

The Mediator Role of Psychological Ownership in the Effect of Perceived Managerial Support on Individual Work Performance: A Research in the Health Care Sector

Sevda DEMİR (<https://orcid.org/0000-0003-1172-973X>), *Osmaniye Korkut Ata University, Türkiye;*
sevdademir@osmaniye.edu.tr

Semih AVCI (<https://orcid.org/0009-0006-0761-2407>), *Kadirli State Hospital, Türkiye;*
semihavci8001@gmail.com

Algılanan Yönetici Desteğinin Bireysel İş Performansı Üzerine Etkisinde Psikolojik Sahiplenmenin Aracı Rolü: Sağlık Sektöründe Bir Araştırma

Abstract

The study aimed to determine the mediator role of psychological ownership in the relationship between nurses' perceived managerial support and individual work performance. The descriptive and cross-sectional study sample included Osmaniye provincial and district hospital nurses. A mixed analysis, including both quantitative (n=414) and qualitative (n=23) analysis methods, was used for the study. While the quantitative data were tested using the Structural Equation Model (SEM), content analysis was used to analyse the qualitative data. According to the findings, it was concluded that psychological ownership partially mediated the effect of perceived managerial support on individual work performance.

Keywords : Managerial Support, Individual Work Performance, Psychological Ownership, Mixed Analysis, Nurses.

JEL Classification Codes : I12, M10, M12.

Öz

Bu çalışmanın amacı, hemşirelerin algıladıkları yönetici desteği ile bireysel iş performansı arasındaki ilişkide psikolojik sahiplenmenin aracı rolünü belirlemektir. Tanımlayıcı ve kesitsel tipte tasarlanan araştırma örneklemini Osmaniye il ve ilçe devlet hastanelerinde görev yapan hemşireler oluşturmaktadır. Çalışma için hem nicel (n=414) hem de nitel (n=23) analiz yöntemlerini içeren karma analiz yöntemi kullanılmıştır. Elde edilen nicel veriler Yapısal Eşitlik Modeli (YEM) aracılığı ile test edilirken; nitel verilerin analizinde içerik analizinden yararlanılmıştır. Bulgulara göre algılanan yönetici desteğinin bireysel iş performansı üzerindeki etkisinde psikolojik sahiplenmenin kısmi aracılık rolü olduğu sonucuna ulaşılmıştır.

Anahtar Sözcükler : Yönetici Desteği, Bireysel İş Performansı, Psikolojik Sahiplenme, Karma Analiz, Hemşireler.

1. Introduction

The nursing profession is critically important in increasing the quality and effectiveness of health care services. Unlike other service groups, nurses are indispensable in health care services (Schulz & Johnson, 1990), and they cannot be substituted or postponed for the whole society. Nurses are health care personnel who establish communication between patients and physicians, witness patients' troubles, spend a quite amount of time with patients and relatives (Tan et al., 2012), plan and implement patient care services, and thus increase the effectiveness of the treatment applied to patients while working in harmony with their colleagues (Karadağ et al., 2013). However, the ability of nurses to fulfil this vital role successfully depends on the quality of their work environment and the managerial support they receive.

In the literature, studies (Eisenberger et al., 2001; Shanock & Eisenberger, 2006; Casper et al., 2011) examine the effect of managerial support on individual work performance in the context of organisational support theory. These studies emphasise that the support received from managers will reduce individuals' stress levels, increase their work commitment and sense of ownership, and contribute to higher performance. The social exchange theory also supports this result. According to the social exchange theory, employees' developing a sense of ownership towards their work and workplaces can positively affect their work performance. Research has proven by research (Avey et al., 2009; Pierce & Jussila, 2011; Van Dyne & Pierce, 2004; Maphew et al., 2007) that psychological ownership contributes to individuals exhibiting a higher work commitment, taking responsibility and performing better. Supportive and encouraging attitudes of managers make individuals feel valuable and important. These feelings contribute to individuals developing a stronger sense of ownership towards their work (Avey et al., 2009). Although there are quantitative studies in the literature that examine the concepts of managerial support, individual work performance and psychological ownership with different variables and on different sample groups, there is no study investigating the mediator role of psychological ownership in the effect of managerial support on individual work performance. In this study, while examining the impact of managerial support perceived by nurses on their work performance, the mediator role of psychological ownership in this relationship was discussed in detail. In addition, this study differs from other studies in that it is supported by a qualitative method that enables the transfer of the experiences and opinions of nurses who take an active role in sudden life events. The quantitative and qualitative findings aimed to contribute to developing management strategies in health institutions and improving nurses' working conditions.

2. Conceptual Framework

2.1. Managerial Support

According to the organisational support theory, managerial support is defined as managers rewarding their employees' work efforts, meeting their approval requirements, and

recognising and validating their work (Eisenberger et al., 1986). This is because employees consider managers the most important representatives of the organisation, and they accept their support, considering that it is associated with the organisation (Rhoades et al., 2001; Shanock & Eisenberger, 2006). Bakker and Demerouti (2007) state that occupational resources such as perceived managerial support can motivate employees to achieve their goals and lead to positive occupational outcomes. Research has shown that employees with a high perception of managerial support have lower levels of intention to leave work (Maertz et al., 2007), burnout (Lloyd et al., 2002) and work stress, while they have a higher level of performance (Rhoades and Eisenberger, 2002), which show that it will lead to happier and more loyal employees. On the other hand, it is suggested that negative work behaviours will increase, and organisational performance will decrease in employees with a low perception of managerial support (Shoes et al., 2013).

2.2. Individual Work Performance

The individual work performance of the members of an organisation is one of the leading indicators of organisational performance, success and sustainability (Widyastuti & Hidayat, 2018). It also forms the basis of multiple organisational processes (Santalla-Banderali & Alvarado, 2022). Campbell and Brenton (2015), who conduct studies on work performance, define the concept of performance as "*behaviours that can be measured according to the level of contribution of employees to organisational goals and are consistent with the goals of the organisation*", stating that the level of performance of an individual depends on their beliefs, values, mental abilities and individual characteristics, as well as their desire to integrate for organisational goals.

