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Collaboration and Psychological Ownership Among Nurses: The Role of Coworker Support

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ABSTRACT

Objective: The aim of this study was to examine the effect of collaboration among nurses on psychological ownership and to investigate the mediating roles of instrumental and emotional support from coworkers in this effect. **Materials and Methods:** The study employed a cross-sectional research design involving nurses working at a university hospital. Data were collected between October and December 2024, and 331 nurses were included in the study. Data were gathered using three different scales, in addition to statements measuring demographic factors. SPSS 26 and Amos programs were used for data analysis. Descriptive statistical methods, correlation analysis, and regression analysis using Hayes' Process Macro Model 4 were performed. **Results:** Of the study group, 282 (85.2%) were female, 203 (61.3%) were married, and 261 (78.9%) had undergraduate or graduate education. According to the findings of the study, collaboration ($\beta=0.29$) and emotional support from coworkers ($\beta=0.51$) had a significant positive effect on psychological ownership. In contrast, instrumental support from coworkers showed a weak and negative effect ($\beta=-0.16$). The mediating roles of instrumental and emotional support in the effect of collaboration on psychological ownership were found to be low, and positive ($\beta=0.16$). When the mediating effects were considered, the total effect of collaboration on psychological ownership increased significantly ($\beta=0.45$). **Conclusion:** The results indicate that collaboration enhances psychological ownership among nurses in the sample. Furthermore, as a mediating variable, emotional support from coworkers plays a significantly more effective role compared to instrumental support.

Keywords: Collaboration, Coworker support, Nurse, Psychological ownership.

Hemşirelerde İş Birliği ve Psikolojik Sahiplenme: Çalışma Arkadaşı Desteğinin Rolü

ÖZ

Amaç: Bu çalışmanın amacı, hemşireler arasındaki iş birliğinin psikolojik sahiplenme üzerindeki etkisini incelemek ve bu etkide çalışma arkadaşlarının araçsal ve duygusal desteğinin aracı rollerini araştırmaktır. **Gereç ve Yöntem:** Çalışma, bir üniversite hastanesinde görev yapan hemşireler üzerinde yürütülen kesitsel bir araştırmadır. Veriler, Ekim-Aralık 2024 tarihleri arasında toplanmış olup çalışmaya 331 hemşire dahil edilmiştir. Veriler, demografik faktörleri ölçmeye yönelik ifadelerin yanı sıra üç farklı ölçek kullanılarak toplanmıştır. Verilerin analizinde SPSS 26 ve Amos programları kullanılmıştır. Tanımlayıcı istatistiksel yöntemler, korelasyon analizi ve Hayes'in Process Macro Model 4 regresyon analizi kullanılarak analiz gerçekleştirilmiştir. **Bulgular:** Araştırma grubunun 282'si (%85.2) kadın, 203'ü (%61.3) evli ve 261'i (%78.9) lisans veya lisansüstü eğitime sahipti. Çalışmanın bulgularına göre, iş birliği ($\beta=0.29$) ve çalışma arkadaşlarının duygusal desteği ($\beta=0.51$) psikolojik sahiplenme üzerinde anlamlı bir pozitif etkiye sahiptir. Buna karşılık, çalışma arkadaşlarının araçsal desteği zayıf ve negatif etki göstermiştir ($\beta=-0.16$). İş birliğinin psikolojik sahiplenme üzerindeki etkisinde araçsal ve duygusal desteğin aracı rolleri düşük düzeyde ve pozitif yönlüdür ($\beta=0.16$). Aracı etkiler dikkate alındığında, iş birliğinin psikolojik sahiplenme üzerindeki toplam etkisi önemli ölçüde artmıştır ($\beta=0.45$). **Sonuç:** Sonuçlar, örneklemdeki hemşireler arasında iş birliğinin psikolojik sahiplenmeyi artırdığını göstermektedir. Ayrıca, bir aracı değişken olarak çalışma arkadaşlarının duygusal desteği araçsal desteğe kıyasla çok daha etkili bir rol oynamaktadır.

Anahtar Kelimeler: İş birliği, Çalışma arkadaşı desteği, Hemşire, Psikolojik sahiplenme.

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INTRODUCTION

Due to their mission of protecting and improving human health, healthcare professionals are expected to demonstrate higher levels of commitment, dedication, and devotion to their work compared to other professional groups. This commitment is closely tied to the concept of psychological ownership, which refers to an individual's mental and emotional attachment to an object or organization, even in the absence of legal ownership (Shukla & Singh, 2015).

