Positive Psychological Capital, Organizational Commitment and Job Stress of Nurses in Small and Medium-Sized Hospitals

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Abstract. It can be deduced that positive psychological capital affects organizational commitment and job stress. Nurses with higher positive psychological capital are more committed to the organization and have less job stress. These findings would ultimately provide valuable contributions to nursing management in small and medium-sized hospitals, which would in turn enhance hospital performance, ameliorating service qualities in these hospitals. To achieve the best outcome.

Keywords: positive psychological capital, organizational commitment, job stress, nurse

1 Introduction

The intense competition between large medical institutions has prompted several changes in the business environments of small and medium-sized hospitals[1]. Indeed, the increase in the number of large hospitals in metropolitan areas has facilitated the mass migration of the nursing workforce from small and medium-sized hospitals in other non-metropolitan regions[2], depleting the number of nurses in these relatively rural and smaller hospitals[3].

The nurse turnover rate in small and medium-sized hospitals reached 37.3% in hospitals with 100-199 beds, and 22.0% in those with 200-399 beds. This represents threefold the rates in large hospitals with more than 1,000 beds (7.2%)[4]. The high turnover results in a smaller number of nurses, which in turn generates a work overload and a substandard working environment for the remaining nurses. Ultimately, this imperils the quality of the nursing services and fuels a damaging vicious cycle[3].

It is therefore imperative for small and medium-sized hospitals to acknowledge the significance of medical service and to strive to boost their nurses’ organizational commitment in order to maximize their organizations’ competitiveness and productivity. Nurses’ organizational commitment has been found to be an essential precondition not only for the reduction of negative consequences such as conflicts, exhaustion and turnover, but also for the maintenance of patients’ health through a
deeper commitment to patients [5]. Members who are highly committed to their organization tend to earn external as well as internal remuneration (e.g., job satisfaction), to maintain amicable relationships with coworkers, and to perform tasks for the benefit of the organization [6].

Meanwhile, nurses working in small and medium-sized hospitals experience a high level of job stress as a result of several factors, including a relatively inferior working environment, insufficient manpower, overtime work, and low wages[7]. Job stress generates negative consequences, such as the induction of workers’ disruptive, nonproductive, and risk behaviors. Moreover, from an organizational perspective, job stress results in job dissatisfaction, low organizational commitment, and frequent absences and turnovers, which in turn has detrimental repercussions that undermine the organization, such as reduced managerial efficiency, significantly curtailed work hours, multiplied turnover costs, and increased loss as a result of employee sabotage[8].

Recently, positive psychological capital has been gaining traction as a performance-enhancing factor. Positive psychological capital focuses on the strengths and potential of an individual member in order to foster happiness and satisfaction in the individual and to contribute to the performance of the organization[9]. Luthans, Avey and Patrick[10] reported that positive psychological capital affected members’ job satisfaction and organizational commitment positively. Similarly, Choi and Lee[11] suggested that positive psychological capital had significant direct and indirect effects in helping identify the underlying mechanisms linking human resources management to organizational performance. In essence, positive psychological capital promotes nurses’ innovativeness while performing nursing tasks, which curtails negativity and boosts positivity, and has corresponding beneficial impacts on the nurses’ physical and psychological health[5].

Hence, the present study seeks to provide useful basic data to inform the management of nursing human resources in small and medium-sized hospitals by confirming the relationship between positive psychological capital, organizational commitment, and job stress in nurses working in small and medium-sized hospitals.

2 Method

2.1 Research Design

This is a descriptive research study designed to provide preliminary data on nursing management in small and medium-sized hospitals. To that end, this study examined the degree of positive psychological capital, organizational commitment and job stress of nurses employed in small and medium-sized hospitals to probe the impact of positive psychological capital on organizational commitment and job stress.
2.2 Subjects

The study’s subjects were 197 general nurses with more than 1 year of experience employed in small and medium-sized hospitals located in G metropolitan city. The subjects were recruited via convenience sampling.

2.3 Research tools

The study tools used were the positive psychological capital measurement tool developed by Luthans, Avolio, Avey and Norman[12], organizational commitment measurement tool developed by Mowday, Steers and Porter[13], and job stress measurement tool developed by Koo and Kim[14].

3 Research Findings

The research findings are as follows.

The mean score of the degree of positive psychological capital was 3.70± 0.55 points out of a total of 6 points. In terms of the sub-variables of positive psychological capital, the mean scores of hope, resilience, optimism, and self-efficacy were 3.81±0.58, 3.79±0.71, 3.66±0.64, and 3.56±0.55, respectively. The mean score of the degree of organizational commitment was 3.16±0.51 points out of a total of 5 points.

The mean score of the degree of job stress was 3.39±0.48 out of a total of 5 points, while that of the sub-variables of job stress were night shift (3.56±1.09), work overload (3.55±0.57), insufficient professional knowledge and skills (3.46±0.69), interpersonal problems (3.28±0.68), professional role conflict (3.26±0.61), and appropriate compensation (3.24±0.69), in decreasing order.

There were significant differences in the degree of positive psychological capital in accordance with two general characteristics: work unit (F=3.22, p=.014) and shift type (t=-3.34, p=.001).

There were significant differences in the degree of organizational commitment in accordance with four general characteristics: age (F=2.85, p=.039), clinical carrier (F=2.71, p=.047), work unit (F=3.92, p=.004), and shift type (t=-3.88, p<.001).

Furthermore, there were significant differences in the degree of job stress in accordance with two general characteristics: marital status (t=-1.99, p=.048) and amount of experience at the currently employed hospital (F=3.51, p=.016).

Positive psychological capital had a significant positive correlation with organizational commitment (r=.42, p<.001). With regard to the sub-factors of positive psychological capital, organizational commitment was positively correlated with optimism (r=.42, p<.001), hope (r=.37, p<.001), resilience (r=.36, p<.001), and self-efficacy (r=.34, p<.001), in the order of decreasing correlation. On the other hand, positive psychological capital had a significant negative correlation with job stress (r=-.23, p<.01). In terms of the sub-factors of positive psychological capital, job stress was negatively correlated with resilience (r=-.27, p<.001), optimism (r=-.21, p<.01), hope (r=-.19, p<.01), and self-efficacy (r=-.14, p<.05), in the order of decreasing
correlation.
Organizational commitment was affected by shift type ($\beta=.27$, $p<.05$) and optimism (sub-factor of positive psychological capital, $\beta=.27$, $p<.05$), with an explanation power ($F=8.74$, $p<.001$) of 22%. With regard to the affects on job stress, work overload, a sub-factor of job stress, was affected by marital status ($\beta=-.19$, $p<.05$), with an explanation power ($F=3.34$, $p<.01$) of 10%. Insufficient professional knowledge and skills were affected by marital status ($\beta=-.20$, $p<.01$) and resilience (a sub-factor of positive psychological capital, $\beta=-.40$, $p<.001$) with an explanation power ($F=6.15$, $p<.001$) of 16%. Interpersonal relationship problems were affected by resilience (a sub-factor of positive psychological capital, $\beta=-.28$, $p<.05$), with an explanation power ($F=2.72$, $p<.05$) was 8%. Night shift was affected by shift type ($\beta=-.19$, $p<.05$), and its explanation power ($F=2.41$, $p<.05$) was 8%.

References