Chapter 1

Introduction

Healthcare Sector in India

The healthcare sector in India has been developing at a rapid pace over the past few decades. The private sector has developed as a vibrant force in the sector accounting for 74% of the total healthcare expenditure of the nation. The healthcare sector of India comprises of pharmaceuticals, healthcare delivery, medical techniques. The Healthcare Management is the intersection of computer science, information science, healthcare and information technology. It is the management of the devices, resources, and methods needed for the optimization of storage, retrieval, use and acquisition of data in biomedicine and healthcare. This involves not only computers but also clinical directions. The below figure shows the growth of healthcare sector in India:

![Figure 1.1. Growth of Healthcare sector in India (USD Billion)](image)

*Note: Medical Tourism India, 2015*

The above figure describes the potential for huge investments by private sector players to contribute to the growth of hospital sector in India, which developed to $104
billion in 2014 and is expected to further grow to $280 billion by 2020 (Medical Tourism India, 2015). According to Electronic House (EH) News Bureau (2015), the healthcare sector in India is developing in bounds and leaps. The market size of global healthcare sector was $9 billion in 2010 and is projected to develop to $14 trillion by 2020 at a compounded annual growth rate (CAGR) of around 5%, India is developing at a much rapid rate of 15% in contrast to other developing nations. This is because of a larger involvement of retail in healthcare which will, in turn, lead to the evolution of primary healthcare system. Large corporations will spend in individual specialty hospitals given that technology will play a major role in day to day communications in healthcare. Consumers will become much more informed of cost and available care choices thereby will determine the investment of healthcare by themselves as the focus will increase on preventive healthcare in future. Thus, decreasing the requirement for hospitalization care. According to Ortiz & Clancy (2003) information rich and patient-centred healthcare systems in which, medical information follows patient and tools of information guide will aid medical decisions that are desired for each consumer and healthcare provider. Health Information Technology (HIT) is an enabling technique that encompasses different software and hardware systems used for processing, exchanging and storing medical information. Such systems assure to have the importance of changing healthcare delivery by acquiring information when it is required and where it is required, thereby developing the healthcare quality and reducing the delivery cost.

**Status of Healthcare sector in India**

Nandan, Nair & Datta, (2007) have mentioned that the situation in India can be highlighted since the time of independence where there were about 25000 nurses and 50000 medical graduates in developing medicine system to offer healthcare to the population. With the annual Plans, corresponding steps were made to resolve the human
resource shortage for health. However, it brings to notice that there are wide gaps in essential manpower for health in the government sector that offer healthcare to poorer population segments residing in remote rural areas, tribal areas and urban slum areas. In order to manage the development of infrastructure of healthcare and healthcare services, there is an increased need for manpower. The National Health Policy, 2002 recommended bridging the shortage of medical personnel in rural and less developed regions by providing sufficient training and entrusting certain restricted functions of public health with paramedics, personnel, and nurses from the urban sector of healthcare. The altering healthcare strategies and services particularly the National Rural Health Mission has led to an urgent requirement to evolve new skills and competencies among public health personnel.

According to Economic Times (2015) report, there is a need for the country to take initiatives in developing healthcare as an economic-driven activity at the national and state levels. The healthcare sector in India is expected to be $280 billion by 2020 developing at a CAGR of 16% however it is in dire need of right infrastructure and quality policy framework to support the growth. A robust development workforce in the healthcare sector is expected to be at 7.4 million in 2022. With the developing burden of new diseases, the healthcare sector in the nation is in dire need to acquire a proper framework of policy and infrastructure to reduce the healthcare delivery cost. Presently India invests 4.2% of its gross domestic product on public sector healthcare which when compared globally is just 1% which is the smallest. The healthcare workforce of India is expected to grow twice the population with 7.4 million in 2022 from 4 million in 2013 leading to the growth opportunities of investment in the healthcare sector of India. This would essentially develop and the sector is expected to be one of the most attractive targets for investment by venture capital and private equity firms.
Gill (2011) has mentioned that in healthcare, human resource is central to its functioning. They play an essential role in deciding the population's health status as they contribute varied skills and carry out different tasks in the health system. The shortage of health workers negatively influences the efficiency and quality of services offered by the healthcare system of the nation. Countries with relatively greater healthcare needs do not have enough employed health workers whereas nations with relatively reduced needs of health workers are some of the largest consumers of healthcare services. Currently, across the world, most of the nations are facing acute shortage of nurses. Additionally, in India, we are also witnessing a maldistribution of health workers across rural and urban regions and states. The figure shows the healthcare sector status in India:

Figure 1.2. Status of healthcare sector in India with public health spending

Note: From Rochan, 2015
The above figure projects that the Government of India has invested only around 1 percent of gross domestic product in public health. In comparison, Japan and the United States invested 8.3 percent while China and Brazil invested 4.3 percent and 3 percent respectively. India has set a mere budget of Rs.297 billion for healthcare from the fiscal year 2015 to 2016 which was initiated in April. The above figure is around 2 percent greater than the year’s revised budget of Rs. 290 billion. Given that in India the states handle their healthcare budgets individually (Rochan, 2015) they are better positioned to build a proficient workforce that can cater to this growing need and should exercise it.

**Nursing as a workforce in Healthcare**

Harris and Cameron (2005) have mentioned that the well-being, in general, is referred to a degree to which an individual is capable of face physical, psychosocial and mental health. While, psychological well-being is referred to a degree to which an individual feels active, alert and enthusiastic. When considering well-being from both organizational and individual perspectives, the individual well-being was estimated in terms of professional satisfaction, lack of work-related exhaustion and mental energy. Organizational well-being was estimated in terms of personal growth, efficiency, quality of goal, autonomy, leadership, work climate and workload. The findings suggested that all perspectives of healthy work surroundings are related, interdependent and connected. Thus safety, well-being, and health of nurses emphasize that the base of wellness of nurse, within the professional practice context, is enhanced by connectedness. Connectedness is the feeling of being engaged completely and is a part of complete workplace or organization setting.

Hooper & Charney (2005) have stated that the management of nursing, support and promote initiatives associated with mental health, well-being and physical
health of nurse. This involves health promotion, fitness programs, fitness to work initiatives and wellness activities. The institutions of nursing education model embody a combination of safety, well-being, and health into their own culture of the workplace. Nursing education institutions incorporate research data findings on safety, well-being, and health of the nurse into their core curriculum of nursing programs. Jordan, Laschinger, Long, Pearson, Porritt & Tucker (2004) has stated that the well-being of nurse’s correlates with the cultural change depending upon the value placed on nursing and nurses. Further on making structural alterations it allows the growth of nursing staff to support the delivery and planning of healthcare services. The well-being of nurses is essential to the supply of healthcare services and it is important that cooperative endeavors are started by professional associations, educators, researchers and employers to resolve unfair professional practices against nurses now and in the future.

Buchan & Scholaski (2004) have mentioned that along with healthcare professionals' nurses are included in the direct healthcare delivery to the population and therefore form an important part of the healthcare system. Globally we observe a consistent mismatch with the need for these professionals’ and the population demand. To overcome these shortages the developed nations carried out the active hiring of foreign nurses. India is one of the main sources offering nurses to developed countries. As a result, the country’s healthcare systems face a severe shortage of trained nurse’s. According to Government of India (2005), the registered nurse's estimate comprises largely of two educational groups, B.Sc degree, and GNM diploma holders. Based on the estimates, the government have identified the shortage of nurses in India and have mentioned the following reasons behind this shortage. Lack of basic facilities in rural regions, accommodation shortage, reduced educational and professional opportunities, poor work conditions, lack of supplies and equipment in workplaces, no gazette status
for nurses, staffing rules, reduced wages, additional workload, time invested on duties of non-nursing, promotional incentives, security, lack of teaching workers, regulation of health institutions and private nursing schools etc., and these have been cited as the challenges faced by nursing workforce in India.

Gill (2009) has mentioned that in India the growth of nursing was predominant under the rule of British. It was referred to as the medical services of the British empire that later became the Medical Services of India and was first to evolve nursing as a job in India. The nurse’s formal education initiated in India was under different training schools based in the hospital. It was mostly the women from Europeans, Indian Christians and Anglo-Indian community who formed the workforce of nursing during the British rule and was regarded as a profession of Christians. Gulani (2001) has also mentioned that the involvement of Indians in services of nursing was regarded essential by the British. This made them build a workforce of nurses in India who could offer care to patients and take up teaching and administrative responsibilities as the former treated it as a menial job. The training of nursing was promoted and organized as a field of education under the rule of British. The earliest efforts to regularize the education of nursing set up nursing boards in varied parts of India. These nursing boards organized entrance exams for the training of nursing.