Numerous combinations of factors are involved in the formation of psychological ownership, with the most important being job structure, personal factors, solidarity-oriented social interaction, and the role of leadership. In organizations where psychological ownership is prevalent, it enhances employee motivation, fosters creativity, and increases performance, organizational citizenship, commitment, and organizational identification (Zhang et al., 2021). In high-stress and high-workload environments like the healthcare sector, the instrumental and emotional support employees provide to one another can strengthen psychological ownership and, indirectly, improve the health outcomes of third parties (Chênevert et al., 2019). Coworker support, defined as the mutual assistance provided by employees at the same hierarchical level performing similar tasks, plays a critical role in enhancing psychological well-being, self-control, and personal success (Charoensukmongkol et al., 2016). Collaboration, on the other hand, refers to the collective effort and solidarity among individuals, departments, and professions to achieve shared goals (Vatn & Dahl, 2022). Thus, both collaboration and coworker support are critical factors that reinforce psychological ownership. The support provided by management and colleagues—whether technical, conceptual, or emotional—enhances employees' interpersonal relationships, psychological well-being, and sense of being valued, all of which contribute to improved performance (Tiryaki, 2018).

The healthcare sector has a dynamic and complex structure that requires the coordination of several professionals. The centrality of human life in this sector leads to high levels of stress for both healthcare professionals and patients. Nurses, in particular, play a critical role in improving the quality of patient care and coping with intense and stressful working conditions. Therefore, supporting nurses professionally and psychologically is of great importance for the sustainability of individual and organizational performance.

In the literature, there are many studies on the effect of collaboration among nurses on outputs such as clinical performance, patient care quality, job satisfaction, and organizational productivity (Aslan & Ulupinar, 2020; Uslu & Karaduman, 2023). However, research on the relationship between collaboration and coworker support and psychological ownership is limited. The current study aims to fill this literature gap and provides a new perspective to understand the impact of psychological factors on the quality of nursing services.

Against this background, this study aims to investigate the role of coworker support in the relationship between collaboration and psychological ownership among nurses. While managerial support has been extensively examined in literature, this study emphasizes the importance of collaboration and coworker support in fostering psychological ownership. By doing so, it may provide valuable insights for organizations and managers aiming to foster a harmonious work environment and promote sustained mutual support among employees.

MATERIALS AND METHODS

Population and samples of the study

The study was conducted among nurses working in a university hospital between October 2024 and December 2024. During the study period, the total number of nurses employed at the institution was 708. Data was collected using an online survey method and convenience sampling technique. At the beginning of the survey, participants were provided with a detailed information text explaining the purpose, significance, and voluntary nature of the study, and their informed consent was obtained. Data from participants who voluntarily participated were analyzed, and 13 questionnaires with continuous and outlier values were excluded from the dataset.

The sample size for this study was determined using power analysis (Hair et al., 2018; Uttley, 2019). Power analysis enables the calculation of the minimum required sample size by considering the part of the model with the most predictor variables. For this calculation, key parameters such as power ($1-\beta$ error probability), effect size, and significance level must be determined (Hair et al., 2018).

The adequacy of the sample size was evaluated using the G*Power (3.1.9.7) program. The analysis employed the "Linear multiple regression: fixed model, R^2 deviation from zero" option, consistent with the study's statistical method. The "A-priori" estimation method was used to determine the sample size before data collection. As recommended by Uttley (2019, p. 158), a priori power analysis was conducted to detect a real effect. The analysis was performed with an effect size of $f^2=0.15$ (medium effect), a significance level (α) of 0.01, and a power ($1-\beta$) of 0.99 (Hair et al., 2018).

The analysis revealed that the minimum sample size required was $N=219$, based on an effect size of 0.15, a 95% confidence level ($\alpha=0.01$), and 99% power. To ensure a sample size above this minimum threshold, data from 331 participants were included in the analysis.

Data collection tools

The study utilized two data collection tools: (1) an introductory information form consisting of eight questions to measure participants' socio-demographic characteristics, and (2) a questionnaire form comprising 35 statements and three different scales (Collaboration Scale, Psychological Ownership Scale, and Coworker Support Scale).

Introductory Information Form: This form included questions about participants' demographic and

professional characteristics, such as gender, age, marital status, occupation, total years of professional experience, total years of employment at the current organization, and educational background.

