Exploring the Relationship between Psychological Capital, Subjective Well-Being and Performance of Professional Nurses within Uthungulu District Municipality in KwaZulu-Natal, South Africa.

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November 2016

Declaration of Originality

I declare that this dissertation is entirely my own work. It has not been submitted before for any degree or examination at any other institution of higher learning. All references have been indicated and acknowledged as complete references. It is submitted for the degree of Masters in Social Sciences (Industrial Psychology) in the Faculty of Humanities, Development and Social Science, University of KwaZulu – Natal, Durban, South Africa.

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ACKNOWLEDGEMENTS

ABSTRACT

Psychological Capital has equal importance in the productivity of an organization as those of other important aspects such as finance, human and social capital (Hodges 2010). With regard to South African situation, it remains a matter of study and analysis to conclude if positive outcomes can be achieved through psychological capital factors such as hope, optimism, self- efficacy and resilience.

The objective of this study was to examine the relationship between resilience, hope, self- efficacy and optimism; as well as subjective well-being and performance in public health institutions. A cross sectional survey was used for the study with a questionnaire as an instrument for collecting data. Data was gathered in the public hospitals and clinics in the district of Uthungulu KwaZulu-Natal. A sample of (n=100) professional nurses was obtained comprising 28 males and 72 females. The questionnaire was divided into four parts: (i) Biographical Data,(ii) PsyCap Questionnaire (PCQ 12), (iii) Employee Performance Measure (Self- Report Version) and (iv) Satisfaction with Life Scale. The data was analysed using descriptive statistics, graphs and correlations in SPSS.

The results suggest that nurses in public health hospitals and clinics have high levels of psychological capital components. The main findings of this study indicated that there is a significant relationship between psychological capital and performance, as well as subjective well-being. The results also revealed that PsyCap was a significant predictor of Performance and Subjective well-being. High PsyCap nurses reported higher Performance and Subjective well-being than nurses with lower levels of PsyCap.

Key Words: Psychological Capital (PsyCap), Performance, Subjective Well-being.

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Psychologists such as Abraham Maslow anticipated the need to bring a sense of balance to the field of psychology; he argued that psychology has not taken authority over the whole, but rather only over the darker and meaner half of its rightful jurisdiction (Hodges, 2010). He added that psychology has predominantly been concerned with what is wrong with society, with the majority of research being conducted regarding pathology as opposed to the more positive side of psychology. At the time, research on pathology was funded and that encouraged academics to base their studies on pathology (Seligman & Csikszentmihalyi, 2000). This was evident in the field of work where organisational behaviour dissatisfaction, withdrawal behaviours and alienation were emphasized (Cameron, 2005). The positive aspect of psychology was lost. Jensen (2008) refers to this lost aspect as being what makes the lives of people productive and fulfilling, as well as identifying and nurturing high talent.

Humanistic psychologists developed theories and practices that added some positivity to the predominantly negative discipline of psychology (Jensen, 2008) in the hope of filling this gap. Psychology started focusing more on what contributes to people living more productive and fulfilling lives. Jensen (2008) suggested that in order for the practice of psychology to be complete, it should also include better understanding of suffering and happiness, as well as the interaction between them. For this reason Martin Seligman developed the discipline of Positive Psychology which emerged to correct the imbalance in psychology. The aim of Positive Psychology is to influence a change in the focus of psychology from pre-occupation with repairing the negative effects in life to building positive qualities (Seligman & Csikszentmihalyi, 2000). Furthermore positive psychology is about valued subjective experiences such as well-being, contentment, satisfaction, hope, optimism, happiness, courage, interpersonal skill, spirituality, high talent, and wisdom (Seligman & Csikszentmihalyi, 2000).

In taking a positive approach to organisational behaviour, emphasis is placed on psychological states that are measurable, as well as human resource strength in order to improve performance in the workplace (Luthans, Van Wyk & Walumba, 2003). According to Jensen (2008) the correct application of positive psychology in the workplace can provide employees with an opportunity to develop skills needed by organisations so that they do not display counterproductive workplace behaviour and job burnout. As discussed earlier, a positive environment is required in order to produce positive consequences; for example, engagement, continuity, belonging, and meaningful jobs. Furthermore, organisations will experience positive consequences; for example, job satisfaction, better health and increased productivity (Christensen, 2009).

This study investigates the effect of Psychological Capital on subjective wellbeing and performance among professional nurses in public hospitals and clinics based at the Uthungulu District Municipality, KwaZulu-Natal, South Africa. Previous research studies were consulted to review psychological capital constructs as well as outcomes related to psychological capital. The theoretical framework employed in this study is the broaden-and-build theory of positive emotions.

To collect the data for this study a biographical questionnaire, PCQ-24, employee performance measure and satisfaction with life scale were used. (Appendix D). The sample of 100 nurses who participated in this study was from the public hospitals and clinics based at Uthungulu District Municipality. To analyse the results of this research SPSS was used. Statistical measures used in this study include descriptive statistics and Pearson's correlation coefficients. Results are discussed with reference to the existing literature to support the findings. The discussion demonstrates the extent to which the research questions were answered.

1.2 Background of Study

Positive conditions in the workplace have several positive consequences for both workers and the organisation. These positive conditions for workers are said to emerge as a consequence of motivation processes and development of psychological capital components. The processes lead to a positive environment in which workers will experience engagement, continuity, belonging

and a meaningful job. This in turn is regarded as a fuel of well-being, good health, and increased productivity in the workplace (Christensen, 2009; Luthans, Avey, Avolio & Peterson, 2010).

Healthcare employees such as nurses and physicians work under extremely stressful physical conditions. Poor design of patient beds and nurses' stations leads to back stress, fatigue and other injuries among nursing staff (Ulrich, Quan, Zimring, Joseph & Choudhary, 2004). Nursing specifically involves several kinds of stress which will not be found in other non-health sectors. Nurses work in an exclusive environment that is noisy, polluted, and predisposed to infections; therefore they need patience and strong mental and physical capabilities (Ugur, Acuner, Goktas & Senoglu, 2007). The work environments may include fatigue, loss of sleep due to changing patterns, stress and other negative consequences. Nurses who experience these negative consequences may be prone to attention failure and errors (Ellis, 2008). Griffiths, Randall, Santos and Cox (2003) maintain that people working in human-service professions such as nurses and physicians who have an obligation to ensure other people's well-being, health and safety, are vulnerable to stress. According to French, Lenton and Walters (2000), the fundamental stressor present among nursing staff is excessive workload. Ulrich et al. (2010) suggest that the major stressor is commitment to being ethical in dealing with patients, and maintaining privacy and confidentiality, and satisfying patients' needs appropriately. In addition, moral distress may be caused by contradictions between nurses' beliefs of what is right and wrong and their organisations' values and culture (Lazzarin, Biondi & Dimauro, 2012). In their attempt to provide quality care, nurses may become frustrated. Added to this nurses may experience higher levels of dissatisfaction and exhaustion due to job demands such as high patient-to-nurse ratios, overtime and increasing patient acuity (Aiken, 2001; O'Brien- Pallas, Thomson, Alksnis & Bruce, 2001). As a result of emotional dissonance and emotional exhaustion, negative job outcomes such as poor performance may be experienced (Solomon, Mehdi & Ajagbe, 2012).

Andrews and Dziegielewski (2005) demonstrated in their study on nurses in the United States that nursing is a hazardous occupation, and that job-related injuries and illnesses among nurses are the highest in the workforce. Milutinovic, Goluboric, Brkic and Prokes (2012) add that on a daily basis nurses are exposed to life and death situations, long working hours, and insufficient knowledge

and information sharing with peers and physicians. In general, nurses are always operating without enough nursing staff to meet the needs of the patients, and providing care to multiple very ill patients (Rogers, Hwang & Scott, 2004). As emphasized by Dave, Dotson, Cazier, Chawla and Badgett (2011), nurses are always affected physically and emotionally from workload and difficult working conditions. According to Pillay (2009) nurses are victims of physical violence or threats of violence from patients or patients' relatives. Nurses working in adverse conditions may become discouraged with nursing, its demands, and their concerns about quality care (Ellis, 2008). In addition, Rahimnia, Mazidi and Mohammedzade (2013) identified factors such as; busy work and stress, constructive and destructive emotions as well as lack of Psychological Capital as those that influence the well-being of nurses in the workplace. Stress had a major influence on well-being. In general, research results emphasize the need for more attention to the components of psychological capital and intervention and coping strategies in the workplace, hence the need for the current study.

In South African public health institutions, stressful working conditions were reported as reasons for emigration by nurses (TURP, 2001). The same study revealed that there is loss of professional nursing skills due to aspects such as lack of competitive incentives, work pressure, lack of opportunities for promotion and inadequately resourced working environments. According to Sveinsdottir, Biering and Ramel (2006), nurses employed in hospitals are more severely affected by job stressors than nurses employed outside hospital settings. The study conducted by Stordeur, D'Hoore and Vandenberghe (2001) showed that the main causes of stress among nurses were: a high workload, conflict with other nurses, experiencing a lack of clarity about tasks, and a head nurse who closely monitors the performance of staff in order to identify mistakes and to take corrective action. Cavanagh (2001) reported that nurses' interpersonal stressors are caused by poor relationships with doctors, supervisors and colleagues, the death of patients, and the strain of being exposed to making mistakes and managing demanding responsibilities. Greiner, Krause, Ragland and Fisher (2004) have the same opinion that nursing is inherently stressful and that job stress has a negative effect on employee wellbeing and productivity. Gyurak and Ayduk (2007) who add that stress among nurses contributes to organizational inefficiency, high staff turnover, absenteeism, decreased quality and quantity of health care, increased costs of health care and decreased levels of job satisfaction.

Engin and Cam (2006) suggest that nurses need to be motivated to accomplish their task, provide quality care and contribute to the development of the nursing profession. Moradi, Maghaminejad and Azizzi-Fini (2014) argue that the health-care authorities should develop strategies of improving the nurses' work conditions and their Quality of Work-Life so that nurses will be able to better care for their patients. Tooren and Jonge (2008) support this argument by stating that nurses must be provided with physical resources, empathy and support from leaders and co-workers. The International Council of Nurses (2008) endorses this argument by suggesting that to overcome today's global health crisis, it is of paramount importance to establish positive practice environments across health sectors worldwide if patient safety and health workers' well-being are to be guaranteed. Therefore, an important task of the authorities within the public health sector should be to endeavour to implement principles of positive psychology to overcome the challenges identified by numerous studies. Hence the present study focuses on how constructs of Psychological Capital influence Subjective well-being and performance of nurses in the public health sector.

Pillay (2009) has established the symptoms of dissatisfaction that lead to high turnover of nurses which include increased absenteeism, reduction in quality of patient care and job dissatisfaction. Koekemoer and Mostert (2006) add that nurses experience feelings of disillusionment within the health system. (Ehlers, 2006; Yin & Yang, 2002) posit that professional nurses in public hospitals feel emotionally overloaded and are experiencing dissatisfaction. In a study on stress among nurses in South Africa, Lambert and Lambert (2001) found that occupational stress was caused by low levels of communication with management, racism and low pay. Nursing stress was also linked to a lack of support from supervisors, long working hours and task overload (Ahsan, Abdullah, Fie and Salam, 2009; van der Colff & Rothmann, 2009). "Industrial actions, such as nurses' strikes in the South African public sector during June 2007, had detrimental effects on the health services as nursing is a 24-hour service" (Dennis, 2004, 19).

According to Hall (2004), the emotional stress of dealing with HIV/AIDS patients and prevalence of HIV among nurses may lead to reduced productivity and threaten the quality of healthcare in South Africa. There appears to be a link between well-being and job performance ratings; therefore, organisations can improve their effectiveness by increasing employee well-being. One

way to do this would be to improve employee psychological capital (Culbertson, Mills & Fullagar, 2010). Given the previous research studies, the present research will focus on the relationship between Psychological Capital (PsyCap) and Subjective well-being and performance in the workplace.

1.3 Aims of the Study

This study aimed to establish if there was a relationship between PsyCap, subjective wellbeing and performance of nurses in public health institutions. It was hoped that a study of this nature might help clarify whether or not there is a need for developing psychological capital components of employees in the workplace, with specific reference to nurses in South African public hospitals and clinics. Furthermore, the study aimed to investigate if the nurses in South African public institutions possessed high or low Psychological capital. The aim of the study was also to investigate if Psychological Capital predicts subjective well-being (SWB) and performance.

The importance of the study is that it might assist in improving positivity and thus have a converse effect on negativity in public institutions. As pointed out by Avey et al. (2009), training interventions have proven successful in building an individual's hope, resilience, self-efficacy and optimism. This might also assist public health institutions in building employees' psychological capital components.