Lorenzo, Galvez, Icamina & Javier (2007) has mentioned that strong political commitment is needed for developing the situation of nursing in India. Better conditions of working must be offered so that the workforce of nursing can be deployed and developed in services of health satisfying the suggested rules of staffing. Nurses must be regarded as active healthcare team members in terms of not only offering services but also as part of the processes of decision making so that it is possible for nurses to involve in offering comprehensive and holistic healthcare to the patient. Thus, it can be
inferred that efforts must be made by the government to retain skilled nursing personnel in the healthcare sector.

**Positive Psychology**

The field of positive psychology was created about seven years ago and it is a field that is developing fast. The main goal of this discipline is to bring together concrete empirical research into areas like flow, personal strengths, well-being, creativity, psychological health, wisdom and characteristics of positive institutions and groups. Positive psychology as a discipline encompasses within it the science of positive aspects of human life, like well-being, happiness and flourishing. It could be comprehended better in the words of its founder Martin Seligman, as the ‘scientific study of finest human functioning which focuses on determining and promoting the factors which enable communities and individuals to flourish’ (Boniwell, 2006).

Figure 3 maps the topics of interest for psychologists in the positive discipline. Besides, this map also provides an overview of the field of positive psychology. There are three levels in the science of positive psychology, they are the individual level, the subjective level, and the group level. The individual level incorporates the research of positive experiences like well-being, joy, happiness, gratification, satisfaction, flow and optimism. This stage is about feeling good, rather than being a good person or doing good. At the next level, the target is to find the constituents of the ‘peaceful life’ and the qualities of a person which are essential for being a ‘nice person’, by examining human qualities and strengths, capacity for love, future-mindedness, forgiveness, persistence, wisdom, novelty, courage, giftedness and interpersonal skills. And lastly, at the community or group level, the prominence is on community virtues, nurturance, courtesy, social responsibilities, work ethics, positive
institutions, tolerance and other factors which contribute to the improvement of communities and citizenship.

![Diagram of Positive Psychology](image)

*Figure 2.1: Mind map of Positive psychology*

*Source: Adapted from Boniwell (2006, p.2)*

The advent of positive psychology has changed the perspective of people in the field of psychology. The focus is no longer on “what is wrong” rather towards optimal functioning, flourishing and reaching human potential (Luthan, Youssef, Avolio, 2007). Positive psychology pays attention to positive experiences from the perspective of the three-time points- past, present, and future.

a. the past- attached to well-being, contentment, and satisfaction

b. the present- concentrating on concepts like happiness and flow experiences

c. the future- based on the concept of hope and optimism.
These three perspectives not only distinguish how well-being functions across the time points but also gives rise to three specific subject levels within positive psychology. The subjective level, which focuses on positive experiences and state, across the three-time periods of the past, the present and the future dealing with well-being, optimism etc. Individual level, here the characteristics of an individual is more important such as wisdom, love etc. And at the group level, it studies the impact of the social institution on citizenship behavior like altruism, works ethics etc. (Csikszentmihalyi, Seligman, 2000).

Positive Psychological Capacities

The field of positive psychology has helped the Organizational behavior theorist to map out a science-based positive approach in organizational literature. This has led to the progress of two major coordinated and complementary fields. The Positive Organizational Scholarship (POS) that focuses more on the macro, organizational level literature, supported primarily by the research group at the University of Michigan (Cameron, Dutton & Quin 2003). While Positive Organizational Behaviour (POB) concentrates on the micro, individual level literature initiated by the University of Nebraska’s Gallup leadership Institute (Luthans, 2002a, 2002b, 2003; Luthans & Avolio, 2003).