Collaboration Scale (CS): Developed by Xie, Yu, Chen, and Chen (2006) and adapted into Turkish by Yerlikaya and Doğruyol (2020), this Likert-type scale consists of one dimension and 11 statements (Appendix 2). Each item is scored on a 5-point scale (1=Strongly Disagree; 5=Strongly Agree). One statement (“I prefer to work alone rather than in a group”) was reverse-coded. The Cronbach's alpha reliability coefficient for the scale was 0.85.

Psychological Ownership Scale (POS): Developed by Shukla and Singh (2015) and adapted into Turkish by Aslan and Ateşoğlu (2020), this Likert-type scale consists of two dimensions (emotional ownership and work-based ownership) and 10 statements. Each item is scored on a 7-point scale (1=Strongly Disagree; 7=Strongly Agree). No items were reverse-coded. The Cronbach's alpha reliability coefficients were 0.91 for the Emotional Ownership dimension and 0.85 for the Work-Based Ownership dimension.

Coworker Support Scale (CSS): Developed by Tews, Michel, and Ellingson (2013) and adapted into Turkish by Küçük (2021), this 5-point Likert-type scale consists of two dimensions (instrumental support and emotional support) and 14 items. Each item is scored on a 5-point scale (1=Strongly Disagree; 5=Strongly Agree). No items were reverse-coded. The Cronbach's alpha reliability coefficients were 0.94 for the overall scale, 0.92 for the Instrumental Support dimension, and 0.89 for the Emotional Support dimension.

Statistical analysis

Data analysis was conducted using the SPSS 26 and SPSS Amos programs. Model 4 regression analysis in Hayes Process Macro plug-in and parallel multiple mediation effect analysis were performed. The data were first examined for normal distribution, followed by confirmatory factor analysis (CFA). Descriptive statistical analyses, correlation analysis, and regression analysis were then conducted.

Ethical approval

Ethical approval for the study was obtained from the Bandırma Onyedi Eylül University Health Sciences Non-Interventional Research Ethics Committee (Decision No. 2023-10, Date: 14.12.2023). Permission to use the scales was obtained from the respective authors. Participants were provided with detailed information about the study, and their informed consent was obtained.

RESULTS

Validity and reliability of measurement tools

Table 1 presents the reliability analysis findings for the scales used in the study. The Cronbach's alpha values were 0.81 for the Collaboration Scale, 0.92 for the Psychological Ownership Scale, and 0.96 for the Coworker Support Scale. Although there are varying opinions on evaluating skewness and kurtosis values, values within the range of ± 1.5 generally indicate that the assumption of normal distribution is met (Tabachnik & Fidell, 2013). The skewness and kurtosis values for the scales were as follows: Collaboration Scale (0.16 and -0.53), Psychological Ownership Scale (-0.35 and 0.02), and Coworker Support Scale (-0.25 and -0.11). These results confirm that the scales meet the criteria for normal distribution.

Table 1. Reliability analysis findings for measurement tools.

Measurement Tools	Cronbach's Alpha	Skewness	Kurtosis
Collaboration Scale	0.81	0.16	-0.53
Psychological Ownership Scale	0.92	-0.35	0.02
Coworker Support Scale	0.96	-0.25	-0.11

Confirmatory factor analysis (CFA) was conducted to assess the validity of the measurement tools. As shown in Table 2, the measurement tools met the fit criteria (Evci & Aylar, 2017; Karagöz & Bardakçı, 2020).

Together with the reliability results, these findings support the structural validity of the scales and confirm their reliability.

Table 2. Confirmatory factor analysis findings.

	Fit Indices		Item Fit Indices		
	Acceptable Fit	Excellent Fit	CS	POS	CCS
Chi-square (CMIN)			118.948	81.116	205.351
DF			40	31	72
CMIN/DF	$X^2/DF \leq 5$	$X^2/DF \leq 3$	2.974	2.617	2.852
GFI	$0.85 \leq GFI < 0.90$	$0.90 \leq GFI$	0.937	0.955	0.920
NFI	$0.90 \leq NFI < 0.95$	$0.95 \leq NFI$	0.928	0.961	0.956
RFI	$0.90 \leq RFI < 0.95$	$0.95 \leq RFI$	0.901	0.944	0.945
IFI	$0.90 \leq IFI < 0.95$	$0.95 \leq IFI$	0.951	0.976	0.971
TLI (NNFI)	$0.90 \leq NNFI < 0.95$	$0.95 \leq NNFI$	0.932	0.964	0.963
CFI	$0.90 \leq CFI < 0.95$	$0.95 \leq CFI$	0.951	0.975	0.971
RMSEA	$0.05 < RMSEA < 0.08$	$0.05 \geq RMSEA$	0.077	0.070	0.075
SRMR	$0.00 \leq SRMR \leq 0.05$	$0.05 \leq SRMR \leq 0.10$	0.049	0.036	0.038