Although individual performance is a situation related to the person, it also varies according to the understanding of management. The individual goals of the employees, sociodemographic characteristics (age, language, gender, educational level, etc.), psychological characteristics (perception, demands and tendencies), and competitive characteristics (interest and ability, personal characteristics, etc.) are considered among the individual factors affecting work performance (Sevim, 2015). The managerial factors affecting individual work performance include management style, working style, salary, communication, sense of appreciation, motivation, stress (Deniz & Arslan-Kalay, 2020), managerial support and team support (Khan & Mashikhi, 2017; Manzoor et al., 2011). Individual work performance is examined in three subscales. The first is *task performance*, which is based on responsibility, experience and abilities, representing the individual's competence to perform the tasks required by the job. The second is *contextual performance*, which is related to the components such as the quality of the work, communication between employees and motivation (Sevim, 2015). The third subscale of individual work performance is *anti-productivity work behaviour*, which is defined as *voluntary acts that harm the well-being of the organisation (Rotundo & Sackett, 2002), including off-duty behaviour*, complaining, deliberately performing tasks incorrectly, and abusing the opportunities offered (Koopmans et al., 2014).

2.3. Psychological Ownership

The concept of psychological ownership, which is symbolised as a psychological bond between an employee and an organisation, is defined as employees having a sense of ownership toward their work and organisation, although they have no legal or financial ownership (Vandewalle et al., 1995; Shukla & Singh, 2015). It is argued that in legal ownership, the object owned by the individual has legal limits, while in psychological ownership, it is considered adequate for the individual to be aware of what they own. Legal ownership is recognised by society, and the rights obtained through this ownership are protected by law. On the other hand, psychological ownership is recognised by the individuals themselves, and the person determines the rights obtained through this ownership (Pierce et al., 2003). Psychological ownership is the feeling of psychological attachment and ownership to an object. Research shows that ownership exists in human nature. People can feel ownership towards the material and spiritual values in their environment, and this ownership can have significant behavioural, psychological and emotional consequences (Pierce et al., 2001). Dawkins et al. (2017) state in their study that the psychological ownership in individuals may be toward the institution, as well as toward an application, a change, a task, an idea or a project. On the other hand, Mayhew et al. (2007) mention two types of psychological ownership in their studies: organization-based psychological ownership and job-based psychological ownership. Organization-based psychological ownership is when individuals feel a sense of psychological attachment and ownership toward the organisation. On the other hand, job-based psychological ownership represents individuals' ownership of their work. Ekber and Memedova (2017) state that psychological ownership contributes to the closer relationship of employees with their organisations and increases their commitment.

Psychological ownership is examined in four subscales: identification/self-integration, effectiveness, protective focus and internal responsibility (Uçar, 2018). *Identification/self-integration* refers to the efforts of individuals to describe themselves to other people through what they have, to express themselves and to ensure their self-continuity over time. *Effectiveness* is expressed as a result of the desire to control a goal. As with legal ownership, the rights brought by psychological ownership allow individuals to discover and change goals, and this sense of effectiveness creates internal and external satisfaction. *Protective focus* refers to an individual's desire to protect the boundary they have or are willing to have by spending energy and resources towards the goal to be embraced. Lastly, *internal responsibility* describes the development of a sense of responsibility that affects an individual's behaviour along with their psychological ownership of the goal. Therefore, the internal sense of responsibility is activated by spending extra time and effort towards the goal (Pierce et al., 2001).

3. Correlations between Variables and Hypothesis

Individual performance has become vital for organisations in a changing and global environment. Organisations need employees with high performance to achieve the necessary

effectiveness and efficiency. Adopting employees with high performance, making them feel like they are members of the organisation, including them in decision-making mechanisms, informing them about the mission and vision of the organisation, and creating environments where they can freely express their opinions will enable them to have a higher level of organisational ownership. Research shows that the sense of ownership and behavioural changes affected by this feeling do not occur only due to legal ownership, and a psychological sense of ownership can occur even in cases without legal ownership (Mustafa et al., 2015). In this study, concepts such as managerial support (Türkkan & Ülbeği, 2022; Ece & Gültekin, 2018; Casper et al., 2011; Stinglhamber & Vandenberghe, 2003; Yang et al., 2015; Shanock & Eisenberger, 2006; Pazy & Ganzach, 2009; Krongboonying & Lin, 2015; Pekdemir et al., 2013; Chen et al., 2021; Derelioğlu & Çapraz, 2022; Köse et al., 2023; Kara & Çetinel, 2023; Chen et al., 2008; Tenteriz & Tozkoparan, 2022; Uzun, 2018; Demir, 2019; Eisenberger et al., 2002), psychological ownership (Çıkmaz & Yeşil, 2020; Kalyoncuoğlu, 2018; Örucü et al., 2021; Işık & Uçar, 2019; Yavuz & Akgemci, 2021; Han et al., 2015; Aydoğan & Olguncelik, 2022; Van Dyne & Pierce, 2004; Han et al., 2010) and individual work performance (Turhan et al., 2018; Greenberg, 2006; Genç, 2018; Mercanlioğlu, 2021; Tims et al., 2014; Eşkin-Bacaksız et al., 2018; Mazzetti et al., 2021; Çetin et al., 2020; Sevim, 2015) were mentioned, which were discussed with different samples and variables in the literature. The study first hypothesised that the perception of managerial support in nurses positively affected psychological ownership. This assumption was considered to be consistent with the social exchange theory. The social exchange theory (Blau, 1986), an interdisciplinary approach including behavioural psychology, social psychology, anthropology and sociology issues and economic perspectives, aims to explain how employees take action to carry out certain activities within the framework of mutual obligations between colleagues and employers. The basic assumption of the theory is that a bond of mutual trust and affection is established through offering more rewards than earnings (Demir, 2009). According to the social exchange theory, employees tend to respond with a higher performance when they feel supported by their managers (Melian-Gonzalez, 2016). In other words, studies have observed that employees who receive the support of their manager are motivated and able to focus on producing high-quality occupational outcomes (DeConinck & Johnson, 2009). Managers direct the behaviour of individuals related to their work by making observations, providing feedback and evaluating the performance of employees (Griffin et al., 2001). Within the framework of the authority and responsibility assigned by the organisation, the individual perceives managers as representatives of the organisation. Therefore, the individual considers the manager a personalised extension of the organisation (Dawley et al., 2008). Accordingly, it is considered that the perceived managerial support, one of the support sources, will positively affect psychological ownership. As a result of the relevant literature review, the first hypothesis of the research was created as follows.

