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**RESEARCH ARTICLE**

**ANALYSIS OF THE RELATIONSHIP BETWEEN PSYCHOLOGICAL CAPITAL AND ORGANIZATIONAL IDENTIFICATION: A STUDY ON HEALTHCARE WORKERS**

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**ABSTRACT**

This study was conducted to determine the psychological capital and organizational identification levels of the personnel working at a state hospital in Turkey, and to analyze the relationship of both concepts with each other. Psychological capital scale, organizational identification scale and a questionnaire consisting of the personal characteristics of the participants were used in the collection of the data related to the study. A total of 138 people was included in the research. As a result of the study, it was established that the psychological capital levels of the participants were above average and the participants identified with their institutions at an average level. The assessments made on psychological capital and organizational identification doesn't differ according to the participants' sex, age, marital status, educational status and total period of service. Positive and significant relationships were found between the dimensions of psychological capital and organizational identification. 27.2% of the change in organizational identification are explained by optimism, resiliency, hope and self efficacy, which are the dimensions of psychological capital, and the most effective independent variable is the resiliency dimension.

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**INTRODUCTION**

In the present century, organizations have begun to need employees which are qualified and have identified with their organizations more in order to fulfill their aims, and offer quality and effective services. This need is even more important particularly in healthcare institutions offering healthcare services, where service quality affects human health directly. The attitude and behaviors exhibited by healthcare personnel who work under difficult conditions such as an ever-increasing number of patients, intense work schedules, and night shifts play an important role both institutionally and in terms of human health. Therefore, workers are expected to adopt organizational values, harmonize their own identities with their organizational identities and, in short, identify with their organizations as well as trusting their organizations, being attached to them, and exhibiting extra role behaviors. It is believed that workers need to have high self efficacy and psychological resiliency, and be hopeful and optimist about the tasks they perform for them to identify with their organizations. Based on this idea, this study was conducted to determine the psychological capital and organizational identification levels of

the healthcare workers, and to analyze the relationship of both concepts with each other. In the first section of the study, basic concepts about the research subject were explained; in the following section, information related to material and method was presented; the findings of the research were established afterward. In the last section of the study, attained findings were discussed in the framework of the existing literature, conclusion and recommendations of the research were presented.

**Psychological Capital**

Psychological capital is "an individual's positive psychological state of development and is characterized by: (1) having confidence (self efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (2) making a positive attribution (optimism) about succeeding now and in the future; (3) persevering toward goals and, when necessary, redirecting paths to goals (hope) in order to succeed; and (4) when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success" (Luthans *et al.*, 2007a).

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The existing studies generally focus on the negative characteristics and weaknesses of the personnel, their strengths and potential are usually overlooked. Whereas positive and balancing approaches must be also addressed to increase the performances of the personnel, discover or develop their potential power, and to have the upper hand in organizational competition. From this perspective, psychological capital is a concept which has been formed from positive organization behavior and corresponds with its characteristics the most. In other words, psychological capital is the concrete application of positive organization behavior which has been researched and whose performance effect has been proven (Kutanis and Oruç, 2014).

Psychological capital, which is an important instrument in discovering the potential of employees in today's professional life (Luthans *et al.*, 2007a), has gained a place in the literature as the continuation of traditional economic capital, human capital and social capital but as a separate concept. Traditional economic capital is a concept related to "what you have", human capital is related to "what you know" and social capital is related to "who you know". Dissimilar to these concepts, psychological capital is related to "who we are".

Psychological capital has 4 dimensions as self efficacy, hope, optimism and resiliency:

**Self Efficacy:** Workers first evaluate their own knowledge and skills before performing a task; they review their efficacies on whether they can carry out the task in question (Çetin and Basım, 2012). Workers with a strong sense of efficacy attach great importance to the tasks they carry out and do their jobs with love. They identify their own goals and show a strong attachment to these goals they have identified. They aspire to more difficult tasks and they consider these difficult tasks as works to be done decisively rather than as threats. According to them, failure is a preventable and correctable situation and they improve their performances in case of failure by putting their sense of efficacy into action. Hence, workers are at peace even while carrying out difficult tasks (Sandeep and Sandeep, 2009).

**Hope:** Hope has been defined as "persevering toward goals and, when necessary, redirecting paths to goals in order to succeed" (Luthans *et al.*, 2007a). Hopes are in a close relationship with goals. Workers with high hope levels make plans which are likely to succeed in order to reach their goals. In addition, they always have an alternative plan. These workers never adopt goals they cannot reach (Quoted in Güler, 2009).

