
Influence of psychological capital on turnover intentions: empirical evidence from Indian paramedics

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Abstract: This study has investigated the role of psychological capital (PsyCap) in predicting intention to leave the job. Three hundred and forty paramedical and nursing staffs have completed the questionnaire. A research framework was created based on the proposed hypotheses, and path analysis was run using bootstrapping. The research findings confirmed that all the dimensions namely self-efficacy, hope, optimism and resilience have contributed to psychological capital. In the present context, resilience has shared more beta value toward psychological capital followed by optimism. Similarly, finding of the present study has confirmed the conjecture of negative impact of psychological capital on turnover intentions among paramedical and nursing staff. Hence, the present study has numerous theoretical, practical and research implications.

Keywords: psychological capital; turnover intentions; health professionals and hospital; self-efficacy; hope; optimism; resilience.

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1 Introduction

There is prevalent relief that health sector is predicted to expand and create a number of jobs for the next decade. In India, health sector has provided attractive opportunities under the scheme of Ayushman Bharat national health protection mission, as also there is a visible upsurge in medical tourism that is likely to expect get double from US\$3 billion to US\$6 billion by 2018. Furthermore, health market is expected to reach 372USD billion by 2022 in terms of generating revenue, health awareness and more involvement of insurance (India Brand Equity Foundation). Additionally, Indian health workforce is mixture of two essential components such as, public healthcare practitioner and private healthcare practitioner. According to Bhattacharya et al. (2012), health industry is labour intensive industry despite the increasing involvement of technology and is still struggling with major challenge to retain quality staff. The challenge such as not only in India as also global healthcare sector is facing a challenge. Consequently, this has led to shortage of skilled and semi-skilled workforce in the sector some of the reasons attributed for this workforce are underpaid and overworked gets less chance to upgrade their clinical skills, miss balance between work and life. In the developing nations, shortage of nursing staff is quite popular, (Buchan and Calman, 2005) and based on industry estimates that expected turnover rate of nurses and paramedic staff is 28–35%. This turnover rate leads to shortage of staff, enhancing training costs and poor quality service delivery. Turnover is recognised as global concern in the health (Alhamwan and Mat, 2015). Sharma and Kamra (2009) said that attrition rate is increasing in both private and public hospitals.

According to Jadoo et al. (2015), various manifesting variables that lead to turnover intentions among nursing and paramedical staff include work overload, poor working conditions, no appreciations, intense job and demography. Additionally, it has been observed that the intention to quit and leaving a job is a major issue because of various psychological pressures such as job stress (Shantz and Class, 2002), workplace anxiety, mental level challenge (Battu and Chakravarthy, 2014) and other reasons faced by the health sector. Flinkman et al. (2010), reported in their study, that intention to leave the job is found to be strong predictor of actual decision to leave in the context of nursing. However, Lewin (1951) concluded that concept of intentionality became important to understand the behaviour of an individual to act. Intentional behaviours are the choice of expressions of oneself (Deci and Ryan, 1987). Previous research studies have proved that intentions are directly associated with actual action or behaviours according to the theory of planned behaviour (Ajzen, 1991), and theory of reasoned action (Fishbein and Ajzen, 1975). In the previous studies, the relationship of intention with actual behaviour was confirmed in context of breastfeeding intention and behaviour (Ismail et al., 2016), in the context of tourists (Hsu and Huang, 2010), green purchase behaviour (Muzaffar, 2015).

In this context, due to certain mentioned conditions, employees found problem to carry on in stressful conditions. To ensure growth and quality service delivery, organisations in the health sector will have to attract and retain talent of the health professionals. Keeping in view the stressful work conditions in the hospitals, it is important that the health professionals exhibit positive psychological attributes. The emerging stream of positive organisational behaviour (POB) stresses on the need to focus on the employee strengths and positive human capacities, which if developed, can result in higher performance among the employees (Luthans, 2002). In this regard, Avey et al. (2011) reported that term psychological capital (PsyCap) helps to combat with stressful

situations and is negatively associated with undesirable attitudes and behaviours. Despite the popularity of emerging trends in healthcare industry and literature there are limited studies that have examined the relationship of PsyCap and turnover intentions in context of health professional.

