından geçerlik ve güvenirlik çalışmaları yürütülerek Türkçeye uyarlanmış versiyonuyla ölçülmüştür. Sosyal sermaye, Moran ve Ghoshal (1996), Nahapiet ve Ghoshal (1998), Tsai ve Ghoshal (1998) tarafından geliştirilen ve yapısal, ilişkisel ve bilişsel alt boyutlarından oluşan sosyal sermaye ölçeğinin Göksel, Aydıntan ve Bingöl (2010) tarafından geçerlik ve güvenirlik çalışmaları yürütülerek Türkçeye uyarlanmış 26 maddelik versiyonuyla ölçülmüştür. İşe adanmışlık, Schaufeli, Bakker ve Salanova (2006) tarafından geliştirilen ve dinçlik, adanmışlık, ve özümseme alt boyutlarından oluşan 9 maddelik Utrecht İş Bağlılığı Ölçeği-9 (UWES-9)'un Özkan ve Meydan (2015) tarafından geçerlik ve güvenirlik çalışmaları yürütülerek Türkçeye uyarlanmış versiyonuyla ölçülmüştür. Tükenmişlik, Maslach ve Jackson (1981) tarafından geliştirilen Maslach Tükenmişlik Envanteri (MBI)'nin sağlık hizmeti ve insani hizmet çalışanlarında kullanılmak üzere tasarlanmış duygusal tükenme, kişisel başarı, ve duyarsızlaşma alt boyutlarından oluşan 22 maddelik MBI-İnsani Hizmetler Ölçeği (MBI-HSS)'nin Ergin (1993) tarafından geçerlik ve güvenirlik çalışmaları yürütülerek türkçeye uyarlanmış versiyonuyla ölçülmüştür.

Analiz için Sosyal Bilimler İstatistik Paketi (SPSS 21.0) ve EQS 5.6 kullanılmıştır. Tanımlayıcı istatistikleri yürütmek için SPSS, uygun yapısal modeli doğrulamak ve araştırmanın kavramsal çerçevesini kanıtlamak amacıyla yürütülen doğrulayıcı faktör analizi (DFA) ve yapısal eşitlik modellemesi (YEM) için EQS kullanılmıştır.

BÖLÜM 3

SONUÇLAR

Veri setinde yer alan 100%'ü geçerli 363 vaka için minimum ve maksimum değişken değerleri kontrol edilerek herbirinin aralık dahilinde olduğu görülmüştür. Eksik veri analizi sonrasında, Tabachnick ve Fidell (2007) tarafından tanımlandığı şekliyle veri seti, 9 aykırı değerden temizlenmiştir. Daha sonra, araştırmaya konu her bir kompozit değişkenin cronbach alfa değerlerine olan etkileri kontrol edilerek 3 değişken veri setinden çıkartılmış, ve analizin sonraki aşamasında arda kalan 78 değişken ile devam edilmiştir. Analizin bir sonraki adımında, her bir ölçek için kompozit değişkenler oluşturulmuştur. Psikolojik sermaye ölçeği için iyimserlik, öz-yeterlik, umut ve psikolojik dayanıklılık; sosyal sermaye ölçeği için yapısal, ilişkisel ve bilişsel sosyal sermaye; işe adanmışlık ölçeği için dinçlik, adanmışlık ve özümseme; tükenmişlik ölçeği için duygusal tükenme, kişisel başarı ve duyarsızlaşma kompozit değişkenleri oluşturulmuştur. Tüm kompozit değişkenlerin oluşturulması sonrasında veri seti, Tabachnick ve Fidell (2007) tarafından tanımlandığı sekliyle, aykırı değerlere karşın yeniden taranmış ve 2 vaka veri setinden çıkarılmıştır. Analizin sonraki aşaması, geriye kalan 351 vaka ile yürütülmüştür. Hafız ve Shaari (2013)'de belirtildiği gibi Nunnally ve Bernstein (1994) tarafından alfa değerinin .70 veya üzeri olması önerilen iç tutarlık güvenilirlik katsayısı, tüm kompozit ve gizil değişkenler için hesaplanmış olup alfa katsayılarının yeterli büyüklükte olduğu görülmüştür. Çalışmanın ilerleyen aşamalarında gerçekleştirilmiş doğrulayıcı faktör analizi öncesinde, Çoklu Eş Doğrusallık ilişkisinin var olmadığı sonucu elde edilmiş olup; ayrıca, Eş Varyanslık, Veri Varyansı ve Pozitif Kesinlik varsayımlarının ihlal edilmediği görülmüştür. Karmaşıklık ile ilgili olarak, modelde yeterli sayıda gözleme yer verilmiş olup

