RESEARCH METHODOLOGY
The present investigation intended to study the positive psychological capital, performance and risk taking behavior of nurses working in government and private hospitals. The methodology used to meet this research objective has been described here in this chapter. Above studies based on investigated variables shows the following trends and notable gaps of studies. The review of literature of all the above cited variables shows that extensive research work has been done in the area of positive psychological capital and Performance. Moreover, various other correlates such as burnout, stress and employee engagement etc. have also been empirically studied but there is dearth of empirical evidence in relation to risk taking behavior, performance and Positive Psychological Capital. But there exists a gap in relation to the direct impact of these psychodynamics in relation to Positive psychological capital. This gap needs a great attention because in the current world of cut throat competition belief and thoughts about one self play significant role in enhancing one’s wellbeing.

After identifying the trends and notable gaps, the present problem was framed studying the Positive Psychological capital, Performance and risk taking behavior of nurses working in government and private hospitals. Following objectives and hypothesis were formulated and tested in the present research:-

**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.

**Sample:**

The study conducted on 300 female nurses of age group between 25-40 years having a job experience of at least 2 years. The subjects were contacted individually at their work places to collect data and all of them filled up three Psychological tests. The sampling technique employed for this survey research was non-probability sampling, more specifically availability / convenience sampling.

**Government Hospital nurses** = 150 (75 Emergency Ward Nurses, 75 ICU Nurses)

**Private Hospital Nurses** = 150 (75 Emergency Ward Nurses, 75 ICU 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.

Material: -

Standardized tests and scales were selected to measure the Positive Psychological Capital, Performance and risk taking behavior of nurses working in various government and private hospitals. The following test were used:-

1. Psychological Capital (PsyCap) questionnaire (Avolio & Avey 2007)
2. Nursing Performance Scale (Ward and Fetler, 1979)
3. Risk Taking Behavior check List

Description of the tests: -

Psychological Capital (PsyCap) questionnaire (Luthans et al., 2007): -

PsyCap was measured with the PCQ-24 (Psychological Capital Questionnaire – Luthans et al., 2007). The PCQ-24 embodies four subscales with equivalent weight, specifically (1) hope, (2) Optimism, (3) Self-efficacy and (4) resilience. Each of these subscales comprises of six items respectively. This instrument makes utilization of a 6-point Likert scale with reaction alternatives: 1=strongly disagree; 2=disagree; 3=somewhat disagree; 4=somewhat agree; 5=agree; 6=strongly agree and the subsequent score speaks to a singular's level of positive PsyCap. More particularly, the Hope items were adjusted from Snyder and colleagues (1996) State Hope Scale; the optimism items from Scheier and
Carver’s (1985) Measure of optimism; the Self-efficacy items from Parker’s (1998) measure of Self-efficacy in the work environment; and Resilience from Wagnild and Young’s (1993) resilience Scale. The Cronbach Alpha’s yielded in their study was as per the following: hope: \( \alpha = .87 \); Optimism: \( \alpha = .78 \); Self efficacy: \( \alpha = .87 \); and resilience: \( \alpha = .72 \). The PCQ-24 additionally showed satisfactory affirming factor analyses structure over different as well as strong reliability \( \alpha = .92 \) (Luthans, Youssef et al., 2007). As showed before, there is impressive applied and observational backing for looking at PsyCap at the center build level as opposed to as per every part (Luthans, Youssef et al., 2007; Luthans, Avolio et al., 2007; Luthans et al., 2008). In particular, confirmatory factor analytic comparisons have shown that the ideal fitting estimation demonstrate over various examples incorporates examination with the center develop of PsyCap.

The description of dimensions in positive psychological capital as given below:-

**Self Efficacy**: It alludes to individuals' feelings about their own ability for effectively executing a strategy that prompts a wanted result (Bandura, 1997). Self-assurance individuals pick testing errand and try to effectively finish their objectives. Certain individuals accomplish objectives and continue on even with hindrances. Bandura (2000) has noticed that self adequacy assumes a discriminating part in imperative human execution determinants, for example, objectives, goals, and the apparent chances of a given venture. Stajkovic and Luthans (1998) “conducted a meta analysis of 114 studies and 21,616 subjects and found a positive and highly significant .38 weighted average correlation between self-efficacy and performance outcomes.”