**Optimism:** Optimism has been defined as "making a positive attribution about succeeding now and in the future" (Luthans *et al.*, 2007a). Optimists attribute positive events to personal, permanent and general causes while attributing negative events to external, temporary and situation specific causes. People who are not optimistic are prone to depression, they feel anxious, pessimistic and unhappy. Physical health problems are more widespread among these individuals. People with low optimism levels are more likely to fail if they take on increased responsibility (Seligman, 2006).

**Resiliency:** Resiliency is "the positive psychological capacity to rebound, to 'bounce back' from adversity, uncertainty, conflict, failure or even positive change, progress and increased responsibility" (Luthans, 2002). Workers with high psychological resiliency have the ability to produce new ideas and adapt to change. More importantly, these workers' strength to fight against negative situations and problems is higher than other workers. This strength to fight will naturally be reflected in their performances positively (Çetin and Basım, 2012).

The dimensions of psychological capital, which have been defined above, are in interaction with one another as well. For instance, hopeful people are more motivated and have higher capacity in surviving hardship. Therefore, they are more resilient. People who see themselves adequate and are self-confident will transform their optimism and resiliency into work outputs more easily. Resilient individuals will be more skillful in using the necessary adaptation mechanisms for a real and flexible optimism. Self efficacy, being hopeful and resilience will also contribute to optimism in return. Due to these interactions, the effect of the investments made generally in the psychological capital on the performances and attitudes of workers will be greater than the effect of the investment made in each dimension of psychological capital (Luthans *et al.*, 2007a).

Psychological capital contains more than economic capital, human capital and social capital and it has an important effect on work performance. It is a topic with a positive perspective and is based on positive psychology paradigm. It focuses on the strengths of individuals rather than their weaknesses (Luthans *et al.*, 2005; Luthans *et al.*, 2007b; Luthans *et al.*, 2004)

### **Organizational Identification**

The concept of in various ways. For instance, Dutton *et al.* (1994: 239) have identified identification as the "similarity degree of the qualities a person uses to define himself/herself and the qualities a person uses to define his/her organization". According to Ashforth and Mael (1989: 34), identification is "a person's adoption of organizational values and concretization of the organization".

Organizational identification has not drawn interest as a special research subject until recently. The first detailed model on this issue was created by March and Simon in 1958, but only a limited number of studies has been published with the last 20 years. Porter *et al.* has considered identification as a component of attitudinal organizational commitment and identification was used as synonymous with the attitudinal organizational commitment for a long time. Researchers working in the field of organizational behavior, social psychology and communication have begun to define identification as a special research subject towards the end of the 1980s (Riketta, 2005).

In this day and age, the identification concept has become a central concept in the field of organizational behavior and has begun to have an increasing importance in management studies. Identification is now seen as a key psychological state which reflects the bond between the worker and the

organization and has become a potential instrument in explaining or foreseeing many attitudes and behaviors in the workplace environment (Edwards, 2005).

The concept of identification does not take a person's behaviors into account. Because this concept is related to a person's cognitive characteristics only. In other words, the person does not have to make an effort in line with his/her organization's goals for identification. It is enough that he/she understands he/she is intertwined with the organization (Ashforth and Mael, 1989). In addition to this, workers will be more likely to exhibit behavior which will affect their organization positively and help them be successful if they are identified with their organizations and they will be less likely to exhibit behavior which will affect their organizations negatively (Norman *et al.*, 2010). Workers who have identified with their organizations see themselves as the representatives of the organizations in their relationships with the non-institutional individuals, think about the interests of their organizations in the decisions they make, break connections with the people whose goals and values contradict with those of the organization (Miller *et al.*, 2000).

The conducted researches demonstrate that organizational identification is positively correlated with the concepts of organizational commitment (e.g., Knippenberg and Sleebos, 2006; Cole and Bruch, 2006), organizational citizenship behavior (e.g., Feather and Rauter, 2004; Olkkonen and Lipponen, 2006), job satisfaction (e.g., Dick *et al.*, 2004), organizational justice (e.g., Olkkonen and Lipponen, 2006), employee performance (e.g., Carmeli *et al.*, 2007) and is negatively correlated with the concept of intent to cease employment (e.g., Dick *et al.*, 2004; Olkkonen and Lipponen, 2006; Cole and Bruch, 2006). The concept which is most closely related with identification is commitment. While these two concepts are frequently confused with one another, there are important differences between them. Firstly, identification is the workers' perceptions about the relationship they have with the organization. Commitment is an emotional response (Rousseau, 1998). Whereas identification is a concept unique to the organization, this is not the case with commitment. For instance, workers may develop a high commitment to their organizations without perceiving a common fate. Moreover, a person's commitment can be bought in return for some incentives and can be easily transferred to another organization with similar goals and values. On the other hand, if a person has identified with his/her organization, he/she will not want to leave his/her organization under any circumstances or he/she will experience a psychological loss otherwise, i.e. in the case of leaving the organization (Mael and Ashforth, 1995). Lastly, identification is a state which can occur independent of interpersonal communication, interaction or commitment (Quoted by Mael and Ashforth, 1995).

