

THE IMPACT OF PSYCHOLOGICAL CAPITAL ON WORK STRESS AND TURNOVER INTENTION IN THE HEALTH SECTOR^{1,2}



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ABSTRACT | Work stress, one of the prevalent problems of modern times, has significant psychological consequences for individuals. Positive psychology offers tools to strengthen employees' ability to cope with stressors. This study investigates the relationships between positive psychological capital (Psycap), work stress, and turnover intention among healthcare workers. Data were collected from 340 employees of public hospitals in Türkiye. Findings indicate that employees exhibit high levels of Psycap, alongside critically high stress levels and low turnover intentions. Correlation analysis revealed inverse relationships between Psycap, stress and turnover intention. Structural equation modeling further demonstrated that higher Psycap reduces both stress and turnover intention. Moreover, significant differences were observed in Psycap, stress and turnover levels across demographic groups. The results emphasize the importance of strengthening psycap to reduce stress and improve well-being. Organizations should adopt positive management practices to cultivate supportive environments, thereby enhancing employee satisfaction and reducing turnover risks.

Keywords: Positive psychological capital, work stress, turnover intention, health sector

JEL Code: D23, D91, J24, J45, J63

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¹ The study's compliance with ethical standards has been duly declared.

² The study is a revised version of the master's thesis "Pozitif psikolojik sermaye, iş stresi ve işten ayrılma niyeti ilişkisi: Erzurum ve Denizli uygulaması," completed at the Department of Labor Economics and Industrial Relations, Atatürk University.

SAĞLIK SEKTÖRÜNDE PSİKOLOJİK SERMAYENİN İŞ STRESİ VE İŞTEN AYRILMA NİYETİNE ETKİSİ



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ÖZ | Çağımızın yaygın sorunlarından biri olan iş stresi, bireyler üzerinde önemli psikolojik sonuçlar doğurmaktadır. Pozitif psikoloji, çalışanların stres faktörleriyle başa çıkma becerilerini güçlendirmede önemli imkânlar sunmaktadır. Bu çalışma, sağlık çalışanları arasında pozitif psikolojik sermaye (Psycap), iş stresi ve işten ayrılma niyeti arasındaki ilişkileri incelemektedir. Veriler, Türkiye’deki kamu hastanelerinde görev yapan 340 çalışandan toplanmıştır. Bulgular, çalışanların yüksek düzeyde Psycap’e sahip olduklarını, buna karşın iş stresinin kritik derecede yüksek ve işten ayrılma niyetinin düşük olduğunu göstermektedir. Korelasyon analizleri, Psycap ile stres ve işten ayrılma niyeti arasında ters yönlü ilişkiler ortaya koymuştur. Yapısal eşitlik modeli ise Psycap düzeyindeki artışın hem stresi hem de işten ayrılma niyetini azalttığını göstermektedir. Ayrıca, demografik özelliklere göre Psycap, stres ve işten ayrılma niyeti düzeylerinde anlamlı farklılıklar saptanmıştır. Sonuçlar, çalışanların psikolojik sermayesinin güçlendirilmesinin stresi azaltmada ve yaşam kalitesini artırmada kritik olduğunu vurgulamaktadır. Örgütlerin, çalışan memnuniyetini yükseltmek ve işten ayrılma riskini azaltmak için destekleyici çalışma ortamları yaratan pozitif yönetim yaklaşımlarını benimsemeleri gerekmektedir.

Anahtar Kelimeler: Pozitif psikolojik sermaye, iş stresi, işten ayrılma niyeti, sağlık sektörü
JEL Kodları: D23, D91, J24, J45, J63

1. INTRODUCTION

The health sector provides services to meet the health-related needs of its employees, employers, and the public. Ensuring a peaceful and decent working environment for qualified healthcare professionals is critical, as each healthcare worker represents a fundamental contributor to societal well-being. A review of the literature on physicians' working conditions and their impact on the quality of healthcare services emphasizes this significance (Teoh et al., 2019).

Moreover, it is widely recognized in contemporary business environments that the most valuable resource of organizations is the human factor (Becker & Gerhart, 1996; Melton & Meier, 2017). Human resources play a decisive role in ensuring both the survival of an organization and its competitive advantage (Moç, 2022). In this context, resources that are rare, inimitable, valuable, and irreplaceable affect competitive advantage. Employee-centered human resource strategies represent investments that demonstrate the importance of the workforce.

