

# The Effect of Psychological Capital, Job Satisfaction and Perceived Workload on Perceived Job Performance: A Tertiary Hospital Example

Psikolojik Sermaye, İş Tatmini ve Algılanan İş Yükünün Algılanan İş Performansına Etkisi: Bir Üçüncü Basamak Hastane Örneği

Uğur UĞRAK\* 

University of Health Sciences Turkey, Gülhane Health Vocational School, Ankara, Türkiye

## Abstract

This study aims to examine the relationships between psychological capital, job satisfaction, perceived workload, and perceived job performance among healthcare workers. Additionally, it seeks to evaluate the impact of demographic and occupational factors on these variables. The study was conducted with 350 healthcare workers working in a tertiary hospital in Ankara. Data were collected through a survey method, with participants reached online (via Google Forms) and through face-to-face administration. The survey consisted of four sections: demographic and occupational characteristics, the Psychological Capital Scale, the Job Satisfaction Scale, and the Visual Analog Scale (VAS) measuring workload and job performance. Statistical analyses included the Mann-Whitney U test, the Kruskal-Wallis H test, Spearman correlation analysis, and hierarchical multivariate linear regression analysis. Psychological capital, job satisfaction, and perceived workload were found to significantly influence perceived job performance. Furthermore, job satisfaction was positively associated with both professional experience and educational attainment. In terms of control variables, male healthcare workers exhibited higher levels of psychological capital and perceived job performance than their female counterparts, while younger healthcare professionals demonstrated lower psychological capital. This study highlights the influence of psychological and organizational factors on job performance beyond the effects of demographic characteristics. Policies that enhance job satisfaction, strengthen psychological capital, and balance workload are crucial in improving job performance. Since the study is limited to a single hospital, its generalizability is restricted. Future research should include multiple healthcare institutions with larger sample sizes.

**Keywords:** Healthcare Workers, Psychological Capital, Job Satisfaction, Workload, Job Performance.

## Öz

Bu çalışma, sağlık profesyonelleri arasında psikolojik sermaye, iş tatmini, algılanan iş yükü ve algılanan iş performansı arasındaki ilişkileri incelemeyi amaçlamaktadır. Ayrıca, demografik ve mesleki faktörlerin bu değişkenler üzerindeki etkisini değerlendirmeyi hedeflemektedir. Çalışma, Ankara'da bir üçüncü basamak hastanede görev yapan 350 sağlık profesyoneli ile gerçekleştirilmiştir. Veriler, çevrimiçi (Google Forms aracılığıyla) ve yüz yüze anket yöntemiyle toplanmıştır. Anket dört bölümden oluşmaktadır: demografik ve mesleki özellikler, Psikolojik Sermaye Ölçeği, İş Tatmini Ölçeği ve iş yükü ile iş performansını ölçen Görsel Analog Ölçeği (VAS). İstatistiksel analizler kapsamında Mann-Whitney U testi, Kruskal-Wallis H testi, Spearman korelasyon analizi ve hiyerarşik çok değişkenli doğrusal regresyon analizi uygulanmıştır. Psikolojik sermaye, iş tatmini ve algılanan iş yükünün, algılanan iş performansı üzerinde anlamlı bir etkisi olduğu belirlenmiştir. Ayrıca, iş tatmini mesleki deneyim ve eğitim düzeyiyle pozitif yönde ilişkilidir. Kontrol değişkenleri açısından bakıldığında, erkek sağlık çalışanlarının kadın meslektaşlarına göre daha yüksek psikolojik sermaye ve algılanan iş performansına sahip olduğu; genç sağlık çalışanlarının ise daha düşük psikolojik sermaye düzeylerine sahip olduğu saptanmıştır. Bu çalışma, demografik özelliklerin ötesinde, psikolojik ve örgütsel faktörlerin iş performansı üzerindeki etkisini ön plana çıkarmaktadır. İş tatminini artıran, psikolojik sermayeyi güçlendiren ve iş yükünü dengeleyen politikalar, iş performansını iyileştirmede kritik öneme sahiptir. Çalışmanın yalnızca tek bir hastaneye sınırlı olması, genellenebilirliğini kısıtlamaktadır. Gelecek araştırmaların daha geniş örneklerle farklı sağlık kurumlarını kapsayacak şekilde tasarlanması önerilmektedir.

**Anahtar Kelimeler:** Sağlık Çalışanları, Psikolojik Sermaye, İş Tatmini, İş Yükü, İş Performansı.

\* Corresponding Author / Sorumlu Yazar: [ugur.ugrak@sbu.edu.tr](mailto:ugur.ugrak@sbu.edu.tr)

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## **The Effect of Psychological Capital, Job Satisfaction and Perceived Workload on Perceived Job Performance: A Tertiary Hospital Example**

Healthcare workers are crucial in protecting and improving public health, making their well-being essential for society. Factors such as job satisfaction, performance, and workload directly impact their professional and personal quality of life.

Job satisfaction is a multidimensional concept encompassing individuals' emotional and cognitive evaluations of their work. It is commonly defined as a positive emotional state that employees perceive as a result of their experiences within work processes. In another definition, job satisfaction is "employees' subjective thoughts or feelings regarding their working conditions and professional experiences" (Karaferis et al., 2022, p. 3). Recent literature presents various theoretical frameworks developed to explain the nature of job satisfaction. These frameworks consider factors such as individual needs, job characteristics, organizational variables, and the person-environment fit to account for the formation and consequences of job satisfaction.

Need-based theories argue that job satisfaction fundamentally stems from how much a job fulfills an individual's needs. Maslow's Hierarchy of Needs theory posits that the satisfaction of hierarchical needs—such as physiological necessities, safety, belongingness, esteem, and self-actualization—within the workplace significantly influences an individual's level of job satisfaction (McConnell & Metz, 2024, pp. 3-6). Herzberg's Two-Factor Theory, on the other hand, distinguishes between "motivational factors" (e.g., achievement, recognition, the nature of the work itself) and "hygiene factors" (e.g., salary, job security, working conditions). While the presence of motivational factors leads to satisfaction, the absence of hygiene factors results in dissatisfaction (Lee et al., 2022, pp. 14-15).

Another theoretical perspective, the Job Characteristics Theory, explains how the nature of work influences an individual's psychological state. Developed by Hackman and Oldham, this model identifies five core job dimensions that shape job satisfaction: skill variety, task identity, task significance, autonomy, and feedback. These dimensions facilitate the employee's perception of meaningfulness, responsibility, and knowledge of results, all of which contribute to higher levels of job satisfaction (Bukth & Fatima, 2024, pp. 1777-1778). The Expectancy Theory proposes that job satisfaction is rooted in individuals' beliefs about the likelihood that their efforts will lead to performance and that this performance will, in turn, result in desired outcomes. In this framework, employees who believe that their effort will yield the rewards they value are more likely to experience higher levels of satisfaction (Hasan et al., 2024, p. 102).