1.4 Research Questions

As an attempt to assist public health institutions, this study posed some questions that could assist in acquiring relevant data. The following questions were explored in the study:

o   What levels of PsyCap, SWB and Performance do nurses possess in public health institutions?
o   What is the relationship between PsyCap, SWB and performance amongst nurses in public health institutions?
o   Is PsyCap a predictor of SWB and Performance?

1.5 Overview of the Chapters

This chapter is an introduction to the research. It includes the background and aims of the study. The research questions that were formulated are also presented in this chapter.

In Chapter 2, the existing literature is reviewed. The concept of positive psychology, as well as literature concerning psychological capital and subjective well-being and performance are discussed. The South African perspective is also presented. The theoretical framework and significance of this research are outlined.

In Chapter 3, the research methodology is described in detail. Details about the participants and a description of the instruments used in the study are presented. The research design, the sampling method, the manner in which the data was gathered, the statistical techniques that were used to answer the research questions, as well as ethical considerations are also covered in this chapter.

Chapter 4 entails the findings of the research.

In Chapter 5, the results are discussed and comparisons are made with previous research.

Limitations of the present study and recommendations for future research are presented in Chapter 6. Conclusions are drawn based on the literature and the findings of this study.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

This chapter begins by discussing positive psychology. In my literature review I will look at some of the more prominent critiques that have been put forward in positive psychology. Secondly, positive psychology in the South African context is highlighted. The third section focuses on psychological capital and each component is discussed. The existing research findings pertaining to these components are also examined. The fourth section provides an outline of psychological capital in the South African context. The link between psychological capital and outcomes such as performance and subjective well-being are discussed in terms of relevant research findings. Lastly, the theoretical framework for this study is presented.

2.2. Positive Psychology

The foundation of positive psychology was laid by Martin Seligman (Schultz & Schultz, 2008). According to Seligman (1998) there is a need to study the best of human attributes and positive characteristics, as opposed to only studying negative attributes and characteristics. Seligman believes that concentrating only on the negative aspects of human attributes has left psychology blind and deformed and without growth, drive and insight that come from events. "Psychology is not just the study of disease, weakness, and damage; it is also the study of strengths and virtue. Treatment is not just about fixing what is wrong; it is also about building what is right" (Seligman, 1998, p.4).

Positive psychology is the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions (Gable & Haidt, 2005; Simonton & Baumeister, 2005). It studies optimal human functioning that leads to understanding of processes that lead to pleasing outcomes (Linley, Joseph, Harrington & Wood, 2006). According to Slade (2010) positive psychology is a science of what is needed for a good life. Carr (2004) adds that positive psychology primarily deals with the study of human strengths and happiness. He contends that in spite of repairing weaknesses, psychologists also need to increase strengths of their clients. Duckworth, Steen and Seligman (2005) add that individuals who suffer do not only need to correct their weaknesses but also to build their strengths. At the individual level positive psychology is

about positive individual attributes such as perseverance, forgiveness, spirituality and high talent. At the group and organisational level, it is about institutions that direct individuals towards responsibility tolerance and a strong work ethic (Joseph & Linley, 2006). The primary focus of positive psychology is on what people do right to maintain optimum happiness and develop qualities that lead to greater personal fulfilment (Compton, 2005; Martin, 2008). The basic assumption of positive psychology is that happiness is necessary to reverse the emphasis on mental illness, human failure and suffering (Baumgardner & Crothers, 2009). They also identify three categories of happiness:

- The pleasant life: This involves the kind of pleasure people seek as they choose to have fun. It includes pleasure-seeking behaviour such as having the company of friends, good food, and relaxation.
- The engaged life: This involves being bundled up in an activity in which one loses oneself. This can be achieved among other things by playing sport or doing crossword puzzles.
- The meaningful life: When people know what their highest strengths and talents are and gain an enduring satisfaction.

According to Robbins (2008) positive psychology has three major concerns:

- It focuses on subjective experiences such as happiness, joy, subjective well-being, optimism and hope.
- It focuses on the thriving individual, thus paying attention to character strengths and virtues such as wisdom and courage.
- It enhances qualities that improve on the positive subjective experiences and adaptive personality traits of individuals.

Positive psychology interventions significantly enhance well-being (Sin and Lyubomirsky, 2009). Developments in positive psychology encouraged an emphasis on human flourishing and individual strengths (Fredrickson, 2003) and what is right at an organisational level is represented by positive organisational behaviour (Luthans, 2002). Positive organisational behaviour is the implementation of positively oriented human resource strengths and psychological capacities that can be measured and developed for performance improvements in the organisation (Luthans et al.,

2008). In addition (Cilliers & May, 2010) suggest that positive psychology in the organisation is used to reduce negative attitudes in teams, including conflict, anger and aggression. Management wants to work with people who are happy or more compliant. The application of positive movement to the workplace and human resource management can be done through psychological capital (Luthans & Youssef, 2004). Avey (2006) demonstrated that positive psychological capital reduces levels of absenteeism. He states that positive psychological capacities such as optimism, resilience, hope, and self-efficacy may provide a new positive perspective and approach for understanding and managing organisational absenteeism.

Although positive psychology has had considerable success in drawing attention to research into positive topic areas, Wood and Tarrier (2010) point out that the movement has also attracted criticism. Tennen and Affleck (2003) critique positive psychology for overstating its claims to novelty. They maintain that positive psychology is not a new idea. In addition, Bohart and Greening (2001) and Lindley (2006) maintain that counselling and community psychologists were already rejecting the shortfall orientation and focusing on strengths. According Bohart (2002) and Kowalski (2002), positive psychology focuses only on the positive and neglects the negative. They claim that both positive and negative are needed to predict outcomes and understanding life events. (Bohart & Greening, 2001; Sugarman, 2007) add that the co-founders of positive psychology failed to provide an informed perspective on the relationship between humanistic psychology and positive psychology. Robbins (2008) posits that the difference between humanistic psychology and positive psychology has been exaggerated. Held (2004) expresses her dissatisfaction about the dominant independent discourse of positive psychology. Her critique focuses on the way in which those who have spoken on behalf of positive psychology promote the movement to the public and to the profession of psychology. She maintains that an exclusive focus on positive emotions proves insufficient. Turner, Barling and Zacharatos (2002) argue that to make the experience of a workforce more positive, there must be a commitment from both the individual and the organisation to improve the quality of work life. Managers must design the organisation in a way that allows employees to do meaningful work in a healthy way; on the other hand employees must embrace opportunities to make the most of unstable situations. Work that offers employees autonomy and transformational leadership is likely to result in greater trust in management and in

turn positive psychological processes and mechanisms will result in healthy outcomes, such as psychological well-being and high performance.

Fineman (2006) and Cameron (2005) critique positive psychology in organisations for being one-sided. Their view is that positive psychology is primarily concerned with individual psychological states and human strengths that influence employee performance, thus ignoring that which is positive, flourishing and life giving in organisations. On the other hand, Waterman (2013) maintains that the psychological theory perspectives of positive psychology are more appealing and useful than those of humanistic psychology. The integration of humanistic ideas into positive psychology has been a positive thing for humanistic psychology because it has provided a renewed idea of what humanistic psychology has long had to contribute to psychology. Humanistic psychologists view their perspective as an important forerunner of positive psychology that speaks of the same concerns now central to the work of positive psychology (Robbins, 2008).

2.3. Positive Psychology in the South African Context

In South Africa organisations use employee wellness programmes that are grounded in positive psychology. These programmes focus on developing and sustaining employee well-being and improving work productivity and performance (Ndlovu, 2010). The focus of these programmes is to improve the positive aspect and build strength in individual employees as well as reducing stress. Some authors on the subject, for example, Lazarus (2003) critiques positive psychology on grounds that it makes a false dichotomy out of the positive and negative instead of integrating them. According to Gable and Haidt (2005) the perspective of positive psychology is failing to recognise the negative side of life. Moreover, Cilliers and May (2010) argue that the focus of positive psychology on positive behaviour has resulted in organisational consultants focusing more on positive behaviour and its manifestations. They posit that positive psychology is used as a denial of negative aspects by consultants and management in South African organisations. Positive psychology is advantaged at the expense of working or dealing with pain, loss, suffering and dissatisfaction. Managers and consultants uphold positive psychology to fulfil requirements of organisations and thus avoid negativity in the system. The same authors state that the power of positive psychology is seductive in so far as it is used as a tool by management in organisations to pacify employees, who experience difficult emotions, and to focus on their own strengths rather

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than focus on difficult emotions. With regard to South African public hospitals, Hall (2004) maintains that nurses experience stressful work environments. The stressors that were identified included: an increase in the number of patients visiting the public health institutions, poorly equipped work environments and a shortage of nurses. According to Brysiewrez & Bruce (2008) South African nurses often suffer from burnout, poor working conditions, and low salaries.

2.4. Psychological Capital

With the emergence of the positive psychology movement, Luthans, Avolio, Avey, and Norman (2007) developed psychological capital as a way to demonstrate a positive state of mind during growth and development of an individual. Psychological capital is defined by Jensen (2008) as those mental properties that one builds when things go well and draw on when things do not go well. These properties include, among others, resilience, motivation, hope, optimism, self-belief, confidence, self-worth and energy (Carver & Scheier, 2002). Luthans et al. (2007, p. 542) state it as follows: "Psychological capital represents individual motivational propensities that accrue through positive psychological constructs such as efficacy, optimism, hope, and resilience". The same authors maintain that constructs of psychological capital are not stable and, therefore, are likely to remain open to constant change and development. Psychological capital components are transferrable. Leaders with high levels of psychological capital components act as role models for their subordinates and transfer them to their subordinates (Walumbwa, Peterson, Avolio & Hartnell, 2010). Thus, employees can have psychological capital that relates to their job performance.

Studies have revealed that these psychological capital components work together to make an individual survive and flourish. In a study of the relations of hope and self-efficacy in care assistants, Duggleby, Cooper and Penz (2009) found that hope is highly related to self-efficacy. Individuals with greater self-efficacy may have more hope. Perceptions of self-efficacy increase with hope. Other than any of the individual's strengths, psychological capital becomes the core construct that better predicts performance and satisfaction (Luthans, Avolio, Norman & Avey, 2006; Luthans et al., 2007).

In a study investigating the role of psychological capital in the supportive organisational climate (Luthans et al., 2008), results indicated that psychological capital is positively correlated with performance. Results also confirmed that psychological capital mediates the relationship between supportive climate and employee performance. In addition, Luthans et al. (2010) maintain that psychological capital can be developed in a short training intervention and seems to have a positive impact on employees' on-the-job performance. Managers in a wide variety of organisations, who underwent the same training intervention, notably increased both level of reported psychological capital and their performance (Peterson, Luthans, Avolio, Walumbwa & Zhang ,2011).

For the purpose of this study, four psychological capital components were included, namely, resilience, hope, optimism and self-efficacy.

2.4.1. Resilience

"Resilience is the ability to make a successful comeback after being assailed by problems or unexpected barriers to success" (Avey, 2010, p. 5). According to Campbell-Sills, Cohan, & Stein (2006) Resilience is a personality trait that is used to describe when a person recovers easily and quickly from setbacks that occur during his or her life (Zautra, Hall, & Murray 2010)

Avey (2010) states that every individual experiences some setbacks inconsistent with his/her hope and desires at some point in his/her life career. The extent to which one is able to re-organise and make another attempt on one's goal is referred to as resilience. In the workplace, resilience is necessary after both negative and positive events. Employees need to rebound to a higher level of motivation. As pointed out by Avey et al. (2009), resilience is the most important positive resource that can be used to cope with a stressful workplace. Resilience is also linked to a sense of coherence (Kinman, 2008).

Resilient employees are open to new experiences and they are, therefore, equipped to deal with stressful conditions in the workplace. McCarthy, Henderson, Sheehan and Barker (2002) are of the opinion that resilience is essential in handling work-place bullying experiences. After experiencing adversity, Richardson (2002) states that resilient people do not return to previous levels of functioning, but they usually display gains in self-efficacy, self-esteem and autonomy, and a change in life perspective that makes them stronger than they were before. Resilience is necessary in the nursing profession to enhance personal satisfaction and productivity (Keyes,

2007). In the study conducted by Koen, van Eeden and Wissing (2011) nurses in private health institutions reported higher levels of resilience than nurses in public health institutions. Resilience was among key strategies that were suggested by Zander, Barnedrad, Hutton, and King (2013) for nurses working in demanding settings such as paediatric oncology. Kornhaber (2011) has identified resilience as an essential characteristic for nurses who care for patients with severe burns injury. She adds that resilience assists nurses to bounce back and to cope in the face of adversity sustaining them through difficult and challenging working environments. Jackson, Firtko and Edenborough (2007) confirm that resilience is one of the qualities required in the nursing profession because of the adverse conditions experienced in a nursing environment. Resilient nurses need mental and physical health when interacting with demanding nursing workplace (Keyes, 2002).