This study investigates the relationships among positive psychological capital (Psycap), defined as focusing on the favorable and supportive attributes of human resources, work stress, referring to stress experienced in the workplace, and turnover intention, which represents the willingness to leave one's job. Low job satisfaction among physicians and other healthcare support staff may result in reduced patient care quality, thereby affecting patient loyalty and hospital profitability (Ford et al., 2006). Hence, regularly assessing factors such as positive psycap, work stress, and turnover intention among employees is crucial for maintaining the quality of services delivered. High levels of work stress among healthcare staff are associated with burnout, absenteeism, and reduced motivation, all of which compromise service delivery. Moreover, turnover intention is a precursor to actual resignation, making it a strategic warning signal for healthcare administrators. Because of the critical role of healthcare workers in human life, this study focused on hospital personnel, with a total sample of 340 participants.

2. MOTIVATION AND LITERATURE REVIEW

Positive psychological capital (Psycap) has its origins in the early organizational studies and the later positive psychology movement, which emphasized strengthening individuals' capacities rather than focusing solely on deficits (Peterson, 2013; Seligman, 2004; Seligman & Csikszentmihalyi, 2014). Within organizational contexts, Psycap is typically defined by four core components: hope, optimism, resilience, and self-efficacy (Luthans & Youssef, 2004). Hope refers to employees' positive expectations about achieving goals

(Snyder, 2000); optimism reflects positive expectations about future events and their outcomes (Harms & Luthans, 2012); resilience enables individuals to adapt to crises and setbacks (Luthans, 2002; Luthans et al., 2007); and self-efficacy, rooted in Bandura's framework, denotes belief in one's own abilities to accomplish tasks (Stajkovic & Luthans, 1998; Schunk & Mullen, 2012).

Research demonstrates that Psycap fosters job satisfaction, commitment, and performance while reducing stress and turnover (Avey et al., 2011; McMurray et al., 2010; Genç, 2014). Empirical evidence further shows that higher Psycap levels buffer against burnout and job dissatisfaction in healthcare and education settings (Kim & Kweon, 2020; An et al., 2020; Chen, 2020). Stress, in turn, undermines both individual well-being and organizational outcomes, raising costs and turnover risks (Erdoğan et al., 2009; Yılmaz & Ekici, 2006).

Numerous studies confirm that Psycap negatively correlates with work stress and turnover intention across diverse professions (Çetin & Varoğlu, 2015; Şen et al., 2015; Chaudhary & Chaudhari, 2015). Large-scale analyses also support these relationships, showing that employees with stronger Psycap display lower cynicism, anxiety, and withdrawal behaviors (Avey et al., 2011; Töremen & Demir, 2016). Particularly in healthcare, where stress prevalence is reported to reach 70–90% due to workload and emotional demands (Dave, 2024), Psycap emerges as a critical resource for sustaining commitment and performance (Ari, 2025). Healthcare professionals are widely recognized as being at high risk for occupational stress due to the demanding, emotionally intense, and high-responsibility nature of their work. Chronic exposure to long hours, unpredictable workloads, emotionally taxing interactions with patients, and insufficient organizational support have led to stress prevalence rates as high as 70–90% among healthcare workers (Dave, 2024). Understanding and mitigating stress in this workforce is especially critical given its direct association with reduced job performance and deteriorating quality of life (Ari, 2025). Therefore, researching healthcare worker stress is essential to inform effective interventions, improve well-being, and sustain healthcare system resilience.

3. METHODOLOGY

3.1. Study Design

This research employs a descriptive, correlational, and cross-sectional design, conducted in Türkiye within a quantitative framework.

The main objective of this study is to investigate the relationships among positive psycap, work stress, and turnover intention. A secondary objective is to determine the levels of positive psycap, work stress, and turnover intention among hospital staff. Figure 1 presents the research model that forms the basis for the hypotheses. Within this framework, the following hypotheses are

proposed:

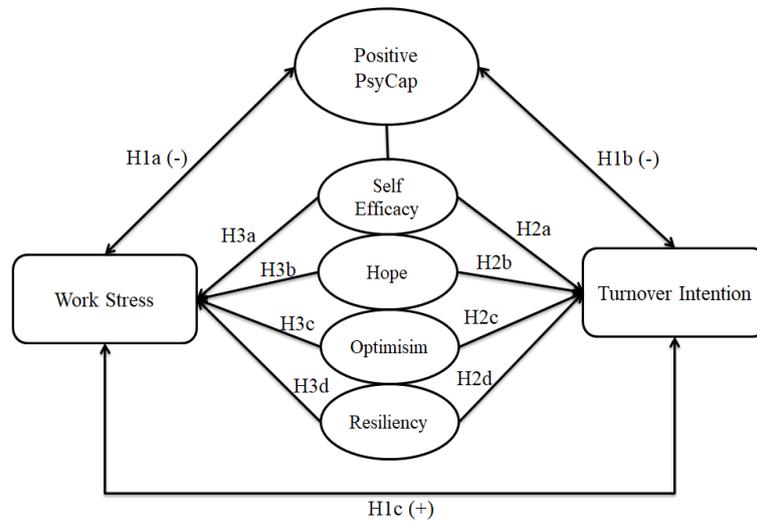


Figure 1. Research Model

H₁: Positive pscap, work stress, and turnover intention are significantly related.