H₁: Perceived managerial support has a significant positive effect on psychological ownership in nurses.

In social exchange theory, research indicates that psychological ownership increases individual work performance. Studies show that individuals with a high level of psychological ownership are willing to take on tasks and responsibilities and exhibit organisational citizenship behaviours (Avey et al., 2009; Liu et al., 2012; Van Dyne & Pierce, 2004; Han et al., 2010). In addition, Hsu & Kuo (2003) emphasise in their study that individuals with high levels of psychological ownership focus on high performance, their participation in voluntary work is high, their absenteeism and turnover intentions decrease, and thus their sense of responsibility increases. In this study, it was questioned whether psychological ownership had a positive effect on individual work performance.

H₂: Psychological ownership in nurses has a significant positive effect on individual work performance.

Since employees consider their managers to be representatives of the organisation, they equate the support they receive from managers with the support they receive from their organisations (DeConinck & Johnson, 2009). Studies in the literature indicate that perceived managerial support positively increases employees' job satisfaction, motivation and performance (Aarons et al., 2009; Rhoades & Eisenberger, 2006; Chen et al., 2009). This study hypothesised that perceived managerial support positively affected individual work performance. The hypothesis was consistent with the leader-member interaction theory. According to the leader-member interaction theory, the quality of the relations between employees and their superiors will affect performance-related work outcomes, particularly for employees (Janssen & Yperen, 2004). Subordinates who have good relationships with their superiors will feel the support of their superiors and will demand more challenging tasks. Thus, their performance levels will also increase. Various studies have shown that there is a positive relationship between leader-member interaction and subordinates' work performance (Bauer et al., 2006; Schyns et al., 2005; Wang, 2023). This study questioned the effect of perceived managerial support on individual work performance.

H₃: Perceived managerial support in nurses has a significant positive effect on individual work performance.

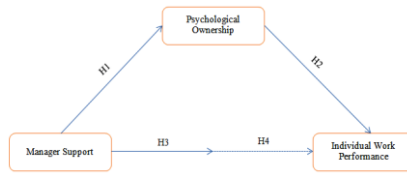
In today's world, with high levels of competition, educational levels, and expectations from the organisation, determining actions to increase the performance of employees is one of the main areas of study. Other researchers have discussed different theories on this subject. Self-determination theory is one of these theories. This theory aims to identify the conditions that enable individuals, groups and societies to develop efficiently and clearly define the factors that are effective in the development, integration and well-being process. The theory defines individuals as active organisms with a coherent self, with psychological development tendencies, and striving to overcome existing obstacles (Ryan & Deci, 2017). In addition to these inborn tendencies, the characteristics of the environment are also crucial in shaping individuals' behaviours. A supportive environment enables them to experience a sense of choice and fulfil their basic psychological needs (Deci et al., 2001). According to social exchange, organisational support, leader-member exchange and self-determination

theorists, managerial support allows individuals to develop their competencies. It also enables them to feel themselves as an important part of the organisation and take more ownership of their jobs (Avey et al., 2009; Mayhew et al., 2007; Zhang & Bartol, 2010; Wang et al., 2005). It is assumed that individuals with a high level of perception of managerial support and psychological ownership towards their organisations/professions have higher levels of work performance. Hypothesis 4, formed in this context, is given below.

H4: Psychological ownership has a significant mediator role in the effect of perceived managerial support on individual work performance in nurses.

The literature review resulted in Figure 1, which presents the research model proposed within the scope of this study.

Figure: 1
Recommended Research Model



In this model, designed using the causal screening research pattern, one of the quantitative research methods, the effect of perceived managerial support on individual work performance was examined; it was questioned whether perceived psychological ownership assumed a mediator role.

4. Methodology

The mixed analysis method was applied in the descriptive and cross-sectional type of the research. Research data were collected between June and July 2023. First, the correlations between the causal screening research pattern, one of the quantitative research methods, and the perceived managerial support, individual work performance and psychological ownership variables were tested using the SEM. Causal screening research is research conducted on individuals without any intervention to determine the causes of an emerging condition (Büyüköztürk et al., 2023). In such research patterns, the researcher usually attempts to examine the antecedent variables predicting a dependent variable, the possible successors of a variable, or both. In addition, the mediating and moderating effects between the two variables can also be investigated (Gürbüz & Şahin, 2018).

The “phenomenology” pattern (Baş & Akturan, 2017), which discusses the participant's personal (subjective) experiences, serves to examine their perceptions and the meanings they attach to events, was used to examine the perceived managerial support of nurses. In the qualitative research method, the manager profile perceived and/or expected to

be by nurses, the psychological ownership levels toward their current institutions and professions, and the reflections of these variables on work performance were aimed to be revealed with content analysis. Content analysis is a primary method used to explore individuals' understanding of everyday life phenomena and interpret the content of subjective data in textual forms. In this method, the data generated according to the participants' explanations can be encoded, summarised, and classified, and related themes can be extracted. Codes are extracted according to the units of meaning obtained from the participants' experiences and then classified according to their differences or similarities (Strauss & Corbin, 1990).

