



Original Article

The relationship of psychological capital and spirituality at work with psychological well-being in nurses

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Abstract

Introduction: The purpose of this research was to investigate the relationship of psychological capital and spirituality at work with psychological well-being in nurses.

Materials and Methods: The statistical population of this correlational study consisted of all nurses in Mafi Nezam Hospital of Shush city in 2018. Number of 123 nurses selected by stratified random sampling. To collect data by the capital psychological questionnaires (Luthans, 2007), psychological well-being scale (Ryff, 1989), and spirituality at workplace questionnaire (Kinjerski and Skrypnik, 2006) were used. To analyze the data, Pearson's correlation and multiple regressions were used.

Results: The results showed a significant relationship between psychological capital and spirituality at work with psychological well-being. The regression results indicated psychological capital and spirituality at work can explain 70% of changes in nurses' psychological well-being.

Conclusion: According to the results obtained from this research, it is recommended that psychological capital and spirituality in work are considered in programs to promote mental health in nurses.

Keywords: Psychological capital, Spirituality at work, Well-being.

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Introduction

Improving the health of individuals in the community is one of the most important issues in any country that needs to be addressed from various dimensions, including psychological needs. The main task of mental health is to ensure the mental health of individuals in the community. Nursing is one of the occupations with many stressors. Nurses, as the most significant human resource of healthcare organizations, play an essential role in promoting community health, so that these organizations cannot succeed without efficient nursing care (1). Inappropriate emotional reactions such as stress, anxiety and, depression

are a recognized and integral component of nursing which leads to many problems for nurses and patients (2). In recent years, a group of researchers in mental health inspired by positive psychology have viewed mental health as a positive psychological function and conceptualized it as a term psychological well-being (3). This group does not believe that the absence of disease means as health. Still, they believe that life satisfaction, progress, efficient and effective interaction with the world, positive energy and creativity, transcendence and, positive relationship with community and development are considered as individual's health (4). Psychological well-being requires

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understanding the challenges of life. People with high levels of well-being generally experience positive emotions and events but those with low levels of well-being experience life as unfavorable and they have negative emotions such as anxiety, depression, and anger (5). Psychological capital is one of the constructs that can potentially improve individuals' health and performance in different occupational environments. It is a set of positive traits and abilities of individuals and organizations that can serve as a reliable resource in the growth and promotion (6). Hope, optimism, self-efficacy, and resilience are components of psychological capital (7). Various studies have investigated psychological capital as an important and health-related construct. The conducted researches on health providers indicate that psychological capital is negatively and significantly correlated with exhaustion, stress and depression (8,9).

Bahadori et al. showed that there is a positive and significant relationship between psychological capital and psychological well-being are the predictor variables for students' psychological well-being (10). Also, based on the findings of the previous studies, there was a significant relationship between psychological well-being and psychological capital and psychological well-being can predict students' psychological capital (11,12). In a study by Shakarmi, Davarnia, and Zaharakar, they found that the variables of psychological capital, social capital, psychological hardiness, and spiritual intelligence predicted psychological well-being (13). Also, Mahmoudi, Younessi, and Rahimizadeh concluded that the components of hope, self-efficacy and resilience, and optimism through the mediation of hope, self-efficacy, and resilience, affect social capital. The component of hope can also indirectly influence social capital through mediating self-efficacy (14).

There are undoubtedly several factors, such as spirituality that affect the mental health of individuals in their personal fields, family, social, and occupational life cycles.

The word spirituality refers to a human's desire to seek the meaning of life through self-transcendence or through the need to relate to something beyond him/herself (15). Studying spirituality in the workplace is a nascent phenomenon that can be a powerful positive force for life. Eshmes and Duchon defined spirituality at work as understanding that employees have internal dimension that this dimension is nurturing and develops through

doing meaningful things in life. Spirituality in the workplace is a distinct phrase. Based on different viewpoints, it has physical, emotional, cognitive, interpersonal and spiritual dimensions. It includes a sense of connection with others, a collective purpose, a sense of connection with a higher being and a sense of evolution and excellence (16). Zamani, Bahrainian, Ashrafi, and Moqtaderi have shown that spiritual beliefs and commitments are associated with positive outcomes such as psychological and physical health, marital satisfaction, optimal interpersonal performance, and better quality of life (17).

