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A MODEL PROPOSED TO DETERMINE THE EFFECTS OF CAREER PLANNING ON THE RELATION BETWEEN PSYCHOLOGICAL CAPITAL AND OCCUPATIONAL COMMITMENT*

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Abstract

In the study, it was objected to investigate the associations between psychological capital, career planning and occupational commitment. For this purpose, a practical study carried out among nurses working at university hospitals of Necmettin Erbakan and Selcuk Universities in Konya, Turkey was analyzed, and the results obtained were summarized. The data were collected with the scales of psychological capital, career planning and occupational commitment. Descriptive statistics were calculated using mean, standard deviation, frequency, regression and Pearson's correlation analyses. Significance level was accepted as $p > 0.01$, and in light of these findings, a model was developed. According to this model; psychological capital is seen in a weak and positive correlation with occupational commitment. Psychological capital sum and sum of individual career planning stages are in a positive and medium level correlation with each other. A weak and positive correlation is determined between the sum of occupational commitment extents and sum of career planning stages. However, continuance commitment did not show a significant correlation with career planning.

Keywords: Psychological Capital, Occupational Commitment, Career Planning, Nurse Group.

1. Introduction

Globalization and changes in competition and customer expectations indicate that the most important factor affecting productivity in organizations and competition is human itself. Therefore, the concepts of psychological capital, occupational commitment and carrier planning are getting more valuable and important.

1.1. Psychological Capital

The concept of psychological capital emphasizing today's perspective has recently been started to be used in working life (Luthans et. al., 2004: 46). One of the scientists first emphasizing the term of psychological capital, Luthans has described the need for a positive approach to organizational behavior, or simply positive organizational behavior (POB). The emphasis of this approach is a call for research that demonstrates the effectiveness and applicability of positive psychological capacities in the workplace (Luthans and Jensen, 2005: 305). POB has been defined as "the study and application of positively oriented human relations (HR) strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today's workplace (Luthans, 2002: 59; Luthans and Jensen, 2005: 305). Psychological capital is the product of a POB approach applied to the workplace (Hayek, 2012: 8). Psychological capital is distinctive from traditional economic

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capital, human capital and social capital (Brandt et. al, 2011: 269; Sun et.al, 2011: 70). Psychological capital is concerning about who you are and, more importantly, 'who you are becoming' (Brandt et. al, 2011: 269; Sun et.al, 2011: 70; Luthans et. al., 2005: 253). Psychological capital is defined as "an individual's positive psychological state of development (Luthans et. al., 2004: 47; Luthans et.al, 2007b: 3; Met, 2010: 889). In addition to be included as a psychological capital capacity, the following criteria must be met: positive and strength-based; theory and research-based; valid measures and, most importantly, what differentiates POB from most of positive psychology; and state-like and open-to-development and performance management (Avey et. al., 2008: 112; Luthans et. al., 2005: 253; Luthans and Jensen, 2005: 305). Using these criteria, the positive psychological constructs that have been determined to meet the inclusion criteria so far include hope, resilience, optimism, and self-efficacy, and when combined, represent what has been termed psychological capital (Luthans and Jensen, 2005: 305). Thus, psychological capital is a multidimensional construct consisting of the four components: (1) self-efficacy: having confidence to take on and put in the necessary effort to succeed at challenging tasks; (2) optimism: making a positive attribution about succeeding now and in the future; (3) hope: persevering toward goals and, when necessary, redirecting paths to goals in order to succeed; and (4) resilience: when beset by problems and adversity, sustaining and bouncing back and even beyond to attain success" (Hayek, 2012: 8., Luthans et. al., 2006: 388; Avey et. al., 2008: 112; Brandt et. al., 2011: 269; Kumbul Guler, 2009: 125; Malone, 2010: 4; Luthans et. al. 2007a: 542; Luthans et. al., 2007b: 3; Luthans, 2012: 2; Peterson et. al., 2011: 428).

As a result, psychological capital aims to teach individuals how to become more powerful, positive and better by trying to understand and develop their powerful and positive characteristics (Met, 2010: 889). The concept of psychological capital draws the attention of business world in order to increase the rate of occupational commitment, productivity and performance in professional life (Youssef and Luthans, 2007: 774; Luthans et. al., 2005: 249; Sun et.al, 2011: 69; Luthans and Youssef, 2004: 143; Luthans and Jensen, 2005: 304).