olmadığının kontrolü sağlanmış, ve aşırı tanımlanmış bir modele işaret eden $df = 59$ değeri bulunmuştur.

Bu çalışmada, gizil değişkenler ile oluşturulmuş modelin veriye uygun olup olmadığını, ve modelin yapısal geçerliliğini kontrol etmek için EQS'te yapısal eşitlik modellemesi (YEM) üzerinden doğrulayıcı faktör analizi (DFA) gerçekleştirilmiştir. Yani, Anderson ve Gerbing (1988) tarafından önerilen iki adım yaklaşımı doğrultusunda, analiz iki aşamada gerçekleştirilmiştir. İlk aşamada, yapıların güvenilirliğini ve geçerliliğini kontrol etmek için ölçüm modeli analiz edilmiştir. İkinci aşamada, yol analizi aracılığıyla araştırma kapsamında ileri sürülmüş hipotezleri test etmek için yapısal model oluşturulmuştur. Hu ve Bentler (1999) hem ölçüm modeli hem de yapısal model için uygun kriterleri önermişlerdir. Kabul edilen modelde $\chi^2/df \leq 2$, Karşılaştırmalı Uyum İndeksi (CFI) ≥ 0.95 ve Yaklaşık Hataların Ortalama Karekökü ($RMSEA$) ≤ 0.06 olmalıdır. Oluşturulmuş kompozit değişkenlerin modeldeki gizil değişkenler altında anlamlı bir şekilde yüklendiğini kanıtlamak ve model ile veri arasında uyum olup olmadığını kontrol etmek için doğrulayıcı faktör analizi üzerinden ölçüm modelinin uygunluk indeksleri hesaplanmıştır. Daha sonra, daha iyi bir model-veri uyumu elde ederek yapısal modele ulaşmak için, Lagrange Çarpanlar test sonuçları yardımıyla ölçümleme modeli geliştirilmiştir.

Model-1'de Lagrange Çarpanlar test sonuçlarına başvurmaya gerek kalmadan, tükenmişlik gizil değişkeni üzerindeki faktör yükü .5'ten düşük olması sebebiyle, 'kişisel başarı' kompozit değişkeni modelden çıkartılarak model-2 oluşturulmuştur. Beraberinde, modelin bileşik güvenirliği, cronbach alpha değeri ile $\alpha = .631$'den $\alpha = .694$'e yükselmiştir. Model-2'de, çok değişkenli normallik ile ilgili olarak, çok değişkenli basıklığın normalize edilmiş tahmininin 2.6420'ye eşit olduğu, ve 5'ten az olması sebebiyle normal dağılım varsayımının karşılandığı görüldü. Buna bağlı olarak, model-2'nin analizi Maksimum Olabilirlik Çözümü sonuçlarına göre raporlanmıştır. Ortalama diyagonal-olmayan mutlak standardize edilmiş artık değeri .0364 olarak bulunmuş; $\alpha = .001$ için 1.96'dan az olması sebebiyle artıkların normal olarak dağıldığını göstermiştir. Ek olarak, -.1 ile +.1 arasında $\rho = 98.72\%$ oranına