2 Literature review

Positive psychology movement amongst researchers is relatively recent as proposed by (Seligman, 1998) has been introduced to focus upon what is missing and dysfunctional with human behaviour in organisations. It focuses upon improving people's lives at large, on happiness and flow, besides increasing their productivity and performance by capitalising on the strengths of the human spirit (Appollis, 2010; Luthans and Youssef, 2004; Luthans et al., 2004). Thus, in this regard, POB concept was introduced based on positive psychology. Positive psychology is 'the scientific study of the conditions and processes that contribute to the flourishing and optimal functioning of people, groups and institutions' [Gable and Haidt, (2005), p.104]. Furthermore, Luthans (2002, p.59) defined positive organisation behaviour as 'application of positively oriented human resource strengths and psychological capacities that can be measured, developed and managed for performance improvement in today's workplace'. In this view, literature reported that the previous research studies in context of positive psychology have focused on cognitive capacities in addition to the affective ones influencing creativity and innovation at work, as also enhancing work engagement and commitment. Luthans (2002) reported that the development of POB is evolution of core construct which has been termed as PsyCap in the context of organisational behaviour. In addition to this, PsyCap has emerged as an important concept and is widely recognised as a way to embrace, manage and develop human resources in organisations (Larson and Luthans, 2006). PsyCap is defined as "an individual's positive psychological state of development and is characterized by: having confidence to take on and put in the necessary effort to succeed at challenging tasks; making a positive attribution (optimism) about succeeding now and in the future; persevering toward goals and, when necessary, redirecting paths to goals (hope) in order to succeed; and when beset by problems and adversity, sustaining and bouncing back and even beyond (resilience) to attain success" (Luthans et al., 2007). Hence, PsyCap is a higher order construct which integrates these four resources synergistically, i.e., PsyCap is greater than sum of its parts (Luthans et al., 2007). PsyCap is new emerging construct in the field of research (Avey et al., 2011). Research on PsyCap has made stride internationally and is still in its infancy stage in India (Naran, 2013). Though a relatively newer concept, it is being considered as a new approach, to understand employee's attitude in the present context (Luthans et al., 2004).

It is argued that, nursing staff is reported as a stressful specialty. There is no doubt that nursing staff has to work at the bottom of the hierarchy in hospital consequently are more stressed. Additionally, nurses with turnover intentions lead to considerable outcomes which may have negative impact on representative organisations. Based on the earlier research studies intention to leave is alternatively used as the term turnover intentions. Therefore, turnover intentions is a deliberate action or one's desire to leave the job in future some time it is also considered as the last part of cognition process and searching for another job (Tett and Meyer, 1993; Appollis, 2010; Mobley et al., 1978).

Previous studies have reported various variables that contribute to intention to quit job such as poor quality of work life, organisational justice, least training programs for promotion, ill-defined career paths, poor/bad working conditions, underpaid, including seasonally challenging nature of the job (Sirgy et al., 2001; Battu and Chakravarthy, 2014; Koonmee et al., 2010). Thus, in this view previous research studies have found negative relationship between PsyCap and turnover intentions such as Avey et al. (2009), Gu (2016), Shahnawaz and Jafri (2009), Sihag and Sarikwal (2014) and Gupta and Singh (2014). Since a turnover intention is a prevalent issue in the healthcare industry, has not been addressed by the past literature. Based on this we hypothesise:

H1 There is significant negative relationship between PsyCap and turnover intentions of the health professionals.

3 Research methodology

3.1 Measurement and sample description

In the present study, we have adopted quantitative approach in order to meet objectives of the study. Thus, in this regard we have collected data using 24 items psychological capital questionnaire (PCQ) structured questionnaire developed by Luthans et al. (2007) and statistically analysed in order to generalise the findings society at large (Zikmund and Babin, 2010). On the other hand, turnover intention was measured by using Mobley's et al. (1978) theory three item scale.

Table 1 Demographic profile of respondents

	<i>RPGMC Kangra (N = 163)</i>		<i>GMC Jammu (N = 177)</i>	
	<i>Frequency</i>	<i>Percentage</i>	<i>Frequency</i>	<i>Percentage</i>
Gender				
Male	15	9.2%	23	13%
Female	148	90.8%	154	87%
Age group				
21–30	122	75%	153	86%
31–40	25	15%	16	9%
Above 41	16	10%	08	5%
Nature of employment				
Permanent	41	25%	71	40%
Contractual	122	75%	106	60%
Tenure (in years)				
Less than 5	122	75%	153	86%
5–10	09	6%	10	6%
Above 10	14	9%	14	8%

The data was collected using multistage stage cum stratified sampling approach from the paramedical and nursing staff. The data was collected from the employees working in the RPGMC Kangra and GMC Jammu. Both these hospitals provide education to the

students along with the medical services. A list of the paramedic and nursing staff was prepared based on their respective departments and sample size was determined statistically.