H_{1a}: Positive pscap is significantly associated with work stress.

H_{1b}: Positive pscap is significantly associated with work stress.

H_{1c}: Work stress is significantly associated with turnover intention.

H₂: The sub-dimensions of positive pscap are significantly associated with work stress.

H_{2a}: Self-efficacy is significantly associated with work stress.

H_{2b}: Hope is significantly associated with work stress.

H_{2c}: Optimism is significantly associated with work stress.

H_{2d}: Resiliency is significantly associated with work stress.

H₃: The sub-dimensions of positive pscap are significantly associated with turnover intention.

H_{3a}: Self-efficacy is significantly associated with turnover intention.

H_{3b}: Hope is significantly associated with turnover intention.

H_{3c}: Optimism is significantly associated with turnover intention.

H_{3d}: Resiliency is significantly associated with turnover intention.

H₄: Positive Pscap indirectly reduces turnover intention through decreasing work stress.

3.2. Sample and Data Collection

The participants of this study consisted of employees working in public hospitals in Türkiye. Out of a total of 500 questionnaires distributed by hand at these two sites (250 at each hospital), 340 valid responses were received. As of January 2025, the total number of healthcare workers in Türkiye is approximately 1,413,921 (Sağlık Bakanlığı, 2025). Therefore, the sample used in this study meets the critical N threshold and can be considered representative of the healthcare workforce population in Türkiye.

3.3. Measures

Participants' psychcap was assessed via the Psychological Capital Questionnaire (PCQ-24)

established by Luthans et al. (2007a). The scale includes four dimensions—hope, optimism, self-efficacy, and resilience—with six items each. A 5-point Likert scale was used in this study for consistency with other measures. The Turkish adaptation by Çetin et al. (2013) excluded items 1, 8, and 11. The overall internal reliability of the scale, determined through Cronbach's alpha, was found to be $\alpha = 0.925$, with sub-dimension reliability coefficients reported as follows: optimism ($\alpha = 0.732$), resilience ($\alpha = 0.791$), hope ($\alpha = 0.773$), and self-efficacy ($\alpha = 0.892$).

Work-related stress was measured using the Work Stress Scale, originally developed by Suzanne G. Haynes and adapted to Turkish by Aktaş (2001). The scale consists of 10 items assessing workplace stress. Cronbach's alpha, reflecting the scale's internal consistency in this study, was $\alpha = 0.738$. Total scores range from 10 to 50, with lower scores indicating effective stress management, mid-range scores reflecting stress symptoms, and higher scores suggesting severe stress.

Turnover intention was assessed using three items from the Michigan Organizational Evaluation Scale, developed by Seashore et al. (1982). The Turkish adaptation was validated by Gül et al. (2008) with $\alpha = 0.728$, and further reliability was confirmed by Gürbüz and Bekmezci (2012) through back-translation; for this study, $\alpha = 0.832$ is reported.

3.4. Analysis

We used SPSS for Windows, version 25.0 for statistical analysis. Before conducting statistical analysis, several assumptions must be met. Variance analysis, for example, requires normally distributed populations with equal variances. Normality was assessed using the Kolmogorov-Smirnov and Shapiro-Wilk tests, both indicating p-values below 0.05, suggesting significant deviation from normality. When this assumption is violated, nonparametric methods, which are less sensitive to such conditions, become appropriate (Kartal, 1998). Therefore, this study utilized the Spearman Rank Correlation, Kruskal-Wallis H,

and Mann-Whitney U tests. Descriptive statistics were also reported. To further investigate the relationships identified through the correlation analysis, the Structural Equation Modeling (SEM) technique was applied using AMOS programme.

3.5. Ethics approval

This study adheres to every rule set out in the “Directive on Scientific Research and Publication Ethics of Higher Education Institutions.” None of the actions listed under Section 2, “Violations of Scientific Research and Publication Ethics,” has been committed.