Positive Organizational behaviour (POB) can be defined as “the study and application of positively oriented human resource strength and psychological capacities that can be measured, developed and effectively managed for performances improvement in today’s workplace (Luthan, 2002b, p.59 see also Cooper & Nelson, 2006; Wright, 2003, Luthans et al 2007, p.10). Along with the varied potential positive constructs that are identified through academic and research literature, conditions are laid for including these into the POB definition. There are certain criteria set for
inclusion of positive psychological capacities to the field of Organizational Behaviour. Criteria I, it should be positive and comparatively unique; Criteria II, it must be scientific that is; theory and research-based, measurable and state-like; Criteria III, it needs to be related to work-oriented outcomes.

Based on the inclusion criteria four strong pillars that have met with the need of POB are combined together to represent Psychological Capital or PsyCap (Luthans & Youssef, 2004; Luthan's et, al 2007; Avolio et, al, 2007). Psychological Capital is a higher-order construct, where each of the four components inter-relate with the other though they are single independent latent factors (Luthan's et, al 2007a). The four pillars that contribute to the state-like development and management of positive capacities are as follows:

**Self-efficacy:** As defined by Stajkovic & Luthan (1998b), "conviction (or confidence) about his or her abilities to mobilize the motivation, cognitive resources, and courses of action needed to successfully execute a specific task within a given context". It has an extensive theoretical foundation and research background of the great works of Albert Bandura (1997). Moreover, there is strong scientific evidence on how it can be developed at the workplace.

**Optimism:** Seligman’s (1998) view of Optimism from the attributional perspective defines it as “one’s own explanatory pattern of positive and negative events. These events vary along the dimension of attribution that is, personal versus external, permanent versus temporary and pervasive versus situation-specific”. Optimism is considered to be more closely linked to the domain of Positive Psychology, like hope (Luthans, Luthans, & Luthans, 2004)

**Resilience:** Vast majority of researchers have identified resilience as criteria fulfilling to meet the need of the workplace positive psychological capacity (Avolio & Luthan, 2006;
Luthan, 2002; Luthan, Avolio, Avey & Norman, 2006; Luthan, Avolio, Walumbwa, & Li, 2005; Luthans, Luthans, & Luthans, 2004; Luthan & Youssef, 2004 Youssef, 2004; Youssef & Luthan, 2005b). It is defined as "the capacity to rebound or bounce back from adversity, conflict, failure, or even positive events, progress, and increased responsibility" (Luthans, 2002, p. 702). Resilience as a construct has been less focussed upon due to the fragmented and inadequate body of knowledge. But of lately it has been given emphasis and is believed to have an immense impact on building competence and capacity in the individual and society (Masten, 2001).

**Hope**: This positive psychological capacity has lacked in-depth research probe and is mainly misconstrued as a fantasy, an illusion or an exaggerated thought. According to Snyder et al. (1991), hope is defined as "a positive motivational state that is based on an interactively derived sense of successful (1) agency (goal-directed energy) and (2) pathways (planning to meet goals)". The two integral components of it are the "perseverance" and the "drive to achieve". This state makes an individual capable of planning alternate paths if the current goal is obstructed. (Snyder 1994, 1995a, 2000; Snyder, Ilardi, Micheal & Cheavens, 2000; Snyder, Rand, & Sigmon, 2002; Luthan's et al.,2007)

**Emotional Intelligence**

The Emotional Intelligence which is also known as EI brings with it the idea that people have the ability to treat emotions better enough than others, this adds an advantage to their cognitive processes. The concept of Emotional Intelligence includes the ability of the individual to resort to information that has sophisticated processing system about others and their emotions as well as the ability to make use of the details to guide the behavior and thinking. These skills have functions which are adaptive that help themselves and others. In the context of the organization, the concept of Emotional
intelligence has quickly spread and has become popular as a desirable feature and a widespread predictor of success. After Goleman’s (1995) publication the idea was disseminated that intelligence related to emotions would be an essential capability to explain success at work, leading the organization to invest in changing their training strategies (Mellao & Monico, 2013). This was based on the concept that people with high emotional intelligence will handle their task more effectively.