Research also demonstrates a positive link between resilience and employee performance. When the impact of resilience in the workplace was examined, Luthans, Avolio, Walumbwa and Li (2005) found that there is a significant relationship between resilience of Chinese factory workers and their supervisory rated performance. Luthans et al. (2007) agree that resilience has a positive effect on employee performance. Zamahani, Ghorbani, & Rezaei (2011) also state that resilience is related to improved performance and retention of individuals in high risk professions such as nurses (Hodges, Keeley, & Grier, 2005). In a firm that was undergoing massive downsizing, resilient employees maintained their performance (Maddi, 2002). Grunberg, Moore and Greenberg (2001) state that downsizing may produce job insecurity, elevated levels of worries, stress and depression, burnout, and poor quality of sleep, and Kivimaki, Vahtera, Pentti and Ferrie (2000) argue that downsizing has been associated with increased prevalence of regular smoking which in turn is related to higher absence rates after downsizing. The use of sick leave will have negative effects on organisational performance due to lost time from work. Kivimaki et al. (2000) add that downsizing is a violation of contract by an employer which leads to the potential for distrust between workers and management following downsizing. Masten (2001) states that resilience is not an innate quality or a fixed attribute, "but a set of processes that can be altered, fostered and cultivated" (p4). Resilience depends on the interaction that takes place between an individual and the environment and between risk and protective factors in an individual's life. An individual may be resilient at certain times depending on the environment and strengths of protective factors at a

given time (Borman & Rachuba, 2001). Denz-Penhey and Murdoch (2008) confirm that resilience involves connectedness to social environment, connectedness to physical environment, connectedness to family, connectedness to sense of inner wisdom, and having a personal psychology with a supportive mind-set.

Luthans et al. (2010) propose that resilience can be developed through training interventions for employees to cope with stressful situations. Buys, Matthews and Randall (2010) are of the opinion that it is imperative that employers implement processes to prevent and manage stress given the contextual factors in the workplace that contribute to stress. These include excessive work hours, unreasonable performance demands, health and safety risks, lack of autonomy, poor communication, role ambiguity, job insecurity, workplace conflict, and bullying and harassment. Kornhaber (2011) suggests that knowledge about building resilience could be incorporated into nursing education for both undergraduate and experienced nurses. Building resilience within the nursing profession has a potential to retain nurses within the profession. Additionally, McAllister and McKinnon (2009) suggest the following recommendations for building resilience in the nursing profession:

o   Resilience as a concept should be included in all training programmes.
o   Practitioners should be given opportunities to reflect and learn resilience from experiences of other practitioners.
o   Experienced health professionals should demonstrate humanity and share lessons from experience, mentoring, leading, coaching and motivating others so that a generative health professional culture is developed.

Jackson, Firtko, and Edenborough (2007) suggest that developing resilience involves building positive professional relationships, maintaining positivity through laughter and optimism, developing emotional insight, using spirituality to give life a meaning and coherence and becoming more reflective. McDonald, Jackson, Wilkes, & Vickers (2010) states that personal resilience workshops for nurses have also been effective in helping nurses manage the challenges within the work environment.

2.4.2. Hope

Snyder (2002) defines hope as a resilient set of beliefs about the self and future. According to Martin (2008), hope produces positive thoughts about the promise of good that will surface from the present. Hope functions as a way of feeling, a way of thinking, a way of behaving, and a way of relating to one's world (Duggleby et al., 2009; Bernado, 2010). They add further, that hope will be present even if the desired outcome does not occur. It can lead to more expanded functioning whereby a person feels more positive about what they are doing. Snyder, Lehman, Kluck and Monsoon (2002) state that hope is not an emotion but allows an individual to be in a positive emotional state during the process of goal attainment. The habit of happiness is developed by practising positive thinking. People produce unhappiness by thinking unhappy thoughts, and having negative feelings that everything is going to take the wrong direction. According to Avey (2006), hope is a combination of wish and plan aimed at completing desirable action. With hope, there is a systematic relationship between goals and behaviours which make it differ from a simple desire. He adds that individuals with high levels of hope have the capacity to pursue goals and stay motivated throughout the process of pursuing that goal. These individuals approach another alternative in the event of a barrier blocking their plan (Avey, 2006).

Hopeful individuals succeed in attaining their goals due to the ability, not only to produce the necessary routes to a goal, but also the motivation to actively pursue the routes created and overcome emerging barriers along the way (Snyder, 2002). Hopeful individuals tend to have a positive view about the future (Park, Peterson & Seligman, 2004). They believe the challenges they face are only temporary and can be transformed to better circumstances (Elliot, 2002). In his study, Elliot (2002) found that higher levels of hope result in less depression and less psychosocial impairment after spinal cord injury. He added that individuals who are hopeful also tend to report fewer physical symptoms, have increased mobility after disability, and a greater sense of control over their symptoms. The results of the study conducted by Snyder et al. (2006) indicate that hope predicts several positive outcomes among individuals who participate in rehabilitation for different disabilities. Hope creates a relatively positive emotional state while goal attainment is carried out because the individual is focused towards his or her goal. A positive outlook determines how individuals cope with negative events and are able to approach problems with perceived success, allowing them to have a bigger chance in attaining their goals (Snyder et al., 2002). Individuals

with high hope are more competent with regard to attainment of skills, and that allows them to be able to generate more ways towards achievement of goals in various aspects of their lives, thus increasing the possibility of fulfilling their goals and gaining a sense of satisfaction (Lyubomirsky, King & Diener, 2005).

The relationship of hope and positive performance is confirmed by Duggleby et al. (2009) who posit that as the levels of hope increase, so do the perceptions of self-efficacy and positive performance. Rego, Machado, Leal and Cunha (2009) investigated whether hopeful employees are more creative. Their findings show that hopeful employees tend to think independently; they do not feel constrained or restrained by the ideas of other people and the leaders; they propose creative ideas to solve problems; they take advantage of opportunities; are more open to different kinds of information; and they look at problems and opportunities differently. These researchers confirm that hopeful employees tend to be creative and resourceful, even when they work within tight budgets. They also found that hope predicts happiness. According to Avey et al. (2009), hope may provide employees with a positive resource for a stressful work situation. There is a negative relationship between hope and anxiety. Employees with high levels of hope are less vulnerable. Avey et al. (2009) add that managers with high levels of hope tend to perform better than those with lower levels of hope.

Hope also plays a role in increasing retention and satisfied employees. An employee with high hope is one who proactively generates pathways to accomplish goals in a given situation (Luthans et al., 2010; Peterson & Luthans, 2003). Hope has a positive relationship with performance outcomes (Adams, Snyder, Rand, King, Sigman, & Pulvers, 2002). Youseff and Luthans (2007) also observed that hope is related to employee performance. In addition, Hodges (2010), Hartley, Vance, Elliot, Cuckler and Berry (2008) associate hope with the following positive outcomes: profitability, well-being, optimism, self-efficacy, satisfaction, retention, job performance, management, job satisfaction, work happiness, and organisational commitment. Luthans et al. (2010) also suggest that hope can be developed through a short training intervention process in the workplace.

2.4.3. Self-Efficacy

Self-efficacy refers to beliefs one holds about one's ability to organise and perform tasks within a specific time. It is the belief that people hold about their capabilities to carry out a particular course of action successfully (Klassen & Chiu, 2010; Maddux, 2005). Sources of self-efficacy include mastery experiences, social persuasion, as well as physical and emotional states (Carr, 2004). Other sources of self-efficacy, as identified by Lunenberg (2011), are as follows: past performance, vicarious experience, verbal persuasion and emotional cues. Past performance works when employees who have succeeded at job-related tasks demonstrate more confidence to complete similar tasks in the future than employees who have been unsuccessful. The second source of self-efficacy, which is vicarious experience, indicates that workers succeed when they see a co-worker succeeding at a particular task. Furthermore, Lunenberg (2011) posits that verbal persuasion involves convincing people that they have the ability to succeed in a particular task. Lastly, he identifies the fourth source of self-efficacy as an emotional cue which is experienced when a person who expects to fail at some task finds it difficult to perform the task and experiences physiological symptoms such as sweaty palms and a pounding heart.

Belief in one's abilities is an important aspect in career exploration and career decision making. An individual's self-efficacy influences the choice of a career. Self-efficacy gives one confidence to pursue purposeful and meaningful careers (Kosine, Steger & Duncan, 2008). According to Hall and Chandler (2005), self-efficacy enhances psychological success. It taps into the individual's perceived ability to perform a particular task. It can also flow over the entire life career of an individual. Bandura (2004) maintains that people's beliefs about what capabilities they have to produce a specific level of performance, refers to self-efficacy. Self- efficacy beliefs determine how people feel, think, motivate themselves and behave. A strong sense of efficacy improves human accomplishments and personal wellbeing. People who possess high self-efficacy approach difficult tasks as challenges to be mastered rather than as threats to be avoided. As pointed out by Avey (2006), individuals who have the ability to put extra effort and determination in accomplishing a given task are said to have self-efficacy.

Avey et al. (2009) point out that efficacy is linked to work-related performance outcomes. Numerous studies have linked self-efficacy with performance (e.g. Chen, Gully, Whiteman & Kilcullen, 2000; Locke & Lathan, 2002). Stajkovic and Luthans (1998) also report a strong link between self-efficacy and work-related performance outcomes. Lunenburg (2011) posits that self-efficacy affects performance in three ways. It influences the goals that employees choose for themselves; employees with high self-efficacy are likely to set high personal goals while employees who set low goals for themselves tend to have low self-efficacy. He goes on to say that self-efficacy influences the effort that people exert on the job; employees with high self-efficacy are confident that their efforts will be successful and they generally work hard to learn how to perform complex and new tasks; employees with low self-efficacy are not confident that they will be successful in performing a task and they exert less effort when learning a new task. Lastly, Lunenberg (2011) mentions that self-efficacy influences the persistence with which people attempt new and complex tasks; in spite of the challenges they may encounter, employees with high self-efficacy are likely to persist in their efforts and they can learn and perform a task. Employees with higher self-efficacy tend to be less stressed by heavy work demands and responsibilities than those with a lower sense of self-efficacy.

Self-efficacy has also been linked to achievement, motivation and behaviour (Skaalvik & Skaalvik, 2007; Caprara, Barbaranelli, Steca & Malone, 2006) and teachers' job satisfaction (Klaasen & Chiu, 2010). In the study conducted by Lackaye, Margalit, Ziev and Ziman (2006) students with learning disabilities reported low levels of self- efficacy than their peers. According to Luthans et al. (2010), self-efficacy can be developed through different sources. Individuals may develop confidence after accomplishing a challenging task. This accomplishment enables personal efficacy over that specific task. Individuals can also be persuaded by relevant others to be more confident. In the workplace, managers can provide caring emotional support and appreciation to employees to prevent burnout and keep employees mentally and physically fit (Hodges, 2010).

2.4.4. Optimism

Avey et al. (2009) observed that optimism is a key moderating factor in the relationship between job characteristics and job strain. Employees with higher levels of optimism are considered to have added protection and they are less likely to experience symptoms of stress in the workplace.

Developmental interventions which provide theoretical support for being a positive human being can lead to learned optimism (Luthans et al., 2010). (Youseff & Luthans, 2007; Dixon & Schertzer, 2005) found that employees' optimism related to their performance in the workplace. High level of authenticity and optimism increases followers' confidence and performance (Zamaheni, Ghorbani & Rezaei, 2011). Furthermore, (Medlin & Faulk, 2011) add that a positive relationship exists between optimism and employee engagement and subsequently employee performance. In the study of Chinese factory workers conducted by Luthans et al. (2005), optimism was found to have a significant relationship with rated performance. Seligman (1998) found that optimism was significantly related to performance of insurance sales agent. On the other hand, (Avey, 2006; Green, Medlin & Whitten, 2004) suggests that it is realistic optimism that influences performance. This happens when continued efforts are encouraged by positive expectancies. Individuals who expect success are less likely to give up and they continue to apply effort directed towards contributing to performance. Srivastava and Angelo (2009) state that optimism brings about positive outcomes in relationships by promoting favourable expectancies, which in turn cause individuals to pursue their relationship goals more persistently. According to Carr (2004), optimism has a positive relationship with good health, active coping styles and occupational adjustment. He further states that optimism in the nursing profession refers to the ability to maintain an optimistic attitude regarding difficulties in the nursing profession, and to be able to positively adjust.

