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Research Article

Mediating Role of Psychological Capital in Relationship between Occupational Stress and Turnover Intention among Nurses at Veterans Administration Hospitals in Korea

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SUMMARY

Purpose: The aim of this study was to evaluate the mediating role of psychological capital (PCP) in the relationship between occupational stress and turnover intention in nurses.

Methods: Data were collected from a sample of 447 nurses working at four Veterans Administration Hospitals throughout South Korea from July 1 to July 31, 2014. We collected data from the nurses using the following surveys: the Short Form Korean-Occupational Stress Scale, the Korean version of the Turnover Intention Scale, and the Korean version of the Psychological Capital Questionnaire. Multiple linear regression analysis was performed to examine the mediating role of PCP.

Results: The level of occupational stress was 1.8 ± 0.2 , the level of turnover intention was 3.3 ± 0.9 , and the PCP level was 3.9 ± 0.5 . There were significant correlations among the three variables (occupational stress, turnover intention, and PCP). PCP played a partial mediating role ($\beta = -0.216$, p = .008) in the relationship between occupational stress and turnover intention (p < .001) among nurses working at the Veterans Administration Hospitals.

Conclusion: Based on the findings of this study, we recommend that South Korean hospitals offer occupational stress management programs that incorporate relevant programs in efforts to strengthen the overall components of PCP among nurses to reduce turnover intentions. Further studies are required to determine the most effective intervention programs for hospital settings.

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Introduction

Stress is defined as an individual perceiving external demands as being beyond his or her ability to cope with these demands [1]. More specifically, stress relates both to individuals' perceptions of the demands being made on them and to their perception of their capability to meet those demands [2]. Among health professionals, nurses experience the highest levels of occupational stress [3]. The occupational stress levels of nurses were reportedly 2.33-2.86 on a 4-point scale [4]. Major sources of stress for nurses are heavy workloads, leadership and management issues, interprofessional

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and intraprofessional conflicts, emotional demands of caring, lack of reward, role ambiguity, and shift work [5]. Research has demonstrated that occupational stress levels among nurses in Korea are particularly high when working durations exceed 3 years, when nurses work three different shifts, when salaries are high, and when nurses work on the general ward [4]. Occupational stress experienced by nurses can result in undesirable personal or organizational outcomes, including increased medical expenditures, burnout, increased accidents, and job dissatisfaction [6]. Among these negative outcomes, previous research has revealed a link between occupational stress and nurse turnover intention [7].

The turnover intentions of nurses were reportedly 3.28–3.51 on a 5-point scale [8]. General characteristics of nurses such as age, educational level, work status, marriage status, type of work, experience, salary, and so on are reportedly related to turnover intentions in Korea [9]. Nurse turnover is considered one factor that

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negatively affects the quality of nursing care and patient outcome. Nurse turnover makes it difficult for human resources to maintain or build a quality staff and can often lead to high costs for hiring and training new nurses. The results of these effects leave organizations with tremendous losses. Nurses who quit increase the workload for other nurses, which can often lead to a greater number of health problems, emotional exhaustion, and accidents (e.g., needlestick injuries) [7]. Prevention of nurse turnover is a major challenge for

Instead of addressing the inadequacies of employees, employers take an interest in cultivating positivity for employees to improve their work environment. Focusing on employees' positive qualities is not merely an attempt to recognize the importance of positivity; it is also an employer's attempt to adapt a more constructive approach and to deviate from the mainstream approaches focused primarily on negative aspects [10].

human resource management in hospitals.

The positive organizational behavior approach is the study and application of positive human resource strengths and psychological capacities that can be measured, developed, and effectively managed to improve performance in today's workplace [11]. Positive organizational behavior and the increasing attention to employees' positive characteristics have promoted a growing interest in psychological capital (PCP) within the field of human resource management.