4 Analysis and findings

To test the aforementioned hypotheses and proposed model partial least square-structural equation modelling (PLS-SEM) test was performed using Smart-PLS 3. The criteria of measurement and structural model were carefully examined. In this view, first of all reliability and validity of questionnaire was evaluated, and then the proposed model was tested in Smart-PLS. The analysis was divided into two parts measurement model and structural model (Hair et al., 2015).

4.1 Measurement model

Table 2 Composite reliability, AVE, Cronbach alpha coefficients

<i>Dimensions</i>	<i>Cronbach's alpha</i>	<i>rho_A</i>	<i>Composite reliability</i>	<i>Average variance extracted (AVE)</i>
Hope	0.625	0.635	0.799	0.571
Optimism	0.642	0.645	0.808	0.585
Resilience	0.711	0.728	0.822	0.539
Self-efficacy	0.605	0.611	0.793	0.562
Turnover intentions	0.631	0.693	0.797	0.571

4.2 Discriminant validity

Since in the present study, proposed model was reflective in nature therefore in this view, internal consistency of instrument was measured performing Cronbach's alpha (α) and composite reliability (CR). According to Nunnally and Bernstein (1994) the acceptable value for Cronbach's alpha is equals to more than 0.7 and for CR it should be more than 0.60 (Bagozzi and Yi, 1988). On the other part of measurement valuation, validity of the instrument was examined through convergent and discriminant validity. Some of the constructs were found poor in reliability and validity their calculating value was below than the threshold value. Thus, in this view one by one item was dropped and path analysis was run again. This process was followed till these constructs have not met the threshold value. Additionally, convergent validity was examined by calculating the values of indicator reliability and average variance extracted (AVE) should not be less than 0.5 (Fornell and Larcker, 1981). Similarly, discriminant validity was measure doing the square root AVE.

Discriminant validity is the extent to which helps to examine that the construct is truly different from another constructs. The objective of this type of validity is to confirm the theoretically measured concepts for different purpose should be statistically different from each other. Thus, in the present context the value of square root of AVE should be

greater than the correlation between the construct represented in the model. Rationale behind reporting this validity is very clear that construct shares more variance with associated items than any other construct. Hence, in Table 3, value mentioned diagonally confirms that the present has met the threshold value.

Table 3 Discriminant validity of constructs

<i>Dimensions</i>	<i>Mean</i>	<i>Standard deviation</i>	<i>Hope</i>	<i>Optimism</i>	<i>Resilience</i>	<i>Self-efficacy</i>	<i>Turnover intentions</i>
Hope	3.7	.85	0.755				
Optimism	3.8	.83	0.338	0.765			
Resilience	3.8	.93	0.399	0.832	0.734		
Self-efficacy	3.8	.80	0.324	0.851	0.77	0.749	
Turnover intentions	2.7	1.2	-0.206	-0.15	-0.222	-0.167	.756

4.3 Structural model

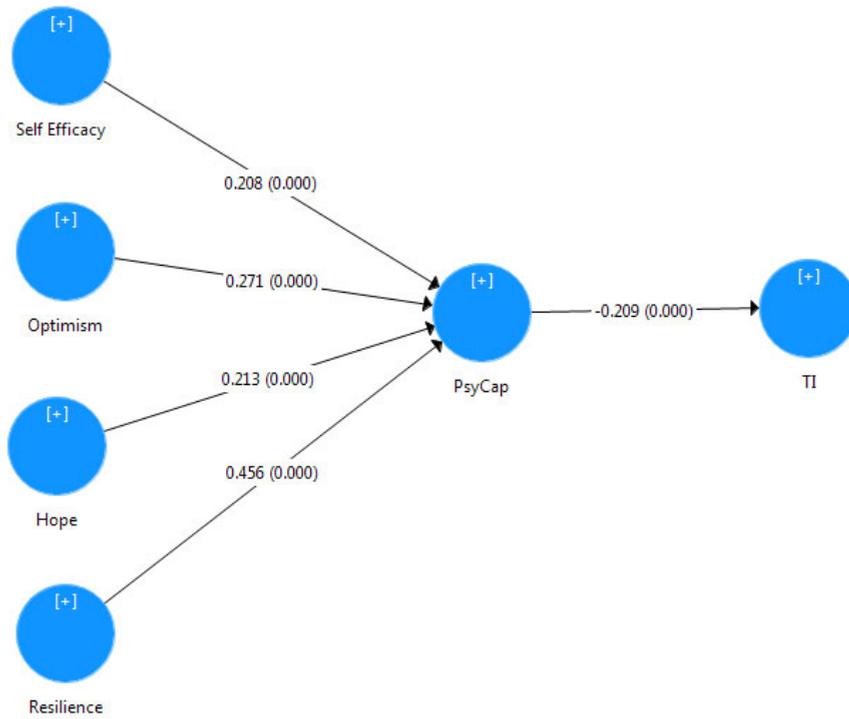
In the structural model, hypothesised relationships were tested and we have different values for original sample, sample mean, standard deviation and t statistics.