The demographic and professional characteristics of the 331 participants were analyzed (Table 3). Of the participants, 282 (85.2%) were female, and 49 (14.8%) were male. In terms of marital status, 203 (61.3%) were married, while 128 (38.7%) were single. Regarding age distribution, the majority of participants (61%, n=202)

were between 25 and 34 years old, followed by 86 (26%) aged 35–44, and 23 (6.9%) aged 45 and above. In terms of educational background, 223 participants (67.4%) held a bachelor's degree, 38 (11.5%) had a postgraduate degree, 39 (11.8%) had an associate's degree, and 31 (9.4%) had a high school diploma.

Table 3. Findings on sociodemographic factors (n=331).

		n	%			n	%
Gender	Female	282	85.2	Work Unit	Internal Units	119	36
	Male	49	14.8		Surgical Units	78	23.6
Marital Status	Married	203	61.3		Operating Rooms and Intensive Care Units	65	19.6
	Single	128	38.7		Emergency Department	44	13.3
Age	≤24	20	6		Administrative Units	11	3.3
	25-34	202	61		Other Units	14	4.2
	35-44	86	26	Professional Experience (Years)	≤9	192	58
	45≤	23	6.9		10-19	105	31.7
Educational Status	High School	31	9.4		20-29	32	9.7
	Associate Degree	39	11.8		30-39	2	0.6
	Bachelor's Degree	223	67.4				
	Graduate Education	38	11.5				

The occupational distribution of the participants was as follows: 119 (36%) worked in internal units, 78 (23.6%) in surgical units, 65 (19.6%) in operating rooms and intensive care units, 44 (13.3%) in the emergency department, 11 (3.3%) in administrative units, and 14 (4.2%) in other units (e.g., blood collection, dialysis, medical centers, chemotherapy, and medico-social units). Regarding professional experience, 192 participants (58%) had 9 years or less of experience, 105 (31.7%) had 10–19 years, 32 (9.7%) had 20–29 years, and 2 (0.6%) had 30–39 years of experience.

Table 4 presents the descriptive statistics and correlation analysis results for the variables examined in the study. The mean score for the collaboration variable was 4.03 ± 0.45 , while the mean score for psychological ownership was 3.19 ± 0.66 . For coworker support, the mean scores were 3.88 ± 0.73 for instrumental support and 3.63 ± 0.67 for emotional support. The correlation

analysis revealed several significant relationships among the variables. Collaboration and psychological ownership exhibited a moderately positive and statistically significant correlation ($r=0.45$, $p=0.00$). Similarly, collaboration showed a moderately positive and significant relationship with instrumental support from coworkers ($r=0.42$, $p=0.00$). Additionally, a significant and moderately positive correlation was found between emotional support from coworkers and collaboration ($r=0.44$, $p=0.00$). The relationship between psychological ownership and instrumental support from coworkers was less pronounced but still positive and significant ($r=0.34$, $p=0.00$). In contrast, psychological ownership demonstrated a stronger positive correlation with emotional support from coworkers ($r=0.51$, $p=0.00$). Finally, a highly positive and significant correlation was observed between instrumental support and emotional support from coworkers ($r=0.75$, $p=0.00$).

Table 4. Correlation analysis findings.

Variables	Mean	SD	(1)	(2)	(3)	(4)
Collaboration (1)	4.03	0.45	1			
Psychological Ownership (2)	3.19	0.66	0.45**	1		
Coworker Instrumental Support (3)	3.88	0.73	0.42**	0.34**	1	
Coworker Emotional Support (4)	3.63	0.67	0.44**	0.51**	0.75**	1

** $p=0.00$

The mediating role of both instrumental and emotional coworker support in the relationship between collaboration and psychological ownership was tested using the Process Macro Model 4, which treats both types of support as parallel mediating variables (Table 5, Figure 1). The findings on model fit indicated that the variance explained for psychological ownership was 33.4%, while the variance explained for instrumental support and emotional support was 17.7% and 19.4%, respectively. All models were statistically significant.