PCP is defined as an individual's positive psychological state of development [11]. It has four components: efficacy, optimism, hope, and resilience [11]. Efficacy is based on Bandura's Social Cognitive Theory and is defined as "one's conviction (or confidence) about his or her abilities to mobilize the motivation, cognitive resources, or courses of action needed to successfully execute a specific task within a given context" [12,13]. According to Seligman [14], optimism is the way in which a person interprets and understands recent or past experiences. Snyder et al [15] defined hope as a "positive motivational state based on an interactively derived sense of successful agency (goal-directed agency) and pathways (planning to meet goals)". Hope does not merely involve willpower or the drive to achieve set goals; it also involves waypower, the capacity to maneuver and work around challenges that stand in the way of achieving goals [10]. The last component, resilience, can be understood as an individual's capacity to adapt after he or she has experienced something negative or positive [11].

Efficacy affects how individuals perceive and interpret events. Most human stress is dominated by beliefs about dealing with efficacy [12]. An individual with a higher level of optimism is less likely to experience symptoms of stress in the workplace [10]. Hope provides individuals with a positive resource for stressful work situations. An individual's level of hope protects him/her against perceptions of uncontrollability, vulnerability, and unpredictability [16]. Resilience is the most important positive resource when navigating a turbulent and stressful workplace [10]. Resilient individuals are better equipped to cope with stressors in a workplace environment that continues to change. This is because these individuals are open to new experiences, respond flexibly to changing demands, and demonstrate emotional stability when faced with adversity [17].

PCP is negatively related to occupational stress, and decreased PCP, along with occupational stress, is thought to increase turnover intention [7,10]. Research has revealed that an increase in occupational stress results in a decrease in the overall PCP of employees, triggering consideration of turnover among nurses [10]. In the field of nursing workforce management, active management of occupational stress is required to prevent nurse turnover. Additionally, serious consideration of the use of PCP, a positive resource for combating employee turnover that has been receiving much interest in the field of workforce management, is needed. PCP has

been introduced as a positive resource in aiding nurses to overcome exhaustion and in helping to increase organizational commitment and customer orientation [18,19]. Although the feasibility of PCP is being assessed in the field of nursing workforce management, no research has focused on the relationships among occupational stress, PCP, and turnover intention. This study yielded basic data related to building a workforce management plan to decrease nurse turnover by identifying whether PCP plays a mediating role in the relationship between occupational stress and turnover intention.

Objective

The objective of this study was to evaluate the mediating role of PCP in the relationship between occupational stress and turnover intention in nurses. To investigate this relationship, we measured the levels of occupational stress, turnover intention, and PCP in a large sample of nurses. We believe our findings provide basic information for developing more successful nursing workforce management strategies that will ultimately reduce nurse turnover intention. Specifically, our study had three purposes: (a) to measure the levels of occupational stress, turnover intention, and PCP in nurses; (b) to explore the differences associated with each of these factors; (c) to investigate the relationships among occupational stress, turnover intention, and PCP in nurses; and (d) to identify whether PCP plays a mediating role in the relationship between occupational stress and turnover intention in nurses.

Methods

Design

This was a cross-sectional descriptive study aimed at identifying the mediating role of PCP in the relationship between occupational stress and turnover intention in nurses.

Participants and data collection

The participants in this research were registered nurses working at four Veterans Administration Hospitals. South Korea has five Veterans Administration Hospitals, but we collected data only from the four that were willing to cooperate with data collection. Researchers visited the nursing department at each hospital to request participation, and to explain the purpose of this study and the contents of the questionnaires. A total of 553 instructional documents, along with consent forms and prepaid envelopes, were distributed to nurses with the help of the nursing department (three hospitals received 130 documents each; the other hospital received 163 documents). Nurses were informed of the purpose of the study and completed a written consent form prior to participation. Of the 553 distributed questionnaires, 457 were collected, for a return percentage of 82.6%. Of the three hospitals that received 130 questionnaires, one returned 103 (return percentage, 79.2%), one returned 103 (return percentage, 79.2%), and one returned 108 (return percentage, 83.1%). The hospital that received 163 questionnaires returned 143 questionnaires (return percentage, 87.7%). Of the returned questionnaires, 10 were excluded from this analysis due to various reasons: 6 questionnaires were missing answers for five or more variables; the other 4 questionnaires had fewer than five missing answers but included two or more with multiple responses. We believe that excluding these questionnaires, which were filled out with little sincerity, had no effect on the study results. All questionnaires were collected in a sealed envelope by mail or by the education head nurse with support from the division of nursing service.

The data were collected from July 1st, 2014 to July 31st, 2014.

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