**Hope**: It is the whole of ""self discipline"" and "way control." Snyder (2000) shows that Hope is a multidimensional develop involved both an individual’ s determination to set for and keep up exertion toward objectives and that individual’ s capacity to recognize option strategies to accomplish those objectives. It is a motivational state that has three components – goal, agency and pathways.

**Optimism**: Luthans and Youssef (2004) defines optimism as “explanatory style that attributes positive events to internal, permanent and pervasive ca uses and negative events to external, temporary and situation specific ones”. Optimistic people take credit for good
things that happen to boost morale and distance themselves from bad things that happen. Optimism has been associated with the improvement of performance (Martin, Sarrzon, Peterson & Famose, 2003).

**Resilience**: “It refers to having the capacity to bounce back from adversity, failure or even seeming overwhelming positive changes such as increased responsibility. Resilient individuals possess a ‘staunch acceptance of reality, a deep belief, often buttressed by strongly held values, that life is meaningful and an uncanny ability to improvise’ (Coutu, 2002). Recent analysis by organizational scholars suggests that resilient people can thrive and grow through setbacks and difficulties.”

**Nursing Performance Scale (Ward and Fetler, 1979)**:

Nurses performance was measured with the Nursing performance scale by (Ward and Fetler, 1979). It is a self regulated instrument containing 52 items & four-point rating-scale, assesses nursing performance. The things are gathered into six execution subscales: leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communications (IPR/C), and professional development. The substance of the IPR/C subscale identify with the attendants practices in the zones of interpersonal relations and correspondence with customer and partners in the medicinal services setting. Items in the leadership subscale identify with exercises in which an individual would take part in executing leadership work paying little heed to one's particular employment title. Critical care items identifies with nursing exercises connected with the consideration of discriminatingly sick people including the potential result of death. Teaching/collaboration subscale items portray conduct in which medical caretakers show customers and families and also those enlightening of community oriented endeavors including patient family and other wellbeing experts who add to the customer wellbeing. The fifth subscale, as suggested by the name, contains items which identify with the conduct included in arranging and assessment of the nursing consideration of customers. The original reliability of this instrument yielded alpha values ranging from a high of 0.98 for the professional development scale to a low of 0.84 for the leadership scale.
Risk taking behavior check list:

A broad check list was prepared to measure the risk taking behavior of nurses in relation to various dimensions, i.e., decision making, autonomy & patient care role factors etc. This risk taking behavior check list consisted of 15 items and makes use of a 6-point Likert scale with response options: 1=strongly disagree; 2=disagree; 3=somewhat disagree; 4=somewhat agree; 5=agree; 6=strongly agree.

Procedure:

After completing the preliminary requirements of sample selection and tools selection, data collection was started. The appointment were pre-fixed with the nurses of different government and private hospitals. The purpose of the study was explained in detail to these nurses to make a rapport and collect information on selected scales and questionnaire with their consent. All the time of explaining about the purpose of the study, it was assured to maintain confidentiality of the information given by them. Necessary instructions to be followed were given in a submissive way, before filling up the scale/questionnaire etc. Some of the nurses in first instance were hesitating in sparing time to fill the scale due to time constraint but after convincing about the study they agreed to give information on the tools. A set of positive psychological capital, nursing performance scale and risk taking behavior check list was given to nurses. Most of the nurses were not interested to fill the tools. They raised some queries about the procedure of filling up the tools. All the queries were resolved immediately. In some of the cases the set of tools were misplaced by the nurses, another set of tools were given to them. It was a long process to collect data from various hospitals. Approximately 30 minutes were taken by every nurse in completion of these tools.

Analyses:

The obtained data were subjected to statistical analyses using SPSS software for pertinent to research objective of the study. The data was subjected to correlation analysis, ANOVA and Regression Analysis:
I. Product moment correlation technique was used to study the interrelationship between all the variables i.e., Positive Psychological Capital, Performance and risk taking behavior.

II. In order to predict the role of performance and positive psychological capital dimensions i.e., Hope, Optimism, self-Efficacy and resilience on the determination of risk taking behavior step wise regression analysis was undertaken.

III. For the significance of mean differences of government and private sector employees, emergency and ICU ward nurses and on the bases of experience & the interaction effect of organization, type of ward and experience, 2*2*3 THREE WAY ANOVA (Between factorial group design) was undertaken.