The results show that more participation in religious activities is significantly associated with higher well-being and lower rates of delinquency, alcohol abuse, substance abuse, and other social problems (18). Also, Jafari revealed that there is a significant relationship between spirituality in workplace (spiritual longing, mystical and spiritual experience, spiritual bonding, and sense of oneness) with psychological well-being (self-efficacy, hope, resilience, and life orientation) (19). In this issue, Vahidi and Jafari Harandi showed that self-efficacy, optimism, and spiritual ability were capable to predict psychological well-being. Still, resilience, hope, and spiritual attitude were not able to predict psychological well-being (20). Given the importance of maintaining ability to work and health in nurses as persons who protect the health and well-being of the community, it is necessary to evaluate the factors affecting the nurses' psychological well-being. Although some variables have been investigated in previous studies, no combination of variables has been conducted to predict and explain the variance of psychological well-being. Therefore, the purpose of the present study was to determine the relationship between psychological capital and spirituality in work with psychological well-being.

Materials and Methods

The statistical population of this correlational study consisted of all nurses in Mafi Nezam Hospital in Shush city in 2018. According to statistics from the management unit, 187 nurses were employed in this hospital (158 women and 29 men). Morgan table (1970) was used for accurate estimation of sample size. Accordingly, with a population of 187, the sample size calculated 123 cases. The stratified random sampling method was followed by first

compiling a full list of nurses' names and then by lottery method. Considering the proportion of classes in society, 123 persons (105 women and 18 men) were selected. Inclusion criteria were: being a nurse, consent to participate, and exclusion criteria concluded: incomplete questionnaire, and refuse to continue. Participants were also assured that their data remain confidential.

Research instrument

A) Ryff Psychological Well-Being Scale: This scale was developed by Carol Ryff and revised in 2002. This scale is a self-assessment instrument which rated on a 6-point continuum from strongly disagree to agree strongly" (one to six). In this study, a 54-question form was used. The minimum and maximum scores for each subject are 54 and 324, respectively. The higher score indicates better psychological well-being. Ryff reported the internal consistency of the measures of psychological well-being between 0.82 and 0.90 (21).

In Iran, Khanjani, Shahidi, Fathabadi, Mazaheri, and Shokri confirmed the results of single-group confirmatory factor analysis. The six-factor model of this scale is well-fitted in the whole sample and both sexes. Internal consistency of this scale using Cronbach's alpha in the six factors of self-acceptance, environmental mastery, positive relationship with others, and purpose in life, personal growth, and independence were 0.51, 0.76, 0.75, 0.52, respectively (22). The reliability of this scale by using Cronbach's alpha was 0.89 while Cronbach's alpha for self-acceptance, environmental mastery, positive relationship with others, and purpose in life, personal growth and independence were reported equal to 0.80, 0.79, 0.82, 0.81, 0.82, 0.80 respectively. The reliability of the total scale was calculated as 0.82 (23).

B) Luthan's Psychological Capital Questionnaire: This questionnaire was prepared in a 24-questions form which measures four dimensions of self-efficacy, hope, optimism, and resilience in the form of 24 questions. The psychological capital score was obtained by summing the scores of each subscale. The responses are on the Likert scale ranged from disagree (1) to strongly agree (5). The higher score indicates higher level of psychological capital.

This questionnaire has been used in Luthan's research (24) and its validity has been

confirmed. Its reliability was also reported in the range of 0.77 to 0.89. This questionnaire was used by Hashemi, Babapour Kheireddin, and Bahadori Khosroshahi and Hoveyda, Mokhtari, and Forouhar and its validity has been confirmed. Its validity is also reported between 0.77 and 0.89 (25,26). Haron Rashidi and Kazemian Moghaddam reported Cronbach's alpha coefficient for each subscale equal to 0.78, 0.80, 0.80 and 0.79 for self-acceptance, hope, optimism and resilience respectively. The reliability of the questionnaire was 0.81 (27).

C) Spirituality Questionnaire at Work: The questionnaire was developed by Kinjerski and Skrypnek and translated and used by Golparvar in Iran (6). This questionnaire contains 18 questions. The Likert scale is scored on a 5-point scale from never 1 to always 5. The minimum and maximum scores of each subject are 18 and 90, respectively.

The higher score shows more spirituality in workplace. Kinjerski and Skrypnek used exploratory factor analysis and question analysis method. Then eighteen final questions were selected for this questionnaire and its validity with group differences in the components of spirituality at work in terms of age, sex, marital status and job position (management, normal, specialized and professional) reported equal to 0.93 (16). Golparvar documented the validity of this questionnaire through exploratory factor analysis.