However, some writers argue that there is a negative relationship between optimism and performance. Hmieleski and Baron (2009) found that optimism had a negative effect on the strategic decisions made by entrepreneurs, and the performance of their new businesses. With regard to entrepreneurs, positive expectations often lead to goal conflict because optimists tend to see new opportunities everywhere they look (Segerstroom & Solberg-Nes, 2006). In addition, Judge and Ilies (2004) point out that extremely optimistic individuals tend to set unrealistically high goals and become overconfident concerning their goals; this in turn makes them attain only average levels of performance.

2.5. Psychological Capital in the South African context

South Africa as a country has a challenging background. According to Harrilall (2008), this background requires of public and private sector organisations to go the extra mile for survival. He posits that the country has undergone major changes brought forth by the new political dispensation in 1994. Organisations still face challenges of obtaining and sustaining competitive advantage nationally and internationally. He further states that positive psychology can make a positive difference to employees as the most important resource of the organisation. Organisations need to better understand and influence employees' psychological capital as was shown in a research study conducted by Bosman, Rothman and Buitendach in (2005). Their study highlighted the relevance of psychological capital in the workplace as their findings confirmed that individuals with higher levels of optimism tend to experience lower levels of job insecurity than individuals with lower levels of optimism.

The change in leadership in South African organisations after the end of apartheid brought challenges. Organisations had to keep their own domestic markets, compete in global markets, deal with the post-apartheid organisational culture, deal with ethnic and language diversity, legally sanctioned affirmative action and its consequences, adverse labour relations with the tendency towards open conflict and violence, as well as uneven distribution of income levels, education and opportunities (Luthans et al., 2003). According to these authors, South African managers needed not only new approaches and techniques to overcome these challenges, but also new ways of thinking: positivity and hope. "It appears that the development of hope in South African organisational leaders is what is needed to help them break away from negative historical influences and create a vision to help solve the challenges they currently face. Leaders must develop expectations of hope even in the challenging context of South Africa. These expectations should include a tolerance for negative outcomes, the ability to manage intra and inter-personal conflict and economic downturns. What is important and interesting in the case of South African organisational leaders, are challenges of self-efficacy, optimism, and resiliency" (Luthans et al., 2005, p. 516). However, du Plessis (2010) argues that South African organisations have focused on employees as the influence on positive organisational behaviour. Little attention has been given to managerial and organisational contributions in the creation of workplaces conducive to positive organisational behaviour. Creating positively induced organisational culture needs to form part of

top management's significant influence on positive organisational behaviour. South African organisations need to create a workplace where elements of positive organisational behaviour such as self-efficacy, hope and optimism are being experienced.

Additionally, Bosman et al. (2005) are of the opinion that the situation that prevails in organisations is the one where there is a breach of psychological contract between an employee and the organisation. Employees are now expected to give more in terms of time, effort, skills, and flexibility while they receive less in terms of career opportunities, lifetime employment, and job security. The notion of reciprocity which is critical in maintaining one's well-being is eroded. This is likely to produce negative psychological elements such as burnout, instead of self-efficacy, optimism, hope and resilience. Coetzee and Rothmann (2004) argue that South African employees function in an environment that demands more of them than had been the case before. In many organisations there are practices that are implemented to reduce costs and increase productivity. Some employees are left with no choice and control, and are forced to take on hours and arrangements that are against their preferences. This leads to a situation where organisations favour profitability over the welfare of people.

Rothmann (2003) states that recognising that psychological capital factors assist workers in avoiding burnout, should not distract organisations from powerful factors in the work environment that lead to burnout. In the South African context, old ways of doing things have been superseded by new challenges brought about by laws enforcing training, development and employment equity. These challenges do not necessarily enhance workplace performance (du Plessis, 2010).

In countries like South Africa where organisations are beset by frequent organised labour union strikes, researchers need to look at issues of intimidation, threats and violence that so often accompany strike action. Under these conditions, employees fail to exercise freely their choices to improve on their work performance. For example, in 2010 the public service strike led to a halt of normal management and administrative activities of all public institutions, including hospitals. Public demonstrations by workers blocked hospital entrances, and demonstrating workers assaulted their colleagues who wanted to work. Demonstrating employees also disrupted surgeries in operating theatres. In KwaZulu-Natal there was a reported incident where a nurse was stabbed and others kidnapped for not complying with demands of striking workers (www.guardian.co.uk).

Under such life threatening circumstances it would be difficult to establish if workers do possess psychological capital components such as hope, optimism, self- efficacy and resilience. Under such conditions it would also be difficult to determine positive outcomes such as subjective well-being and performance using psychological capital.

2.6. Outcomes associated with psychological capital components

Psychological aspects can manifest themselves in various ways in human beings. This study proposes the following aspects:

2.6.1. Subjective Well-being

Subjective well-being is described by Diener (2009) as a broad grouping of experiences that comprise people's emotional responses, domain satisfactions, and global judgments of life satisfaction. It indicates an individual's own assessment of his/her own life. It does not take into account the judgment of experts. It involves satisfaction, pleasant effect and low negative effect which refer to a global and subjective evaluation of whether one is happy or unhappy (Waterman, 2008; Lyubomirsky, 2001; Diener, Scollon & Lucas, 2003). It is conceived as pleasure and a satisfaction with life which is described as hedonistic well-being, a cognitive judgmental process by which a person evaluates her quality of life (Diener, Lucas & Oishi, 2002; Diener, 2000; Diener, 2009). As pointed out by Bakker and Oerlemans (2010), subjective well-being represents the way in which people evaluate their lives. While evaluation may take the form of cognition when conscious and evaluative judgments are taken, it may also take the form of effect whereby pleasant and unpleasant emotions are experienced in reaction to life. On the other hand, Tinkler and Hicks (2011) posit that there are three broad approaches to the measurement of subjective well-being, namely, eudemonic, evaluative and affective. They define the eudemonic approach as the self-assessed value of a person's life and how much control they feel they have over it. The evaluative approach depends on how individuals appraise themselves, and is measured by asking people how satisfied they are about their lives. The authors further describe the affective approach as the degree of positive and negative affect a person has experienced which includes feelings of happiness, sadness, anxiety or excitement. Furthermore Diener, Oishi, and Lucas (2003) add that subjective well-being is not a unitary entity but a phenomenon with multiple features that must be assessed

through global judgments, momentary mood reports, physiology, memory, and emotional expression.

According to Diener, Oishi and Lucas (2002), individuals with high subjective well-being are content with life and experience positive emotions such as satisfaction and fulfilment rather than negative emotions such as anger and depression. Positive emotions in turn, allow individuals to have positive experiences. People with high subjective well-being are those who experience frequent positive experiences such as joy and happiness and they are satisfied with life. However, a distinction must be made between happiness and subjective well-being (Diener et al., 2003).

In the work context, a worker who is satisfied with his/her job experiences and more frequently experiences positive emotions than negative ones is said to possess high subjective well-being. On the other hand, employees who do not have subjective well-being often suffer burnout or workaholism. The importance of subjective well-being in the organisation can be seen from positive outcomes such as job performance, reduced absenteeism, and job satisfaction (Donaldson & Ko, 2010). There are numerous traits that have demonstrated consistent correlations with subjective well-being. Bernado (2010) states that spiritual entities play a major role in an individual's subjective well-being. While (Lucas, Diener & Suh ,1996; Magaletta & Oliver, 1999) found that self-esteem and optimism are positively related to subjective well-being, Deneve and Cooper (1998) suggested that traits such as repressive defensiveness, trust, locus of control, desire for control and hardiness demonstrated correlations with subjective well-being. In their investigation Tran, Wright and Chatters (1991) found that self-esteem, personal efficacy and subjective well-being are the results of objective and subjective health status. Elderly Blacks who are dissatisfied with their health tend to report lower levels of personal efficacy and subjective well-being. Furthermore, greater levels of personal efficacy and self-esteem appear to enhance one's sense of well-being. Wiggins, Higgs, Hyde and Blane (2004) also found a significant effect of age on subjective well-being. Diener et al., (2003) confirm that age is related to subjective well-being but the effect is small. These results are contrary to those obtained by Zaninotto, Falaschetti and Sacker (2009) who reported that age is not related to subjective well-being. Lyubomirsky et al. (2005) also suggest that subjective well-being may improve important aspects in the life of an individual such as heath, work, social relations, as well as marriage.

Tong & Song (2004) who found that students of low socio-economic status depicted significantly lower levels of subjective well-being and general self-efficacy examined the correlation between subjective well-being and socio-economic status. In addition, Diener, et al (2003) suggest that differences between cultures results in substantial individual differences in subjective well-being. Genetics and early rearing contribute to such differences. In the study conducted to assess subjective well-being in a genetically informative sample of adolescent twins and their siblings, it was found that individual differences in subjective well-being is the result of genetic and non-shared environmental influences. However, Roysamb, Harris, Magnus, Vittero and Tambs (2002) found no evidence for genetic effects.

There also appear to be differences in goals and values between individuals and between cultures that lead to distinct predictors of subjective well- being. Pomaki, Karoly and Maes (2009) also found that goal attainability and self-efficacy jointly predict subjective well-being at work, while Dave, Tripathi, Singh and Udainiya (2011) maintain that internal locus of control and self-efficacy are associated with high levels of subjective well-being. An improvement in the level of efficacy will result in high levels of subjective well-being. Previous studies found that subjective well-being improves aspects such as good health, work, social relations and marriage (Lyubomirsky et al., 2005). In his study Burke (2009) found that nurses reporting higher levels of virtues would be more satisfied with their work and would indicate high levels of psychological well-being. Few studies have explored the relationship between psychological capital and subjective well-being of nurses.

2.6.2. Performance

Performance of people in organisations is important. It is the performance of each individual that makes the performance of an organisation or the achievement of goals in organisation. (Temple, 2002). Employee performance refers to the completion of tasks by individuals as expected by the organisation to acceptable standards, and the utilisation of resources within a changing environment (Tinofirei, 2011). According to Mathis and Jackson (2009), quality and quantity as well as effectiveness of work completed, are of vital importance to increase in performance. Kerns (2008) defines performance as the actions that drive achievement of productivity, and a

measurement of the results and whether the work is done well or not (Karimi, 2009). Tuten and Neidermeyer (2002) add that performance refers to productivity level of an individual employee.

A high performer is someone who acts in a way that is necessary to obtain productivity. Job performance is a broad variable which indicates the extent to which employees perform their tasks, the initiative they take and how resourceful they are in solving problems (Rothmann & Coetzee (2003). These researchers add that performance shows the extent to which employees utilise available resources within a given time, and the energy they spend on their task. Additionally, Rich, Lepine & Crawford (2010) describe job performance as the aggregated value to an organization of the set of behaviors that an employee contributes both directly and indirectly to organizational goals. Wang et al. (2004) found that major depression has extensive negative effects on work performance. Job stress can affect an individual's performance and in turn impact on an organisation's performance (Long, Kowang, Ping & Muthuveloo, 2014; Jamal, 2011; Khan, Riaz, Bashir, Iftekhar & Khattak, 2011; Beehr, Jex, Stacy & Murray, 2000). Stajkovic and Luthans (2003) found that recognition is a powerful positive reinforcer of employee performance. This includes recognition in the form of merit, a bonus or feedback about performance. Recognition assists in building efficacy, and higher efficacy leads to higher performance. A number of research studies have revealed that incentives enhance performance (Condly, Clark & Stolovitch, 2003; Clark & Estes, 2002). This supports the proposition by du Plessis and Barkhuizen (2011) that human resource practices can positively influence an organisation's performance. According to Medlin and Green (2009), engagement leads to higher levels of individual performance. In examining the impact of performance and happiness in the organisation, Kerns and Ko (2010) found that the success of any organisation is determined by the intersection between the dimensions of happiness and performance. He adds that high performers are employees who possess among others the following characteristics: having a clear vision, engagement in their work, finding meaning and purpose in their work, being optimistic about the future, achieving agreed results, having more positive experiences than negative experiences at work, talking and acting in ways that promote performance, and being happy about their workplace. Furthermore Avey (2010) confirms that the link between performance and hope is evident when those higher in hope are able to achieve success in spite of obstacles.

The performance of a professional nurse is very important. According to the Nursing Act, 33 of 2005, nurses are expected to render safe and quality nursing care to their patients. A nurse is also expected to be accountable and mentally stable at all times. Awases, Bezuidenhout and Roos (2013) add that the overall performance in health care institutions largely depend on knowledge, skills and motivation of an individual employee. Therefore employers should provide working conditions favourable for high performance. While Murray (2012) found that divorce has a negative impact on the performance of professional nurses, Collins (2010) maintains that divorce affects job performance both positively and negatively. When everything else in the life of a working divorcee changes, work can provide much needed stability and serve as a means to survive the tragedy of divorce. In the study conducted by Awases et al. (2010) the following factors were identified as a basis for poor performance of professional nurses in Namibia: lack of recognition of employees who are performing well, absence of a formal appraisal system and poor working conditions. Hegney, Eley, Cbiol, Plank, Buikstra and Parker (2006) as well as Azizollah, Zaman, Khaled and Razieh (2013) concluded that when nurses were unable to complete their work in the time available because of workload and lack of technological support, their performance deteriorates. (Dawson & Zee, 2005; Burke & McAteer, 2007) identified that fatigue has an adverse effect on alertness, vigilance, concentration, judgment, mood and performance.