1.2. Occupational Commitment

In the field of organizational behavior, one of the popular topics among researchers is the occupational commitment of employees. Occupational commitment refers to an employee's commitment to his or her particular line of work (Chen et. al., 2010: 574). Occupational commitment is defined as "a psychological link between a person and his or her occupation based on an affective reaction to the occupation" (Kim and Mueller, 2011: 6). Occupational commitment reflects the psychological manner of employees, demonstrates the associations between the individual and his or her occupation, and is related to the conditions like the decision on continuing to be a member of the occupation (Uyguc and Cimrin, 2004: 91).

Meyer and Allen (1991) distinguished between three forms of commitment: affective, continuance, and normative (Mowday, 1998: 390). Meyer and Allen (1984) initially proposed that a distinction be made between affective and continuance commitment (Meyer et. al., 2002: 21). Affective commitment refers to the emotional attachment of individuals to organizations (Mowday, 1998: 390; Kaya, 2010: 79). Affective commitment is described as the fact that employees are involved in accepting professional objectives and values and exerting extraordinary efforts in favor of the organization (Allen and Meyer, 1990: 3), and their desire of staying in the occupation voluntarily (Zerenler and Ogut, 2007: 582). Continuance commitment is denoted by factors such as the amount of investments made by employees to the occupation and the number of alternative job opportunities perceived by the employees (Allen and Meyer, 1990: 4). Continuance commitment is associated with the intention to remain with the organization due to the costs of leaving or the rewards for staying (Mowday, 1998: 390). Subsequently, Allen and Meyer (1990) describe the normative commitment as a third distinguishable component of commitment (Meyer et. al., 2002: 21), and normative commitment reflects a felt obligation to remain a member of an organization (Mowday, 1998: 390; Meyer et. al., 2002: 21). Higher levels of commitment lead to improved work performance, reduced absenteeism, lower turnover, extra-role behavior (e.g., creativeness or innovativeness), and intent to participate in professional activities.

1.3. Individual Career Planning

The modern day organization plays a new significant role in the career system by acting as a supportive developer of its human assets (Kong et. al., 2011: 112), because a general increase in the educational level of employees (Aydin, 2010: 22), technological developments and alterations it has caused, changes in the quality of professions and expectations of the organization for the future (Simsek, 2008: 356; Gokdeniz, 1999: 64) lead to an increase in the importance of career planning and development that both organizations and employees contribute to (Aydin, 2010: 22; Simsek, 2008: 356; Gokdeniz, 1999: 64). Therefore, the key for professional achievement and satisfaction is likely with a career planning that can effectively be developed and directed (Super and Hall, 1978: 333).

A career can also be viewed as a characteristic of employees. Each employee's career consists of different jobs, positions and experiences. It can be viewed as a sequence of positions held within an occupation (Daft, 1994: 422). Career planning is a dynamic process which creates a change in employees' lives and adapts them to these changes. It is a long-term, continuous process which involves determination of aims and goals combining the opportunities an employee counters with his/her aims, self-change and development. Career planning helps employees to develop necessary knowledge, skills and behaviors to create a vivid, efficient and satisfying work environment (Toygar and Ergun, 2012: 1669). Individual career planning process includes the following steps: Employees' self-assessment, employees' recognition of opportunities, employees' identification of targets and creation of individual career planning.

2. The Methodology of The Study

2.1. The Purpose and Importance of The Study

The purpose of this study is to investigate the relationships between psychology capital, occupational commitment and career planning in a sample group of nurses working in two university hospitals (Meram Medical Faculty of Necmettin Erbakan University and Medical Faculty of Selcuk University) in Konya, Turkey, and a model suggestion is presented.

2.2. Method

The study was started to determine the association between psychological capital occupational commitment of nurses working in two state university hospitals in Konya, Turkey on career planning, and face-to-face interview technique was utilized in the survey method. Data were analyzed via SPSS 17.0 software. As to descriptive statistics, mean, standard deviation, frequency, regression and Pearson's correlation analyses were used. $p > 0.01$ was accepted as significance level. As a result of analysis a model was developed. The results were given in tables.

2.3. Means of Data Collection

The study was designed as descriptive and conducted between April and September 2011 after written permissions were obtained from both Meram Medical Faculty of Necmettin Erbakan University and Medical Faculty of Selcuk University in Konya, Turkey. From both university hospitals, total 857 nurses were given information about the study design, and among these, 205 (24%) accepted to participate in the study with oral consents.