Equity Theory argues that individuals evaluate their workplace satisfaction by comparing the outcomes they receive relative to their inputs with those of others. Employees who perceive a fair balance between their contributions and rewards are more likely to feel satisfied. Conversely, perceived inequity may lead to dissatisfaction, decreased motivation, or even turnover (Tavoletti et al., 2023, p. 840). Affective Events Theory emphasizes that emotional responses to workplace events—whether positive or negative—can significantly influence job satisfaction. According to this theory, such events shape employees' emotional states, which in turn affect how satisfied they feel with their jobs (Brady & Prentice, 2025). In conclusion, job satisfaction emerges from the complex interplay of various individual and organizational factors. Theoretical frameworks provide a valuable foundation for understanding these dynamics and developing strategies to enhance workplace satisfaction.

Given the nature of the services and products they provide, healthcare institutions represent a critical context in which the characteristics and outcomes of job satisfaction theories are prominently observed. In this field, healthcare professionals' perceived job satisfaction has been shown to produce significant consequences across various domains. The well-being of healthcare workers indirectly affects the

quality of care provided to patients (Hall et al., 2016, p. 6; Karimi et al., 2021, p. 4). Enhancing these factors can improve healthcare services and support a more efficient and motivated workforce. Research indicates that higher job satisfaction among healthcare workers positively influences healthcare service quality (Halawani et al., 2021, p. 1880; Hoxha et al., 2024, pp. 14-15). Furthermore, studies have explored the relationships between job satisfaction and job performance (Mohammad & Wang, 2019; Platis et al., 2015) as well as job satisfaction and workload.

Psychological well-being is a key factor in the overall well-being of healthcare workers (Yıldırım et al., 2024; Zhang et al., 2024). The demanding nature of healthcare work, including high stress levels, burnout, emotional exhaustion, long working hours, and shift-based schedules, highlights the importance of psychological well-being (Townsend et al., 2023; Yuan et al., 2023). Healthcare workers rely on internal resources to maintain their psychological well-being and cope with workplace challenges (Aydın & Demir, 2023). Among these, psychological capital is crucial in promoting resilience, sustaining hope, strengthening self-efficacy, and fostering an optimistic mindset (Luthans et al., 2006; Luthans et al., 2015).

Psychological capital (PsyCap) is conceptually rooted in positive organizational behavior (POB), which emphasizes the measurable, developable, and manageable aspects of positive psychological states in the workplace (Luthans, 2002, p. 59). PsyCap is defined not merely as a fixed trait but as a state-like psychological resource that can be enhanced through targeted interventions. This distinguishes it from traditional personality traits by its malleability and responsiveness to training (Luthans et al., 2015).

PsyCap encompasses four essential psychological traits that individuals need for success and personal growth in their professional lives: Self-efficacy, hope, optimism, and resilience. Self-efficacy is the confidence an individual has in their capacity to complete particular tasks, while hope involves striving toward goals and finding alternative ways to achieve them. Optimism is the tendency to expect positive outcomes in the future and work toward achieving them, and resilience is the strength to recover rapidly from setbacks or tough situations (Luthans et al., 2006; Luthans et al., 2015).

Each component of PsyCap is grounded in well-established psychological theories. For instance, self-efficacy draws from Bandura (1997) social cognitive theory, emphasizing mastery experiences and personal agency. Hope is based on Snyder (2002) hope theory, which integrates pathway thinking (ability to find routes to goals) and agency thinking (motivation to use those routes). Optimism is informed by Seligman's attribution theory, which links explanatory styles to mental health and performance outcomes. Resilience, meanwhile, is influenced by developmental and clinical perspectives that define it as the capacity to rebound from adversity through adaptability and coping mechanisms (Tugade & Fredrickson, 2004). Importantly, these four elements synergistically interact to create a composite psychological resource that extends beyond the sum of its parts (Luthans, 2002; Luthans et al., 2006; Luthans & Jensen, 2005).

PsyCap does not function in isolation but acts as a dynamic buffer that helps individuals thrive under pressure and uncertainty, particularly in demanding work environments such as healthcare. These traits have been found to enhance job performance, satisfaction, and overall quality of life. Additionally, they contribute to more effective stress management and problem-solving in the workplace (Keçeci & Uğur, 2021; Luthans et al., 2005; Yıldırım et al., 2024).

PsyCap has been shown to play a significant role in various aspects of healthcare workers' work and the quality of healthcare services. It strengthens healthcare workers' ability to cope with stress and has been identified as a key factor in managing burnout (Xue et al., 2024). Additionally, while workload contributes to burnout, PsyCap serves as a protective factor in this context (Aydın & Demir, 2023; Slåtten et al., 2020; Zambrano-Chumo & Guevara, 2024). Employees with high PsyCap tend to adopt

problem-solving approaches when faced with challenges, enabling them to navigate difficulties more effectively (Slåtten et al., 2020). This talent, in turn, contributes to a more positive work environment and enhances the overall quality of healthcare services (Luthans & Jensen, 2005; Trinchero et al., 2019; Yuan et al., 2023). PsyCap is also important in enhancing job performance and job satisfaction in healthcare services. Studies have demonstrated its positive impact on job performance across all healthcare personnel (Amini, 2023; Saberfarzam et al., 2022; Saleh et al., 2020; Yıldırım et al., 2024) and specifically among nurses (Ali et al., 2021; Amini, 2023; Lee & Kim, 2023; Nasurdin et al., 2018). Similarly, PsyCap has been found to positively influence job satisfaction in healthcare workers (Abate & Mekonnen, 2021; Yıldırım et al., 2024), nurses (Lee & Kim, 2023; Maillet & Read, 2024; Zhang et al., 2024), and physicians (Fu et al., 2013). Moreover, significant findings in the literature highlight its role in improving both job satisfaction and job performance (Katebi et al., 2021; Platis et al., 2015).

Workload is defined as the total physical, cognitive, and emotional demands employees encounter during their professional duties. Various theoretical models have widely examined this concept, particularly within job stress, work design, and motivation. One of the most prominent models is the Job Demands–Resources (JD-R) model, which conceptualizes workload as a “job demand.” According to this framework, employees tend to experience elevated stress levels and diminished motivation when the workload is high and resources are insufficient. Conversely, if adequate support is provided, workload can contribute positively to performance (Li et al., 2025; Zhao & Liu, 2024).

The Job Characteristics Model (JCM) focuses on the structural aspects of work. According to this model, the stronger the presence of job features such as skill variety, task significance, and autonomy, the more meaningful employees perceive their work to be. This situation, in turn, makes the workload less stressful (Bukth & Fatima, 2024). Another relevant framework, the Job Demand–Control–Support (JD-CS) model, argues that employees’ control over their work and the social support they receive can mitigate the negative effects of workload. In other words, when individuals have a say in how they perform their tasks and feel supported, the adverse impact of workload is significantly reduced (Ramzani et al., 2024).

Finally, the Conservation of Resources (COR) theory conceptualizes workload as a threat to the loss of valued resources. When employees perceive a risk of losing time, energy, or social support, their stress levels tend to increase. Therefore, preserving and replenishing these resources are considered critical for effective workload management (Hobfoll, 1989).

These models approach workload not merely as the number of tasks assigned but within a multidimensional framework that includes employee perceptions, the level of support received, and the structural characteristics of the job. This perspective enables the design of healthier work environments at both individual and organizational levels.