Ethics committee details

Committee name: Atatürk University Chair of the Social and Humanities Research Ethics Committee (Sosyal ve Beşeri Bilimler Etik Kurul Başkanlığı)

Decision date: 11.11.2016

Approval number: 48553601-300-E.1600268674

4. FINDINGS

4.1. Descriptive Statistics

Demographic findings obtained from the participants of the study are presented in Table 1.

Table 1. Demographic composition of the sample (N = 340)

<i>Variables</i>	<i>N</i>	<i>%</i>	<i>Variables</i>	<i>N</i>	<i>%</i>		
Gender	Woman	184	54,1	Educatio n degree	High school	78	22,
	Man	156	45,9		Associate	101	29,
Marriag e Status	Married	261	76,8	Bachelor's	112	32,	
	Single	79	23,2	Postgraduate	49	14,	
Age	18-30	94	27,6	Less than a	37	10,	
	31-45	203	59,7	About 5 years	123	36,	
	46-65	43	12,6	6-10 years	78	22,	
Professi on	Doctor	42	12,4	Seniority	11-15 years	43	12,
	Nurse	138	40,6		More than 15 years	59	17, 4
	Health Staff	82	24,1		TOTAL	340	100
	Administrati	78	22,9				

The participants' demographic features are presented as follows: According to gender distribution, 54.1% were women (n = 184) and 45.9% were men (n = 156). A large proportion of participants (59.7%) were aged between 31 and 45. In terms of occupation, participants were categorized as physicians, nurses, healthcare personnel (including technicians and pharmacists), and

administrative staff. Nurses constituted the largest occupational group with 40.6%, followed by healthcare personnel (24.1%), administrative staff (22.9%), and physicians (12.4%). These proportions, presented in Table 1 below, also reflect the general structural composition of the healthcare sector in Türkiye.

Table 2 provides an overview of the descriptive statistics, which indicate that the participants' average level of work stress is dangerously high ($M = 30.14$). In contrast, the overall positive psycap ($M = 3.77$), as well as its sub-dimensions—optimism ($M = 3.57$), resilience ($M = 3.87$), self-efficacy ($M = 3.86$), and hope ($M = 3.77$)—are at high levels. These findings suggest that employees possess strong psychological resources, enabling them to cope with the challenges of working under demanding conditions and high responsibility.

Table 2. Descriptive Statistics ($n = 340$)

<i>Variable</i>	<i>Range</i>	<i>M</i>	<i>SD</i>	<i>LL</i>	<i>UL</i>	<i>Level</i>
Work Stress	0-50	30,14	,48254	2,9635	3,0665	Dangerous
Turnover Intention	1-5	1,8127	1,10149	1,6952	1,9302	Low
Psycap	1-5	3,7741	,64625	3,7052	3,8430	High
Optimism	1-5	3,5682	,78432	3,4125	3,5890	High
Resiliency	1-5	3,8728	,78952	3,7838	3,9479	High
Self-efficacy	1-5	3,8655	,75365	3,8057	3,9689	High
Hope	1-5	3,7729	,72688	3,6883	3,8450	High

Note: M = Mean; SD = Standard Deviation; LL = Lower Limit of the Confidence Interval; UL = Upper Limit of the Confidence Interval.

Turnover intention was low ($M = 1.81$), though close to the scale floor, implying some upside risk. This pattern likely reflects the profession's features: extensive training and long-horizon investment foster occupation-specific human capital and commitment, while limited cross-sector transferability constrains mobility, suppressing quit intentions.

4.2. Correlations

In order to explore the associations among positive psycap, work stress, and turnover intention, the Spearman Rank Correlation Coefficient was utilized as a nonparametric method for testing correlations. The outcomes of this analysis are summarized in Table 3. The findings confirmed the H1a hypothesis, demonstrating a statistically significant inverse relationship between positive psycap and work-related stress. This result supports previous research conducted among police officers in China (Siu et al., 2015).

Consistent with H1b, PsyCap was negatively associated with turnover

intention ($r = -0.293$, $p < 0.05$): Higher PsyCap predicted lower turnover intentions, whereas lower PsyCap signaled elevated risk. This accords with evidence from India (Chaudhary & Chaudhari, 2015) and nursing studies showing that self-efficacy, hope, optimism, and resilience foster engagement and energy, thereby enhancing job satisfaction (Karatepe & Avci, 2017; Boamah & Laschinger, 2015).