All data were collected with Psychological Capital Scale, Occupational Commitment Scale and Individual Career Planning Scale. The response format was a 5-point Likert-type scale ranging from disagree strongly (1) to strongly agree (5) as anchor points. The questionnaire was composed of 57 questions under 4 headings. Of 57 questions, 6 were related to socio-demographic characteristics, 21 to psychological capital, 12 to occupational commitment and 18 to individuals career planning.

2.4. The Scale of The Study

Psychological Capital Scale developed by Luthans et al. as a five-Likert type-item scale in 2007, and converted into Turkish and tested its validity and reliability by the researchers was used to measure the four components of psychological capital as self-efficiency, hope, optimism and resilience. As a second scale used in the study, Occupational Commitment Scale developed by Meyer et al. in 1993 is used to measure affectiveness, continuance and normative

commitments, and the Turkish version was used by Simsek and Aslan in 2007; and by Aslan in 2008.

As the third scale used in our study, Individual Career Planning Scala was received from the thesis study performed by Erdogan in 2009.

The reliability coefficient of the scales was examined before totals of the scale were calculated, and the Cronbach's alpha scores of reliability coefficients were 0.83 for psychological capital, 0.70 for occupational commitment and 0.92 for individual career planning (0.94 for total).

2.5. Demographics of The Sample

Demographic characteristics of the participants were given in Table 1. Of 205 participants, 150 (73.2%) were the nurses from Meram Medical Faculty, 181 (88.3%) were women, 86 (41.9%) were composed of those aged between 18 and 28, 141 (68.8%) were married, 48 (23.4%) were working for 16 years and over, and 9 (4.3%) master degree.

Table 1: Demographic Characteristics of Samples

| Institution | N | Rate (%) | Marital Status | N | Rate (%) |
|---------------------------|-----|----------|----------------|-----|----------|
| Meram Med. Fac. of N.E.U. | 150 | 73,2 | Married | 141 | 68,8 |
| Med. Fac.of S.U. | 55 | 26,8 | Single | 64 | 31,2 |
| Education | N | Rate (%) | Age | N | Rate (%) |
| High school | 52 | 25,4 | 18-28 | 86 | 41,9 |
| Associate | 68 | 33,2 | 29-38 | 83 | 40,5 |
| University | 76 | 37,1 | 39-48 | 36 | 17,6 |
| Master | 9 | 4,3 | 49-58 | - | 0 |
| Working Years | N | Rate (%) | Sex | N | Rate (%) |
| 1-5 year | 74 | 36 | Women | 181 | 88,3 |
| 6-10 year | 45 | 21,9 | Male | 24 | 11,7 |
| 11-15 year | 38 | 18,5 | | | |
| >16 year | 48 | 23,4 | | | |
| Total | 205 | 100 | Total | 205 | 100 |

2.6. Findings

Firstly, the psychological capital, occupational commitment and individual career planning and of members' significance levels were calculated. Then, one of the fundamental goals of the research is to determine the correlations between psychological capital, occupational commitment and career planning. For this reason correlation analysis was applied to test the relationships between variables and a model suggestion was presented.

Table 2: The Severity Ratings of Psychological Capital, Professional Commitment and The Size of Individual Career Planning

| Determination of Psychological Capital Size | Mean | Std. Dev. |
|---|-------|-----------|
| Self-efficiency | 4.091 | .6273 |
| Hope | 3.881 | .7120 |
| Resilience | 3.770 | .5395 |
| Optimism | 3.330 | .7132 |
| PCT | 3.768 | .4735 |
| Career Commitment Sizes | Mean | Std. Dev |
| Affective Commitment | 3.040 | .6183 |
| Continuance Commitment | 3.396 | 1.034 |
| Normative Commitment | 3.140 | .9715 |
| Total Occupational Commitment | 3.190 | .6212 |
| Determination of Individual Career Planning Steps | Mean | Std. Dev |
| Self-evaluation of an individual | 4.26 | .6634 |
| Description of Individual Opportunity | 3.20 | .8915 |
| Determination of individual Target | 3.52 | .8574 |
| Creation of Individual Career Plan | 3.64 | .8741 |
| Total CPB | 3.65 | .6802 |