Job performance refers to how effectively individuals fulfill their work-related tasks and responsibilities. Theoretically, it is shaped by several models that emphasize both personal and contextual factors. The Job Demands–Resources (JD-R) model suggests that performance is enhanced when job demands are balanced with adequate resources (Ramzani et al., 2024). Similarly, the Conservation of Resources (COR) theory argues that performance is influenced by preserving or losing personal and organizational resources (Hobfoll, 1989). The Expectancy Theory highlights that performance depends on the belief that effort leads to desirable outcomes (Ogundare & Omotosho, 2022). Collectively, these models show that job performance is not only about ability but also about motivation, resources, and support.

Workload is a critical factor influencing job satisfaction and job performance in healthcare services (Ahmad et al., 2019; Asamani et al., 2015; Gesare et al., 2024). Studies indicate excessive workload

negatively impacts job satisfaction and performance (Gesare et al., 2024). Additionally, excessive workload has been found to adversely affect healthcare workers' overall well-being beyond its impact on job performance (Ahmad et al., 2019). The literature highlights the interconnectedness of job satisfaction, workload, PsyCap, and job performance. These findings form the foundation of this study.

Although many studies have examined job satisfaction, workload, psychological capital, and job performance individually, limited research explores how these variables interact with one another, particularly in the healthcare context. Given the complex and demanding nature of healthcare work, understanding how these factors influence each other is essential for improving employee well-being and organizational outcomes. This study aims to address this gap by investigating how individual (sociodemographic characteristics), psychological (psychological capital and job satisfaction), and organizational factors (workload) are associated with perceived job performance among healthcare workers. Understanding these relationships is essential for gaining deeper insights into the workplace experiences of healthcare workers.

### Method

This research was designed as a descriptive cross-sectional study. This study aims to identify the factors influencing healthcare workers' perceived job performance and examine their impact. Specifically, the study investigates how demographic, occupational, psychological, and organizational factors affect perceived job performance.

Research questions:

- How do demographic characteristics (age, gender) and occupational factors (profession, education level, years of experience, work schedule) influence healthcare workers' PsyCap, job satisfaction, perceived workload, and perceived job performance?
- What is the relationship between healthcare workers' PsyCap, perceived workload, job satisfaction, and perceived job performance?
- Do psychological and organizational factors significantly influence perceived job performance compared to demographic and occupational factors?

The following hypotheses were developed based on the theoretical framework and previous findings to explore these research questions and provide empirical evidence systematically.

*H<sup>1</sup>*: There are statistically significant differences in psychological capital, job satisfaction, perceived workload, and perceived job performance across demographic (age, gender) and occupational (profession, education level, years of experience, work schedule) groups of healthcare workers.

*H<sup>2</sup>*: There are statistically significant associations between psychological capital, job satisfaction, perceived workload, and perceived job performance among healthcare workers.

*H<sup>3</sup>*: Psychological and organizational factors (psychological capital, job satisfaction, and perceived workload) significantly predict perceived job performance among healthcare workers beyond the influence of demographic and occupational variables.

### Population and Sample

This study was approved by the Ethics Committee of Science, Mathematics, and Social Sciences at Çankırı Karatekin University, with the decision dated 27 June 2024 and meeting number 42. The study was conducted in a well-established tertiary-level hospital in Ankara, which was critical in selecting the research setting. As a tertiary care institution, the hospital provides highly specialized services across a wide range of medical disciplines, serving a large and diverse patient population. Its comprehensive

structure, encompassing nearly all major specialties, enables the employment of a multidisciplinary healthcare workforce, including physicians, nurses, technicians, and administrative staff. This diversity contributed to the hospital's suitability for investigating the relationships among psychological capital, workload, job satisfaction, and job performance in a heterogeneous healthcare context. The hospital's institutional scope and functional complexity also reflect typical conditions of high-demand medical environments, making it an appropriate setting for studying psychological and organizational factors that affect healthcare professionals' performance and well-being.

Inclusion Criteria:

- Actively working as a healthcare professional.
- Voluntarily agreeing to participate in the study.

Choosing not to participate was considered an exclusion criterion. The sample size was determined using the equal probability sampling method. As of 10 June 2023, the hospital's total healthcare workers was 3,216. The minimum required sample size was calculated as 343 participants to achieve a 95% confidence level. A convenience sampling approach was employed to select participants. Using the convenience sampling method, 350 healthcare professionals were included in the study. A convenience sampling method was used due to logistical constraints and the dynamic nature of shift-based hospital work.

### **Data Collection Tools**

A survey form was used as the data collection instrument, consisting of three sections:

#### ***Demographic and Occupational Characteristics***

The first section includes a demographic and occupational characteristics form developed by the researcher, comprising six questions (age, gender, profession, education level, years of experience, and work schedule).

#### ***Psychological Capital Scale (PCS)***

The second section incorporates the Psychological Capital Scale developed by Luthans et al. (2005) and adapted into Turkish by Keçeci and Ugur (2021). The scale consists of four dimensions and 24 items: (Self-efficacy: Items 1, 2, 3, 4, 5, 6; Optimism: Items 7, 8, 9, 10, 11, 12; Psychological Resilience: Items 13, 14, 15, 16, 17, 18; Hope: Items 19, 20, 21, 22, 23, 24). Items 13, 20, and 23 are reverse-coded.

The Turkish adaptation of the Psychological Capital Scale was restructured by Keçeci and Uğur (2021). The Turkish adaptation by Keçeci and Ugur (2021) consists of the following dimensions: (Self-Efficacy: Items 1, 2, 3, 4, 5, 6, 11; Resilience: Items 7, 9, 14, 15, 17; Optimism: Items 12, 21, 22, 24). The scale follows a six-point Likert format. A cumulative score is obtained from the scale, ranging from 16 to 96. A higher score reflects a greater degree of psychological capital. This study utilized the structural model of the Turkish adaptation of the Psychological Capital Scale, developed by Keçeci and Uğur (2021).

#### ***Job Satisfaction Scale***

The final section includes the Job Satisfaction Scale, originally developed by Brayfield and Rothe (1951), later shortened to a five-item version by Judge et al. (1998) and adapted into Turkish by Keser and Bilir (2019). The scale consists of five Likert-type items. Items 3 and 5 are reverse-coded. The scale generates a cumulative score ranging from 5 to 25, where higher scores indicate greater job satisfaction.

### ***Visual Analog Scale (VAS)***

Since the healthcare professionals in the study held different occupations and roles, the study aimed to measure their perceived workload and performance. A Visual Analog Scale (VAS) ranging from 1 to 10 points was utilized in this context. This approach is also expected to minimize response bias. Additionally, perceived workload and job performance are measured using Visual Analog Scale (VAS) questions, rated on a 0-10 scale. Higher scores indicate greater perceived workload and job performance.

### **Data Collection**

Data was collected between 1 July and 30 September 2023 among healthcare workers who met the research criteria following the ethics committee's approval. The survey was administered online via Google Forms and face-to-face data collection methods. During this period, 271 surveys (77.4%) were collected online, while 79 surveys (22.6%) were obtained through face-to-face administration.

### **Data Analysis**

Before conducting Confirmatory Factor Analysis (CFA) to assess the structural validity of the scales used in the study, the assumption of multivariate normality was evaluated using multivariate kurtosis and critical ratio (CR) values.

The analysis revealed that the PsyCap Scale did not meet the assumption of multivariate normal distribution, which is required for the Maximum Likelihood (ML) estimation method (Multivariate Kurtosis = 123.199; CR = 18.018). Therefore, CFA was performed using the Unweighted Least Squares (ULS) estimation method with bootstrapping at a 95% confidence interval.