**MATERIAL AND METHODS**

This study was conducted to determine the psychological capital and organizational identification levels of a hospital's employees and to analyze the relationship of both concepts with each other. The research population consists of the healthcare personnel and administrative personnel working at a

state hospital in Turkey. Even though the entirety of the personnel in question (n=216) was tried to be reached, a total of 138 people participated in the study.

Psychological Capital Scale, Organizational Identification Scale and a questionnaire containing the personal characteristics of the participants were used in the collection of the data related to the study. The Psychological Capital Scale developed by Luthans *et. al* (2007) was adapted to Turkish by Çetin and Basım (2012) and it has been established that the scale is valid and reliable. Psychological Capital Scale consists of 4 dimensions as optimism, resiliency, hope and self-efficacy, and 24 items. Each item was scaled in the 5-point Likert-type and the scored high points demonstrate that the related dimension was assessed highly by the participants. The Organizational Identification Scale used in the study was developed by Mael and Ashfort (1992). The scale consists of one dimension and 6 items. Each item was scaled in the 5-point Likert-type and the scored high points increase the identification level. Some small changes aimed towards hospital employees were made upon expert opinions in both scales. Cronbach Alpha Co-Efficients of the Psychological Capital Scale's sub-dimensions vary between 0.723 and 0.809. Cronbach Alpha Co-Efficient of the Organizational Identification Scale was found as 0.813. It is evident that these values are above the acceptability limit. The data which was compiled in line with the aim of the research was analyzed through the SPSS (20.0) program and by using appropriate test methods.

**Findings**

The results of various analyses which were carried out to fulfill the aim of the study have been presented in this section.

**Table 1** Distribution of the Participants According to Personal and Professional Characteristics

Variables	Number	Percentage
<b>Title</b>		
Nurse	79	57.2
Midwife	10	7.2
Emergency Medical Technician	11	8.0
Administrative Personnel	38	27.6
<b>Gender</b>		
Female	86	62.3
Male	52	37.7
<b>Age (Years)</b>		
- 29	69	50.0
30 +	69	50.0
<b>Marital Status</b>		
Married	79	57.2
Not Married	59	42.8
<b>Educational Status</b>		
High School	66	47.8
Associate Degree	43	31.2
Undergraduate Degree	29	21.0
<b>Total Period of Service (Years)</b>		
- 6	67	48.6
7 +	71	51.4
<b>Period of Service at the Institution (Years)</b>		
- 4	66	47.8
5 +	72	52.2

The total of number of 138 personnel, consisting of 86 women and 52 men, who participated in the study is composed of 57,2 % nurses, 27.6 % administrative personnel, 8% emergency

medical technicians and 7.2% midwives. Half of the stated personnel is below the age of 30 and the majority (57.2%) is married. In terms of the educational status, it is striking that there is no participant with an undergraduate degree and there is a large number of high school graduates (47.8%). 51.4% of the participants have a period of service of 7 years or above. When their period of service at the hospital they still work for is examined, it is observed that 52.2% of the participants have been working at the same institution for 5 years or more.

When the results on psychological capital dimensions are examined, it is observed that the self efficacy dimension (3.560±0.610) stands out. This dimension is followed by the resiliency (3.417±0.455), hope (3.360±0.485) and optimism (3.227±0.383) dimensions in order. According to these results, psychological capital perceptions of the participants can be stated to be above average. Considering the organizational identification point average (3.019±0.744) generally, it is observed that organizational identification levels of the participants are at an average level.