When Table 2 is analyzed, the mean severity of psychological capital size is (4.09) for the size of Self-efficacy, (3.88) for the size of hope, (3.77) for the size of strength, (3.33) for the size of optimism, respectively. It has been observed that on the is seen that the absence of a there is no significant problem related to the psychological capital sizes of the members who participated in the research. The mean severity of occupational commitment sizes is; (3.40) for the continuance commitment level, (3.14) for the normative commitment level, (3.04) for the emotional devotion size, respectively. Professional commitment levels of the members were above 3.00 according to the severity levels. However, when the severity rankings of the level were considered, the continuance commitment levels of the members were higher than the other commitment levels. Emotional commitment levels were found to be less important than the other levels of commitment. This is an undesirable state in terms of the professional commitment. The average severity of individual career planning steps are respectively; (4.26) for the individual's self-assessment, (3.64) for the creation of individual career plans, (3.52) for the identification of individual goals, and (3.20) for the description of individual opportunities. It has been established that members have paid attention to the individual career planning according to the degree of importance. The identification of the lowest level of opportunities is the level of career planning. This situation suggests that nurses have assessed themselves, have created a career plan, but encountered such situations as the lack of opportunities in career planning.

Table 3: Correlation analysis for determination of the correlations between psychological capital, occupational commitment and Individual Career Planning

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Self-efficacy | 1 | | | | | | | | |
| Hope | .599** | 1 | | | | | | | |
| Resilience | .378** | .401** | 1 | | | | | | |
| Optimism | .229** | .393** | .238** | 1 | | | | | |
| P.C.T. | .750** | .837** | .651** | .668** | 1 | | | | |
| Affective Commitment | .069 | .142* | .101 | .253** | .200** | 1 | | | |
| Continuance Commitment | .019 | .036 | .229** | .137 | .137 | .132 | 1 | | |
| Normative Commitment | .130 | .346** | .176* | .344** | .353** | .285** | .282** | 1 | |
| OCT | .101 | .247** | .252** | .339** | .326** | .554** | .746** | .772** | 1 |
| ICPT | .402** | .611** | .338** | .442** | .626** | .366** | .097 | .421** | .395** |

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

When Table 3 is assessed; psychological capital is seen in a weak and positive correlation with occupational commitment ($r = 0.326$, $p < 0.01$). The self-efficacy extent (one of the extents of psychological capital) is not seen to be in a significant relationship with any and each of occupational commitment extents (affective, normative, continuance) ($p > 0.01$). Hope extent only is observed in a weak and positive correlation with normative commitment ($r = .346$, $p < 0.01$). Resilience extent occurs in a very weak and positive correlation with continuance commitment ($r = .229$, $p < 0.01$). Optimism extent is in a weak and positive correlation with affective and normative commitment ($r = 0.253$, $r = 0.344$, $p < 0.01$).

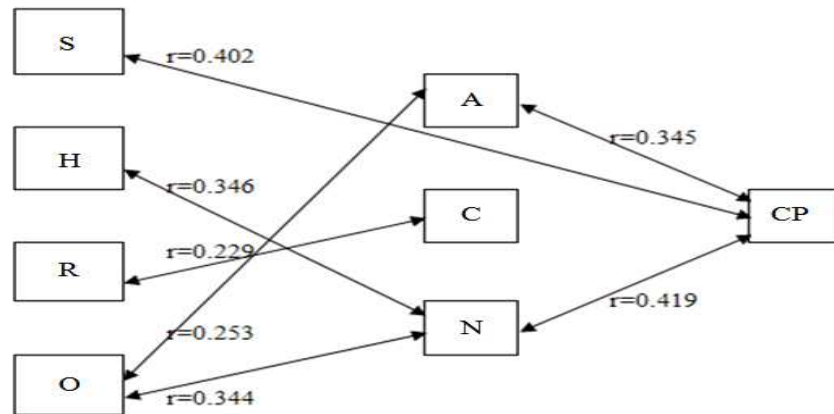
When Table 3 is assessed, psychological capital sum and sum of individual career planning stages are in a positive and medium level correlation with each other ($r = 0.626$, $p < 0.01$). Sum of self-efficacy, hope, resilience and optimism extents (psychological capital extents) are in a positive and medium level correlation with sum of career planning stages ($r = 0.402$, $r = 611$, $r = 338$, $r = 442$, $p < 0.01$).

When Table 3 is assessed, a weak and positive correlation is determined between the sum of occupational commitment extents and sum of career planning stages ($r = 0.395$, $p < 0.01$). But continuance commitment did not show a significant correlation with career planning ($p > 0.01$). Affective commitment is seen in a weak and positive correlation with career planning ($r =$

0.366, $p < 0.01$). Normative commitment is seen in a positive and medium level correlation with career planning ($r = 0.421$, $p < 0.01$).