On the other hand, the Job Satisfaction Scale met the assumption of multivariate normal distribution (Multivariate Kurtosis = 9.887; CR = 11.054), allowing the use of the Maximum Likelihood (ML) estimation method for CFA. CFA was conducted using AMOS 24 statistical software. Cronbach's Alpha and Composite Reliability (CR) coefficients were computed to evaluate the internal consistency of the scales (Karagöz, 2019; Kline, 2011).

Descriptive findings in the study are presented using frequency, percentage, minimum, maximum, mean, and standard deviation values. The assumption of normal distribution for parametric tests was assessed using the Kolmogorov-Smirnov test. Since the scale scores did not exhibit a normal distribution across groups (Kolmogorov-Smirnov;  $p < 0.05$ ), nonparametric analysis methods were employed (Cronk, 2019; Denis, 2018). The Mann-Whitney U test was used to compare scale scores between two groups. The Kruskal-Wallis H test was applied for comparisons among three or more groups, followed by the Mann-Whitney U test with Bonferroni correction as a post-hoc test. Additionally, the relationships between continuous variables were analyzed using the Spearman correlation coefficient (Meyers et al., 2013).

A hierarchical multiple linear regression analysis was conducted to identify the factors influencing perceived job performance among healthcare workers. The hierarchical regression model consisted of two stages: Model 1 included demographic and occupational characteristics of the participants. Model 2 incorporated PsyCap, job satisfaction, and perceived workload as additional independent variables. All statistical analyses were performed using SPSS 26. A significance level of  $p < 0.05$  was considered statistically significant.

## Results

This section presents the research findings under three main headings: descriptive statistics, scale-related findings, and hypothesis analyses.

### Descriptive Findings

Table 1 presents the demographic and healthcare occupational characteristics of healthcare workers.

**Table 1**

*Healthcare Workers' Demographic and Occupational Characteristics (n=350)*

Characteristics	n	%
Gender		
Male	122	34,86
Female	228	65,14
Age		
22-30 years	77	22,00
31-40 years	134	38,29
41-50 years	111	31,71
51 years and above	28	8,00
Educational Level		
High School	36	10,29
Associate Degree	37	10,57
Bachelor's Degree	161	46,00
Postgraduate Degree	116	33,14
Profession		
Other	29	8,29
Physician	61	17,43
Nurse	167	47,71
Administrative Staff	25	7,14
Technician	68	19,40
Years of Experience		
Up to 10 years	118	33,71
11-20 years	116	33,14
21 years and above	116	33,14
Work Schedule		
Daytime Only	210	60,00
Shift Work (Day/Night)	140	40,00
Total	350	100,00

As presented in Table 1, the study included 350 healthcare workers with a mean age of 38.33 years ( $\pm 8.73$ ), ranging from 22 to 63 years. Participants varied in gender, education level, professional role, and work schedule. The mean duration of professional experience was 16.62 years ( $\pm 9.03$ ), ranging from 1 to 40 years. Detailed demographic and occupational characteristics are summarized in Table 1.

### Findings on Measurement Scales

#### *Validity and Reliability Analyses*

The Confirmatory Factor Analysis (CFA) for the Turkish adaptation of the Psychological Capital Scale (Keçeci & Uğur, 2021) was conducted using the Unweighted Least Squares (ULS) method (Multivariate Kurtosis = 123.199, CR = 48.018). The model fit indices demonstrated an acceptable fit to the data (CMIN = 154.50, DF = 101, CMIN/DF = 1.53, NFI = 0.981, GFI = 0.986, AGFI = 0.981, RFI = 0.978, SRMR = 0.049). The standardized factor loadings for the observed variables ranged

between 0.382 and 0.830, all statistically significant ( $p < 0.05$ ), indicating a well-defined latent structure.

Similarly, CFA was performed for the Job Satisfaction Scale (Keser & Bilir, 2019) based on its unidimensional theoretical structure using the Maximum Likelihood (ML) estimation method (Multivariate Kurtosis = 9.89, CR = 11.05). The model fit indices indicated an excellent fit (CMIN = 3.18, DF = 5, CMIN/DF = 0.637, NFI = 0.996, GFI = 0.996, CFI = 1.00, IFI = 1.00, TLI = 1.00, RMSEA < 0.001, SRMR = 0.013). The standardized factor loadings for the observed indicators ranged between 0.421 and 0.983, all statistically significant. These results provide empirical support for the construct validity of the scales in the study.

**Table 2**

*The Descriptive Statistics of The Research Scales (n=350)*

Scales and Dimensions	Minimum	Maximum	Mean	Std. Deviation	Cronbach Alfa	Composite Reliability
• Self-Efficacy	17	42	35,48	5,26	0,912	0,913
• Resilience	10	30	24,69	3,77	0,830	0,835
• Optimism	8	24	17,41	3,35	0,695	0,691
Psychological Capital Total <sup>1</sup>	37	96	77,59	10,90	0,902	0,943
Job Satisfaction <sup>2</sup>	5	24	16,06	3,98	0,841	0,852
Perceived Job Performance <sup>3</sup>	1	10	7,94	1,76	VAS	VAS
Perceived Workload <sup>4</sup>	1	10	8,29	1,86	VAS	VAS

**Note. 1:** (Keçeci & Ugur, 2021), **2:** (Keser & Bilir, 2019), **3,4:** VAS Scale (1-10)

Table 2 presents the descriptive statistics of the research scales. The self-efficacy scores ranged from 17 to 42, with a mean of  $35.48 \pm 5.26$ . Resilience scores varied between 10 and 30, with a mean of  $24.69 \pm 3.77$ . Optimism scores ranged from 8 to 24, with a mean of  $17.41 \pm 3.35$ . The total psychological capital score, which includes self-efficacy, resilience, and optimism, ranged from 37 to 96, with a mean of  $77.59 \pm 10.90$ . Job satisfaction scores were between 5 and 24, with a mean of  $16.06 \pm 3.98$ . Perceived job performance and perceived workload were measured using a Visual Analog Scale (VAS) ranging from 1 to 10. The mean perceived job performance score was  $7.94 \pm 1.76$ , while the mean perceived workload score was  $8.29 \pm 1.86$ .

The reliability of the scales was evaluated through Cronbach's alpha and composite reliability coefficients. The self-efficacy dimension showed high reliability, with a Cronbach's alpha of 0.912 and a composite reliability of 0.913. The resilience dimension also demonstrated strong internal consistency, with a Cronbach's alpha of 0.830 and a composite reliability of 0.835. The optimism dimension had moderate reliability, with a Cronbach's alpha of 0.695 and a composite reliability of 0.691. The total psychological capital scale showed excellent internal consistency, with a Cronbach's alpha of 0.902 and a composite reliability of 0.943, indicating that the sub-dimensions had internal consistency. The job satisfaction scale also had high reliability, with a Cronbach's alpha of 0.841 and a composite reliability of 0.852.

### Hypothesis Testing Results

Table 3 presents the distribution of psychological capital, job satisfaction, perceived job performance, and perceived workload scores across various demographic and occupational variables.