**Table 2** Comparison of the Participants' Assessments on Psychological Capital and Organizational Identification Scales According to Their Titles\*

Variables	Title	Number	Mean Rank	df	x <sup>2</sup>	p
Optimism	Nurse	79	71.59	1.803	0.614	
	Midwife	10	76.75			
	Emergency Medical Technician	11	72.09			
	Administrative Personnel	38	62.49			
	Nurse	79	74.28			
	Midwife	10	71.75			
Resiliency	Emergency Medical Technician	11	51.27	4.172	0.243	
	Administrative Personnel	38	64.24			
	Nurse	79	80.07			
	Midwife	10	56.15			
	Emergency Medical Technician	11	54.27			
	Administrative Personnel	38	55.45			
Hope	Nurse	79	68.37	3	13.111	0.004
	Midwife	10	66.95			
	Emergency Medical Technician	11	64.82			
	Administrative Personnel	38	73.87			
	Nurse	79	77.02			
	Midwife	10	47.25			
Self Efficacy	Emergency Medical Technician	11	77.45	9.930	0.019	
	Administrative Personnel	38	57.42			
	Nurse	79	77.02			
	Midwife	10	47.25			
	Emergency Medical Technician	11	77.45			
	Administrative Personnel	38	57.42			

\*Kruskal Wallis Test

Comparison of the participants' assessments on psychological capital and organizational identification scales has been presented in Table 2. According to this table, assessments made on the hope dimension (x<sup>2</sup>=13.111, p=0.004) and organizational identification (x<sup>2</sup>=9.930, p=0.019) exhibit statistically significant difference according to the occupation of the personnel. As a result, it can be stated that the hope levels of nurses are higher than other employees while identification levels of emergency medical technicians are higher than other employees. Emergency medical technicians are the employees with the lowest hope levels even though their identification levels are the highest. Assessments made on

the optimism, resiliency, and self-efficacy levels have not differed significantly according to the titles of the personnel.

Comparison of the participants' assessments on psychological capital and organizational identification scales according to their period of service at the institution has been presented in Table 3. According to this table, the difference was found statistically significant only in terms of the hope dimension and the employees with 4 years or less period of service at the institution were identified to have higher (p=0.007) hope levels (3.475±0.502) than the hope levels of other employees (3.255±0.448). Despite not being statistically significant, the fact that optimism, resiliency and self-efficacy of the employees with a short period of service at the institution are also higher than other employees is another result which can be deduced from the table.

**Table 3** Comparison of the Participants' Assessments on Psychological Capital and Organizational Identification Scales According to Their Period of Service at the Institution\*

Variables	Period of Service at the Institution (Year)				Test Values		
	4 Years or Less		5 Years or Above		t	p	
	M	SD	M	SD			
Psychological Capital	Optimism	3.250	0.431	3.206	0.334	0.666	0.507
	Resiliency	3.465	0.502	3.373	0.407	1.176	0.242
	Hope	3.475	0.502	3.255	0.448	2.722	0.007
	Self Efficacy	3.609	0.666	3.516	0.555	0.888	0.376
<b>Identification</b>	2.992	0.847	3.044	0.641	-0.401	0.689	

\*t test

Whether the assessments made on psychological capital and organizational identification scales vary according to the sex, age, marital status, educational status and the total period of service of the participants was also analyzed in this study. Significant differentiation was not detected in terms of the variables in question according to analysis results.

Correlation analysis results on the identification of the relationships between the main variables of the study have been presented in Table 4. According to this table, there are positive and significant relations (r=0.298-0.702; p=0.000) between the sub-dimensions of psychological capital. In addition, relations between each dimension of psychological capital and organizational identification are also positive and significant (p=0.000). The relations between the optimism, hope and self-efficacy dimensions, and identification are weak (r=0.317; r=0.454; r=0.389 respectively); the relationship between resiliency and identification is average (r=0.514).

**Table 4** Correlation Analysis Results on the Identification of the Relationships Between the Main Variables of the Study

Main Variables	1	2	3	4	5		
Psychological Capital	1. Optimism	r	1				
		p					
	2. Resiliency	r	0.432	1			
		p	0.000				
	3. Hope	r	0.355	0.680	1		
		p	0.000	0.000			
	4. Self Efficacy	r	0.298	0.658	0.702	1	
		p	0.000	0.000	0.000		
	5. Identification	r	0.317	0.514	0.454	0.389	1
		p	0.000	0.000	0.000	0.000	

Regression analysis was also conducted to identify the effect of psychological capital dimensions on organizational identification (Table 5). According to analysis results, 27.2% of the change in organizational identification is explained by optimism, resiliency, hope and self efficacy variables, which are the dimensions of psychological capital. The remaining 72.8% will be explained by the variables not included in the model. The model was found significant ( $F=13.805$ ;  $p=0.000$ ) as a whole.