Correlation analysis is used to explain the correlations between variables within the research and a model is developed as a result. According to this model, a model is developed to determine the correlations between psychological capital extents (self-efficiency, hope, resilience, optimism), occupational commitment extents (affective, normative, continuance) and individual career planning stages. In figure 1, a model suggestion is proposed for determining the correlations between psychological capital and occupational commitment.

Figure 1: A model suggestion for determining how psychological capital and occupational commitment effects career planning



When figure 1 is assessed, correlation analysis percentages are used to explain the research model. As it can be seen in the model; The change of hope levels (H) of psychological capital extents of the members are % 12 explained with normative commitment. Change of resilience levels (R) are explained % 5 by continuance commitment. Again, change of optimism level of members (O) (one of the psychological capital extents) can be explained % 6 with affective commitment (A) and % 12 with normative commitment. The self efficiency of members (S) are not seen to correlate with occupational commitment extents. But change of self-efficiency levels are % 16 explained with career planning.

In the model shown is Figure 1; when the correlations between occupational commitment and career planning of the members, continuance commitment (C) does not affect career planning (CP). The change of affective commitment is (A) %11 explained with career planning. The change of normative commitment (N) is %18 explained with career planning.

At this stage of the research, whether psychological capital and occupational commitment affects career planning is analyzed with invariable linear regression analysis. A model suggestion is proposed according to findings of the regression analysis. Results are shown in Table 3.

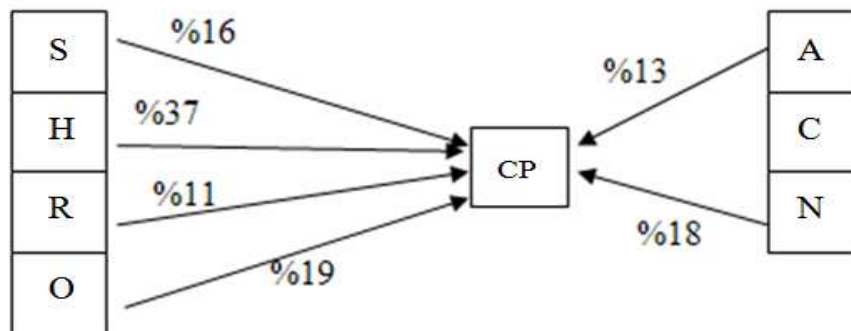
Table 4: Invariable Linear Regression Analysis

| Independent Variable | R2 | B | Std.Dev. | T | P | B | F |
|----------------------------|------|------|----------|--------|------|------|---------|
| Self-Efficiency (S) | .162 | .436 | .070 | 6.259 | .000 | .402 | 39.170 |
| Hope (H) | .374 | .584 | .053 | 11.010 | .000 | .611 | 121.220 |
| Resilience (R) | .114 | .427 | .083 | 5.121 | .000 | .338 | 26.229 |
| Optimism (O) | .195 | .422 | .060 | 7.022 | .000 | .442 | 49.308 |
| P.C.T. | .392 | .899 | .079 | 11.436 | .000 | .626 | 130.778 |
| Affective Commitment (A) | .134 | .403 | .072 | 5.610 | .000 | .366 | 31.471 |
| Continuance Commitment (C) | .009 | .064 | .046 | 1.383 | .168 | .097 | 1.912 |
| Normative Commitment (N) | .177 | .295 | .045 | 6.612 | .000 | .421 | 43.725 |
| OCT | .156 | .432 | .071 | 6.119 | .000 | .395 | 37.437 |

Dependent Variable; Career planning

A model suggestion is proposed according to findings of regression analysis in Figure 2

Figure 2: A Model Suggestion Devoted to The Effects of Psychological Capital and Occupational Commitment on Career Planning



When Table 4 and figure 2 is assessed, psychological capital is seen as a significant predictor of career planning. Career planning is explained %39 with psychological capital. Likewise, career planning is explained %16 with self-efficiency (S), %37 with hope (H), %11 with resilience (R) and %19 with optimism (O).

When table 4 and figure 2 is assessed, occupational commitment is seen as a significant predictor of career planning. Career planning is explained %15,6 with occupational commitment. Continuance commitment is not seen in a correlation with career planning. But career planning is explained %13,4 with affective commitment (A) and %17,7 with normative commitment (N).