Studies also suggest a positive relationship between emotional intelligence and performance which directly impacts career success in an organization. There are no specific studies that have exclusively correlated these variables so as to help employees get a better understanding of tapping the human resources. The rise of the Indian IT/ITES sector in the recent past has attributed to the creation of a large workforce. Therefore, the inborn nature of the work environment of such industry has had a substantial and significant impact on the health of its workers causing emotional challenges. The study modified a tool that specifically suits the Indian population in order to determine Emotional Intelligence at the workplace. All these challenges outlined thus far have a noteworthy relation with emotions and psychological well-being and their management. Earlier, emotions were stated as disorganized responses and were overlooked by behaviorists and psychologists. Today, psychologists declare that emotions play an essential role in the cognition thought processes, rather than disorganizing them.

Emotional intelligence (EI) has a major impact on the professional and personal success of individuals and is seen as an influential tool to develop the efficiency and effectiveness of employees and promote a healthy work culture. EI influences the well-being and performance characteristics of teams and individuals and facilitates the effectiveness of the organization and competitive benefit (Krishnaveni &
Deepa, 2011). EI has an influence on stress tolerance, individual well-being, organizational commitment, leadership qualities, performance, team cohesiveness, cultural adjustments, work-family balance, organizational citizenship behaviour, change management, conflict management, entrepreneurial qualities, sales performance, social skills, transformational leadership, marital relationships, coping skills, academic achievement and organizational learning. Each of us is exposed to several experiences that are influenced by the internal and external environment they offer different stimuli or cues. Each individual differs in the way they evaluate the stimuli and therefore particular stimuli could suggest various response tendencies in various individuals. Emotional Intelligence is the capability of an individual to recognize different emotional stimuli related to the individual and environment, regulate and appraise them, to produce suitable behavioral responses, resulting in developing interpersonal and intrapersonal outcomes.

**Subjective Well-being**

In recent decades, we have seen a spurt in well-being research as compared to earlier studies (Diener, Suh, Lucas, & Smith 1999, Kahneman, Diener, & Schwarz, 1999; Keyes, Schmotkin & Ryff, 2002; Stratham & Chase, 2010; Seligman, 2011). From the earlier researches carried out by Ryff and Keyes (1995), it is evident that there is a need for a theory-based approach to understanding well-being. This need led to no conclusive definition to well-being, Thomas (2009) supported the view that well-being is “vague, difficult to explain and even tough to measure” (p. 11).

The historical background of well-being research should be understood in order to arrive at a definition to it. There are arguably two main approaches: the hedonic well-being that proposed constructs of happiness, positive affect, low negative affect and satisfaction with life (Bradburn,1969; Diener 1984; Kahneman, Diener, & Schwarz,
1999; Lyubomirsky & Lepper, 1999) and the eudemonic well-being, which accentuated positive psychological functioning and development of human potential (Rogers, 1961; Ryff, 1989a; 1989b; Waterman, 1993). These diverse approaches to well-being has led researchers to treat well-being as a compound construct (e.g., Diener, 2009; Michaelson, Abdallah, Steuer, Thompson, & Marks, 2009; Stiglitz, Sen & Fitoussi 2009). Seligman (2011) believed that well-being is a construct that can be measured and defined.

According to Diener and Suh (1997, p.200), subjective well-being (SWB) comprises of affective and cognitive components. Affective component measures the pleasant and unpleasant emotions, while cognitive measures the life satisfaction. Considering subjective well-being it taps on the general satisfaction as well as satisfaction perceived by the individual based on one's own standard. From the very outset of subjective well-being literature, there has been a rapid progress in defining this concept. Social scientist and psychologists have intensely contributed to building its empirical base.

Shah and Marks (2004, p.4) considered well-being as a holistic concept that builds an individual, makes one feel fulfilled and contribute back to the society in which one exists. It is a state-like balance that is directly proportional to challenges and life events (Cummins, 1995; 1998; Headey & Wearing, 1991). Though well-being is relatively complex to define (Dodge.R, Daly.A, Huyton.J, Sanders.L, 2012) but researchers show that it can be undeniably stable when we measure the psychological, social and physical resources that meet the psychological, social and physical challenges individual faces (Kolep, Hendry, & Saunders, 2009).

**Theoretical Framework**

The research framework is supported using a Positivist/ Post positivist paradigm the main intent to identify and measure the causes that are believed to influence certain
outcomes (Creswell, 2014). This approach with further substantiated with the relevant theoretical literatures that supports this view.