Table 3. Correlations of variables

Variable	1	2	3
1 Work Stress	1,000	,175**	-,145**
	.	,001	,008
2 Turnover Intention		1,000	-,293**
		.	,000
3 Positive Pscap			1,000
			.
<i>Self-efficacy</i>	-,116*	-,297**	,866**
	,032	,000	,000
<i>Hope</i>	-,132	-,265**	,851**
	,015	,000	,000
<i>Optimism</i>	-,095	-,186**	,746**
	,079	,001	,000
<i>Resiliency</i>	-,131*	-,208**	,774**
	,016	,000	,000

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).

Work stress was positively associated with turnover intention ($r = 0.175$, $p < 0.05$), implying higher stress coincides with greater quitting propensity, while lower stress relates to reduced intent. This supports H1c and, together with the negative PsyCap associations, highlights the inverse pattern among PsyCap, stress, and turnover intention, consistent with tourism-sector evidence (Çelik, 2017). When examining the relationships between the sub-dimensions of positive pscap and work stress:

- Self-efficacy showed a significant negative connection with work stress ($r = -0.116$; $p < 0.05$), supporting the H2a hypothesis.
- Hope was also negatively and significantly associated with work stress ($r = -0.132$; $p < 0.05$), confirming the H2b hypothesis.
- Resilience demonstrated a negative and significant correlation with work stress ($r = -0.131$; $p < 0.05$), supporting the H2d hypothesis.

- No statistically significant correlation was found between optimism and work stress ($r = -0.095$; $p > 0.05$), indicating that the H2c hypothesis was not supported.

Concerning the relationship among the sub-dimensions of positive psycap and turnover intention:

- Self-efficacy showed a statistically significant negative correlation with turnover intention ($r = -0.297$; $p < 0.05$), supporting the H3a hypothesis.
- Hope also demonstrated a significant negative correlation with turnover intention ($r = -0.265$; $p < 0.01$), indicating that employees with higher levels of hope are less likely to consider leaving their jobs, thus supporting the H3b hypothesis.
- Optimism was found to be negatively and significantly associated with turnover intention ($r = -0.186$; $p < 0.01$), confirming the H3c hypothesis.
- Resilience showed a significant negative relationship with turnover intention ($r = -0.208$; $p < 0.01$), providing support for the H3d hypothesis.

4.3. Structural Equation Modeling

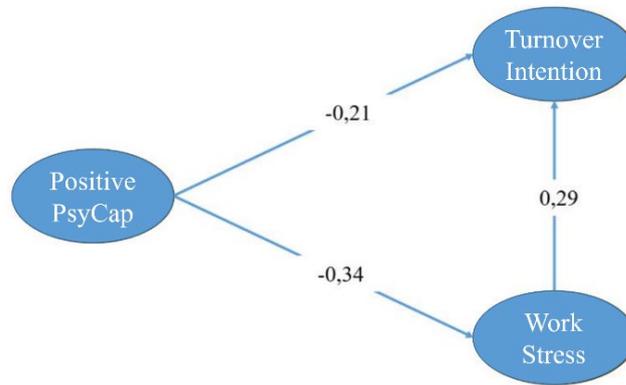
Structural equation modeling (SEM) uses latent variable analysis to estimate complex relations among observed indicators. Introduced to the social sciences through LISREL (Jöreskog & Sörbom, 1993) and widely applied in psychology (Bentler, 1980), SEM enables concurrent estimation of direct and indirect effects among multiple constructs. In this study, PsyCap was specified as an exogenous latent variable, with work stress and turnover intention as endogenous constructs. Models were estimated in LISREL using maximum likelihood, and model adequacy was assessed via χ^2 , RMSEA, GFI, AGFI, CFI, and NFI. As shown in Table 5, RMSEA = 0.081, NFI = 0.89, and CFI = 0.92 indicate acceptable fit; however, the critical N (CN = 133.23) is below the commonly cited threshold of 200, warranting cautious interpretation regarding model complexity and sample adequacy.

Table 4. The goodness of fit tests results

	<i>Parameters</i>	<i>Degree of perfect fit</i>	<i>Acceptable Range</i>	<i>Model 1</i>	<i>Model 2</i>
<i>Fit Indices</i>	Goodness of Fit Index (GFI)	$\geq 0,95$	$0,90 \leq GFI \leq 0,95$	0,77	0,93
	Adjusted Goodness of Fit Index (AGFI)	$\geq 0,90$	$0,85 \leq AGFI \leq 0,90$	0,74	0,96
	Comparative Goodness of Fit Index (CFI)	$\geq 0,97$	$0,90 \leq CFI \leq 0,97$	0,92	0,93
	Normal Fit Index (NFI)	$\geq 0,95$	$0,90 \leq NFI \leq 0,95$	0,89	0,90
	Root-Square-Mean Error of Approximation (RMSEA)	$\leq 0,05$	$0,05 \leq RMSEA \leq 0,10$	0,081	0,098
	<i>χ^2 Test</i>	Critical N (CN)		≤ 200	133,23
Sample size (N)			$\leq 0,05$	340	340
Degree of Freedom (SD)				524	402
χ^2				1698.34	1375,75
Probability (p)				0,0	0,0

For the limit values of fit criteria, see Schermelleh-Engel, Moosbrugger and Müller, 2003.