4.1. Population and Sampling

The study population included nurses working in Osmaniye provincial and district public hospitals (n=910). The following formula (Gürbüz & Şahin, 2018) was used to calculate the sample size to be reached:

$$n = \frac{n_0}{1+n_0/N} \quad n_0 = \frac{t^2xs^2}{d^2}$$

N: Population Size

n: Sample size

t: table z value corresponding to the confidence level (1,96 for 0,05, 2,58 for 0,01 and 3,28 for 0,001)

s: Estimated standard deviation for the population (0,5)

d: Acceptable deviation tolerance (0,05)

$$n_0 = \frac{1.96^2 \times 0.5^2}{0.05^2} = 384,16 \quad n = \frac{384,16}{1+384,16/910} = 270,13$$

As a result of the calculation determined, the minimum acceptable sample size at a 95% confidence interval for the quantitative part of the research was at least 270 volunteer participants. The sampling technique suitable for the research was determined after determining the sample size to be reached. A purposive sampling technique was preferred, in which participants with specific characteristics that the researcher thought were appropriate for the research problem were selected based on the researcher's observations. The qualitative analysis participants were selected voluntarily among the quantitative analysis participants (n=23). At the end of the 23rd interview, it was seen that the responses were very consistent and did not differ; therefore, a total of 23 participants was found to be adequate.

Taking into account the research's confidence interval and acceptable error rates, feedback was obtained from 423 participants within the 95% confidence interval with an acceptable margin of error of 5%. Of the surveys to be collected, 414 questionnaires were included in the analysis since they were found to be scientifically applicable. The socio-demographic characteristics of nurses are given in Table 1.

Table: 1
Socio-Demographic Information of Nurses

Socio-Demographic Variables		n	%	Socio-Demographic Variables		n	%
Gender	Female	294	71	Unit	Emergency Service	83	20
	Male	120	29		Intensive Care	238	57,5
Marital Status	Unmarried	148	35,7	Total Professional Experience	Operating Room	59	14,3
	Married	266	64,3		Less Than One Year	34	8,2
Age	20-29 age	159	38,4	Years of Experience in Current Institution	1-5 Years	42	10,1
	30-39 age	125	30,2		6-10 Years	94	22,7
	40-49 age	105	25,4		11-15 Years	103	24,9
	50-59 age	25	6		16 Years and Over	54	13
Education Status	High school	22	5,3	Level of Professional Satisfaction	Less Than One Year	121	29,2
	Associate graduate	67	16,2		1-5 Years	102	24,6
	Bachelor's graduate	306	73,9		6-10 Years	212	51,2
	Postgraduate	19	4,6		11 Years and Over	61	14,7
					Low	133	32,2
					Medium	232	56,0
					High	49	11,8

71% of nurses were female, 64,3% were married, 38,4% were between the ages of 20 and 29, 73,9% were bachelor's graduates, 57,5% were working in service (outpatient clinic) units, 29,2% had a total professional experience of 16 years and over, 51,2% had a total experience of 1-5 years in their institution, and 56% had a moderate level of professional satisfaction.

4.2. Data Collection Instruments

In this study, perceived managerial support was an independent variable, while individual work performance was a dependent variable, and psychological ownership was a mediating variable. The following scales were used as data collection instruments.

Personal Information Form: Statements about gender, marital status, age, educational status, unit, total professional experience, total experience in the current institution, and professional satisfaction level of nurses were included.

The Perceived Managerial Support Scale: The scale was formed by Giray and Şahin (2012) by using seven different scales (Gant et al., 1993; Gillen et al., 2002; Jiang & Klein, 2000; Liden & Maslyn, 1998; Babin & Boles, 1996; Yoon & Lim, 1999; Karasek et al., 1982) and adapted to Turkish, consists of 11 items and one subscale. The Likert-type scale ranges between "1-Strongly disagree, 5-Strongly agree". Higher scores indicate a higher level of managerial support. There are no reverse-coded items. Giray and Şahin (2012) reported Cronbach's alpha value of the scale as 0,94 in the adaptation study. In this study, Cronbach's alpha value of the scale was 0,957 (Table 2).

The Individual Work Performance Scale: The scale was developed by Koopmans et al. (2013), and its Turkish adaptation study was carried out by Köroğlu Kaba and Öztürk (2021). The scale consists of 14 items and three subscales, including "task performance", "contextual performance", and "anti-productivity work behaviour". The Likert-type scale ranges between "5-Always and 1-Rarely". There are no reverse-coded items. Higher scores

indicate a higher level of individual work performance. Koroğlu Kaba and Öztürk (2021) reported Cronbach's alpha value of the scale as 0,80 in the adaptation study. In this study, Cronbach's alpha value of the scale was 0,855 (Table 2).

Psychological Ownership Scale: The scale, developed by Uçar (2018), consists of 15 items and four subscales, including "identification /self-integration", "effectiveness", "protective focus", and "internal responsibility". The Likert-type scale ranges between "1-Strongly disagree, 5-Strongly agree". There are no reverse-coded items. Higher scores indicate a higher level of psychological ownership. In the original study, Cronbach's alpha value of the scale was 0,922. In this study, Cronbach's alpha value of the overall scale was 0,907 (Table 2).

In the study, the individual work performance scale and the psychological ownership scale were discussed in a single dimension to ensure that the research was clearer and more understandable. The study was designed using a mixed method. Considering that the inclusion of separate scale subscales in the analysis may make the results more complex and difficult to interpret, the research hypotheses were based on a unidimensional structure.

In addition to the questionnaire consisting of three different scales, the interview technique, one of the qualitative research techniques, was also used in the study. A semi-structured interview form containing five open-ended questions was used to collect qualitative data. Taking into account the intensive work pace of the participants, an interview schedule was created for each participant, and the interviews were conducted face-to-face according to the calendar. No audio recordings were taken during the interviews, and detailed notes were kept for the participants' responses. Each interview was completed between 20-30 minutes.

4.3. Data Analysis

Statistical Package for Social Science Version 26.0 (SPSS), Analysis of Moment Structures Version 24.0 (AMOS) and MAXQDA 22 programs were used to evaluate the data. Before proceeding to the analysis processes, the scale variables' conformity to normal distribution was examined to assess the quantitative data. The skewness and kurtosis values of the scale variables ranged between -2 and +2 (Table 2) and met the normal distribution criteria (George & Mallery, 2010). In data analysis, descriptive statistics, Cronbach's alpha coefficient, and inter-scale correlations were examined with the Pearson correlation coefficient to determine the reliability level of the scales. Confirmatory Factor Analysis (CFA) was used to test the validity of the scales. AMOS 24 program was used to test research hypotheses and analyse them using the SEM. The bootstrap (5000 bootstrap samples) method was preferred in the established model. The results were estimated in bootstrap confidence intervals, and the confidence interval was determined to be 95%. The statistical significance level was set at $p < 0,05$.