**Table 3**

*Psychological Capital, Job Satisfaction, Perceived Job Performance, and Perceived Workload by Demographic and Occupational Characteristics (n=350)*

Characteristics	N	Psychological Capital			Test P Value Post Hoc	Job Satisfaction			Test P Value Post Hoc	Perceived Job Performance			Test P Value Post Hoc	Perceived Workload			Test P Value Post Hoc
		Mean	SD.	Mean Rank		Mean	SD.	Mean Rank		Mean	SD.	Mean Rank		Mean	SD.	Mean Rank	
<b>Gender</b>																	
Male	122	80,38	9,30	201,34	U=10755	16,99	3,58	200,75	U=10827	8,25	1,41	190,75	U=12047	8,33	1,81	176,42	U=13796
Female	228	76,09	11,41	161,67	<b>&lt;0,001</b>	15,57	4,10	161,99	<b>0,001</b>	7,77	1,90	167,34	<b>0,035</b>	8,27	1,89	175,01	0,897
<b>Age Group</b>																	
22-30 years <sup>1</sup>	77	73,81	10,23	137,04	H=15,526 <b>0,001</b> 1-2* 1-3**	15,12	3,98	150,21	H=6,313 0,097	7,40	1,59	138,62	H=15,526 <b>0,002</b> 1-2* 1-3** 1-4*	8,23	1,82	170,32	H=0,496 0,926
31-40 years <sup>2</sup>	134	77,73	11,36	179,40		16,23	3,93	182,37		8,07	1,66	182,17		8,35	1,77	177,46	
41-50 years <sup>3</sup>	111	79,59	9,84	192,77		16,52	3,80	183,91		8,05	1,88	184,99		8,29	1,99	178,26	
51 years and above <sup>4</sup>	28	79,32	12,25	194,14		16,04	4,64	178,86		8,39	1,95	207,39		8,18	1,93	169,43	
<b>Educational Level</b>																	
High School <sup>1</sup>	36	75,08	10,69	151,63	H=6,962 0,073	14,56	3,50	136,24	H=11,052 <b>0,011</b> 3-4*	8,25	1,42	183,85	H=17,921 <b>&lt;0,001</b> 3-4***	8,58	1,92	194,79	H=13,478 <b>0,004</b> 3-4**
Associate Degree <sup>2</sup>	37	75,76	10,37	154,04		16,30	3,61	181,31		7,78	1,46	161,24		8,41	1,54	176,69	
Bachelor's Degree <sup>3</sup>	161	79,17	10,62	189,33		15,91	3,82	168,46		8,29	1,65	197,04		8,60	1,63	189,94	
Postgraduate Degree <sup>4</sup>	116	76,74	11,31	170,56		16,67	4,33	195,6		7,41	1,96	147,56		7,73	2,12	149,09	
<b>Profession</b>																	
Nurse <sup>1</sup>	167	76,95	10,54	167,72	H=9,091 0,059	15,62	3,96	163,22	H=9,645 0,047 PH>0,05	8,06	1,77	185,23	H=26,151 <b>&lt;0,001</b> 1-3** 2-3***	8,66	1,68	194,97	H=24,505 <b>&lt;0,001</b> 1-3** 2-3***
Technician <sup>2</sup>	68	79,98	9,18	196,74		17,07	3,96	199,89		8,54	1,43	209,10		8,41	2,01	187,18	
Physician <sup>3</sup>	61	74,97	12,21	156,25		16,66	3,82	193,16		7,18	1,68	127,12		7,48	1,87	128,66	
Other <sup>4</sup>	29	78,24	12,03	181,90		15,38	3,12	154,79		7,69	1,58	150,43		8,00	1,67	152,76	
Administrative Staff <sup>5</sup>	25	80,92	11,54	209,22		15,64	4,91	172,16		7,64	2,18	166,22		7,84	2,14	154,36	
<b>Years of Experience</b>																	
Up to 10 years <sup>1</sup>	118	73,54	10,68	138,17	H=28,363 <b>&lt;0,001</b> 1-2** 1-3**	15,47	3,75	158,99	H=7,512 <b>0,023</b> 1-3*	7,52	1,61	145,89	H=16,115 <b>&lt;0,001</b> 1-3**	8,30	1,92	177,47	H=1,290 0,525
11-20 years <sup>2</sup>	116	78,34	10,43	181,05		15,81	4,21	173,04		8,05	1,95	188,02		8,49	1,56	181,55	
21 years and above <sup>3</sup>	116	80,95	10,33	207,93		16,92	3,86	194,75		8,26	1,63	193,10		8,09	2,05	167,44	
<b>Work Schedule</b>																	
Daytime Only	118	73,54	10,68	138,17	U=13141,50	15,47	3,75	158,99	U=13038,50	7,52	1,61	145,89	U=13517	8,30	1,92	177,47	U=16461,50
Shift Work (Day/Night)	116	78,34	10,43	181,05	0,093	15,81	4,21	173,04	0,071	8,05	1,95	188,02	0,192	8,49	1,56	181,55	<b>0,049</b>

**Note.** U: Mann-Whitney U Test, H: Kruskal-Wallis H Test, Post-Hoc Analysis: Mann-Whitney U Test with Bonferroni Correction at a 95% Confidence Interval, \*\*\*p < 0.001, \*\*p < 0.010, \*p < 0.005.

### ***Psychological Capital Scores***

Statistically significant differences were observed in psychological capital scores based on gender, age group, and years of experience ( $p < 0.05$ ). A statistically significant difference in psychological capital scores was found between genders ( $U = 10755$ ,  $p < 0.001$ ), with male participants having a higher mean score ( $80.38 \pm 9.30$ ) compared to female participants ( $76.09 \pm 11.41$ ).

A statistically significant difference was also observed among age groups ( $H = 15.526$ ,  $p = 0.001$ ). Participants aged 22-30 years had a significantly lower mean psychological capital score of  $73.81 \pm 10.23$  than that of participants aged 31-40 years ( $77.73 \pm 11.36$ ) ( $p < 0.05$ ). Furthermore, participants in the 41-50 age group ( $79.59 \pm 9.84$ ) had significantly higher scores than those in the 22-30 age group ( $p < 0.01$ ).

Similarly, a statistically significant difference was also observed based on years of experience ( $H = 28.363$ ,  $p < 0.001$ ). Participants with  $\leq 10$  years of experience had a significantly lower mean psychological capital score ( $73.54 \pm 10.68$ ) compared to those with 11-20 years of experience ( $78.34 \pm 10.43$ ,  $p < 0.01$ ). Furthermore, participants with more than 21 years of experience ( $80.95 \pm 10.33$ ) had significantly higher scores than those with  $\leq 10$  years of experience ( $p < 0.01$ ).

Conversely, no statistically significant differences were found in psychological capital scores based on educational level, profession, or work schedule ( $p > 0.05$ ). For job satisfaction scores, statistically significant differences were observed based on gender, educational level, profession, and years of experience ( $p < 0.05$ ).