Performance of nurses in hospitals is also influenced by job satisfaction, organisational commitment and organisational citizenship behaviour as well as career commitment (Mrayyan & Al-Faourie, 2008; Cheng & Feng, 2010). Salaries and fringe benefits were reported as the strongest factors affecting nurses' turnover and performance in hospitals in Taiwan (Yin & Yang, 2002). One of the factors that threaten the quality of health care in South Africa is the prevalence of HIV/AIDS. Nurses can also be infected with the disease and that will lead to high rates of absenteeism, stress and ultimately lower performance in the health care system (Hall, 2004). Other factors that can negatively affect performance of nurses in South Africa according to (Hall, 2004; Hamaguchi, et al, 2009; Khosa, Tiriyo, Ritacco & Lowies, 2014), are political and economic changes, an increase in the demand for health services as well as unsatisfactory conditions in the work place. Improvement in performance in the health system therefore depends on addressing nursing challenges (Rispel, 2008).

2.7. Theoretical Framework

2.7.1. Broaden-and-Build Theory

The Broaden-and-Build Theory of positive emotions serves as a theoretical framework underlying this study. This approach was developed by Barbara Fredrickson (2004) and it stems from the approach of positive psychology which focuses on strengths rather than weaknesses (Seligman & Csikszentmihalyi 2000).

According to this theory, positive emotions such as happiness, interest, joy and love broaden a person's awareness and encourage thoughts and actions (Fredrickson, 2004). This author goes on to say that overtime skills and resources are built through broadened behavioural repertoires and they enhance survival. Individuals contemplate a greater repertoire of action plans when their mood is positive (Fredrickson & Branigan, 2005; Fredrickson, Cohn, Coffey, Pek & Finkel, 2008). In addition, the memory of peripheral details tends to improve when individuals experience a positive mood (Talarico, Berntsen & Rubin, 2009). Positive emotions play a role in increasing level of creativity, inventiveness, psychological resilience and flourishing in the present and the future (Fredrickson, 2001). Being in a positive state stimulates an individual towards concentrating on the positives rather than the limitations (Lam, Spreitzer & Fritz, 2013). Additionally positive emotions begin a cycle of positive emotions when they facilitate the development of skills, resources and capacities; fulfilment and wellbeing are promoted (Raghunathan & Trope, 2002). This is described by Frederickson (2004) as the upward spiral in which positive emotions and broadened thinking influence one another reciprocally (See figure 1)
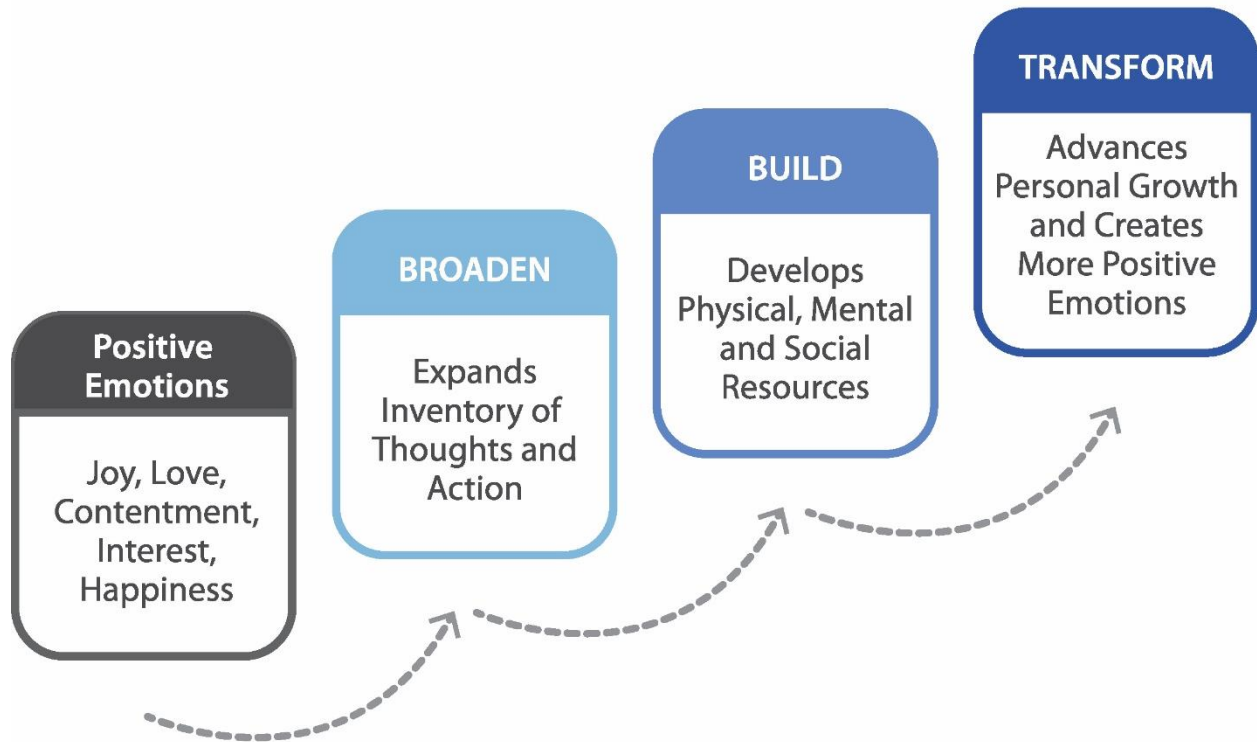
Figure 1: Broaden-and-Build Theory: Positive Emotions Create Upward Spirals (Fredrickson & Cohn, 2008)

The advantage of experiencing such upward spirals is not only to enjoy improvement in emotional well-being but also to build coping skills for handling future adversities (Aspinwall in Frederickson, 2004) While positive emotions broaden peoples' thought and action repertoires, negative emotions lead to narrowly oriented behaviours which further develop emotions like fear and anxiety (Fredrickson, 2004). Negative emotions restrict the actions that people can carry out in a particular situation (Fredrickson, 2002). According to Wadlinger and Isaacowitz (2006), negative emotions direct the attention of individuals towards potential threats and problems. However, individuals with positive emotions have the capacity to recover rapidly from adversities. The capacity to overcome negative affect is referred to as the Undoing Hypothesis (Tugade & Fredrickson, 2007). The undo effect suggests that positive emotions are able to restore autonomic

serenity following negative emotions (Fredrickson, 2000). This means that positive emotions restore flexible thinking after negative emotional experiences (Fredrickson, 2004). According to Tugade and Fredrickson (2002), positive emotions may stimulate psychological resilience.

Fredrickson (2000) provides further examples of positive emotions and implications: interest creates the urge to explore and exploration increases knowledge and psychological complexity; contentment creates the urge to appreciate current life circumstances and integrate them into new views of self and the world. She adds that people flourish as a result of positive emotions. Positive emotions are therefore essential elements of optimal functioning. People transform themselves and become generative, creative, knowledgeable, socially integrated, healthy and resilient when positive emotions are existing (Frederickson, 2001). When the breadth of attention is broad, individuals can develop skills and capacities that enhance their resilience, well-being, progress and satisfaction. This means that individuals might develop more intellectual skills that will enable them to solve problems. They could also build psychological capacities such as the ability to regulate their emotions, and that could also lead to more stable and trusting relationships and even an improvement in physical health (Wadlinger & Isaacowitz, 2006). Therefore the theory reveals how positive emotions lift people to a higher position of well-being (Fredrickson, 2004).

This theory is significant for this study because it presents a framework for understanding the benefits of psychological capital which makes people flourish (Luthans et al., 2003). Through experiences of positive emotions people transform themselves and become more knowledgeable, resilient, socially integrated and healthy individuals (Fredrickson, 2004). When people are in a positive state of mind, they are more likely to produce positive outcomes (Fredrickson & Losada, 2005). As found in the study conducted by Palmer and Whybrow (2007), Broaden-and-Build Theory enhances coaching as well as well-being and performance. This theory supports the view of Luthans et al. (2007) that psychological capital can be enhanced in the workplace through focused intervention and is also positively related to performance outcomes (Sun, Zhao, Yang & Fan, 2011).

2.7.2. Self-Determination Theory

Self-determination Theory is a humanistic theory of motivation and well-being which states that individuals have innate needs towards personal growth and vitality.

These needs are either fulfilled or prevented by their environment (Deci & Ryan, 2000). Individuals exhibit optimal motivation and well-being when these needs are fulfilled, but experience deficits in both motivation and well-being when the needs are prevented (Ryan, Patric, Deci & Williams, 2008). In addition, Ryan (2009) states that people are active organisms with inherent and extremely advanced tendencies towards psychological growth and development. Self-determination Theory classifies goals as intrinsic or extrinsic based on their ability to satisfy innate psychological needs (Ryan et al., 2008; Ryan and Deci, 2000a). Intrinsic motivation refers to initiating an activity mainly because it is interesting and satisfying in itself, i.e. doing an activity for its inherent satisfaction and personal growth rather than for some separable consequence, whereas extrinsic motivation refers to engaging in an activity for the sake of obtaining an external goal (Chirkov, Ryan, Kim & Kaplan, 2003). Extrinsic life goals are those that have been imposed on a person by external circumstances such as rewards, social status, image and popularity (Ryan & Deci, 2000b). According to this theory, intrinsic aspirations satisfy basic human needs and thus promote well-being (See figure 2), while extrinsic goals lead to lower levels of well-being (Chirkov et al., 2003).
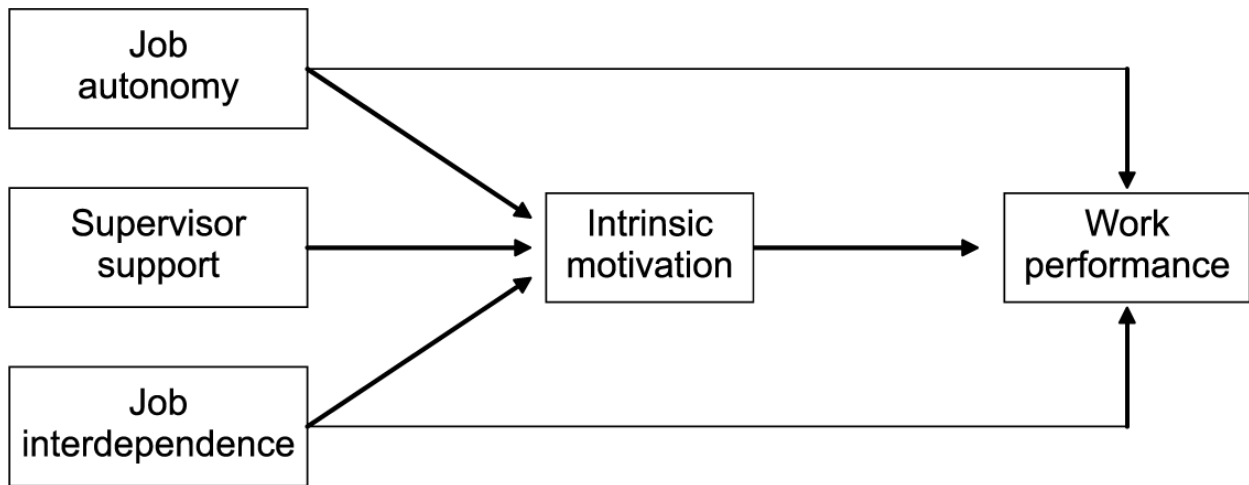
Figure 2: Intrinsic aspirations are related to more positive attributes

Intrinsic aspirations are related to more positive attributes such as subjective well-being, enhanced achievement, and better physical and psychological health (Niemic, Ryan & Deci, 2009). Although growth tendencies underlying intrinsic motivation are natural, they still require support and nourishment from an individual's social environment (Ryan, 2009).

The theory posits that humans have self-oriented psychological needs; namely those for autonomy, relatedness and competence (Hill, 2011). When these needs are satisfied people experience self-motivation and well-being within the social context (Ryan, 2009). However, Williams et al. (2006) state that autonomy is more beneficial for well-being than are independence and relatedness.