The table contrasts two SEMs. Model 1 fits poorly: GFI = 0.77 and AGFI = 0.74 are below cutoffs; RMSEA = 0.081 is only acceptable; $\chi^2 = 1698.34$ ($p < .001$) indicates misfit; and CN = 133.23 (< 200) flags possible sample-size/complexity concerns. After trimming non-significant paths and high- χ^2 items, Model 2 fit improved: GFI = 0.93, AGFI = 0.96, CFI = 0.93, NFI = 0.90. However, RMSEA increased to 0.098 and CN fell to 124.94, and χ^2 remained significant ($\chi^2 = 1375.75$, $p < .001$), indicating improvement but still suboptimal fit.



Chi-Square=1698.34, df=524, P-value=0.00000, RMSEA=0.081

Figure 2. Brief results of model 1

Table 6 compares Models 1–2 on the PsyCap–WS–TOI structure, reporting standardized paths (β), p-values, and explained variance (R^2).

Table 6. Structural relationships between the variables

<i>Structural Relationships</i>	<i>Standardized Loads</i>	
	<i>Model 1</i>	<i>Model 2</i>
Positive Psychological Capital → Work Stress	$\beta = -0.34, p = 0.032$	$\beta = -0.35, p = 0.028$
Positive Psychological Capital → Turnover Intention	$\beta = -0.21, p = 0.041$	$\beta = -0.31, p = 0.031$
Work Stress → Turnover Intention	$\beta = 0.29, p = 0.037$	$\beta = 0.37, p = 0.023$
<i>Structural Equations</i>		<i>R²</i>
Model 1	TOI = -0.21(Psycap) + 0.29(WS) WS = -0.34(PPsycap)	0.17 0.32
Model 2	TOI = -0.31(Psycap) + 0.37(WS) WS = -0.35(Psycap)	0.28 0.42

In Model 1, PsyCap was inversely associated with work stress ($\beta = -0.34$, $p = .032$) and turnover intention ($\beta = -0.21$, $p = .041$), while work stress was positively associated with turnover intention ($\beta = 0.29$, $p = .037$). The model explained 32% of the variance in work stress and 17% in turnover intention, indicating a moderate level of explanatory power for Model 1.

Model 2, which exhibited superior fit, yielded stronger paths: PsyCap \rightarrow work stress ($\beta = -0.35$, $p = .028$), PsyCap \rightarrow turnover intention ($\beta = -0.31$, $p = .031$), and work stress \rightarrow turnover intention ($\beta = 0.37$, $p = .023$). Explained variance increased ($R^2_{WS} = .42$; $R^2_{TOI} = .28$). The indirect effect of PsyCap on turnover intention via work stress was negative, indicating partial mediation and supporting H4.

4.4. Significant Differences

As reported in Table 4, statistically significant group differences emerged. By gender, only optimism differed ($p = .024$), with women scoring lower than men ($MR_{female} = 159.48$; $MR_{male} = 183.50$). By age, work stress varied ($p = .041$): the 18–30 group had the highest stress ($MR = 192.27$), while the 31–45 ($MR = 162.50$) and 46–65 ($MR = 160.65$) groups were similar. By education, self-efficacy was highest among graduates ($MR = 196.13$; largely specialist physicians), and significantly lower for high-school graduates ($MR = 149.87$) than for undergraduate/graduate groups (Kruskal–Wallis). Occupational comparisons were significant overall for PsyCap ($p = .010$): administrative staff scored highest ($MR = 189.62$), nurses lowest ($MR = 150.88$). Nurses also showed lower hope and resilience—resilience differed across occupations ($p = .031$; nurses $MR = 151.51$)—and the highest turnover intention ($MR = 189.72$).