The analysis revealed that collaboration had a positive, moderate, and statistically significant effect on instrumental support from coworkers ($\beta=0.42$, $p=0.00$). However, the effect of instrumental support on psychological ownership was negative, weak, and significant ($\beta=-0.16$, $p=0.02$). Similarly, collaboration had a positive and moderate effect on emotional support from coworkers ($\beta=0.44$, $p=0.00$). In contrast to instrumental support, emotional support demonstrated a

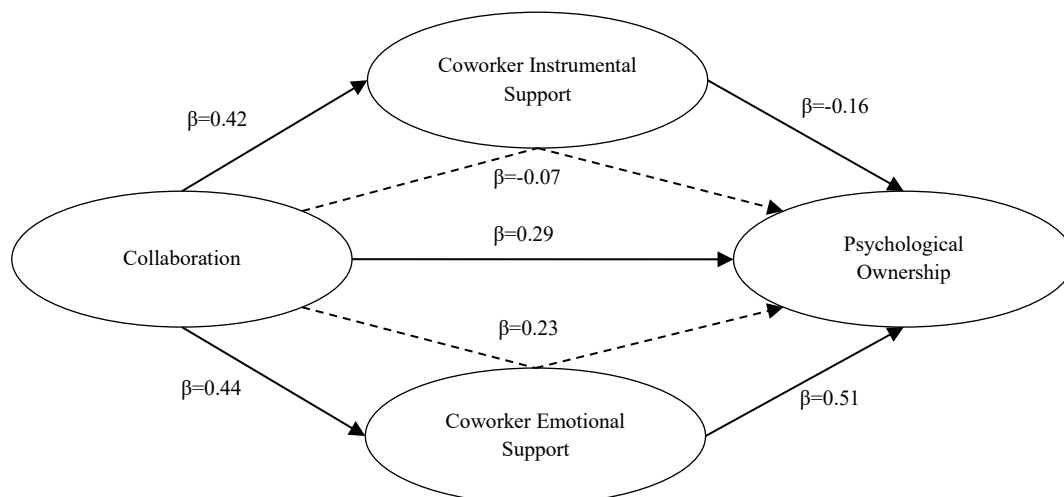
strong and positive effect on psychological ownership ($\beta=0.51$, $p=0.00$).

The direct effect of collaboration on psychological ownership was found to be positive and significant ($\beta=0.29$, $p<0.01$). When examining the indirect effects, collaboration had a positive and significant effect on psychological ownership through emotional support ($\beta=0.22$, $p<0.01$). In contrast, the effect of collaboration on psychological ownership through instrumental

support was negative, weak, and significant ($\beta=-0.07$, $p<0.05$). The total effect of collaboration on psychological ownership, considering both instrumental and emotional coworker support, was positive and close to a high level ($\beta=0.45$, $p<0.01$). These results indicate that collaboration exerts both direct and indirect effects on psychological ownership, with emotional support playing a particularly significant role in this process

Table 5. Regression analysis findings

Coworker Instrumental Support					
	B	β	SH	LLCI	ULCI
Collaboration	0.65*	0.42*	0.08	0.50	0.81
Constant	1.24*	-	0.32	0.62	1.86
$R^2=0.18$ $P=0.00^*$					
Coworker Emotional Support					
	B	β	SH	LLCI	ULCI
Collaboration	0.72*	0.44*	0.08	0.56	0.88
Constant	0.74	-	0.32	0.09	1.38
$R^2=0.19$ $P=0.00^*$					
Psychological Ownership					
	B	β	SH	LLCI	ULCI
Collaboration	0.43*	0.29*	0.08	0.28	0.58
Coworker Instrumental Support	-0.15*	-0.16**	0.07	-0.28	-0.02
Coworker Emotional Support	0.46*	0.51*	0.06	0.33	0.58
Constant	0.39	-	1.41	-0.16	0.93
$R^2=0.33$ $P=0.02^{**}$ $P=0.00^*$					
	B	β	SH	LLCI	ULCI
Total Effect	0.66*	0.45*	0.07	0.51	0.80
Direct Effect	0.43*	0.29*	0.08	0.28	0.58
Indirect Effect	0.23*	0.16*	0.05	0.13	0.33
$R^2=0.20$ $P=0.00^*$					



Direct Effect = 0.29 Indirect Effect = $-0.07+0.23=0.16$ Total Effect = $-0.07+0.29+0.23=0.45$

Figure 1. Regression analysis results.