The Cronbach's alpha for the total score of the questionnaire was 0.89 (6). Molaie, Mahdad, and Golparvar (28) documented the validity of this questionnaire through exploratory factor analysis. Cronbach's alpha for spiritual longing, mystical and spiritual experience, spiritual bonding and sense of oneness were 0.91, 0.80, 0.75, and 0.86, respectively.

Data analyzed through SPSS software, descriptive statistics, Pearson correlation and multiple regression.

Results

In term of demographic variables, 85% of the participants were women and 50% of them aged 30-40 years. In term of marital status, 72% were married. All of nurses had a bachelor's degree in nursing. History of employing was assessed and 34% had history less than 10 years, 38% had history of employing equal to 11-20 years and 28% had history of employing as 21-30

years. Also, 44% of them had formal employment position. Table 1 and 2 show the scores of the research variables and correlation

coefficients between psychological capital and spirituality atwork with nurses' psychological well-being.

Table 1. The descriptive data of the variables

Statistical index	Mean	Standard deviation
Spirituality at work	73.43	13.67
Self-efficacy	19.73	7.28
Hope	15.56	6.90
Optimism	14.42	6.57
Resilience	18.91	7.66
Psychological capital	68.62	12.44
Psychological well-being	196.80	17.01

Table 2. Correlation coefficients between psychological capital and spirituality at work with nurses' psychological well-being

Criterion variable	Predictive variable	Correlation coefficient	P
Psychological well-being	Self-efficacy	0.55	0.001
	Hope	0.50	0.001
	Optimism	0.21	0.001
	Resilience	0.61	0.001
	Psychological capital	0.66	0.001
	Spirituality at work	0.74	0.001

As seen in Table 2, there were positive and significant relationships between the dimensions of psychological capital (self-efficacy $P= 0.001$, $r= 0.55$; hope $P= 0.001$ and $r= 0.50$; optimism, $P= 0.001$ and $r= 0.21$ and resiliency $P= 0.001$, $r= 0.61$).

Also, the results show that there is a significant positive relationship between spirituality at work and psychological well-being ($r= 0.74$, $P= 0.001$).

Table 3 indicates prediction of psychological well-being by concurrent regression method.

Table 3. Prediction of psychological well-being by concurrent regression method

Predictive criterion		R	R ²	F	B	Beta	T	P
Psychological well-being	Spirituality at work	0.84	0.70	54.20	0.505	0.478	7.74	0.001
	Self-efficacy				0.143	0.195	3.24	0.002
	Hope				0.554	0.382	3.99	0.001
	Optimism				0.235	0.257	2.98	0.003
	Resilience				0.069	0.169	2.54	0.012

As shown in Table 3, the multiple correlation coefficient for the linear combination of psychological well-being on psychological capital and spirituality at work is 0.84. The coefficient of determination is 0.70 and the F ratio is 54.20. In other words, 70% of the

variance in psychological well-being is explained by psychological capital and spirituality at work.

Discussion

The purpose of the present study was to

determine the relationship between psychological capital and spirituality at work with nurses' psychological well-being. The results of data analysis showed a positive and significant relationship between psychological capital and psychological well-being in nurses. As well as increasing one's score on the scale of psychological capital, psychological well-being also increases. The results of this study, while confirming the results of the past researches (10-14) showed that psychological capital is correlated with psychological well-being and is not correlated with psychological problems. Psychological capital can be used to treat mental illnesses, raise hopes and strive to improve the quality of life in healthy people, increase psychological well-being, psychological resistance, and strengthen the defense against stress. Mental health is used because it greatly enhances the ability to interact socially and interpersonally. Thus, by increasing psychological capital, individuals' psychological well-being also increases (24).

According to the research findings, it can be said that by improving resilience, one can resist and overcome the stressful factors and the factors that cause many psychological problems. Resilience, by modifying and alleviating factors such as stress and depression, ensures one's psychological well-being. Hopefully one can use his/her creative powers to improve life, adopt trusted behaviors, and feel well-being and satisfaction of life (29).

Resilience enhances self-esteem and successful copes with negative experiences by increasing levels of positive emotions. Accordingly, resiliency through reinforcement of self-esteem as a mediating mechanism leads to positive adaptation and psychological well-being. Individuals with higher psychological well-being are more capable to cope with problems than those with disabilities. Hope, on the other hand, is the emotional force that drives imagination toward positive things. Hope empowers humans and equips them to prepare for work and gives them the flexibility to be happy and able to get rid of the blows that life impedes and increases our life satisfaction (30).