Seligman, Steen, Park and Peterson (2005) have questioned researchers in the field of psychology to frame practices and theories that could make people stay happier. There have been various studies in behavioral sciences, especially occupational health focussing on well-being, health (physical and mental) affecting life success in all possible domains. Subjective well-being believes to engage both psychological well-being and emotional well-being. The working conditions of the nurses have shown increasing need to pay attention to their psychological and emotional capabilities. Nurses must involve emotionally with their work and exhibit personal features like optimism and self-efficacy to the work engagement. Nurses are said to be in frontline services and have a close relationship with patients. Their work is frequently an example of the labour of emotions and is called as a hard job which demands controlled and stable reactions and emotions. The newly identified core output of psychological capital or PsyCap (consisting of the positive psychological capital of hope, efficacy, optimism, and resilience) has been revealed to be associated with different behavioral, attitudinal and performance outcomes. To date, the influence of such positive core construct and its significant employee well-being has not been examined (Avey, et al, 2010).

This research supports the broaden-and-build theory of positive emotions, which states that positive emotions broaden the psychological resource stock of a person at a given moment and build lasting personal resources (Fredrickson 1998, 2001). It is believed that the positive emotions that facilitate the personal resources are strong and durable. They provide access to productive resources in an individual transforming them to become creative, resilient, knowledgeable and healthy both,
physically and mentally (Fredrickson 2004). It is also empirically proven that certain negative emotions such as; anxiety, depression narrow down the accessibility of an individual's psychological resource stock, while the positive emotions such as; subjective well-being, optimism tend to broaden the access to these stocks (Derryberry & Tucker 1994; Basso et al. 1996). Wright and Hobfall (2004) through their research grounded on the conservation of resource theory (Hobfall, 1989) have also suggested and emphasized that individual's try gaining access, conserve and sustain positive resources used for adapting under conditions of stress. There is also the great relevance of this theory at the workplace which supports the motivation in deciding how these resources help meet the current work demands.

With the advent of positive psychology and recent works of Fredrickson (1998); Luthans (2002a); Seligman & Csikzentmihalyi (2002); Wright (2003) there is a need to move away from mapping dysfunctions, pathology, and negativity towards enhancing strengths. The positive psychological capacity theory proposed by Luthan's et al. (2004); Luthans & Youssef, (2004) a positive psychological state of improvement of an individual is categorized by (1) having confidence to take on and put in the significant attempt to succeed at confronting tasks; (2) creating a positive acknowledgment about thriving now and in the future; (3) persevering toward objectives and goals, and whenever possible, redirecting ways to objectives and goals to succeed; and (4) when overwhelmed by issues, problems and difficulty, maintaining and bouncing back and even away from (resilience) to achieve success. These have a direct impact on the various performance and behavioural related outcomes.
Figure 3.1: Positive Psychological Capital Dimensions
Note: From Luthans & Youssef, 2004, p.152

Research Framework to be tested

Figure 4.1: Conceptual Framework
Title of the Study

The problem of the present investigation was to empirically validate the Influence of Positive Psychological capacities (self-efficacy, hope, optimism, resilience) on emotional intelligence and subjective well-being of nurses in the health care sector.

Problem Statement

In India, the healthcare sector is at the developmental stage and is poised for rapid development in the medium term. However, the healthcare expenditure of India is still amongst the smallest globally and there are essential barriers to be addressed both in terms of healthcare service accessibility and patient care quality. While this indicates an essential chance for the private sector, the government can also play an essential role in enhancing this development. Gill (2011) has mentioned that the health worker determines the quality and nature of services offered in any healthcare system. Most healthcare systems across the world facing shortages in nursing staff differ across the rural urban distribution. Although the services of nursing are an essential part of both curative and preventive perspectives of the health system of India the nursing evaluation of the nation reveals that India has been facing a shortage of nurses since independence. The high psychological capital of nurses helps in developing their constructive emotions, reduces destructive emotions that develop their well-being eventually (Rahimnia et al, 2013). A healthy work environment allows for the well-being and health of the nurses leading to quality client/patient results, societal results and organizational performance. Ensuring health for nurses allows for looking into their well-being in future and the present state of workforce of nursing is essential to the future of healthcare systems. This study discusses the influence of positive psychological capacities on the well-being of nurses in the healthcare sector.