Table 4 Path coefficient and their significance

<i>Hypotheses</i>	<i>Original sample (O)</i>	<i>Sample mean (M)</i>	<i>Standard deviation (STDEV)</i>	<i>T statistics (O/STDEV)</i>	<i>P values</i>
Hope -> PsyCap	0.213	0.216	0.024	8.892	0
Optimism -> PsyCap	0.271	0.265	0.034	8.084	0
Resilience -> PsyCap	0.456	0.46	0.027	16.756	0
Self-efficacy -> PsyCap	0.208	0.206	0.024	8.79	0
PsyCap -> TI	-0.209	-0.219	0.056	3.739	0

The probability value which signifies the acceptance and rejection of tested hypotheses. In the present context, proposed hypotheses stands accepted. The value for self-efficacy to PsyCap has original sample value 0.208; sample mean coefficient 0.206, standard deviation 0.024 and T value 8.79. Similarly, resilience has original sample value 0.456; sample mean coefficient 0.46, standard deviation 0.027 and T value 16.756. Optimism has original sample value 0.271, sample mean coefficient 0.265, standard deviation 0.034 and T value 8.084 and hope has original sample value 0.213, sample mean coefficient 0.216, standard deviation 0.024 and T value 8.892. This clearly indicates that PsyCap is combination of all the four dimensions such as self-efficacy, hope, optimism and resilience. This suggests that resilience contributes maximum towards PsyCap followed by optimism. On the other hand, bootstrapping process was run to test the impact of PsyCap on turnover intentions. In this view, based on values impact of PsyCap on turnover, intentions is found negative.

Figure 1 Results of Structural model (see online version for colours)



5 Conclusions

The aim of the present study was to examine the impact of PsyCap on turnover intentions among paramedical and nursing staff. Based on the reliability and validity (AVE and discriminant validity) that assist to determine the four factor model of PsyCap fits in present context. In the present context, we have found negative impact of PsyCap on turnover intentions. The findings of study support theoretically and empirically the PsyCap as positive source to combat with adverse situations. Additionally, it can be inferred that the employees, those were high PsyCap, will have fewer intentions to leave the organisations. The results of the present study are being supported by Avey et al. (2009, 2011), Appollis (2010), Haq (2014), Çelik (2018), Karatepe and Avci (2017) and Vij and Goyal (2018). Based on results, PsyCap is found to be inherent power of an individual which can be developed in through various interventions. Thus, PsyCap is a potentially constructive resource that can help paramedical staff to face stressful environment and may have favourable outcomes. Also, it has been observed that most of the employees are working as contractual employees; therefore, they have fear of losing job as compared to those who are working as permanent employees. PsyCap is state like construct which provides human resource managers a strategic move to reduce the adversity such as turnover intentions.

PsyCap will help managers in hospitals to invest on PsyCap of their organisation and accept and encourage culture of mistake management. Subsequently, hospitals are advised to recruit only those people who are high on PsyCap so that they are prepared to handle challenges. This will help not only to reduce the turnover of nursing staff as also will help to provide quality service to customers. Hospital management are advised to organise regularly training and workshops with the aim to develop PsyCap traits. It is likely to help to identify the people who are high on self-efficacy, resilience, hope and optimism.

6 Limitations and future research

Considering the limitations of the present study, future research scope is being proposed. First, apart from turnover intentions other behaviours and attitude can be studied with PsyCap. Second, the data has been collected from the two north Indian states such as Jammu and Himachal Pradesh; similarly, it can be extended to other region as well. Furthermore, there can be other manifesting variables to reduce turnover intentions such as development of personal relationships, appreciation and recognition, development of trust, balance between quality of work and personal life.

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