Snyder believes that hope is a positive motivation with clear goals for life. On the one hand, there is a motivation to move toward the goals, and explore the appropriate ways to achieve the goals. Therefore, the function of hope in life is as a supportive mechanism and it enhances the quality of life (29).

In addition, optimists cope with adverse events more effectively than pessimists. There is ample evidence that optimists use a variety of coping strategies compared to pessimists, and that these coping strategies play an important role in the relationship between optimism and adaptation. They experience much less negative moods and may have more adaptive health behaviors, all of which can lead to better well-being (31). Optimists always anticipate the best in every event. Research has shown that optimism is associated with positive well-being (32). It can be said that self-efficacy enhances one's achievements in life in various ways. People with high self-efficacy are confident in their abilities and face difficult assignments as a challenge to acquire skills and do not dismiss them as a threat.

This view causes one's inner interests to increase and influence one's activities. When faced with failure or even retreat, they quickly recover their sense of efficacy and attribute their failure to inadequate effort and information deficits, all of which can lead to high self-efficacy beliefs in the treatment process (33). The results also showed that there is a positive relationship between spirituality at work and psychological well-being in nurses. This finding is consistent with the findings of other researchers (17-20).

In explaining the relationship between spirituality and psychological well-being, it can be said that health is not equivalent to absence of illness. In 1998, the World Health Organization defined "health is the complete physical, mental and social well-being, not just the absence of illness and disability". Therefore, health is a holistic concept and spiritual dimension plays a role to maintain and promote health (34).

This research also had some limitations. One of the limitations is the limited sample size of nurses to one hospital of Shoush city. Therefore, it should be cautious in generalizing its results to other nurses. The present study was also correlational.

Therefore, the relationships obtained cannot be considered as causal relations. On the other hand, since the research findings were based on self-report scales, due to the unconscious findings, bias in response is likely to be distorted.

According to the findings of this study, it is suggested that this research be conducted in private and public hospitals nurses and in other

cities and geographical areas in order to gain a more accurate insight into the role of spirituality and psychological capital in nurses' psychological well-being. Also, considering the impact of psychological capital on variables such as mental health, it is suggested that authorities and organizations be more aware of the role and necessity of psychological capital.

Conclusion

The results showed that there is a positive relationship between spirituality at work and psychological well-being in nurses. According

to the findings of this study, it is recommended to pay special attention to programs based on mental health promotion, psychological capital and spirituality at work.

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References

1. Ahangchian M, Khorashadizadeh F. [Intellectual management in nursing: an interpretative phenomenological study]. *Journal of nursing management* 2016; 4(1): 49-60. (Persian)
2. Khamse F, Rohi H, Ebadi A, Haji Amini Z, Salimi H, Radfar Sh. Assessment the relationship between demographic factors and stress, anxiety and depression in nurses working in selected hospitals in Tehran city. *Journal of holistic nursing and midwifery*, 2011; 21(1): 13-21. (Persian)
3. Narimani M, Yosefi F, Kazemi R. [The role of attachment styles and quality of life in predicting psychological well-being in adolescents with learning disabilities]. *Journal of learning disabilities* 2014; 3(4): 124-42. (Persian)
4. Karademas E. Positive and negative aspects of well-being: Common and specific predictors. *Pers Individ Diff* 2016; 43(2): 277-87.
5. Myers DG, Diener E. Who is happy? *Psychol Sci* 2007; 6: 10-19.
6. Golparvar M, Jafari M, Javadian Z. [Prediction of psychological capital through components of spirituality among nurses]. *Iranian journal of psychiatric nursing* 2013; 1(3): 35-44. (Persian)
7. Mohhebbi M, Shahney M, Pasha Sharifi H. [The relationship of psychological with the achievement goals of the first year students]. *Research in curriculum planning* 2013; 11: 61-79. (Persian)
8. Herbert M. An exploration of the relationships between psychological capitals (hope, optimism, self-efficacy, resilience), occupational stress, burnout and employee engagement. MS. Dissertation. University of Stellenbosch; 2011: 115-65.
9. Liu L, Chang Y, Fu J, Wang J, Wang L. The mediating role of psychological capital on the association between occupational stress and depressive symptoms among Chinese physicians: a cross-sectional study. *BMC Public Health* 2012; 12(21): 219-27.
10. Bahadori Khosroshahi J, Hashemi Nosrat Abad TT. [The relationship between social anxiety, optimism and self-efficacy with psychological well-being in students]. *Journal of research and health* 2012; 2: 115-22. (Persian)
11. Zul-Rahim R, Birami M. [The relationship between psychological well-being components and psychological capital of students of Islamic Azad University of Tabriz]. *Proceeding of the 1st Scientific Research Conference on Psychology, Educational Sciences and Community Pathology*, 2015: 176-80. (Persian)
12. Jahanian M, Arefnejad M, Mohammadi F. [The effect of psychological capital on psychological well-being among Isfahan University students]. *Proceeding of the 1st National Conference on Personality and Modern Life*, 2012: 188-94. (Persian)
13. Shakarmi M, Davornia R, Zaharakar K. [Predictive factors of psychological well-being in students]. *Journal of Sabzevar University of Medical Sciences* 2015; 3: 468-81. (Persian)
14. Mohmoodi A, Younesi J, Rahimzadeh M. [The relationship of social and psychological capitals with the mediating role of self-efficacy in physical education teachers]. *New trends in sport management* 2015; 3: 23-39. (Persian)
15. Pasandideh A. [life satisfaction]. *Qom: Dar al-Hadith Organization*; 2015: 145-58. (Persian)
16. Kinjerski V, Skrypnik BJ. Measuring the intangible: Development of the spirit at work scale. *Proceeding of the 65th Annual Meeting of the Academy of Management*, Atlanta, 2006: 386-95.
17. Zamani S, Bahrainian S, Ashrafi S, Moqtaderi S. [Impressments spiritual intelligence on the quality of life and psychological wellbeing among the elderly living nursing home in Bandar Abbas]. *Journal of geriatric nursing* 2015; 1(4): 82-94. (Persian)
18. Donahue MJ, Benson PL. Religion and the well-being of adolescents. *J Soc Issues* 2000; 51(2): 145-60.
19. Jafari M. [The relationship between spirituality at work with psychological well-being and psychological capital in nurses]. MS. Dissertation. Khorasan University, 2013: 98-106. (Persian)