### ***Job Satisfaction Scores***

A statistically significant difference in job satisfaction scores was found between genders ( $U = 10827$ ,  $p = 0.001$ ), with male participants reporting a mean score of  $16.99 \pm 3.58$ , compared to  $15.57 \pm 4.10$  for female participants. A statistically significant difference was also observed based on educational level ( $H = 11.052$ ,  $p = 0.011$ ). Post-hoc analysis indicated that participants with a postgraduate degree ( $16.67 \pm 4.33$ ) had significantly higher job satisfaction scores than those with a bachelor's degree ( $15.91 \pm 3.82$ ,  $p < 0.05$ ). Additionally, years of experience demonstrated a statistically significant difference in job satisfaction scores ( $H = 7.512$ ,  $p = 0.023$ ). Employees with 21 years or more of experience had significantly higher job satisfaction scores ( $16.92 \pm 3.86$ ) compared to those with  $\leq 10$  years of experience ( $15.47 \pm 3.75$ ,  $p < 0.05$ ). A statistically significant difference was observed among professions in terms of job satisfaction scores ( $H = 9.645$ ,  $p = 0.047$ ). However, post-hoc analysis revealed no statistically significant pairwise difference ( $p > 0.05$ ). No statistically significant differences were found in job satisfaction scores based on age group or work schedule ( $p > 0.05$ ).

### ***Perceived Job Performance Scores***

Statistically significant differences were identified based on gender, age group, educational level, profession, and years of experience regarding perceived job performance scores ( $p < 0.05$ ). A statistically significant difference in perceived job performance scores was found between genders ( $U = 12047$ ,  $p = 0.035$ ), with male participants reporting a higher mean score ( $8.25 \pm 1.41$ ) compared to female participants ( $7.77 \pm 1.90$ ). Additionally, age groups exhibited statistically significant differences in perceived job performance scores ( $H = 15.526$ ,  $p = 0.002$ ). Participants aged 22-30 years had a significantly lower mean score ( $7.40 \pm 1.59$ ) compared to those aged 31-40 years ( $8.07 \pm 1.66$ ,  $p < 0.05$ ), 41-50 years ( $8.05 \pm 1.88$ ,  $p < 0.01$ ), and 51 years and above ( $8.39 \pm 1.95$ ,  $p < 0.05$ ). A statistically significant difference was also observed based on educational level ( $H = 17.921$ ,  $p < 0.001$ ). Participants with a bachelor's degree ( $8.29 \pm 1.65$ ) had significantly higher perceived job performance scores than those

with a postgraduate degree ( $7.41 \pm 1.96$ ,  $p < 0.001$ ). A statistically significant difference was found based on profession ( $H = 26.151$ ,  $p < 0.001$ ). Technicians had the highest perceived job performance score ( $8.54 \pm 1.43$ ), which was significantly higher than that of physicians ( $7.18 \pm 1.68$ ,  $p < 0.01$ ) and participants in other professions ( $7.69 \pm 1.58$ ,  $p < 0.001$ ). Lastly, years of experience demonstrated statistically significant differences in perceived job performance scores ( $H=16.115$ ,  $p < 0.001$ ). Participants with  $\leq 10$  years of experience had a significantly lower mean score ( $7.52 \pm 1.61$ ) compared to those with 21 years or more of experience ( $8.26 \pm 1.63$ ,  $p < 0.01$ ). No statistically significant differences were found in perceived job performance scores based on work schedules ( $p > 0.05$ ).

### Perceived Workload Scores

Regarding perceived workload scores, statistically significant differences were observed based on educational level, profession, and work schedule ( $p < 0.05$ ). A statistically significant difference was found in perceived workload scores based on educational level ( $H=13.478$ ,  $p=0.004$ ). Participants with a bachelor's degree ( $8.60 \pm 1.63$ ) reported significantly higher perceived workload compared to those with a postgraduate degree ( $7.73 \pm 2.12$ ,  $p < 0.01$ ). A statistically significant difference in perceived workload scores was observed across professions ( $H = 24.505$ ,  $p < 0.001$ ). Nurses reported the highest perceived workload score ( $8.66 \pm 1.68$ ), which was significantly greater than that of physicians ( $7.48 \pm 1.87$ ,  $p < 0.01$ ). Moreover, technicians ( $8.41 \pm 2.01$ ) had significantly higher perceived workload scores compared to physicians ( $p < 0.001$ ). A statistically significant difference was also found based on work schedule ( $U=16461.50$ ,  $p=0.049$ ). Working in shifts ( $8.49 \pm 1.56$ ) reported significantly higher perceived workload than working only during the daytime ( $8.30 \pm 1.92$ ). Conversely, no statistically significant differences were found in perceived workload scores based on gender, age group, or years of experience ( $p > 0.05$ ).

Statistically significant differences were observed in psychological capital, job satisfaction, perceived workload, and perceived job performance across various demographic (e.g., age, gender) and occupational (e.g., profession, education level, years of experience) groups ( $p < .05$ ), indicating that healthcare workers' background characteristics influence key psychological and organizational outcomes. Therefore,  $H_1$  was supported.

**Table 4**

*Correlation Analysis of Demographic, Psychological, and Work-Related Variables (n=350)*

Variables		2	3	4	5	6
1. Age	r	0,924	0,231	0,124	0,188	-0,028
	p	<b>&lt;0,001</b>	<b>&lt;0,001</b>	<b>0,020</b>	<b>&lt;0,001</b>	0,601
2. Years of Experience	r		0,277	0,124	0,207	-0,010
	p		<b>&lt;0,001</b>	<b>0,020</b>	<b>&lt;0,001</b>	0,855
3. Psychological Capital Total	r			0,355	0,406	0,022
	p			<b>&lt;0,001</b>	<b>&lt;0,001</b>	0,681
4. Job Satisfaction	r				0,266	-0,147
	p				<b>&lt;0,001</b>	<b>0,006</b>
5. Perceived Job Performance	r					0,372
	p					<b>&lt;0,001</b>
6. Perceived Workload	r					
	p					

**Note.** r: Spearman Correlation Coefficient

Table 4 presents the correlations among the study variables. A statistically significant very strong positive correlation was found between age and years of experience ( $r=0.924$ ,  $p < 0.001$ ). Psychological capital exhibited a statistically significant moderate positive correlation with job satisfaction ( $r=0.355$ ,

$p < 0.001$ ) and perceived job performance ( $r = 0.406$ ,  $p < 0.001$ ). A statistically significant weak positive correlation was observed between job satisfaction and perceived job performance ( $r = 0.266$ ,  $p < 0.001$ ). Perceived job performance and perceived workload demonstrated a statistically significant moderate positive correlation ( $r = 0.372$ ,  $p < 0.001$ ). Additionally, a statistically significant weak negative correlation was found between job satisfaction and perceived workload ( $r = -0.147$ ,  $p = 0.006$ ). No other correlations were statistically significant ( $p > 0.05$ ).

Correlation analyses revealed that psychological capital was positively associated with job satisfaction and job performance. In contrast, job satisfaction was positively related to performance and negatively associated with perceived workload. Additionally, perceived workload positively correlated with perceived job performance ( $p < .01$ ). These findings provide empirical support for H<sub>2</sub>.

### ***Hierarchical Regression Analysis Results***

In Table 5, a hierarchical regression analysis was conducted to identify the factors influencing perceived job performance.