2.8. Conclusion

This chapter introduced the concepts of positive psychology and psychological capital. The literature highlighted in this chapter has contributed to the understanding of these concepts and how they relate to subjective well-being and performance. This chapter has also outlined the theoretical framework (Broaden-and-Build as well as Self- Determination) underlying this research study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This Chapter provides information on research methodology and research design. It describes the sampling method, measuring instruments, and statistical techniques utilized during data analysis.

3.2. Research Method and Design

The current study adopted quantitative methodology with a cross-sectional research design. According to Hardwick and Worsley (2011), quantitative research is different from qualitative research with regard to characteristics. The main characteristics of quantitative research are that data is collected by means of structured instruments such as questionnaires. Results can be based on larger sample sizes. In cross-sectional surveys, data can be collected within a short time frame. Cross-sectional surveys allow researchers to compare different variables at the same time (Fox & Bayat, 2007).

3.3. Sampling

Sampling is described by Terre Blanche, Durrheim and Painter (2006) as the selection of the participants from the entire population. The researcher decides which people, settings, events, behaviour, and social processes to observe. In this study, the sample was drawn from 1483 professional nurses in public hospitals and clinics based within the Uthungulu District Municipality, on the KwaZulu-Natal North Coast, South Africa. The sample consisted of 100 nurses in hospitals and clinics. The sample (n=100) comprised of (n=28) males and (n=72) females.

The sample was selected using systematic random sampling. In systematic random sampling each participant has an equal opportunity to be selected (Babbie & Mouton, 2008; deVos, 2005). The researcher obtained lists of professional nurses from participating hospitals and clinics and calculated the sampling interval by dividing the total number of nurses by the number that was required in the sample. Some nurses refused to participate in the study. The demographic composition of the participants can be found in Table 1.

Table 1

Demographic composition of participants

Characteristics	Frequency	N	Percentage
Gender			
Male	28	100	28.0
Female	72	100	72.0
Age Group			
24 and younger	18	100	18.0
25-35	35	100	35.0
36-45	29	100	29.0
46-55	13	100	13.0
56 and older	5	100	5.0
Marital Status			
Single	46	100	46.0
Divorced	5	100	5.0
Widowed	17	100	17.0
Married	23	100	23.0
Living with partner	9	100	9.0
Years working within this organisation			
Less than 5 years	42	100	42.0
6-10 years	22	100	22.0
11-20 years	20	100	20.0
More than 20 years	16	100	16.0
Highest attained qualification			
Matric certificate	1	100	1.0
Diploma	42	100	42.0
Degree	39	100	39.0
Post graduate degree	18	100	18.0

In this study more of the male health workers had worked less than 5 years for their institution as opposed to female health workers and more male workers had a post basic qualification in comparison to female health workers. Female health workers, however, were also more likely to be of the youngest age group (24 years and younger) than their male counterparts. There were no male health workers in this study older than 55 years.

3.4. Measuring Instruments

The questionnaire method was used to collect data. Data was gathered by means of 4 instruments namely: Biographical questionnaire, Psychological Capital Questionnaire (PCQ-24), Employee Performance Measure (self-report version) and Satisfaction with Life Scale.

3.4.1. Biographical questionnaire

Demographic characteristics were collected from each participant including gender, age, marital status, number of years in the organisation as well as highest qualification obtained (see Appendix E1).

3.4.2. PsyCap (PCQ-24)

The 24 item psychological capital questionnaire called PCQ-24 was used (see Appendix E2). It is a six-point Likert-type scale with categories ranging from 1=strongly disagree to 6=strongly agree. There are six items each for the subscales of hope, resilience, optimism, and efficacy (Luthans, Avolio, Avey and Norman, 2007). Some of the items that measured hope were: "There are lots of ways around any problem that I am facing now' and "I can think of the many ways to reach my current goals." An item reflecting self- efficacy was: "I feel confident representing my work area in meetings with management." To measure resilience participants were required to respond to items such as: "I can get through difficult times at work because I've experienced difficulty before" and "when I have a setback at work, I have trouble recovering from it, moving on." An item reflecting optimism was: "I am optimistic about what will happen to me in the future as it pertains to work." The validity and reliability of this test has been confirmed by Youssef and Luthans (2007, p.8). Luthans et al. (2008) also found PCQ-24 to have favourable psychometric properties. In a study conducted on a South African sample using the PCQ, Brouze (2014) found the cronbach alpha reliability to be 0.87 for the total PsyCap scale.

3.4.3. Employee Performance Measure (EPM) (self-report version)

To measure performance participants were requested to evaluate their performance using a 5 item Employee Performance Measure (self–report version; see Appendix E3). To answer the questions respondents were asked to tick one of the numbers on a scale of 1- 9, one being very poor performance and nine being very good performance. Employee Performance Measure included questions such as: "How would you judge the overall quality of your work" and "All in all, how competent do you perform your job?" This questionnaire was developed by Heilman, Block and Lucas (1992). In a study conducted on a South African sample using Employee Performance Measure, Chinomona & Moloi (2014) found "a cronbach alpha reliability for the scale to be 0.88" (p.7).

3.4.4. Satisfaction with Life Scale (SWLS)

Subjective well-being was measured by the Satisfaction with Life Scale (SWLS). This 5 item scale allows participants to rate their degree of agreement or disagreement on a 7 point Likert-type scale for the stated questions (Diener, Emmons, Larson and Griffin, 1985), (see Appendix E4). Examples of items in this instrument were: "I am satisfied with my life" and "If I could have my life over, I would almost change nothing." The SWLS is shown to have considerable "psychometric support, including high internal consistency and high reliability as a measure of subjective well-being" (Diener, et al, 2003, p.6). A study conducted by Cramm, Moller & Nieber (2011) in Eastern Cape, South Africa found the cronbach alpha coefficient of the SWLS to be 0.88.

3.5. Procedure

Having received approval for the study from the University of KwaZulu-Natal, a letter of request to conduct this study was sent to the Department of Health (District and Provincial level) (Appendix B). The letter emphasized the importance of research, as well as ethical considerations. The department of Health approved the research (Appendix C and D) and sent the letters of approval to the participating hospitals and clinics. Nurses were informed about their voluntary participation and they were given an informed consent form to sign to indicate that they agreed to participate in the study (Appendix A).

The questionnaires were hand delivered to each hospital and clinic.

While the nurses were completing the questionnaires, the researcher was present in order to assist them. Key words were defined so that nurses understood the questions. Questionnaires were distributed to health workers during their tea break to ensure minimal disruption to patient care. The process of distribution and collection of questionnaires was conducted over three weeks. After completion, questionnaires were collected and transported to a central area for data capture and cleaning. Data capture was done by an experienced data capturer using Microsoft Excel 2010 under the guidance of the researcher to ensure accuracy. All respondents were assigned a unique study number that is used to identify cases on the dataset, thus ensuring all information is anonymous and individual responses confidential.

3.6. Data Analysis

Questionnaires were analysed by testing the responses against the study aims, in order to find out the extent to which they answered the research questions. This method is supported by Babbie (2008) and Bell (2007). Data was analysed quantitatively using the Statistical Package for the Social Sciences (SPSS) programme (SPSS version 18.0, 2010).

The basic process followed in the analysis of the data was to run descriptive statistics for all variables. Descriptive statistics enable the researcher to recognise any anomalies in specific variables and take appropriate action to correct or mitigate such anomalies (Opie, 2008). The mean, standard deviation, kurtosis and skewness were used to describe the data obtained from PCQ-24, EPM and SWLS. According to Rosnow and Rosenthal (2002), the mean refers to a measure of central tendency and it represents average scores. While skewness refers to a measure of symmetry, Kurtosis is a measure of whether the data are peaked or flat relative to a normal distribution (De Carlo, 1997). The means and standard deviations for each of the measures were: PCQ-24 (mean=116.35; SD=13.77); EPM (mean=38.51; SD=4.92) and SWLS (mean=21.91; SD=5.09). Chronbach's alpha was also used to determine the reliability of data collected.

The Pearson product moment correlation coefficient was used to investigate the relationship between PCQ-24, EPM and SWLS. The collected data was presented in the form of tables.

Opie (2008) is of the opinion that tables are more suitable when the researcher wants to present a large amount of data. A standard multiple regression analysis was conducted to see which subscales of PCQ-24 contributed most to the variance found in EPM. To determine the best predictors of SWLS among nurses, the subscales of PsyCap were entered into a simultaneous regression model. According to Struwig and Stead (2001), multiple regression analysis can be used for predictive purposes. Several variables are used to predict a value on a quantitatively measured criterion variable. The size and direction of the effect of each variable on a dependant variable are measured.

3.7. Ethical Issues

All participants were assured of complete confidentiality and encouraged to unreservedly disclose as much information as they possibly could, keeping in mind that no participant should be compelled, directly or indirectly, to take part in a study (Imenda & Munyangwa, 2006). In this study, participants were informed beforehand about the study and its aims.

3.8. Summary

This Chapter outlined the research design, sample, and procedure used to collect data. Measuring instruments adopted were also discussed in detailed. Ethical issues were also addressed and the data analysis used in order to draw conclusions about research questions was described.

CHAPTER 4: RESULTS

4.1. Introduction

This chapter outlines the results obtained in the study in order to furnish answers to the research questions. Details of descriptive statistics are also given. The Cronbach's alpha reliabilities have been used to examine the reliability of all scales. The results of a Pearson correlation coefficient are provided to indicate the relationship between the constructs. This chapter also provides the results of multiple regression analysis which was used to examine the relationship between PsyCap, performance and subjective well-being.

4.2. Descriptive Statistics

Table 2

According to Neuman (2003), descriptive statistics allow researchers to present data in a structured

Variables	N	Range	Mean	SD	Skewness	Kurtosis	α
Psychological Capital	100	73 – 144	116.35	13.77	-0.584	1.486	0.886
Employee Performance	100	20 – 45	38.51	4.92	-0.852	0.902	0.835
Subjective Well-being	100	6 – 30	21.91	5.09	-1.170	2.378	0.793

and accurate format in order to make sound analyses and conclusions. Table 2 depicts the descriptive statistics for measures used in this study. The values of the questions in the PsyCap factors section were tallied to create a single score for each participant. The minimum possible score for the 24 questions was 24 if participants 'Strongly Disagreed' with all positive points and the maximum possible score 144, if health workers 'Strongly Agreed' with all positive points. Data in Table 2 indicates that PsyCap reported the mean (m=116.35; SD= 13.77). The lowest mean was from Subjective well-being (m=21.91; SD= 5.09). Based on descriptive analysis, all the scales proved to be reliable with Cronbach's alpha values of 0.886 for the PCQ-24, 0.835 for the EPM, and 0.793 for the SWLS (See Table 3 for reliability coefficients). This means that all scales proved to be reliable.

4.3. **Pearson Correlation Coefficients**

Table 3

Pearson Correlation Coefficients

Variables	1	2	3	4	5	6	7
1 Total Psychological Capital (R)	1	-------	-------	-------	-------	-------	-------
2 Efficacy	0.819**++	1	-------	-------	-------	-------	-------
3 Hope	0.806**++	0.691**++	1	-------	-------	-------	
4 Resilience	0.776**++	0.427**+	0.406**+	1	-------	-------	-------
5 Optimism	0.862**++	0.558**++	0.579**++	0.665**++	1	-------	-------
6 Employee Performance	0.684**++	0.634**++	0.677**+	0.416**+	0.519**++	1	-------
7 Subjective Well-being	0.655**++	0.650**++	0.470**+	0.472**+	0.536**++	0.578**++	1

** Statistical significance at $p < 0.01$. * Statistically significant at $p \leq 0.05$

+r $\geq$ 0, 30 practically significant (medium effect)

++r $\leq$ 0, 05 practically significant (large effect)

Results indicated a statistically significant correlation between total PsyCap and Employee Performance (r = 0.684, n = 100, p<0.01, large effect), meaning that high levels of PsyCap are associated with high levels of employee performance. A statically significant correlation was found between employee performance and subjective well-being (r = 0 .578, n =100, p<0.01, large effect), indicating a positive relationship between employee performance and subjective well-being. The results also indicate a statistically significant correlation between total PsyCap and subjective well-being (r = 0.655, n =100, p<0.01, large effect) meaning that high levels of psychological capital are associated with high levels of subjective well-being.

Analysis of the subscales of PCQ-24, found statistically significant correlations with both subjective well-being and employee performance with Efficacy having the statistically significant relationship with subjective well-being (r = 0.650, n = 100, p<0.01, large effect), and Hope having the strongest significant relationship with employee performance (r = 0.677, n = 100, p<0.01, large effect).