sahip standartlaştırılmış artık dağılımının 90.00% olan eşik değerinin üstünde olması sebebiyle, artık değerlerin model-2'de çoğunlukla merkezde yer aldığı sonucuna ulaşılmıştır. Model-2, $ML\chi^2$ (351, 48) = 136.935, $p < .001$, *CFI* = .954, *RMSEA* = .073, *RHO* = .830, 90% *CI* [.058, .087] uyum endeksleri ile, $ML\chi^2$ (351, 48) = 136.935'in *df* = 48'e bölünmesi sonucu elde edilen değerin 2'den büyük olması sebebi ile yetersiz bir modeldir. *CFI* = .954'ün .95'ten büyük olmasına rağmen *RMSEA* = .073'ün .06'dan küçük olmaması sebebiyle model-2'de model-veri uyumu sağlanamamıştır. Lagrange Multiplier testi, tahmini olarak χ^2 (2) = 56.365, $p < .05$ bir azalışla daha iyi bir model-veri uyumu elde etmek amacıyla, E6-E8 ve E7-E9 hata kovaryanslarının modele eklenmesini önermiştir. Model-3'te, çok değişkenli normallik ile ilgili olarak, çok değişkenli basıklığın normalize edilmiş tahmininin 2.6420'ye eşit olduğu, ve 5'ten az olması sebebi ile normal dağılım varsayımının karşılandığı görülmüştür. Buna bağlı olarak, model-3'ün analizi Maksimum Olabilirlik Çözümü sonuçlarına göre raporlanmıştır. Ortalama diyagonal-olmayan mutlak standardize edilmiş artık değeri .0268 olarak bulunmuş; α = .001 için 1.96'dan az olması sebebi ile artıkların normal olarak dağıldığını göstermiştir. Ek olarak, -.1 ile +.1 arasında ρ = 98.72% oranına sahip standartlaştırılmış artık dağılımının 90.00% olan eşik değerinin üstünde olması sebebiyle, artık değerlerin karşılaştırma modelinde çoğunlukla merkezde yer aldığı sonucuna ulaşılmıştır. Model-3, $ML\chi^2$ (351, 46) = 88.530, $p < .001$, *CFI* = .978, *RMSEA* = .051, *RHO* = .805, 90% *CI* [.035, .067] uyum endeksleri ile, $ML\chi^2$ (351, 46) = 88.350'nin *df* = 46'e bölünmesi sonucu elde edilen değerin 2'den küçük olması sebebi ile yeterli bir modeldir. Ek olarak, *CFI* = .978'in .95'ten büyük olması ve *RMSEA* = .051'in .06'dan küçük olması sebebiyle model-3'te model-veri uyumu sağlanmıştır. Yapısal modelin oluşturulmasında model-3, referans model seçilmiştir. Öte yandan, model-2'de yapılan değişiklikler sonrası, ölçümleme modelinde anlamlı bir iyileşme kaydedilmiştir, ΔCFI = .024, $\Delta ML\chi^2$ (351, 2) = 35.62, α = .05.

Doğrulayıcı faktör analizinin ikinci bölümünde; dört gizil değişkenle yapısal model oluşturulmuştur. Yapısal modelde, çok değişkenli normallik ile ilgili olarak, çok değişkenli basıklığın normalize edilmiş tahmininin 2.6420'ye eşit olduğu, ve

5'ten az olması sebebi ile normal dağılım varsayımının karşılandığı görülmüştür. Buna bağlı olarak, yapısal modelin analizi Normal Dağılım Teorisi (yani, Maksimum Olabilirlik Çözümü) sonuçlarına göre yürütülmüş ve raporlanmıştır. Yapısal modelde, ortalama diyagonal-olmayan mutlak standardize edilmiş artık değeri .0272 olarak bulunmuş; α = .001 için 1.96'dan az olması sebebi ile artıkların normal olarak dağıldığını göstermiştir. Ek olarak, -.1 ile +.1 arasında ρ = 98.72% oranına sahip standartlaştırılmış artık dağılımının 90.00% olan eşik değerinin üstünde olması sebebiyle, artık değerlerin Yapısal Model'de çoğunlukla merkezde yer aldığı sonucuna ulaşılmıştır. Yapısal model, $ML\chi^2$ (351, 47) = 88.801, p < .001, *CFI* = .978, *RMSEA* = .050, *RHO* = .805, 90% *CI* [.034, .066] uyum endeksleri ile, $ML\chi^2$ (351, 47) = 88.801'in df = 47'e bölünmesi sonucu elde edilen değerin 2'den küçük olması sebebiyle yeterli bir modeldir. *CFI* = .978'in .95'ten büyük olması ve *RMSEA* = .050'nin .06'dan küçük olması ile yapısal modelde model-veri uyumu sağlanmıştır.