DISCUSSION

This study examined the relationships between variables such as collaboration, psychological ownership, and instrumental and emotional support from coworkers in a

sample of nurses. The findings revealed that collaboration has a positive effect on psychological ownership. Additionally, the instrumental and emotional

support provided by coworkers played a mediating role in this relationship.

Although coworker support was considered a mediator in the study, the direct effects of both instrumental and emotional support on psychological ownership were also determined (Figure 1). Accordingly, while instrumental support affects psychological ownership negatively and at a low level ($\beta=-0.16$, $p=0.02$), emotional support affects it positively and strongly ($\beta=0.51$, $p=0.00$). Ötken (2015) examined the relationship between organizational support and psychological ownership and found that both job-related support and emotional support dimensions support psychological ownership. In alignment with this study, emotional support had a greater effect than job-related support. The fact that this study was conducted in a university hospital may have caused the support of the hierarchical structure to be seen more as a task-oriented and routine necessity, which may have caused psychological ownership to remain relatively limited. On the other hand, the fact that the nursing profession requires a high level of emotional labor by nature suggests that the positive effect of emotional support on psychological ownership may be more pronounced.

Ghani et al. (2025) conducted a study on nurses and found that manager support and benevolent behavior are positively related to work-based psychological ownership. Işık and Uçar (2019) determined that job satisfaction positively affects psychological ownership in their study on textile employees. Similarly, Hameed et al. (2019) and Mehmood et al. (2021) found that organizational justice positively affects psychological ownership.

The mediating role of colleagues' instrumental and emotional support on psychological ownership is also supported by findings related to organizational support and leadership behaviors. Alok (2014) found that authentic leadership, and Kim and Beehr (2017) found that empowering leadership styles increase psychological ownership. These studies suggest that the support provided by employees to each other may have a similar mechanism of influence. Studies by Han et al. (2010) and Jing and Yan (2022) have also demonstrated that organizational support and participation in decision-making processes strengthen psychological ownership. These findings suggest that colleagues' support plays a critical role in the organizational context.

This model supports the impact of psychological ownership on positive outcomes such as innovative work behaviors (Hao et al., 2024), organizational commitment and knowledge sharing (Han et al., 2010), and constructive behaviors (Yıldız et al., 2015). Moreover, scholars have frequently emphasized in the literature that psychological ownership reduces turnover intention (Jing and Yan, 2022) and increases organizational citizenship behaviors (Wang et al., 2019). These results demonstrate that psychological ownership is an important source of motivation at both the individual and organizational levels. Kaur et al. (2013) emphasized the practical importance of the burnout-reducing effect of

psychological ownership in high-stress occupations, such as nursing.

Limitations of the study

The research is limited by the sample size, the dimensions of the scales used, and the voluntary participation of the employees. The study employed online survey methodology, which carries inherent constraints, including its postponable nature and typically low response rates. Furthermore, since some participants may have completed the surveys too quickly or inattentively, the data quality and consequently the findings' reliability could be affected, potentially limiting the sample's representativeness and the generalizability of the results. Additionally, the study was conducted within a specific sector and cultural context, which may restrict the generalizability of the findings.

CONCLUSION

This study investigated the relationship between collaboration and psychological ownership, focusing on the mediating roles of coworkers' instrumental and emotional support. The results demonstrated that collaboration significantly enhanced psychological ownership. Emotional support was found to strengthen this relationship, while instrumental support had a limited and, in some cases, counterproductive effect. These findings underscore the critical role of emotional support in fostering psychological ownership in workplace settings.

The study highlighted the importance of collaboration and support mechanisms in boosting nurses' professional motivation and organizational commitment. From a practical perspective, organizations should prioritize creating environments that encourage emotional support among employees. Such practices can enhance psychological ownership, improve job satisfaction, and strengthen organizational commitment, ultimately leading to a more engaged and motivated workforce.

The study findings underscore the need for health managers to implement initiatives prioritizing emotional support to enhance psychological ownership. To strengthen collaboration, organizations should foster a work culture that values both teamwork and emotional support while establishing appropriate support mechanisms. It is recommended that researchers conduct comparative studies examining the relationship between collaboration dynamics, coworker support, and psychological ownership in various healthcare organizations and in different sectoral contexts to evaluate the findings from a broader perspective.

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Conflict of Interest

The author declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Author Contributions

Plan, design: GO; **Material, methods and data collection:** GO; **Data analysis and comments:** GO; **Writing and corrections:** GO.

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Ethical Approval

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