**Table 5** Regression Analysis Results Between the Main Variables of the Study

Independent Variables	Dependent Variable	R <sup>2</sup>	t	p	VIF	
Optimism	Organizational Identification	0.272	0.103	1.271	0.206	1.241
Resiliency			0.343	3.117	0.002	2.279
Hope			0.180	1.605	0.111	2.379
Self Efficacy			0.006	0.055	0.956	2.241
Durbin-Watson=2.059; $F=13.805$ ; $p=0.000$						

The Durbin-Watson value which shows whether there is autocorrelation in the model is 2,059. This value indicates that there is no autocorrelation problem in the model. As the VIF values are below 10 (between 1.241-2.379), there is no multicollinearity problem between independent variables either.

Beta values show the independent variables' order of importance. The variable with the highest Beta value is relatively the most important independent variable. According to regression findings, the variable with the highest beta value is the resiliency dimension. According to the findings, all of the relationships between dependent and independent variable are not significant. The organizational identification perception is affected only by the resiliency dimension of the psychological capital dimensions on a statistically significant level. The effects of other independent variables were not considered significant.

## DISCUSSION AND CONCLUSION

Psychological capital and organizational identification levels of the personnel working at a state hospital in Turkey has been identified and the relationship of both concepts with each other has been established through this study.

Psychological capital levels of the participants can generally be stated to be above average. In terms of the dimensions, the self-efficacy dimension ( $3.560\pm0.610$ ) is observed to have the highest average while the optimism dimension ( $3.227\pm0.383$ ) has the lowest.

However, all the dimensions are above average. In a similar vein, the fact that psychological capital level of the employees is above average, the self-efficacy dimension is higher than other dimensions and the optimism dimension is lower than other dimensions has been established in a study conducted by [Kara and Zerenler \(2014\)](#) on 2 university hospitals in Konya. Similar results were reached in the studies conducted by [Begenirba \(2015\)](#) on public and various private health institutions in Ankara, by [Nafei \(2015\)](#) on 2 training and research hospitals in Egypt, by [Sun et al \(2012\)](#) on 5 university hospitals in China and by [Chaleoykitti \(2014\)](#) on health

institutions associated with the Ministry of National Defence in Thailand. According to these findings, the participants consider their knowledge and skills adequate in fulfilling their tasks but assess their optimism levels on the present and future as lower. The fact that the participants perceive their knowledge and skills adequate, in other words the fact that the self-efficacy dimension has a higher average than other dimensions, is a naturally expected result. On the other hand, averages which are above mid-level in terms of all dimensions can be seen as positive in terms of the general psychological capital levels of the participants.

The organizational identification point average of the participants occurred as  $3.019\pm0.744$  as a result of the study. This result demonstrates that the participants have identified with their institutions on an average level. Higher identification levels have been identified when the studies carried out in Turkey related to identification in hospitals were examined. In a research carried out by [Tokgöz and Seymen \(2013\)](#) on 2 state hospitals in Balıkesir, the identification levels of the participants were established to be high.

In a similar vein, according to the research [plik et. al \(2014\)](#) carried out on a private hospital in Adana, the participants identified with their institutions at a high level. In another study carried out in Isparta, a near-high level identification was found ([Alparslan et al., 2014](#)). The fact that the identification level obtained from this study is somewhat low may arise from the internal dynamics of the hospital which was analyzed and the causes of this situation can be questioned with another study. Nevertheless, average which occurred at mid-level should not be as negative.

According to the findings of the research, the relationships between each dimension of psychological capital and organizational identification are positive and significant. 27.2% of the change in organizational identification is explained by optimism, resiliency, hope and self-efficacy variables, which are the dimensions of psychological capital, and the most effective independent variable is the resiliency dimension. No study which analyzes the psychological capital-organizational identification relationship at health organizations was encountered in the Turkish or foreign literature. On the other hand, there are studies conducted at other organizations related to this subject. The common ground of the studies in question is the existence of a positive relationship between psychological capital and organizational identification ([Erdem et al., 2015](#); [HaiYan, 2011](#); [Norman et al., 2010](#)).

In conclusion, psychological capital and organizational identification are concepts which are important for both employees and administrators and which are also interrelated. Thus, administrators should be aware of both concepts and try to create the necessary conditions to increase the psychological capital of employees and to ensure their identification with the institution. Increasing the psychological capital of employees, and particularly their psychological resiliency levels, will ensure that they will consider themselves as the representatives of the organization and they will exhibit the behaviors required by this perception both inside and outside the organization.

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