3. Conclusion and Recommendations

The changes in work life and the need for psychological capital (self-efficiency, hope, resilience, optimism) due to these changes comes with the need of some methods that should be applied in medical facilities. In the case of these needs are provided stating that being more normal, happier, more successful and better for nurses who are in the position of main workers of medical institutions can be easier. The psychological capital that nurse group have contributes how they become happy, how they how they enact altruist behavior and how they can build healthy families, occupations and institutions. In this regard, there is a positive correlation between psychological capital extents and occupational commitment. This correlation can be explained; Nurses who are pleased with the past and expectant of the future of their occupation and have an optimistic perspective are thought to be committed to their occupation in a higher level. In this regard, nurses who are the fundamental key of the efforts of reorganization and remodeling of medical institution administrators and in the position of main workers of medical institutions to improve their psychological capital and occupational commitment and making career planning is becoming gradually more important.

The effects of psychological capital and occupational commitment to individual career planning have been investigated in the research and a model suggestion is proposed. In the research a positive correlation is detected between hope extent and normative commitment when the relationship between psychological capital and occupational commitment is assessed. And resilience extent is found to be positively correlated with continuance commitment. The nurses to deal with problems they face, factors such as their seniorities, economical power, the effort they use are more efficient factors in the relationship between resilience extent and continuance commitment. As to hope extent, a positive correlation is seen with affective and normative commitment. It can be stated that nurses with optimistic perspective can do their jobs more willingly and feel more responsible for the occupational care they give. Luthans and Jensen (2005: 304) have found a positive correlation between psychological capital and hospital mission, values, goals and commitment level of nurses.

When the effects of psychological capital to career planning are assessed, each and every psychological capital extent (self-efficiency, hope, resilience, optimism) is seen to be

related with career planning and to have effect on career planning. According to these results, the self-efficiency extent (one of the psychological capital extent) is not found to be correlated with any of the occupational commitment extents (affective, continuance, normative commitment) Self-efficiency extent reflects the faith of person to his/her self-competence. Despite nurses have high self-efficiency levels, nurses are thought to make their career planning with the belief to their self-competence without occupational commitment. Rogers et. al. (2008: 132) found a positive correlation between career planning and self-efficiency extent in their research.

Work life is active work field that is very dynamic, constantly evolving, getting richer with new perspectives and concepts each day. It is inevitable for people to make career plans who do their jobs willingly and with joy. As it can be seen from the results, when the effects of occupational commitment to career planning is assessed, the nurses are seen to be committed their occupation with mostly continuous commitment. However, the level of continuance commitment of nurses could not be found in a correlation with career planning. And that means that nurses make their career planning without the need of continuance commitment. The study of Meyer et. al. (1993) supports this research. It claims that nurses can experience these extents (affective, continuance, normative) in different levels at the same time. It mentions that people with high levels of affective and normative commitment are less tend to follow advancements than people with high levels of continuance commitment. The factors that affect continuance commitment of nurses can be listed. Factors such as earning money, absence of another alternative and working as a member of this occupation for long years are not considered as effecters of career planning for nurses. But members who work willingly and with joy and feels responsibility and obligation towards their occupation may have the need to have a career plan. The study of Sabuncuoglu (2007) stated that receptions about educational opportunities affect the intention of quitting the job both directly and affective and normative commitment indirectly. Cohen (2007) have stated after a research on nurses who works at hospitals in Canada that commitment affects the workers educational system, attitude and behavior and suggests that commitment should be improved this way. Weng and McElroy (2012) found a medium level correlation between career advancement and affective occupational commitment in China. Toygar and Ergun (2012) suggested that nurses need education, administrative reorganization for career advancements also administrative and organizational support. In the study that has been made by Hall et. al. (2004) on 144 nurses; it has been stated that the satisfaction of career planning and career advancement programs creates a high level of commitment and very low level of absenteeism.

As a results, the studies that are based on nurses and made to stabilize administrative and organizational concept in accordance with advancements and changes of medical sector to succeed, the psychological capital and occupational commitment of nurses and concordantly career planning of nurses who constitutes these studies are very important. It has a great importance for the career planning of nurses who are the macro content of health sector and improve the nurse's psychological capital. Great duties fall on administrators shoulders on this subject. The administrators should develop pursue a policy that is devoted to improve the psychological capital and affective occupational commitment of the nurse group and help them to make their career planning on this direction.

The main limiters of this study are that the study is made at only public university hospitals in Konya and on only one occupational group and has a limited number of workers. It is suggested that another study should be remade 5 years later and other variables be added in the future studies.

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