5. Results

5.1. Quantitative Analysis Findings

Table 2 gives the results of Pearson correlation analysis between perceived managerial support, individual work performance, psychological ownership, and the mean scale scores.

Table: 2
Pearson Correlation Analysis Results and Descriptive Statistics between the Scales

Variables	Min-Max	\bar{x} ±ss	Managerial Support	Psychological Ownership	Individual Work Performance
Managerial Support	1-5	2,75±0,93	1	,431** ,000	,125* ,011
Psychological Ownership	1-5	3,64±0,66	,431** ,000	1	,334** ,000
Individual Work Performance	1-5	2,97±0,60	,125* ,011	,334** ,000	1
Skewness			0,131	-1,013	0,542
Kurtosis			-0,423	1,222	0,903
Cronbach's alpha			,957	,904	,855
CR			0,96	0,94	0,94
AVE			0,70	0,52	0,54

** $p < 0,01$, * $p < 0,05$, \bar{x} : Average, ss: Standard deviation, CR: Composite reliability, AVE: Average variance extracted.

As presented in Table 2, the internal consistency reliability of the structures, Cronbach's alpha coefficient, combined reliability coefficient (CR) and the average variance extracted (AVE) were considered. It is expected that all CR values for the scales should be greater than AVE values and AVE values should be greater than 0,5 for convergent validity, which indicates that the expressions related to variables are associated with each other and the factor they constitute (Kline, 2011). This study provided convergent validity since the AVE value was above 0,50, while the composite reliability was also provided with a CR value above 0,70. In addition, when the correlation values were examined, it was found that there was a positive significant correlation between the variables.

The score intervals in Table 2 were used to evaluate the responses to perceived managerial support, psychological ownership, and individual work performance. Score intervals were assumed to be equal, and arithmetic mean values ranged from 0,80. Score interval = (Highest value-Lowest value)/5 = (5-1)/5 = 0,80 (Ozturk et al., 2019). The evaluation interval of the arithmetic means is given in Table 3.

Table: 3
Mean Score Intervals of Perceived Managerial Support, Psychological Ownership, and Individual Work Performance (n=414)

Evaluation Range		Managerial Support		Psychological Ownership		Individual Work Performance	
		n	%	n	%	n	%
1,00-1,80	Very low	56	13,5	10	2,4	7	1,7
1,81-2,60	Low	134	32,4	21	5,1	106	25,6
2,61-3,40	Middle	115	27,8	79	19,1	215	51,9
3,41-4,20	High	87	21,0	237	57,2	77	18,6
4,20-5,00	Very high	22	5,3	67	16,2	9	2,2

According to the mean score intervals obtained from the responses, 32,4% had a low level of perceived managerial support, 57,2% had a high level of psychological ownership, and 51,9% had a moderate level of individual work performance.

The mediator role of psychological ownership in the effect of perceived managerial support on individual work performance was tested using the Structural Equation Model (SEM). AMOS 24 package program was used to create SEM, and model fit index values (Hu & Bentler, 1999; Kline, 2011; Kwon & Marzec, 2016) were considered. The validity of the scales used in the study was tested with CFA and presented in Table 4. The goodness of fit values of the established SEM are shown in Table 4.

Table: 4
The Goodness of Fit Values of the Research Model

	χ^2 /sd	IFI	NFI	CFI	TLI	RMSEA
Good fit	≤ 2	$\geq .95$	$\geq .95$	$\geq .95$	$\geq .95$	$\leq .05$
Acceptable fit	≤ 5	$\geq .90$	$\geq .90$	$\geq .90$	$\geq .90$	$\leq .08$
Obtained values	2,504	.907	.905	.907	.900	.060
Managerial Support	3,746	.962	.972	.962	.972	.082
Individual Work Performance	3,978	.910	.931	.912	.930	.085
Psychological Ownership	4,125	.924	.941	.923	.941	.087

When Table 4 was examined, the established model's goodness of fit values were acceptable. The model created with the SEM is given in Figure 2.

Figure: 2
Structural Equation Model

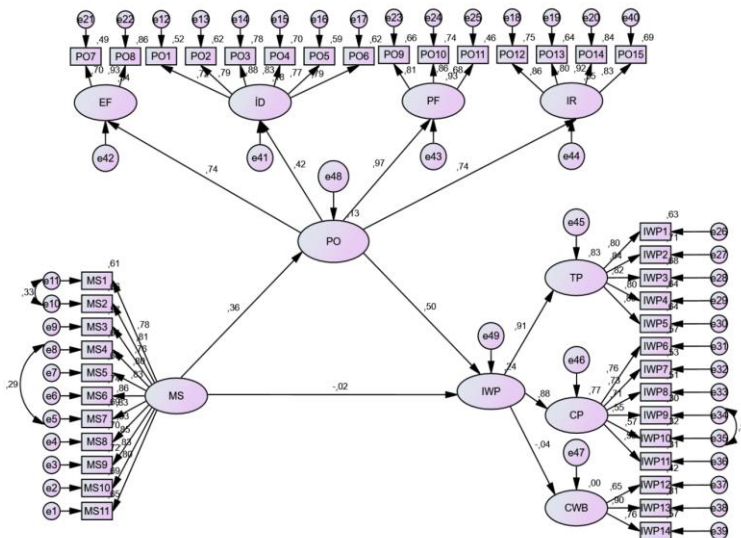


Table 5 presents the analysis results performed with the SEM according to the model established in Figure 2.