Table 4. The significant differences among groups

D.C:	Variables	Groups	N=340	Mean Rank	KW H/MW U	p	Differing Groups
Gender	Optimism	Male	156	183,50	12323,5	,024*	- Female group differs
		Female	184	159,48			
Age	Work Stress	18-30	94	192,27	6,412	,041*	- 18-30 age group differs from others
		31-45	203	162,50			
		46-65	43	160,65			
Education	Self-efficacy	Highschool	78	149,87	8,589	,035*	- High school group differs from Bachelor's and Postgraduate groups - Associate degree group
		Associate Degree	101	162,98			
		Bachelor's Degree	112	180,44			
		Postgraduate	49	196,13			

							differs from Postgraduate group.
Profession	Turnover Intention	Doctor	43	148,55	11,258	,010*	- Nurse group differs from doctors and health staff group.
		Nurse	137	189,72			
		Health Staff	82	152,79			
		Administrative Staff	78	167,47			
	Positive Psycap	Doctor	43	170,62	10,193	,010*	- Nurse group differs from health staff and administrative staff.
		Nurse	137	150,88			
		Health Staff	82	185,03			
		Administrative Staff	78	189,62			
	Resiliency	Doctor	43	177,07	8,876	,031*	- Nurse group differs from health staff and administrative staff.
		Nurse	137	151,51			
		Health Staff	82	184,24			
		Administrative Staff	78	185,79			
	Hope	Doctor	43	156,95	8,399	,038*	- Nurse group differs from health staff and administrative staff.
		Nurse	137	155,90			
		Health Staff	82	183,32			
		Administrative Staff	78	190,13			
Seniority	Turnover Intention	Less than a year	37	144,45	9,967	,041*	- Employees of less than a year seniority differs from 6-10 years - 1-5 years' seniority differs from 6-10 years of seniority - 6-10 years of seniority differs from employee group of more than 15 years of seniority
		About 5 years	123	166,20			
		6-10 years	78	196,52			
		11-15 years	43	172,13			
		More than 15 years	59	160,23			
*p< 0,05 Note: <i>KW H/MW U Refers to The Kruskal-Wallis H test and Mann-Whitney U Test</i>							

5. DISCUSSION AND CONCLUSION

This section interprets our results considering psycap theory, tracing how specific Psycap components shape turnover intentions and work stress while accounting for gender, age, and education. It situates these findings within healthcare, contrasts with earlier evidence, and considers why high stress coexists with low turnover intentions. Managerial implications and directions for further research conclude the section.

Psycap and Turnover Intention

Previous research consistently shows that higher degrees of Psychological Capital (Psycap) are associated with lower turnover intention across various sectors, including healthcare (Avey et al., 2011; Luthans et al., 2007; Imam et al., 2018). The present study supports this finding, demonstrating a statistically significant negative relationship between Psycap and turnover intention ($r = -0.293$, $p < 0.05$ with effect sizes comparable to meta-analytic estimates (Avey et al., 2010).

Psycap and Work Stress

The findings of this study show that positive psychological capital (Psycap) has a significant negative effect on job stress ($\beta = -0.34$, $p = 0.032$). This situation reveals that individuals with high levels of Psycap have lower levels of work-related stress. This result largely coincides with previous studies conducted, especially in the health sector. Evidence across psychiatric nurses, care workers, and mental-health facility staff shows that Psycap reduces job stress directly, mediates stress–burnout links, and attenuates stress–turnover pathways (Kim & Kweon, 2020; Kim & Kim, 2020; Chang & Kim, 2020). At the component level, effects may vary—e.g., hope is not always a significant moderator—while other psychosocial assets (e.g., happiness) can rival or exceed Psycap’s mediating role (Yeo & Mi, 2018; Kim & Nam, 2018).

Work Stress and Turnover Intention

Work stress correlated positively with turnover intention ($r = 0.175$, $p < 0.05$), consistent with evidence on workload, time pressure, and emotional strain (Podsakoff et al., 2007; Kim & Stoner, 2008). In healthcare, the same pattern emerges (Lee & Kim, 2020; Yuan et al., 2024; Al-Mansour, 2021; Alblihed & Alzghaibi, 2022). In the study of Yuan et al. (2024), it was determined that high stress levels, especially in female healthcare workers, increased turnover intention in the absence of adequate adaptive coping strategies. Furthermore, high stress levels are frequently cited as drivers of employee withdrawal, particularly due to emotional labor and staffing shortages (Estryn-Béhar et al., 2010; Lu et al., 2017). On the other hand, beyond direct effects, stress can raise turnover via job dissatisfaction and emotional exhaustion, and spirituality has also been shown

as a mediating path (Akyüz, 2022; Charzyńska et al., 2021). Perceived organizational support and affective commitment can buffer the stress–turnover link (Eisenberger et al., 1986; Meyer & Allen, 1991; Lambert et al., 2012; Holtom et al., 2008).