Gizil değişkenler arasında var olan ilişkilerin anlamlılıklarına ilişkin olarak, psikolojik sermaye ile sosyal sermayenin işe adanmışlık ve tükenmişlik üzerindeki doğrudan ve dolaylı etkilerini incelemek amacıyla EQS'te yol analizi yapılmıştır. Hemşirelerin psikolojik sermayelerinin, sosyal sermayeleri ile işe adanmışlıkları (H1) ve tükenmişlikleri (H2) arasındaki ilişki üzerinde kısmi aracı rolü olması beklenmektedir. Doğrudan etkiler göz önüne alındığında psikolojik sermaye, sosyal sermaye (β = .481 ve p <.05) tarafından %23.1'lik varyans ile anlamlı ölçüde yordanmıştır. Dahası işe adanmışlık, psikolojik sermaye (β = .512 ve p <.05) ve sosyal sermaye (β = .545 ve p <.05) tarafından %82.8'lik varyans ile anlamlı ölçüde yordanmıştır. Aynı zamanda tükenmişlik, psikolojik sermaye (β = -.475 ve p <.05) ve sosyal sermaye (β = -.512 ve p <.05) tarafından %72.1'lik varyans ile anlamlı ölçüde yordanmıştır. Ayrıca, umut, yapısal sosyal sermaye, dinçlik ve duygusal tükenme dışında tüm faktörlerin, ait oldukları gizil değişkenler tarafından anlamlı ölçüde yüklendikleri görüldü. Yani psikolojik sermayenin, umut (β = .756 ve p <.05) hariç, iyimserlik (β = .527 ve p < .05), öz-yeterlik (β = .673 ve p < .05) ve psikolojik dayanıklılık (β = .674 ve p < .05) üzerinde anlamlı ölçüde faktör yüklemesi oluşturduğu gözlendi. Sosyal sermayenin, yapısal sosyal sermaye (β = .681 ve p <

.05) hariç, ilişkisel sosyal sermaye (β = .694 ve p < .05) ve bilişsel sosyal sermaye (β = .687 ve p < .05) üzerinde anlamlı ölçüde faktör yüklemesi oluşturduğu gözlendi. İşe adanmışlığın, dinçlik (β = .801 ve p < .05) hariç, adanmışlık (β = .858 ve p <.05) ve özümseme (β = .664 ve p < .05) üzerinde anlamlı ölçüde faktör yüklemesi oluşturduğu gözlendi. Tükenmişliğin, duygusal tükenme (β = .929 ve p <.05) dışında, duyarsızlaşma (β = .777 ve p < .05) üzerinde anlamlı ölçüde faktör yüklemesi oluşturduğu gözlendi.

Ayrıca, psikolojik sermayenin aracı rolüyle, sosyal sermayenin işe adanmışlık üzerindeki dolaylı etkisi (β = .247 ve p < .05) ve tükenmişlik üzerindeki dolaylı etkisi (β = -.228 ve p < .05) anlamlı bulunmuştur. Böylelikle, elde edilen sonuçlar, sosyal sermaye ile işe adanmışlık (H1) ve tükenmişlik (H2) arasındaki ilişkide psikolojik sermayenin kısmi aracı rolü olduğu doğrulanmıştır. Şöyle ki, sosyal sermayedeki bir artış, beraberinde hemşirelerin işe adanmışlıklarını artıracak ve tükenmişliklerini azaltacak şekilde psikolojik sermayeyi de arttırmaktadır. Veya, sosyal sermayedeki bir azalış, aynı zamanda hemşirelerin işe adanmışlıklarını azaltacak ve tükenmişliklerini artıracak şekilde psikolojik sermayeyi de azaltmaktadır. Fakat sosyal sermayenin işe adanmışlık ve tükenmişlik üzerindeki doğrudan etkilerinin anlamlı çıkması nedeniyle sonuçlar, tümüyle aracı bir etkinin varlığını desteklememektedir. Ayrıca, soebel testi, sosyal sermaye ile işe adanmışlık ve tükenmişlik arasındaki ilişkide psikolojik sermayenin tümüyle aracı bir rolünün var olmadığı sonucunu desteklemiştir.