**Research Questions**

The research questions of the study are

1) What is the level of PsyCap (self-efficacy, hope, optimism, and resilience) among nurses in health care sector?

2) What is the level of emotional intelligence and subjective well-being among nurses in health care sector?

3) What is the relationship of PsyCap (self-efficacy, hope, optimism, and resilience) on emotional intelligence among nurses in health care sector?

4) What is the relationship of PsyCap (self-efficacy, hope, optimism, and resilience) on subjective well-being among nurses in health care sector?

5) What is the difference of PsyCap (self-efficacy, hope, optimism, resilience) emotional intelligence and subjective well-being across demographic among nurses in health care sector?

6) What is the effect of PsyCap (self-efficacy, hope, optimism and resilience) on emotional intelligence among nurses in health care sector?

7) What is the effect of PsyCap (self-efficacy, hope, optimism and resilience) on subjective well-being among nurses in health care sector?

**Operational Definition**

**Subjective Well-being:** Well-being and ill-being are fairly negatively correlated (Lee & Oguzoglu, 2007; Singh & Duggal Jha, 2008) yet the positive and negative feelings combine together to give a recognizable dimension (Headey, Holmstrom, & Wearing, 1984a, 1984b; Headey, 2006). An individual's interpretation of one's aspiration and present environment (Emerson, 1985; Felce & Perry, 1995). Subjective well-being can
be defined as a combination of an individual's affective element and cognitive evaluation of a given situation or event. This composite measure gives us the physical, psychological and social description of an individual's happiness, satisfaction and need gratifications (Sell & Nagpal, 1985).

**Psychological Capital:** This provides a measure of 4 core dimensions of the positive psychological state of development that features: (1) self-efficacy- having the confidence in accepting challenging tasks. (2) optimism- being positive about succeeding in a given task. (3) hope- persistence in achieving one's goals, and (4) resiliency- is bouncing back to succeed when faced with problems or adversity. (Luthan, Youssef, & Avolio, 2007).

**Self-Efficacy:** “The confidence (or conviction) in one’s ability to materialize psychological and cognitive resource stocks and plan actions to successfully complete a task in a given situation” (Stajkovic & Luthans, 1998b, p.66)

**Hope:** Defined as a positively directed motivational state that is influenced by two internal pathways; (1) willpower- self-directed determination and (2) Waypower- goal-directed planning (Synder, Irving & Anderson, 1991,p.287)

**Optimism:** Is defined as an explanatory style that appraises a positive event to internal, permanent factors while negative situations to external, temporary factors depending on the situation (Peterson, 2000, p.51)

**Resilience:** Is defined as the ability to bounce back from risk and challenging events utilizing positive resources with the will to go beyond the point of homeostasis ( Avolio & Luthans, 2006; Luthans, 2002; Youssef & Luthans, 2005b)

**Emotional intelligence:** The ability to balance one’s emotional response is central to emotional intelligence (Goleman,1995). It also involves the understanding and regulation of emotions to promote cognitive growth (Mayer & Salovey, 1997). All these
engage in helping an individual cope with the environmental demands (Bar-On, 2000). Given these views, Bhattacharya (2003, p. 17) has defined emotional intelligence as the “combination of one’s own cognitive, conative and affective interpretation of a given operative environment with the ability to manipulate the outcome affecting greater performance and enhanced human relationship.

Overview of the Chapters
This thesis is made up of the following 5 chapters:

**Chapter 1:** This is the introduction chapter that gives the basic research background and concepts related to the research.

**Chapter 2:** This chapter is the review of literature that analyses several existing works related to the influence of positive psychological capacities on the well-being of nurses in the healthcare sector.

**Chapter 3:** This chapter describes the research methodology that explains in detail the research strategy, design, sampling plan, data collection, and analysis and interpretation techniques used in this study.

**Chapter 4:** This chapter discusses the data analysis and interpretation part that analyzes the collected data using several statistical tools in order to test the proposed research hypothesis.

**Chapter 5:** This is the conclusion chapter that gives the summary of findings of data analysis followed by the conclusion of the research and recommendations for improvement.

In addition to that, this synopsis has references containing the sources that were used in collecting secondary data in the research.