4.4. Regression Analysis
Table 4

Multiple Regression Analysis showing the predictors of employee performance of nurses

	Unstandardized Coefficients (B)	Standard Error (SE)	Standardized Coefficients Beta (β)	t	Sig	Tolerance	P	F	R^2
Efficacy	0.305	0.115	0.272	2.672	0.009**	0.481			
Hope	0.533	0.134	0.412	3.986	0.000***	0.467			
Resilience	0.093	0.106	0.084	0.883	0 .830	0.553			
Optimism	0.083	0.124	0.073	0.673	0 .503	0.429			
Employee Performance			0.412	3.986			0.001***	26.21	0.505

**p < 0.01; ***p <0.001

A standard multiple regression analysis was conducted to see which of the subscales of PCQ-24 contributed the most to the variance found in EPM. (see Table 4). The overall regression model was very significant, explaining 50.5% of the variance in employee performance ($R^2 = 0.505$; F = 26.21; p <0.001. The results indicated that only two of the subscales of PCQ-24 were found to be significant in their predictive value to the overall model of employee performance. Hope makes the strongest unique contribution to employee performance ($\beta = 0.412$; t = 3.986, p < 0.001), followed by Efficacy ($\beta = 0.272$; t = 2.672, p < 0.01. This suggests that high levels of both hope and efficacy were associated with high employee performance among nurses.

Table 5

Multiple Regression Results showing the Predictors of Subjective Well-being of Nurses

	Unstandardized Coefficients (*B*)	Standard Error (*SE*)	Standardized Coefficients Beta (*β*)	t	Sig	Tolerance	P	F	R^2
Efficacy	0.613	0.124	0.528	4.956	0.000***	0.481			
Hope	-0.075	0.144	-0.056	-0.520	0.604	0.467			
Resilience	0.181	0.114	0.158	1.585	0.116	0.553			
Optimism	0.201	0.134	0.169	1.498	0.138	0.429			
Subjective well-being			0.528	4,956			0.001***	22.07	0.505

***p <.001

To determine the best predictors of subjective well-being of nurses, the subscales of PCQ-24 were entered into a simultaneous regression model (see Table 5). The results showed that overall the

model was very significant, explaining 46.0% of the variance in subjective well-being ($R^2 = 0.460$; $F = 22.07$; $p < .0001$. The results indicated that only one of the subscales of PCQ-24 was found to be significant in its predictive value to the overall model of subjective well-being.

Efficacy was found to make a unique contribution to subjective well-being ($\beta = 0.528$; $t = 4.956$, $p < 0.001$). This suggests that high levels of efficacy were associated with higher subjective well-being among nurses.

4.5. Conclusion

This chapter has provided an overview of the findings obtained from an empirical analysis of the results. Descriptive statistics has been provided as well as reliability coefficients and correlation analysis. Results of a regression analysis were also provided.

CHAPTER FIVE: DISCUSSION OF THE RESULTS

5.1. Introduction

In this chapter, the results of this investigation are interpreted with respect to the research questions. Where appropriate, literature is incorporated into the discussion.

5.2. Discussion

The primary aim of this study was to establish if there is a relationship between psychological capital, subjective well-being and performance of nurses in public health institutions. Secondly, the study aimed to establish the levels of psychological capital of nurses in public health institutions. Thirdly, the study aimed to establish if psychological capital is a predictor of subjective well-being and performance.

Descriptive statistics used in this study included means and standard deviations. Psychological capital levels in this setting were high. Participants generally scored above average. It is apparent that the majority of health workers felt that they were effective in getting their work done. Chronbach's alpha coefficients ranging from 0.793 to 0.886 were obtained. Cronbach's alpha determines the internal consistency or average correlation of items in a survey instrument to measure its reliability. Acceptable values of alpha range from 0.70 to 0.95 (Tavakol & Dennick, 2011). According to Christmann and Van Aelst (2006), very high reliabilities (0.95 or higher) are not necessarily desirable, as this indicates that the items may be entirely redundant. "Cronbach's alpha will generally increase when the correlations between the items increase" (p6).

Pearson correlation coefficients were used to examine if there was a relationship between pychological capital, subjective well-being and performance. Pearsons' correlation coefficients allow the researcher to find the strength of a relationship between two interval scale variables (Christmann & van Aelst, 2006). A correlation of 0.6 or higher would indicate that the scores given to the variables are highly related (Neuman, 2003). The findings suggest that there is a positive relationship between psychological capital and employee performance. This means that high levels of psychological capital are associated with high levels of employee performance. A number of studies have tested the relationship between PsyCap and various employee behaviors and performance (Avey, Reichard, Luthans, & Mhatre, 2011). These writers maintain that individuals

who possess a high level of PsyCap are likely to be strengthened and produce effort that leads to higher levels of performance over extended periods of time. PsyCap has been positively correlated to employee performance. Research conducted by Rego, Marques, Sousa & Cunha (2010) reveals that psychological capital generally relates to performance. The authors state that when the performance of the employees increases, this will make them more positive and higher levels of positivity may build an individual's intellectual, physical, social, and psychological resources to help them cope with challenges in the workplace. These results are consonant to previous research findings (Avey, 2010; Luthans et al., 2007). A study conducted by Walumbwa et al. (2010) also established a relationship between a leader psychological capital and follower performance. The results of a study with one of the companies of telecommunication done by Zamaheni, Ghorbani & Rezaei (2011) indicate that there is a positive correlation between the authenticity of a leader and positive psychological capital and followers' confidence and performance. The findings are in line with the result of the study conducted by Karimi (2009). The results showed that there is a direct positive relationship between leaders' authenticity and positive psychological capital and subordinates' trust and performance. Bitmiş and Ergeneli (2013) found that PsyCap and trust are mediators for the relationship between individual performance and job satisfaction. Luthans, Kyle, Jensen, and Susan (2005) investigated the relationships between Psycap and work performance among nurses; the results revealed that Psycap has a significant relationship in fostering extra-role performance, job commitment, and intention to stay. Additionally a positive relationship was found between nurses' psychological capital and job performance (Sun et al., 2011; Luthans & Jensen, 2005).

These findings confirm that broadened mindsets carry long term accustomed benefits because broadening builds enduring personal resources (Frederickson, 2001). The results confirm the prediction of the Broaden-and-Build Theory which states that positive emotions predict future increases in positive emotions through their effects on broadened thinking (Fredrickson, 2003). However, Rothmann and Coetzee (2003) argue that performance does not only deal with individual competence, because there are other factors that influence performance such as characteristics of a job, personal circumstances, the team and the organization one finds oneself in. Drawing from the Self-determination Theory, Deci and Ryan (2000) state that "a person's

motivation and willingness to develop will be increased, provided that they are interested in the activity and the needs for competence, relatedness and autonomy are satisfied" (p.6).

Furthermore, the results of this study indicated that there is statistically significant relationship between performance and subjective well-being. There are also studies which report similar results (e.g. Diener et al., 2003) Subjective well-being resides within the experience of the individual and it includes positive measures (Diener et al., 2003). In their research Vahedi and Ghani-Zadeh (2009) indicated the significant relationship between subjective well-being, life satisfaction and job performance, while Schulte, Chas tang, Mallard, Parent-Theon, Vermilion & Niedhammer (2014) investigated well-being among the employees of 34 countries and concluded that, there is significant relationship between subjective well-being and job performance of employees. The results of the study conducted by Zohreh, J. & Alireza H. (2016) also indicated that, happiness and subjective well-being are the strongest predictors of job performance. Alma and Rive (2012) have also indicated that individuals' job performance is affected by their levels of subjective well-being and the increase in subjective well-being results in higher quality service in the work environment. In their research on the relationship between psychological well-being and job performance of nurses in Mashhad City; Kavousi-Kousha, Ghaderi, & Moeini-Zadeh (2014) concluded that there is significant relationship between subjective well-being and job performanceThese findings are consistent with the claim that the psychological broadening sparked by one positive emotion increases the odds that an individual will find positive meaning in subsequent events and experience additional positive emotion (Fredrickson & Branigan, 2005).

Results also suggest that there is a positive relationship between psychological capital and subjective well-being. This means that high levels of Psychological Capital are associated with high levels of subjective well-being. Bakker and Oerlemans (2010) found that employees with high levels of subjective well-being are satisfied with their job and experience frequent positive emotions. Mustafa, N. K.; Preeti, S.; Mohammed, A.; Rumana, S. (*2015*) examined the correlations among Hope, Resilience & Subjective Well-being in a group of college going adolescent girls. The study revealed significant positive correlations among Hope and Subjective well-being, Hope and Resilience and also between Subjective well-being and Resilience. Burke (2009) found a link

between gratitude and life satisfaction among nurses. Nurses reporting more gratitude indicated more life satisfaction. On the other hand, a recent study by Rahimnia et al. (2013) revealed that nurses' high psychological capital increases their constructive emotions, reduces destructive emotions and eventually increases their well-being. This is further emphasized by Deci, Patric, Williams and Ryan's (2009) Self-determination Theory that intrinsic aspirations satisfy basic human needs and promote well-being. The theory also links self-realization as a central aspect in defining well-being. It is based on a belief which holds that well-being is mainly a result of psychological functioning (Deci & Ryan, 2000). Satisfying basic psychological needs enhances both subjective well-being and eudemonic being (Ryan & Deci, 2001).

Multiple regression analyses were performed in order to determine if psychological capital is a predictor of performance. Multiple regression analysis is useful for generalizing functional relationships between variables (Neuman, 2003). He further states that standard regression analysis focuses on the unique contribution that each independent variable makes to the prediction when combined with all other predictors. Results indicated that only two of the subscales of PCQ-24 were significant in their predictive value to the overall model of employee performance, i.e. hope and self-efficacy. According to (Malone, 2010) Hope provides a challenge and realism towards achieving the goals; it represents the investment of the efforts of individuals working toward achieving those goals. Efficacy has been strongly related to work performance (Bandura & Locke, 2003).

Furthermore, multiple regressions were also used to determine if psychological capital is a predictor of subjective well-being. Subjective well-being is positive. People with high subjective well-being feel good about themselves (Cummins, 2009). Subjective well-being which comprises a cognitive judgmental dimension reflecting life satisfaction and emotional evaluation of positive and negative affect has been linked to positive outcomes (Siedlecki, Salthouse, Oishi & Jeswani, 2013). The results of this study indicated that only one of the factors of PCQ-24 (efficacy) was significant in its predictive value of the overall models of subjective well-being. This suggests that high levels of efficacy were associated with higher subjective well-being among nurses. The current findings are consistent with those of (Rachna, Tripathi, Poonam & Rakhi, 2011).

Likewise, in similar studies, (Bergman & Scott, 2001; Cicognani, Albanesi, & Zani, 2008; Strobel, Tumasjan, & Sporrle, 2011) came to the same conclusion in investigating the relationship between subjective well-being and self-efficacy. On the other hand, low self-efficacy is related to lower levels of subjective well-being (Barlow, Wright, & Cullen, 2002; Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003; Caprara, 2002).

According to Luthans et al. (2007), self-efficacy represents a positive belief and was defined for the work place as the employee's confidence about his/her abilities to mobilize the motivation, cognitive resources or courses of action needed to successfully finish a task within a given context. The importance of subjective well-being in the organization can be seen from positive outcomes such as performance, reduced absenteeism and job satisfaction (Donaldson & Ko, 2010). This pattern of results supports the proposition by Deci and Ryan (2000) that the Self-determination Theory can be applied in life domains; by internalizing the goals and therefore becoming autonomous in the domain, performance and well-being are increased.

The research questions of this study have been addressed. Results indicated that there is a significant relationship between psychological capital, subjective well-being and performance of nurses in public health institutions. Furthermore, this research has drawn from the Broaden-and-Build Theory of positive emotions, which states that experiences of positive emotions broaden peoples' momentary thought-action repertoires and build their enduring personal resources, which include physical, intellectual, social and psychological resources (Fredrickson, 2003). The findings of this study confirmed the conclusion of the theory which maintains that positive emotions enforce an upward spiral of the way an individual functions which eventually leads to higher levels of individual and organizational functioning (Fredrickson & Branigan, 2005).

5.3. Summary

The findings provided an in depth understanding of the relationship between psychological capital and performance as well as subjective well-being. Psychological Capital is defined as the psychological resource that may fuel growth and performance. It is similar to human capital in the sense that it may provide a return on investment and competitive advantage through proven employee performance (Luthans, Avolio, Walumbwa & Li, 2005).

The empirical findings from the study indicate that nurses at the public health institutions at uThungulu District Municipality possess high levels of psychological capital and that PsyCap predicts subjective wellbeing and performance.

CHAPTER SIX: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS FOR FURTHER STUDY

6.1. Introduction

This final chapter presents the limitations, recommendations for further study, as well as the conclusions based on the research questions and aims posed at the beginning of this research.