Table: 5
Mediating Effect Analysis Results

Direct Effect			Unstandardised Coefficients	Standardised Coefficients (β)	Standard Error	C.R.	P	R ²	Low Bound	Upper Bound	P Value
PO	←	MS	,214	,358	,037	5,789	***	,128	,270	,462	,008*
IWP	←	PO	,644	,500	,097	6,629	***		,393	,616	,012*
IWP	←	MS	-,014	-,018	,042	-,324	,746	,244	-,110	,097	,790
Indirect Effect											
IWP	←	MS	,138	,179	,036	3,833			,103	,250	,015*
Total Effect											
IWP	←	MS	,124	,161	,052	2,384			,074	,290	,008*

* $p < 0,05$; *** $p < 0,001$; MS: Managerial Support; PO: Psychological Ownership; IWP: Individual Work Performance; C.R.: Unstandardised Coefficients/ Standard Error.

When direct effects were examined, perceived managerial support had a significant positive effect on psychological ownership ($\beta = ,358$), and perceived managerial support explained about 13% of the change in psychological ownership ($R^2 = ,128$). Psychological ownership significantly positively affected individual work performance ($\beta = ,500$). It was observed that perceived managerial support had no significant effect on individual work performance ($p > 0,05$). Baron and Kenny (1986) state that the existence of a direct effect is a prerequisite for mediating effect analyses. However, contemporary approach researchers such as Zhao, Lynch and Chen (2010) argue that the direct effect condition is not essential. According to the authors, the mediating effect can be mentioned if the indirect effects are significant. In this study, psychological ownership was found to have a mediator role according to the decision tree of mediating effect suggested by Zhao et al. (2010).

When indirect effects were evaluated, it was observed that perceived managerial support had a significant positive effect on individual work performance ($\beta = ,179$). It was found that the direct effect of perceived managerial support on individual work performance ($p = ,790$) was not significant, while the indirect effect ($\beta = ,179$) was significant. After detecting the mediating effect, the significance of the effects can be tested using the "Sobel" test. However, this test has received severe criticism. Hair et al. (2017) suggest calculating the VAF (Variation Accounted For) coefficient instead of using the Sobel test. The VAF Formula is as follows:

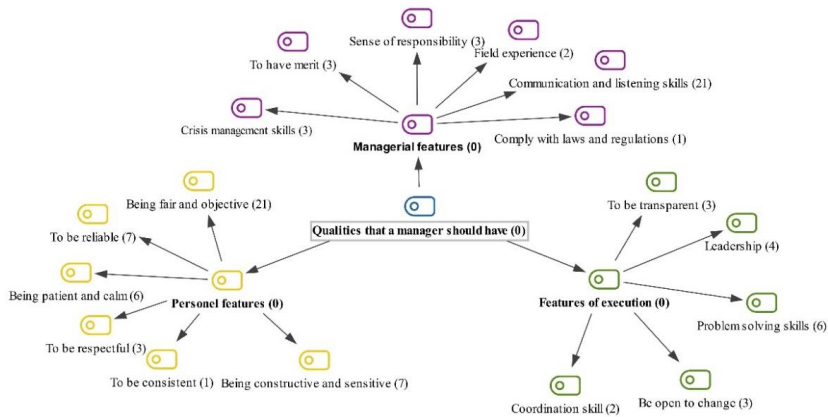
$$VAF = \frac{\text{Indirect Effect}}{\text{Total Effect} + \text{Indirect Effect}}$$

In this study, it was found that the $VAF = 0,179 / (0,161 + 0,179) = 0,53$. The VAF coefficient of $> 0,80$ indicates a full mediating effect, and values between $0,20 \leq VAF \leq 0,80$ indicate a partial mediating effect. In this study, the VAF value was calculated as 0,53, and it was found that psychological ownership had a partial mediator role.

5.2. Qualitative Analysis Findings

The MAXQDA 22 program was used to analyse qualitative data in the study. Based on the literature, a semi-structured interview form consisting of 5 open-ended questions was created. The first of the open-ended questions was designed to determine the characteristics expected of managers. The information obtained after analysing the questions and responses posed to the participants was shared in Figures 3, 4, and 5.

Figure: 3
Must-Have Features in a Manager
(MAXQDA 22-Hierarchical Code-Sub-Code Model)



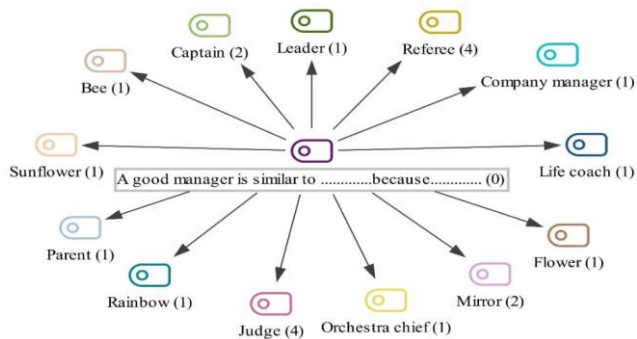
The participants were asked, "What do you think should be expected features in a good manager?". The responses were presented in Figure 3 using the hierarchical code-subcode model. The code that received the most interaction in terms of the personal features was "being fair and objective". Regarding the execution features, the code that received the most interaction was the "problem-solving skills". Finally, the code that received the most interaction regarding the managerial features was "communication and listening skills". The relevant statements of some participants were as follows:

"A good manager should have merit. A qualified manager cares about being fair and treated equally. They know management is a science and know how to act according to moral norms. They are open to development, new ideas, and suggestions for solutions in their field and every subject. According to the institution they manage or the authority they are affiliated with, they should have a holistic approach toward employees. They should have self-confidence and a sense of responsibility. If they have doubts, they should be honest with themselves and be able to self-criticize. They should be able to predict the consequences of their decisions and the steps they will take in advance." (P15)

"They should be able to take actions for employee motivation, love their job, exhibit hardworking and exemplary behaviour, make employees feel valued, be open to criticism and solution-oriented, be fair and transparent to their employees, be a good listener and be successful in crisis management. They also should empathise with their employees and be tolerant, calm and polite. They also constantly improve themselves and are innovative." (P19)

The second open-ended question was, "A good manager is similar to, because" Figure 4 was created by coding the concepts suggested by the participants about the manager within the responses.

