Summary

Nursing is the biggest, the most different, and a standout amongst the most regarded among the health care professions. Nursing is a profession which concentrates on insurance, advancement, and streamlining of wellbeing and capacities, anticipation of sickness and harm, easing of misery through the conclusion and treatment of human reactions, and support while tending to people, families, groups, and populaces, accepting obligation regarding the persistent consideration of the wiped out 24X7, the harmed, the handicapped, and the withering. “Nursing is a profession in which the element of service to humanity is very strong and is characterized by distinctive traditions, skills, knowledge, values and qualities of a discipline. Articulating this value to the community is one of the challenges nursing faces as it evolves responding to very different practice environments”.

Nurses are different from other health care providers by their approach to patient care and varied scope of practice. Professional nurses work both independently and in collaboration with other health care professionals. Nurses practice in a wide diversified practice areas with a different scope of practice and level of authority in each. Many nurses provide care within the ordering scope of physicians, and this traditional role has come to shape the historic public image of nurses as care providers. However, nurses are permitted by most jurisdictions to practice independently in a variety of settings depending on training level. Nursing education has undergone a process of diversification towards advanced and specialized courses, and many of the traditional regulations and provider roles are shifting to advanced practice levels.

One of the most significant strides in the development of positive organizational behavior is evolution of a core higher order construct, a point of departure from the basic foundational roots of organizational behavior which have been termed Psychological Capital. The most promising and comprehensive definition of the term, “PsyCap” is, “ an Individual’s positive psychological state of development that is characterized by: a) having confidence (self efficacy) to take on and put in the necessary effort to succeed at
challenging tasks; b) making a positive attribution (optimism) about succeeding now and in the future; c) preserving towards goals and, when necessary, redirecting paths to goals (hope) in order to succeed; and d) when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success” (Luthans, Youssef & Avolio, 2007).

In the present study execution of medical caretakers is an end variable. The term execution suggests the output. In the event of attendants, the execution would be operationally measured in term of their danger taking conduct and yield in connection to give a second thought conveyance framework in healing facilities. Lee & Ko (2010) found that Individual-level variables, including occupation position, years of experience, vocation status, self-adequacy and positive affectivity were decidedly related to nursing execution. Improving the productivity and performance of health care workers in order to enhance efficiency in health interventions, is a major challenge for developing countries. Nurses spend more time with patients than do any other health care providers and patient outcomes are affected by nursing care quality. Thus, improvements in patient safety can be achieved by improving nurse performance. We review the literature on nursing performance, including cognitive, physical, and organizational factors that affect such performance. Nurses engage in multiple tasks under cognitive load and frequent interruptions, and they encounter insufficient lighting, illegible handwriting, and poorly designed labels. They spend a substantial amount of their time walking, work long shifts, and experience a high rate of musculoskeletal disorders.

Autonomy refers to the capacity to act as indicated by one’s learning and judgment, giving nursing consideration inside of the full extent of practice as characterized by existing proficient, administrative, and hierarchical principles (Weston, 2008). Medical attendants in hospital premises have portrayed their way of life as supporting self-governing work on, anticipating that and empowering them should use their nursing mastery to convey the best in patient consideration (Kramer & Schmalenberg, 2003a). According to Thomas, Wearing, & Bennet, 1991, “decisions that nurses make have a direct bearing on their clinical practice. Nurses decide what data to collect about their patients, which observations are significant, what problems to address from a nursing perspective,
which interventions are appropriate, and when interventions should be reviewed. Quality decisions are reflected in quality patient care”. An elevated accentuation on clinical choice making is reflected in the National Commission on Nursing (1981) statement that "nurses need to become more autonomous in their practice and more involved in the decision-making process related to both organizational policies and delivery of patient care" (Prescott, Dennis, & Jacox, 1987). All through their clinical experience nursing underudies are confronted with circumstances that oblige them to settle on choices in the ranges of evaluation (what data needs to be gathered in regards to the patient, what perceptions should be made), determination (what issues should be tended to), patient consideration arranging (what intercessions are needed, in what succession, and when they should be surveyed), and referral (when is the patient alluded to different individuals from the human services group).