6.2. Limitations of study

The following limitations have been identified in the study:

o Nurses thought it would have an impact on their salaries.

o Others feared that employee evaluation may lead to retrenchments at work.

o Self-report questionnaires are sometimes too subjective.

o Bureaucracy in government offices compels one to go through many layers before final permission is granted to a researcher. This was time consuming and caused delay in completion of this project.

6.3. Recommendations

This study could also apply to other government departments in order to resolve similar challenges faced by employees. In view of this analysis, it is recommended that authorities find ways and means of developing the psychological capital of employees. In particular, the results of the study conducted by (Luthans, et al, 2010; Luthans, Avey, Avolio, Norman & Combs, 2006) suggested that PsyCap is open to development and such development has a significant positive impact on participants' rated work performance. Russo & Stoykova, (2015) state that developing these attributes may be needed to assist in handling the stress and pressures of the work being done, particularly, Hope and Optimism. These attitudes and skills help the mental health professionals to assist mental health patients deal with life issues and problems. This reflects the proposition of the Broaden-and-Build Theory which was the conceptual model for this study; it states that people should cultivate positive emotions in themselves and those around them to improve psychological growth and psychological and physical well-being over time (Fredrickson, 2004). This coheres with the Self-determination Theory which assumes that everyone has a willingness to develop and it is the managers' task to evoke inherent motivation (Van Steenkiste & Sheldon, 2006).

Therefore organisations can realise increased work performance, commitment, and job satisfaction by investing in their current workforce (Luthans et al., 2008). As du Plessis and Barkhuizen (2011) state, South African managers need to fully embrace psychological capital to create the kind of workplace that will consider the social issues affecting employees.

6.4. Conclusion

In this study the researcher has tried to place at the center of future studies on organization development the importance of socio- economic conditions that may lead to unintended stressful situations and poor work performance. The limitations of this study were also presented.

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Appendices

Appendix A: Informed Consent Form

Dear Participant

Thank you for participating in this research project. You will need to be aware of the following information before granting your informed consent.

1. This study is based on positive organisational behaviour and the impact on PsyCap.and participate is **voluntary**.
2. You will at all times remain completely **anonymous** and will be identified within the research by a pseudonym;
3. The information you provide will be kept confidential and your survey data will only be made available to the research team.
4. Findings from this study will be used in academic presentations and/or publications, but will always exclude any information that could reveal your identity;
5. You may choose to **withdraw** from the study at any time;
6. If for any reason you find that during or after the research process that you need emotional assistance as a result of confronting issues discussed, please contact the researcher for assistance.
7. If you have any questions regarding the research, please contact the project leader, Prof Joey Buitendach, on 031-260 2407 or email: buitendach@ukzn.ac.za
8. If you have any questions regarding the ethical procedure of this research, please feel free to contact Ms PhumeleleXimba, Research Office, UKZN, Tel no:031 260-3587.

I _____ consent to participate in the study on Positive Organisational Behaviour: The impact of PsyCap.

I also acknowledge and fully understand the information discussed, above.

Full Name: _____

Signature: _____

Date: _____

Appendix B: Request to conduct research.

<div align="center">

P.O.Box 30401

Richards Bay

3900

12 June 2012

</div>

The District Manager

Department of Health

P/Bag x 20034

Empangeni

3880

Dear Sir/ Madam

RE: REQUEST TO CONDUCT RESEARCH

I am currently a part- time Masters student at the University of KwaZulu-Natal. My study is in the field of Industrial Psychology. The purpose of this communication is to request your office to grant me permission to conduct research in Public Health Centres within the uMhlathuze Municipality: Ngwelezana, Lower Umfolozi and health clinics under the control of the two institutions. The attached questionnaire is part of my research project, namely, to establish the effect of Psychological Capital on subjective well-being and performance among professional nurses.

This inquiry will be undertaken solely for academic purposes. Respondents will not be required to disclose their identities. It is hoped that the findings of the study might make some meaningful contributions to operations of the KwaZulu-Natal Department of Health and, in particular, the institutions selected for the study.

All information obtained from respondents through supplied and returned questionnaires will be treated as strictly confidential.

Your assistance in this regard will be highly appreciated.

Yours faithfully,

FideliaNtombifuthiMbatha (Miss)

UKZN Student number:210546142

Appendix C: Letter of acceptance to conduct research: UTHUNGULU DISTRICT

MEMORANDUM

No2 Lood Avenue, Cnr Chrome & Crescent Avenue Empangeni Rail
Private Bag X 20034, Empangeni, 3880
Tel.: 035 7870631/3/4/5/6/7/8/9, Fax: 035 7870644/0865176012
Email: Secretary.UthunguluDistrictOffice@kznhealth.gov.za
www.kznhealth.co.za

HEALTH
KwaZulu-Natal

OFFICE OF THE DISTRICT MANAGER

Enquiries: MM ZUNGU
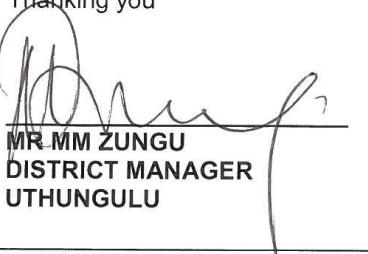
TO	:	MISS. F MBATHA SCHOOL OF APPLIED HUMAN SECIENCES
EMAIL	:	lophilafuthi@yayoo.com
FROM	:	DISTRICT MANAGER
DATE	:	31/10/2012
SUBJECT	:	Permission to Conduct an Investigation into the effect of Psychological Capital Factors on Subjective Wellbeing and Performance in Uthungulu District Health Facilities

I have pleasure in informing you that permission has been granted to you by the District Office to conduct research on **"An investigation into the effect of Psychological Capital Factors on Subjective Wellbeing and Performance in Uthungulu District Facilities"**.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The District Office will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the District Office.

Thanking you

MR MM ZUNGU
DISTRICT MANAGER
UTHUNGULU

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

NB: KINDLY RETURN ALL DOCUMENTATION WHEN REPLYING!!

APPENDIX D: Letter of acceptance to conduct research: PROVINCIAL HEAD OFFICE

health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference	: HRKM 164/12
Enquiries	: Mr X Xaba
Tel	: 033 – 395 2805

Ms F. Mbatha

Subject: Approval of a Research Proposal

1. The research proposal titled **'An investigation into the effect of psychological capital factors, resilience, hope, self-efficacy and optimism on subjective well-being and performance'** was reviewed by the KwaZulu-Natal Department of Health.

   The proposal is hereby **approved** for research to be undertaken at Lower Umfolozi Memorial, Ngwelezane and Nseleni Hospital.

2. You are requested to take note of the following:
   a. Make the necessary arrangement with the identified facility before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 09/11/2012 .

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

APPENDIX E: Letter of acceptance to conduct research: Ngwelezane Hospital

health

Department:
Health
PROVINCE OF KWAZULU-NATAL

NGWELEZANE HOSPITAL
OFFICE OF THE CHIEF EXECUTIVE OFFICER
Private Bag X20021
EMPANGENI
3880
Thanduyise Road
Ngwelezane Township
EMPANGENI
3880
Tel: 035 - 9017105, Fax: 0865102898
Email: Thandeka.khanyile@kznhealth.gov.za
www.kznhealth.gov.za

Enquiries : Dr M Phaff
Date : 13 March 2013

Fedelia Mbatha
Student
Industrial Psychology
University of Kwazulu Natal

Dear Ms F Mbatha

RE: Permission to conduct research in Public Health Centres within Umhlathuze Municipality: Ngwelezane, Lower Umfolozi and health clinics under the control of the two institutions.

Since you have received District as well as Provincial approval; permission is hereby granted for you to conduct the above named research however this approval is under the condition that the applicant informs the ethics committee of the results of the project and if and where it was published.

We are happy to inform you that we fully support your application we wish you the best of luck with this study. Please keep us updated with any further progress, and your findings.

Yours faithfully,

DR TT KHANYILE
CHIEF EXECUTIVE OFFICER
NGWELEZANA HOSPITAL

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

SECTION ONE   **BIOGRAPHICAL DATA SHEET**

INSTRUCTIONS:

Please answer the following questions by marking the appropriate boxes.

1. **GENDER**

   Male ☐   Female ☐

2. **AGE GROUP**

   24 years and younger ☐   25 – 35 years ☐

   36 – 45 years ☐   46 – 55 years ☐

   56 years and older ☐

3. **MARITAL STATUS**

   Single ☐   Divorce ☐

   Widowed ☐   Married ☐

   Living with a spouse ☐

4. **YEARS WORKING WITHIN THIS ORGANISATION**

   Less than 5 years ☐   6 – 10 years ☐

   11 – 20 years ☐   More than 20 years ☐

5. **HIGHEST ATTAINED QUALIFICATION**

   Matric Certificate ☐   Diploma ☐

   Degree ☐   Postgraduate Degree ☐

SECTION TWO   **SURVEY**

1. **PsyCap Questionnaire (PCQ)**

Instruction

Below are statements that describe how you may think about yourself right now. Use the following scale to indicate your level of agreement or disagreement with each statement. (1=strongly disagree, 2=disagree, 3=somewhat disagree, 4=somewhat agree, 5=agree, 6=agree)

	Strongly	Disagree	Somewha	Somewha	Agree	Strongly
1. I feel confident analysing a long-term problem to find a solution.	1	2	3	4	5	6
2. I feel confident representing my work area in meetings with management	1	2	3	4	5	6
3. I feel confident contributing to discussions about the company's strategy.	1	2	3	4	5	6
4. I feel confident helping to set targets/goals in my work area.	1	2	3	4	5	6
5. I feel confident contacting people outside the company (e.g. suppliers, customers) to discuss problems.	1	2	3	4	5	6

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6.	I feel confident presenting information to a groups of colleagues.	1	2	3	4	5	6
7.	If I should find myself in a jam, I could think of ways to get out of it.	1	2	3	4	5	6
8.	At the present time, I am energetically pursuing my goals	1	2	3	4	5	6
9.	There are lots of ways around any problem that I m facing now	1	2	3	4	5	6
10.	Right now, I see myself as being pretty successful	1	2	3	4	5	6
11.	I can think of many ways to reach my current goals.	1	2	3	4	5	6
12..	At this time, I am meeting the goals that I have set for myself.	1	2	3	4	5	6
13.	When I have a setback at work, I have trouble recovering from it, moving on. ®	1	2	3	4	5	6
14.	I usually manage difficulties one way or another at work.	1	2	3	4	5	6
15.	I can be "on my own", so to speak, at work if I have to.	1	2	3	4	5	6
16.	I usually take stressful things at work in stride.	1	2	3	4	5	6
17.	I can get through difficult times at work because I've experienced difficulty before.	1	2	3	4	5	6
18.	I feel I can handle many things at a time at this job.	1	2	3	4	5	6

19.	When things are uncertain for me at work, I usually expect the best.	1	2	3	4	5	6
20.	If something can go wrong for me work-wise, it will. ®	1	2	3	4	5	6
21.	I always look on the bright side of things regarding my job.	1	2	3	4	5	6
22.	I'm optimistic about what will happen to me in the future as it pertains to work.	1	2	3	4	5	6
23.	In this job, things never work out the way I want them to. ®|	1	2	3	4	5	6
24.	I approach this job as if 'every cloud has a silver lining".	1	2	3	4	5	6

1. **Employee Performance Measure (self-report version)**

Instructions

Below are statements that ask you to evaluate your work performance right now. Use the scale provided to answer to answer each question.

	Not at all competen								Very competen
1. All in all, how competent do you perform your job?	1	2	3	4	5	6	7	8	9
	Not at all effective								Very effective
2. In your estimation, how effectively do you get your work done?	1	2	3	4	5	6	7	8	9
.	Very low quality								Very high
3. How would you judge the overall quality of your work?	1	2	3	4	5	6	7	8	9
	Not at all compete								Very compete
4. How would you judge your overall perceived competence?	1	2	3	4	5	6	7	8	9
.	Very low quantity								Very high
5. How would you judge the overall quantity of your work?	1	2	3	4	5	6	7	8	9

1. Satisfaction with Life Scale

Instructions

The purpose of this survey is to assess how you view your satisfaction with life. The following are statements of life satisfaction that you may agree or disagree with. It is expected of you to indicate your agreement with each of the statements by crossing out the appropriate number next to each statement, using the criteria.

		Strongly	Disagree	Somewha	Neither	Slightly	Agree	Strongly
1.	In most, ways, my life is close to ideal.	0	1	2	3	4	5	6
2.	The conditions of my life are excellent.	0	1	2	3	4	5	6
3.	I am satisfied with my life.	0	1	2	3	4	5	6
4.	So far, I have gotten the most important things that I want in life.	0	1	2	3	4	5	6
5.	I f I could have my life over, I would almost change nothing.	0	1	2	3	4	5	6