Gender and Optimism

The findings also indicate a significant gender difference in optimism levels, with female employees reporting lower optimism scores than their male counterparts ($MR_{\text{Female}} = 159.48 < MR_{\text{Male}} = 183.50$). This result is consistent with prior literature, which shows that men generally score higher on optimism scales (Felton et al., 2003; Puskar et al., 2010; Jacobsen et al., 2014). Differences may reflect more cautious/risk-averse cognitive strategies among women; risk-taking propensities track higher optimism in men (Felton et al., 2003).

Age and Work Stress

In terms of age, participants aged 18–30 were found to have the highest levels of work stress ($MR = 192.27$). This may reflect their relative inexperience and limited capacity for coping during the early stages of their professional careers. Physiological/psychological responses tend to be stronger among younger staff (Ritvanen et al., 2006), suggesting experience suggesting that experience mitigates stress over time.

Education, Self-Efficacy, and Work Stress

Self-efficacy peaked in the graduate group ($MR = 196.13$), consistent with gains from education, mastery, and experience (Schunk, 1995; Luthans et al., 2007). Mean stress was high ($M = 30.14$), matching Turkish healthcare evidence (Tel et al., 2003; Altıntoprak et al., 2008; Çınar, 2010) and sector drivers—heavy patient loads, staffing gaps, long/irregular hours, emotional labor (Aiken et al., 2002; Dall’Ora et al., 2016; Schaufeli et al., 2009). Despite stress, turnover intentions remained relatively low, consistent with structural factors (limited mobility, strong professional identity, non-transferable skills) reducing exits (Bitmiş & Ergeneli, 2013; Maertz & Griffeth, 2004).

Conclusion

An employee’s capability to perform effectively and maintain well-being in life is shaped not only by environmental factors but also by internal psychological resources. Among these, Positive Psychological Capital (PsyCap) is malleable and developable. While excessive work stress impairs well-being and performance, modest stress can foster coping—within limits.

This study examined links among PsyCap, work stress, and turnover intention in healthcare, using a sample of 340 public-hospital employees in Türkiye. Employees reported high stress, high PsyCap, and low turnover intention. Correlations showed PsyCap was negatively related to both stress and

turnover intention, whereas stress was positively related to turnover intention. SEM analyses confirmed these directional patterns: higher PsyCap reduced stress and turnover intention, and higher stress increased turnover intention, indicating a buffering (partial mediation) role of PsyCap in retaining staff under occupational strain. Based on the results, the following recommendations are offered for practitioners:

- Organizations should adopt a positive management approach aimed at enhancing PsyCap to improve employee well-being and gain a competitive advantage.
- Programs that strengthen the dimensions of PsyCap—self-efficacy, hope, optimism, and resilience—should be implemented.
- Career paths and goals should be clearly communicated to support employees' sense of hope.
- Transparent and participatory management practices can positively influence PsyCap components.
- Professional development initiatives should be planned to increase self-efficacy through enhanced competence.
- Work stress should be monitored regularly, and supportive interventions should be provided, especially for high-stress roles.
- Organizational culture can be enriched through recognition practices (e.g., celebrations, farewell ceremonies), which enhance employees' sense of value and organizational commitment.

This study has limitations. Self-reported questionnaires may cause social desirability bias, limited geographic distribution restricts generalizability, and data reflect only one period. Future studies should apply the PsyCap scale to diverse samples to clarify its dual role in organizational dynamics.

6. CONFLICT OF INTEREST STATEMENT

There is no conflict of interest between the authors.

7. FINANCIAL SUPPORT

No funding or support was utilised in this study.

8. AUTHOR CONTRIBUTIONS

KB; OÇ: Idea;

KB, OÇ: Design;

OÇ: Supervision;

KB: Collection and/or processing of resources;

KB, OÇ: Analysis and/or interpretation;
KB: Literature review;
OÇ: Critical review

9. ETHICS COMMITTEE STATEMENT AND INTELLECTUAL PROPERTY COPYRIGHTS

The study adhered to the ethics committee's principles, and necessary permissions were obtained in accordance with intellectual property and copyright regulations.

10. USE OF ARTIFICIAL INTELLIGENCE (AI) TOOLS

This study utilized artificial intelligence tools limited solely to language editing purposes.

11. DATA AVAILABILITY

The dataset used in this study is publicly available, and the necessary explanations are provided within the text.

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