BÖLÜM 4

TARTIŞMA

Çalışma kapsamında ele alınmış gizil değişkenler arası doğrudan etkilere ilişkin, çalışmanın sonuçları hem psikolojik sermayenin hem de sosyal sermayenin işe adanmışlık ve tükenmişlik üzerinde anlamlı ölçüde sırası ile artırıcı ve azaltıcı etkileri olduğunu doğrulamıştır.

Çalışma, psikolojik sermayenin aracı rolü özelinde, önceki bulgularla aynı doğrultuda (Amirkhani & Arefnejad, 2012; Hashemi ve ark., 2012; Avolio & Luthans, 2006; Larson & Luthans, 2006), psikolojik sermaye ile sosyal sermaye arasında anlamlı ölçüde pozitif bir ilişkinin varlığını doğrulamıştır. Ayrıca, sosyal sermayenin psikolojik sermaye üzerinde anlamlı ölçüde artırıcı etkisi olduğu ve beraberinde psikolojik sermayenin işe adanmışlık ve tükenmişlik üzerindeki doğrudan etkilerinin anlamlı ölçüde etkilendiği doğrulanmıştır.

Geçen yüzyılın başlarında, psikoloji alanı, bireylerin ilerlemesi ve büyüme potansiyellerine yönelik bilimsel araştırmalara dikkat çekici ölçüde önem vermeye başlamıştır (Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002). Pozitif psikolojideki son gelişmeler sonrası elde edilen avantajla (Peterson, 2006; Peterson & Seligman, 2004;) psikoloji alanı, çalışanlar ve kurumlar bünyesindeki pozitif gelişmeleri hedefleyerek, işyerlerini kapsayacak şekilde odağını genişletmiştir (Luthans, 2002a, 2002b; Wright, 2003; Cameron, Dutton, & Quinn, 2003;). Tüm bunları göz önünde bulundurarak, pozitif psikoloji, bireylerin içsel kaynaklarının yönetiminde olumlu yaklaşımlar geliştirmeyi amaçlamaktadır (Luthans, Avolio, Avey, & Norman, 2007).

Bu kapsamda, pozitif psikolojinin temel bir kavramı olan psikolojik sermaye (Luthans, Avolio, Walumbwa, & Li, 2005) geliştirilip iyileştirilme potansiyeline sahiptir. Daha spesifik olarak, psikolojik sermayenin boyutları olarak iyimserlik

(Seligman, 1998) ve öz-yeterlik (Bandura, 1997;) gibi örgütsel davranış alanında tanınan diğer kapasitelerin yanı sıra, bir zamanlar "yetenekli bireylerin niteliği" olarak kabul edilmiş umut ya da psikolojik dayanıklılık gibi pozitif psikolojik kapasiteler (Garmezy, 1974) geliştirilebileceklerine dair ampirik olarak desteklenmiştir (Snyder, 2000).

Ayrıca, örgütsel başarı için son derece önemli olan sağlıklı çalışma ortamının diğer kritik bir hususu da sosyal sermayedir. İşyerinde sosyal sermayenin hemşireler ve kuruluşlar için olumlu sonuçlar doğurduğuna dair gittikçe artan bulgular söz konusudur (Ernstmann ve ark., 2009; Hsu ve ark., 2011). Sosyal sermaye üzerine hemşirelik mesleği alanında yapılan araştırmalar, son zamanlarda, sağlık kuruluşlarında hemşireler arasında yüksek düzeyde sosyal sermaye oluşturulmasının yararlarından söz ederek, odağını hemşirelerin kendilerine yöneltmiştir (Hofmeyer, 2003; Hsu ve ark., 2011).