Keeping the above mentioned variables in the view, the following objectives and hypotheses were formulated:-

**Objectives:**

- To investigate the relationship between Positive Psychological capital (Hope, Optimism, Self Efficacy & Resilience) and Risk taking behavior of Nurses.
- To investigate the relationship between Positive Psychological capital (Hope, Optimism, Self Efficacy & Resilience) and Performance of Nurses.
- To study the contribution of Positive Psychological capital (Hope, Optimism, Self Efficacy & Resilience) and performance in risk taking behavior of nurses.
- To examine whether Positive Psychological capital (Hope, Optimism, Self Efficacy & Resilience), Risk taking behavior & performance varies in relation to job related variables (Length of Experience, type of organization i.e., private & public & specialization of ward i.e., Emergency & ICU) of nurses.

**Hypothesis:**

- There would be positive relationship between Positive psychological capital, performance and risk taking behavior.
Positive Psychological Capital & performance would be contributing positively in the risk taking behavior of nurses.

There would be significant difference in the dimensions of Positive Psychological capital i.e., Hope between government and private hospital nurses.

There would be significant difference in the dimensions of Positive Psychological capital i.e., Optimism, between government and private hospital nurses.

There would be significant difference in the dimensions of Positive Psychological capital i.e., Self efficacy between government and private hospital nurses.

There would be significant difference in the dimensions of Positive Psychological capital i.e., Resilience between government and private hospital nurses.

There would be significant difference on performance between government and private hospital nurses.

There would be significant difference on risk taking behavior between government and private hospital nurses.

**Design:**

The study was conducted in to two phases.

**Phase I:** In this phase the relationship of Positive Psychological capital (Hope, Optimism, Self Efficacy & Resilience) in relation to performance and risk taking behavior was investigated. In the same phase the role of positive psychological capital and performance on risk taking behavior was investigated. For this, a correlational design was used.

**Phase II:** In this phase, the study was focus on the comparative analysis of Positive Psychological capital in relation to performance in Government & Private Hospitals. For this, a factorial (2×2×3) design was used.
**Tools:-**

Tools used in the study were Psychological Capital (PsyCap) questionnaire (Luthans et al., 2007), Nursing Performance Scale (Ward and Fetler, 1979) and Risk taking behavior check list. All these tests were individually self administered. The scoring was done manually as per instructions given in manual.

**Analyses:-**

The data was subjected to three types of analyses i.e., product moment correlation, Regression analyses and Three Way ANOVA (between group factorial design) was undertaken.

**Major Findings are:-**

As per our first objective, findings revealed that there is a significant positive relation found between risk taking behavior and self efficacy (r = .573), Risk taking behavior and hope (r = .345), risk taking behavior and resilience (r = .230), risk taking behavior and optimism (r = .167) and between risk taking behavior and performance i.e., (r = .569). The results also revealed that different dimensions of positive psychological capital i.e., (self efficacy, hope, resilience, optimism) are found to be significantly positively correlated with performance of health professional i.e., nurses.

As per another objective multiple regression analyses was done to identify the role of positive psychological capital & performance in determination of risk taking behavior. When risk taking behavior is studied as dependent variable four models i.e., self efficacy, Performance, Resilience and optimism emerged as significant predictors accounting for 39% of variance. None of the other variable turned out to be significant predictor of risk taking behavior.

The study was also intended to assess the main as well as interactive effect of Sector (i.e., Public & Government), Ward (i.e., Emergency & ICU) and Experience (2 to 4 years, 5 to 7 years & 8 to so on) on overall Performance, Risk taking behavior and Dimensions of positive psychological capital (i.e., Hope, Optimism, Self efficacy & Resilience) in health professionals i.e., Nurses. The findings revealed that private and
government sector nurses differ significantly on self efficacy, hope, resilience, optimism, performance and risk taking behavior. Both the group (emergency and ICU) differ significantly only two dimensions of positive psychological capital i.e., self efficacy & resilience. Results also clearly depicts that nurses having more experience have better performance, self efficacy, ready to take more risk in term of autonomy, decision making and found to be more optimistic comparative to low experience nurses.

In nutshell, it can be concludes with practical strategies aimed at leveraging and developing employees’ psychological capital to help them better cope with workplace stress and prepare to take more risk even in adverse conditions. Nurses can enhance autonomy by clearly communicating and organizing their work to ensure that they have the freedom to act on nursing decisions using sound clinical judgment. Describing expected behaviors involves communicating that nurses are expected and encouraged to make decisions about clinical patient care that are based on the science and art of nursing.