Figure: 4
A good manager is similar tobecause.....
(MAXQDA 22-Hierarchical Code-Sub-Code Model)



According to the responses given by the participants, managers were found to resemble mostly judges and referees. The two concepts emphasised here represented justice. The opinions of some participants were as follows:

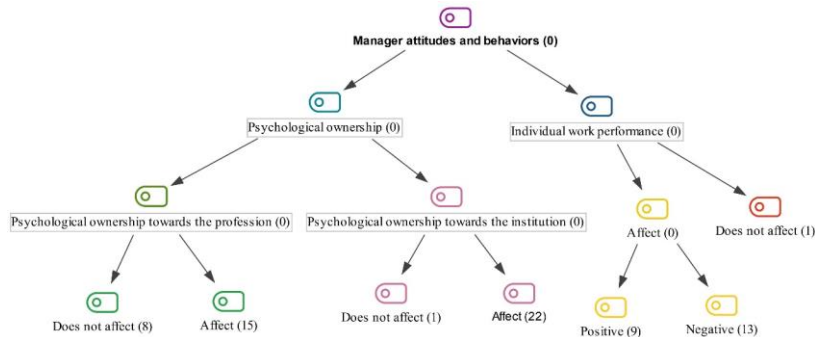
"A good manager is like an impartial referee because they should be able to take care of the rights of the employee and the patient." (P5)

"A good manager is like a judge. Because they should not make decisions about their employees without evidence without listening." (P9)

"They are like captains. Because they know how to use what and where to take it. They deliver it safely to its destination without harming and protecting what's inside." (P23)

The responses obtained as a result of the questions asked about the reflection of the managerial support perceived by the participants on their work performance and psychological ownership levels were graded by creating a hierarchical code-subcode map.

Figure 5
Reflection of Manager Attitudes and Behaviors on Psychological Ownership and Individual Work Performance (MAXQDA 22-Hierarchical Code-Sub-Code Model)



As can be seen in Figure 5, it was found that most participants emphasised that perceived managerial support had a negative reflection on individual work performance. The relevant statements of some participants were as follows:

“It makes me more irritated and insensible during the day.” (P7)

“My manager’s attitude and behaviour cause problems such as excessive physical fatigue, mental reluctance to work, excessive stress, a tense work environment, restlessness, and reduced work performance.” (P13)

“Of course, having a positive attitude and behaviour is nice; it will have a good effect. If they engage in negative behaviour, at least the situations and events will not directly impact my performance unless they are taken personally. It may reduce my desire to work in the institution.” (P23)

On the other hand, it was found that the vast majority of the participants responded as “affects” to the question created to determine the reflection of the perceived managerial support (positive or negative) directed to the participants on their psychological ownership levels for the institution they work for. Some of the responses given to this question were as follows:

“I have no sense of psychological ownership for my institution. The attitude of the managers has lowered our mood and motivation. We are like let’s go home as soon as we are done.” (P8)

“Psychological ownership towards the institution I work for reflects negatively on my perception. The number of personnel in the institution should be increased; on the contrary, it is decreasing even more. There is a staff shortage and high expectations. They don’t think about employees at all. Then, why should I have a high level of psychological ownership of my institution?” (P17)

"As long as the attitude and behaviour of our manager are good, my psychological ownership remains high." (P22)

It was observed that the vast majority of the participants responded as "affects" to the question created to determine whether perceived managerial support affects the level of psychological ownership towards the profession, and the number of participants who said "no effect" also increased. Some of the responses given to this question were as follows:

"The attitude and behaviour of the manager affect my psychological ownership of our profession. Poor management causes health workers to become disengaged from the profession and look for another job. Because they worry about how they will do a lifelong job in an unhappy and stressful environment. In an environment where the conditions are corrected by the trust and the management they support, it is ensured that they do the profession with passion, as attrition and unhappiness are minimised. A happy work environment supported by good management increases productivity and quality. It improves the health system." (P6)

"I think health managers don't value nurses. However, it is like a brief for the attitude that nurses, who are an important element of the team, are called "others" or "assistant medical personnel". I am in a bad situation in terms of psychological ownership. I think that knowledge, skills and labour are not valued anymore. Our profession has never been in such a bad situation." (P15)

"It never affects my perception of psychological ownership. I love my job very much, and I do it with love." (P16)

"I do not consider professional ownership in any specific manner to managers. If the manager makes me uncomfortable, it's not about my profession but the person in front of me. If I am unhappy where I work, I will change my place or ask for an assignment. This does not change the way I see my profession." (P21)

6. Discussion and Conclusion

The conditions and perceptions of individuals affect individual performance, which is the main element of organisational performance. The generally accepted opinion is that employees' positive perceptions toward their institutions are positively reflected in their performance, while negative perceptions lead to outputs such as burnout, stress and depression, resulting in poor performance. Therefore, the perceptions of employees both toward their institutions and their profession have ceased to be a negligible issue. Today, the relationship between employee perceptions and performance remains the subject of investigation, maintaining its importance in many areas. This study examined the relationship between the perceived managerial support, psychological ownership and individual work performance of nurses, a professional group with an important place among healthcare professionals. In previous studies, it was observed that these variables were examined with different variables in different sectors (Yang et al., 2015; Shanock & Eisenberger, 2006; Han et al., 2015; Hämmig, 2017; Mazzetti et al., 2021). The mixed analysis method, in which quantitative and qualitative methods are applied together, was

used in the research. The results of the hypothesis, created according to the research model and tested using the SEM, were presented (see Table 5).