Sonuç olarak, dolayısıyla, işyerinde sosyal varlıklara yapılacak herhangi bir yatırımın esasında psikolojik sermayeye yapılan bir yatırım olduğunu ileri sürmek makul olacaktır. Diğer bir deyişle; yüksek saygınlık, karşılıklı güven, etkili iletişim, tam destek, işbirlikçi takım çalışması ve ortak kaynaklara erişimin yüksek olduğu bir atmosferde yüksek sosyal etkileşim ile desteklenmiş bir kültürün olduğu sağlıklı ve destekleyici çalışma ortamlarında çalışan hemşirelerin umut, iyimserlik, öz-yeterlik ve piskolojik dayanıklılıklarının yüksek olma olasılığı daha fazla olacak ve bu sayede hemşireler tükenmişliği daha az hissederek kendilerini işlerine daha fazla adayacaklardır.

Bu çalışmada, elde edilen bulgular yorumlanırken göz önünde bulundurulması gerekli bazı kısıtlamalar söz konusudur. İlk olarak, zaman kısıtlaması nedeniyle çalışmanın birkaç özel hastane ile sınırlı kalması, çeşitlilik gerektiren genelleştirilebilirlik açısından dikkate alınmalıdır.

İkincisi, çalışılan son departmanda geçen süre ve uzmanlık alanı ile ilgili demografik soruların neredeyse hiçbir hemşire tarafından yanıtlanmamış olması sonucu, demografik bilgilerin gizil değişkenler üzerindeki kontrol etkisi hesaba katılamamıştır.

Üçüncüsü, tanımları açısından ele alındığında sosyal sermaye, literatürde çeşitli teori ve modellerin kullanılması sonucu önceki çalışmaların neredeyse hepsinde farklı kavramsallaştırmalara sahiptir. Bu durum, gelecekte iyileştirme ve gelişime açık şekilde, tüm sağlık sektörü personelini kapsayacak şekilde kullanılabilmesi için sosyal sermaye kavramına dair fikir birliği ile kavramın öncülleri ve özelliklerinin netlik kazandırılmasının gerekliliğini ortaya koymaktadır.

Ayrıca, hemşirelik literatüründe sosyal sermaye kavramı, mesleğin uygulandığı ilgili ülkelerin sosyal bağlamlarına da bağlıdır ve gelecek araştırmalarda göz önünde bulundurulması gerekli önemli bir kontrol faktörü olarak yerini korumaktadır.

Son olarak, sosyal sermaye sağlık ekibinin tüm üyelerini içerecek şekilde sağlık kuruluşlarındaki tüm profesyoneller arası sosyal sermaye teorisinin geliştirilmesi için bir başlangıç noktası olarak da kullanılabilir.

APPENDIX I: Tez İzin Formu/ Thesis Permission Form

ENSTİTÜ / INSTITUTE

Fen Bilimleri Enstitüsü / Graduate School of Natural and Applied Sciences ☐

Sosyal Bilimler Enstitüsü / Graduate School of Social Sciences ■

Uygulamalı Matematik Enstitüsü / Graduate School of Applied Mathematics ☐

Enformatik Enstitüsü / Graduate School of Informatics ☐

Deniz Bilimleri Enstitüsü / Graduate School of Marine Sciences ☐

YAZARIN / AUTHOR

Soyadı / Surname : El
Adı / Name : İsmail
Bölümü / Department : Psikoloji Bölümü/ Department of Psychology

TEZİN ADI / TITLE OF THE THESIS (**İngilizce** / English) : The Effects of Psychological Capital and Social Capital on Nurses' Work Engagement and Burnout

TEZİN TÜRÜ / DEGREE**:** **Yüksek Lisans** / Master ■ **Doktora** / PhD ☐

1. **Tezin tamamı dünya çapında erişime açılacaktır. /** Release the entire work immediately for access worldwide. ■
2. **Tez iki yıl süreyle erişime kapalı olacaktır.** / Secure the entire work for patent and/or proprietary purposes for a period of **two years. *** ☐
3. **Tez altı ay süreyle erişime kapalı olacaktır.** / Secure the entire work for period of **six months**. ***** ☐

***** *Enstitü Yönetim Kurulu Kararının basılı kopyası tezle birlikte kütüphaneye teslim edilecektir.*
A copy of the Decision of the Institute Administrative Committee will be delivered to the library together with the printed thesis.

Yazarın imzası / Signature ..... **Tarih** / Date .....