**Table 5**

*Hierarchical Regression Analysis Results for Perceived Job Performance (n=350)*

<b>Dependent Variable: Perceived Job Performance</b>					
<b>Model</b>	<b>Independent Variables</b>	<b>B</b>	<b>SE<sub>B</sub></b>	<b>β</b>	<b>ΔR<sup>2</sup></b>
1	(Constant)	6,417	0,663	-	0,097***
	Age	0,026	0,011	0,127*	
	Gender (Male)	0,382	0,208	0,104	
	Doctor (Reference)	-	-	-	
	Nurse	0,914	0,284	0,260**	
	Technician	1,165	0,333	0,263**	
	Administrative Staff	0,282	0,419	0,041	
	Other	0,481	0,420	0,076	
	Educational Level	-0,076	0,112	-0,040	
	Work Schedule (Shift)	-0,204	0,197	-0,057	
2	(Constant)	0,027	0,811	-	0,257***
	Age	0,012	0,009	0,058	
	Gender (Male)	0,006	0,180	0,002	
	Doctor (Reference)	-	-	-	
	Nurse	0,433	0,249	0,123	
	Technician	0,590	0,288	0,133*	
	Administrative Staff	-0,023	0,362	-0,003	
	Other	0,112	0,361	0,018	
	Educational Level	-0,201	0,097	-0,106*	
	Work Schedule (Shift)	-0,108	0,169	-0,030	
Psychological Capital	0,049	0,008	0,302***		
Perceived Workload	0,240	0,043	0,253***		
Job Satisfaction	0,126	0,022	0,285***		

Note. \*\*\*  $p < 0,001$ , \*\*  $p < 0,01$ , \*  $p < 0,05$

In the first model, demographic and occupational variables were used as independent variables, while psychological and organizational variables were added in the second model. The hierarchical regression analysis confirmed no multicollinearity issue among the independent variables ( $VIF < 10$ ; Tolerance  $> 0.20$ ). Additionally, no autocorrelation was detected among the independent variables (Durbin-Watson

= 1.787). The regression model applied to assess the perceived performance levels of healthcare workers was found to be statistically significant (Model 1:  $F = 4.556$ ,  $p < 0.001$ ; Model 2:  $F = 16.776$ ,  $p < 0.001$ ).

In the first model, age, gender (male), occupational group, educational level, and shift work schedule were included as independent variables. The model explained 9.7% of the variance in perceived job performance ( $R^2 = 0.097$ ,  $p < 0.001$ ). The results indicated that age had a positive and statistically significant relationship with perceived job performance ( $B = 0.026$ ,  $p = 0.042$ ,  $\beta = 0.127$ ). Compared to doctors, being a nurse ( $B = 0.914$ ,  $p = 0.004$ ,  $\beta = 0.260$ ) and being a technician ( $B = 1.165$ ,  $p = 0.003$ ,  $\beta = 0.263$ ) had a positive and statistically significant relationship with perceived job performance. However, gender ( $B = 0.382$ ,  $p = 0.083$ ,  $\beta = 0.104$ ), administrative staff ( $B = 0.282$ ,  $p = 0.419$ ,  $\beta = 0.041$ ), other occupational groups ( $B = 0.481$ ,  $p = 0.376$ ,  $\beta = 0.076$ ), educational level ( $B = -0.076$ ,  $p = 0.528$ ,  $\beta = -0.040$ ), and shift work schedule ( $B = -0.204$ ,  $p = 0.298$ ,  $\beta = -0.057$ ) did not show a statistically significant relationship with perceived job performance.

In the second model, psychological capital, perceived workload, and job satisfaction were added as independent variables. Adding these variables to the model accounted for 25.7% of the variance in perceived job performance ( $R^2 = 0.257$ ,  $p < 0.001$ ), increasing the total explained variance of 33.2%. Psychological capital ( $B = 0.049$ ,  $p < 0.001$ ,  $\beta = 0.302$ ), perceived workload ( $B = 0.240$ ,  $p < 0.001$ ,  $\beta = 0.253$ ), and job satisfaction ( $B = 0.126$ ,  $p < 0.001$ ,  $\beta = 0.285$ ) were all found to have positive and statistically significant relationships with perceived job performance. Additionally, the educational level had a negative and statistically significant relationship ( $B = -0.201$ ,  $p = 0.038$ ,  $\beta = -0.106$ ). Compared to doctors, being technicians had a positive and statistically significant relationship with perceived job performance ( $B = 0.590$ ,  $p = 0.047$ ,  $\beta = 0.133$ ). However, the effect size decreased compared to the first model. In contrast, age ( $p = 0.201$ ), gender ( $p = 0.731$ ), administrative staff ( $p = 0.419$ ), other occupational groups ( $p = 0.376$ ), and shift work schedule ( $p = 0.534$ ) did not exhibit a statistically significant relationship with perceived job performance.

In the hierarchical regression analysis, psychological capital, job satisfaction, and perceived workload were all found to be statistically significant predictors of perceived job performance, accounting for a substantial proportion of the variance beyond demographic and occupational variables ( $R^2 = .332$ ,  $p < .001$ ). Accordingly,  $H_3$  was confirmed.

## Discussions

This study aims to identify the factors influencing perceived job performance among healthcare workers and to examine the impact of these factors. Additionally, it evaluates healthcare workers' psychological capital, job satisfaction, perceived workload, and job performance in terms of their demographic and occupational characteristics. The findings suggest that job satisfaction, perceived workload, and psychological capital may play a more significant role in explaining perceived job performance than demographic and occupational characteristics. Furthermore, differences were observed in psychological capital, job satisfaction, perceived workload, and perceived job performance levels based on demographic and occupational characteristics.

This study determined that male healthcare workers have statistically significantly higher levels of psychological capital than females. In their study on nurses, Zhang et al. (2022) found that while psychological capital levels did not differ by gender among specialist nurses, a gender-based difference was observed in general nurses. Similarly, Alan et al. (2022) did not identify gender differences in psychological capital in a study on nurses. The lack of gender differences in psychological capital in the studies by Zhang et al. (2022) and Alan et al. (2022) might be due to the low representation of male nurses in their samples. Additionally, this study found that younger healthcare workers have statistically significantly lower psychological capital levels than older professionals. Another supporting finding is

the statistically significant positive relationship between job satisfaction, professional experience, and age. Previous studies by Zhang et al. (2022) and Alan et al. (2022) also reported a significant positive relationship between age and psychological capital among nurses.

In this study, female healthcare workers were found to have statistically significantly lower job satisfaction levels than males. Consistent with this finding, Halawani et al. (2021) also concluded that female healthcare workers exhibit lower job satisfaction levels. Similarly, Zhang et al. (2022), in their study on nurses, and Goetz et al. (2013), in their study on family physicians, found that job satisfaction levels were associated with gender. Furthermore, healthcare workers with postgraduate education reported statistically significantly higher job satisfaction levels than those with an undergraduate degree. However, in their study on nurses, Zhang et al. (2022) did not identify a significant relationship between education level and job satisfaction. The discrepancy between their findings and those of the present study may be attributed to the fact that Zhang et al. (2022) focused exclusively on nurses.

Additionally, experienced healthcare workers exhibited statistically significantly higher job satisfaction levels than younger professionals. This finding aligns with the statistically significant positive relationship between job satisfaction, professional experience, and age. In their study on nurses, Zhang et al. (2022) also identified a significant positive relationship between age, work experience, and job satisfaction. Other studies on healthcare workers have similarly reported a positive association between age and job satisfaction (Fu et al., 2013; Goetz et al., 2013; Halawani et al., 2021).