According to the research findings, perceived managerial support significantly and positively affected psychological ownership, and hypothesis H₁ was confirmed. If the perceived managerial support among nurses is high, this situation is expected to reflect their psychological ownership perceptions positively. It was seen that this finding was compatible with the results of previous studies (Pierce et al., 2003; Van Dyne & Pierce, 2004; Çıkmaz & Yeşil, 2020). In his study, conducted in four service businesses operating in different sectors in Switzerland, Hämmig (2017) states that perceived managerial support affects outcomes such as emotions, attitudes, behaviour, and health of employees. He also emphasises that the feeling of burnout, health problems, job stress, intention to leave work, intention to leave the profession, and work-family conflict decrease in employees with a high perception of managerial support. The support nurses receive from their managers psychologically connects them more to their institutions, and they may thus make more contributions. Therefore, it is important to appoint nurse managers who can support their subordinates financially and morally in hospitals.

The second finding of the research was that psychological ownership had a significant positive effect on individual work performance, and hypothesis H₂ was confirmed. Previous studies (Van Dyne & Pierce, 2004; Aydoğan & Olguncelik, 2022) have confirmed the effect of psychological ownership on individual work performance, similar to the current study. Psychological attachment and ownership toward their organisations will lead to higher individual work performance.

It is predicted that individuals with a high level of perceived managerial support can perform beyond expectations since the needs of appreciation, respect, and social personality have been met (Krongboonying & Lin, 2015; Park et al., 2018). Accordingly, the hypothesis H₃ was rejected. In other words, the managerial support perceived by nurses did not directly affect individual work performance. This finding is not consistent with the results of previous studies (Rhoades & Eisenberger, 2002; Shanock & Eisenberger, 2006; Krongboonying & Lin, 2015). This finding may be associated with the sample's members continuing their nursing profession, requiring high sacrifice. The research data were collected after the earthquake centred in Kahramanmaraş on February 6.

According to the fourth finding of the research, psychological ownership had a mediator role in the effect of perceived managerial support on individual work performance, and hypothesis H₄ was confirmed. It was revealed that individual work performance increased due to the indirect effect of perceived psychological ownership. In other words, nurses with high perceived managerial support will also psychologically adapt to their institutions/organisations and have a sense of ownership. Individuals who own their organisations/institutions will positively reflect these feelings of ownership on their work performance.

Using the qualitative analysis method, the details of the manager profile perceived and/or expected by the participants, the psychological ownership levels toward their current institutions and professions and the reflections of these variables on work performance were attempted to be revealed. According to the analysis results, it was determined that the participants mainly emphasised the features that they would like to see in a manager whom they liken to a judge and a referee according to the frequency of interaction; "being fair and objective", "having problem-solving skills" and "having communication and listening skills". On the other hand, they stated that the managerial support perceived by the participants (positive or negative) was reflected in their individual work performance. This finding is supported by other findings in the literature, including reluctance to share ideas among employees (Ng & Feldman, 2012), a decrease in individual performance (Chen et al., 2009; Rhoades & Eisenberger, 2006), and an increase in intention to leave work (Fakunmoju et al., 2010), which are encountered in case of low level of perceived managerial support. It also aimed to determine the reflection of perceived managerial support on psychological ownership for the institution and the profession. While most participants stated that the perceived managerial support affected their psychological ownership perceptions toward their institution, almost half of the participants emphasised that it did not affect their psychological ownership perceptions toward the profession.

It is considered that this study contributes to the literature in various aspects. Firstly, the psychological ownership instrument was proposed as a variable to reveal the relationship between perceived managerial support and individual work performance using organisational support theory, social exchange theory and leader-member exchange theory. This study is expected to contribute to the literature by improving the academic community's perspective on the impact of perceived managerial support in the health sector on individual work performance. It is also considered a reference for future researchers on research methodology, research design, and measurement. In addition, the study may encourage further research to explore the variables and interventions that mediate or moderate the relationship between perceived managerial support and individual work performance in different sectors. Although the study was planned before the February 6 Kahramanmaraş earthquake, legal permissions for data collection could be obtained afterwards. Therefore, it is important to consider the changes that nurses may have experienced emotionally in the earthquake disaster they have experienced during both quantitative and qualitative data collection. This study may allow researchers to obtain a concrete output on how perceptions may change under different conditions with a similar study. The qualitative and quantitative findings implications for nurse managers and policymakers are listed below:

- Managing nurses can often pressure them with high demands and expectations. These demands increase their workload and lead to stress, negatively affecting performance. A busy work schedule and nursing shortage, in particular, create additional pressure on nurses. Regular communication with nurses and consideration of their needs and suggestions can prevent this pressure from being felt by nurses.

- Evaluating nurses' performance and providing feedback in a constructive and motivating manner will help nurses understand their areas of development and strengths.
- Listening to nurses' opinions and suggestions on issues such as working processes and policy changes will make them feel valued.
- Training programs can be organised for nurses to keep their knowledge and skills current, including professional and personal development issues.
- Psychological support programs (such as stress management training and meditation) can be planned to support the physical and mental health of nurses on the front line in disasters such as pandemics and earthquakes, in addition to routine conditions in providing health services.
- Legal regulations can be established to ensure that nurses feel safe and protect their occupational safety and rights.
- Arrangements can be made regarding nurses' working hours, rest and annual leave rights, considering work-life balance.

It is recommended that managers and practitioners reconsider decisions and processes based on the results obtained, considering nurses' expectations about how they perceive a manager and their managerial skills to improve individual work performance. On the other hand, it is essential to organise managerial development programs for manager candidates to ensure organisational success.

Although this study reveals new findings on perceived managerial support, individual work performance and psychological ownership, there are some limitations. It is primarily a study created using the mixed method; the responses given for both qualitative and quantitative statements depend on the participants' self-reports. In addition, since the study sample did not include nurses working outside of Osmaniye provincial and district public hospitals, it is limited to these hospitals. Modelling the research on the three mentioned variables constitutes another limitation. Therefore, future researchers are recommended to conduct studies related to individual work performance and psychological ownership variables with different variables (the effect of various leadership styles such as servant, transformational or autocratic leadership, communication styles, job design, etc.) in other professional groups where altruistic behaviours are prominent such as health care professionals (teachers, police, etc.). Finally, the study employed a cross-sectional design, and a detailed analysis of the variables studied over time can be achieved using a longitudinal approach.

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