20. Vahidi Z, Jafari Harandi R. [Predicting psychological well-being based on psychological capital components and spiritual attitude components]. *Journal of positive psychology* 2016; 3(2): 51-64. (Persian)
21. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *J Pers Soc Psychol* 1989; 57: 1069-81.
22. Khanjani M, Shahidi Sh, Fathabadi J, Mazaheri M, Shokri A. [Factor structure and psychometric characteristics of short form (18 questions) of the psychiatric Ryff scale in male and female students]. *Journal of thought and behavior in clinical psychology* 2014; 9: 27-36. (Persian)
23. Kayed P. [The causal relationship between personality traits and psychological well-being with quality of work life through mediated perceived social support in female nurses]. MA. Dissertation. Islamic Azad University, Dezful Branch, 2019: 102-15. (Persian)
24. Luthans F. The need for and meaning of positive organizational behavior. *J Organ Behav* 2007; 23: 695-706.
25. Hashemi T, Babapour Kheireddin J, Bahadori Khosroshahi J. [The role of psychological capital in psychological well-being with regarding the modulatory effects of social capital]. *Social psychology research* 2013; 1(4): 123-44. (Persian)
26. Hoveida R, Mokhtari H, Forouhar M. [Relationship between psychological capital components and organizational commitment components]. *Journal of cognitive and behavioral sciences research* 2012; 2(3): 43-56. (Persian)
27. Haroonrashidi H, Kazemian Moghadam K. [The relationship between psychological capital with creativity of women managers in schools of Dezful]. *Journal of innovation and creativity in the humanities* 2019; 2(1): 25-42. (Persian)
28. Molaei M, Mahdad A, Golparvar M. [The relationship between spirituality in the workplace, intrinsic motivation, and job desire with job performance]. *Knowledge and research in applied anthropology* 2014; 2: 47-53. (Persian)
29. Snyder CR. *Handbook of hope*. San Diego: Academic Press; 2000: 345-87.
30. Parker CP, Baltes B, Young S, Altmann R, LaCost H, Huff J, et al. Relationships between psychological climate perceptions and work outcomes: A meta-analytic review. *J Organ Behav* 2013; 24(4): 389-416.
31. Segerstrom SC, Sephton SE. Optimistic expectancies and cell mediated immunity: the role of positive affect. *Psychol Sci* 2010; 21(3): 448-55.
32. Cole K. Well-being, psychological capital, and unemployment. *J Health Psychol* 2010; 33(3): 122-39.
33. Bandura A. *Self-efficacy: The exercise of control*. New York, NY: W.H. Freeman; 1997: 486-501.
34. Marashi A. [Mental health and its religion]. Tehran: Scientific and Cultural Publishing Company; 2008: 132-51. (Persian)