In this study, male healthcare workers reported significantly higher perceived job performance than their female counterparts. This finding is consistent with the results of Firth-Cozens (2008). Additionally, experienced and older healthcare workers were observed to have significantly higher perceived job performance than their younger counterparts. This finding is consistent with the statistically significant positive association between perceived job performance, age, and tenure. In their study on nurses, An et al. (2020) found that older professionals perceived their workload to be higher than younger professionals. Similarly, Zaman et al. (2022) reported similar findings in their study on physicians. Moreover, healthcare workers with an undergraduate degree reported significantly higher perceived job performance than those with a postgraduate degree. In contrast, An et al. (2020) found that nurses with higher levels of education perceived their job performance to be greater. The discrepancy between these findings is likely due to differences in the study populations. In this study, physicians were found to have statistically significantly lower levels of perceived job performance compared to nurses and technicians.

Similarly, physicians reported statistically significantly lower levels of perceived workload than nurses and technicians. This difference in perception may be attributed to nurses and technicians engaging in more routine and labor-intensive tasks compared to physicians. Additionally, healthcare workers with postgraduate education reported statistically significantly lower levels of perceived workload than those with only an undergraduate degree. This finding can be explained by the fact that 93.4% (n=57) of the physicians in the study population had a postgraduate education level. Furthermore, healthcare workers working night and day shifts perceived their workload as statistically significantly higher than those working only daytime shifts. This finding may be associated with the disruption of circadian rhythms among shift workers. Previous research has indicated that working night shifts can lead to various health, sleep, and psychological problems among healthcare workers (Harma et al., 2022).

This study identified a statistically significant relationship between healthcare workers' psychological capital levels and their job satisfaction levels. In a study on physicians, Fu et al. (2013) found that psychological capital positively affects job satisfaction. Other studies on healthcare workers have similarly demonstrated a positive relationship between psychological capital and job satisfaction (Alan et al., 2022; Fu et al., 2013; Yıldırım et al., 2024; Zhang et al., 2022). Additionally, a significant negative

relationship was found between perceived workload and job satisfaction among healthcare workers in this study. Consistent with these findings, research conducted by Hellin Gil et al. (2022) and Saha et al. (2020) on nurses indicated a significant association between job satisfaction and workload.

In this study, gender and profession were identified as significant predictors of perceived job performance among healthcare workers. Additionally, it was determined that demographic and occupational characteristics accounted for approximately 10% of the variance in job performance. Furthermore, when controlling for demographic and occupational characteristics, psychological capital, perceived workload, and job satisfaction were found to explain approximately 26% of the variance in perceived job performance.

Perceived workload was the most significant predictor of perceived job performance among healthcare workers. A statistically significant positive relationship was found between perceived workload and perceived job performance. Consistent with this finding, in a study conducted on five private hospitals, Gesare et al. (2024) concluded that workload substantially impacts healthcare worker performance. Similarly, Serra et al. (2023), in a systematic review of nurses, found that workload influences both the quality of care and job satisfaction. Other studies on healthcare workers have also demonstrated that perceived workload negatively affects job performance (Ahmad et al., 2019; Asamani et al., 2015).

Additionally, job satisfaction was identified as another significant predictor of perceived job performance among healthcare workers. A statistically significant positive relationship was found between job satisfaction and perceived job performance. Consistent with this finding, Lee and Kim (2023) and Mohammad and Wang (2019) identified job satisfaction as a significant determinant of job performance in their studies on nurses. Similarly, Platis et al. (2015) found a strong relationship between job satisfaction and job performance in the healthcare sector. In a meta-analysis, Katebi et al. (2021) also confirmed a significant positive relationship between job satisfaction and job performance. Furthermore, Saleh et al. (2020) reported that job satisfaction is linked to organizational citizenship and commitment, which influence job performance. This finding suggests that job satisfaction is crucial in shaping employees' effectiveness.

Psychological capital was also identified as a statistically significant predictor of perceived job performance among healthcare workers. Nasurdin et al. (2018) found a positive relationship between psychological capital and job performance in their study on nurses. Similarly, Lee and Kim (2023) and An et al. (2020) determined that psychological capital was a significant determinant of job performance in nurses. Furthermore, studies by Aydın and Demir (2023) and Ali et al. (2021) concluded that psychological capital plays a crucial role in the success of healthcare workers. Additionally, Saberfarzam et al. (2022) identified psychological capital as a key factor influencing job performance among healthcare researchers. These findings highlight the importance of psychological capital in enhancing job performance across various healthcare roles.

### **Limitations**

The primary limitation of this study is that it uses a convenience sampling method among healthcare workers in a tertiary hospital in Ankara. However, this may limit the generalizability of the findings, the hospital's status as a well-established tertiary care institution where advanced medical technologies and diverse cases are managed. Another important limitation concerns the measurement of complex constructs such as job performance and workload using single-item Visual Analog Scales (VAS). Although this method was employed to reduce non-response bias—particularly in a time-constrained healthcare environment—VAS may lack the psychometric depth required to capture the multidimensional nature of these variables. It should be noted that the constructs in question were

intentionally framed as “*perceived*” job performance and workload, in line with the diversity of occupational roles in the sample.

## **Conclusions**

This study identified variations in healthcare workers’ psychological capital, job satisfaction, perceived job performance, and workload based on specific demographic characteristics. The findings indicate that male healthcare workers perceive their psychological capital and job performance levels to be higher than females. Younger healthcare workers were found to have lower psychological capital. At the same time, job satisfaction was positively associated with age, professional experience, and education level.

The results suggest that psychological and organizational factors might be more significant in determining perceived job performance than demographic and occupational characteristics. Psychological capital, job satisfaction, and perceived workload were significant predictors of perceived job performance, with workload emerging as the strongest determinant. Additionally, job satisfaction and psychological capital positively influenced job performance.

This study contributes to the literature by examining the combined effects of psychological capital, job satisfaction, and perceived workload on job performance. This relationship has been relatively underexplored in the context of healthcare workers.

Given the positive associations between psychological capital, job satisfaction, and job performance, supportive strategies that enhance employees’ psychological resources—such as encouraging constructive feedback, peer support, and training programs—may be beneficial. Additionally, since workload was found to be a significant factor, monitoring staff workload and promoting fair task distribution could contribute to sustaining job performance levels. Although demographic factors showed limited predictive power, targeted support for younger and less experienced healthcare workers may help strengthen their psychological capital over time. While these recommendations should be interpreted in light of the study’s contextual limitations, they offer a starting point for developing workplace interventions aligned with staff well-being and organizational performance. Given the study’s limitations, future research should include larger samples and validated multi-item scales or objective workload and job performance indicators. Moreover, enhancing psychological capital, implementing strategies to improve job satisfaction, and developing policies to balance workload are essential for optimizing healthcare workers’ job performance.

## **Compliance with Ethical Standards**

### **Ethical Approval**

This study was approved by the Çankırı Karatekin University Ethics Committee for Science, Mathematics, and Social Sciences, Meeting Number E-95674917-108.99-181951, on June 17, 2024.

### **Author Contributions**

The author confirms the sole responsibility for the following: study conception and design, data collection, analysis, writing, and revision of this article.

### **Declaration of Conflicting Interests**

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

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