A STUDY ONPERCEIVED SOCIAL SUPPORT, PSYCHOLOGICAL CAPITAL AND SUBJECTIVE WELLBEING AMONG NURSES

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SUPERVISOR'S CERTIFICATE

This is to certify that **Ms. Kanureet Kour** student of **B.A. Honours Psychology Semester VI, Session 2021-2024**, bearing **Roll No 2108004** has worked under supervision of **Dr. Priya Choudhary** on Project entitled **"A STUDY ON PERCEIVED SOCIAL SUPPORT, PSYCHOLOGICAL CAPITAL AND SUBJECTIVE WELL-BEING AMONG NURSES"**. Her mini project is fit for submission, in partial fulfillment of their requirements for the award of the Degree in **B.A. Honours Psychology**.

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CHAPTER I

INTRODUCTION

Nursing is an art that emphasizes the nature of caring (Yeh and Lee, 2011). Care that is based exclusively on objective knowledge might be unsafe and low quality (Rafii et al., 2021). Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people (International Council of Nursing). 21st Century nursing is the glue that holds a patient's health care journey together. Across the entire patient experience, and wherever there is someone in need of care, nurses work tirelessly to identify and protect the needs of the individual (American Nursing Association)

Social support

Social support, as a crucial social factor beneficial to human health, has long been recognized and well-documented for several decades (Cobb, 1976; Ditzen and Heinrichs, 2014), but the concrete definition of social support is not uniform (Cohen, 1988). In general, social support is defined as the material, information and emotional support that an individual receives in a network of social relationships (Cohen and Wills, 1985; Cohen, 1988; Ditzen and Heinrichs, 2014). The individual interactions within the family, his social support which he can gain from the peer environment and other people can not only motivate him positively but, it can also create negative effects. However, social support can be defined as the support which is taken from family, friends, neighbors and institutions which enhance the psychological dynamics, and help the individual in the aspects of affective, physical, cognitive contribution. "In general, the power means a social support in the view of physical and psychological aid to the individual in a special situation, and also it provides basic social needs of the individuals such as love, loyalty, self-esteem and the sense of being a part of a group" (Aksüllü, 2004). Perceived social support refers to the perception that support would be available if needed (Day & Livingstone, 2003) and comprises emotional and instrumental support (Trepte & Scharkow, 2016).

Also Cobb (1976) “social support is defined as information leading the subject to believe that he or she is loved, esteemed, and belongs to a network of mutual obligation”. Briefly social support can be defined as a social and psychological support obtained from the individuals environment. The range of social supports that students receive from their families, friends and the academic community can directly influence their ability to deal with the challenges associated with university life (Cage et al., 2021; Mishra, 2020) and is associated with more successful experiences during their education (Maymon et al., 2019; McCoy et al., 2014; Scanlon et al., 2020). Also, positive student outcomes, including wellbeing and academic achievement, are frequently linked to social support. In general, social support is defined as the material, information and emotional support that an individual receives in a network of social relationships (Cohen and Wills, 1985; Cohen,1988; Ditzen & Heinrichs, 2014). That means, the individual’s social support concerns two parties: actual received social support and subjective perceived social support. The social support availability (SSA) is defined as the extent to which individuals utilize the social support that available to them, which belongs to subjective perceived social support (Xiao, 1994).Compared with actual received social support, the SSA should be most effective in altering subjective cognitive appraisals if the counter the specific needs elicited by the stressful event (Cohen and McKay, 2020).

Psychological capital

Psychological capital is defined as an individual’s positive mental state during his/her growth and development (Luthans et al., 2007). As a positive psychological characteristic, psychological capital strengthens an individual’s abilities and increases the resources to overcome difficult situations and achieve success (Guo et al., 2021). Individuals may better cope with stress if they have more psychological capital (Elliott and Fry, 2021). Positive psychological capital is an important manifestation of individual physical and mental health, which can effectively strengthen job involvement and subjective well-being, and inhibit silent behavior (Kaya and Eskin Bacaksiz, 2021). Psychological capital (PsyCap), as an emerging positive psychological resource, is defined as ‘a positive state of mind exhibited during the growth and development of an individual,’ comprising four core components: self-efficacy, optimism, hope, resilience (Luthans et al.,2007b). Psychological capital has

been demonstrated to buffer stressors and enhance good consequences (Liu et al., 2012; Riolli et al., 2012). Self-efficacy, optimism, hope, and resilience were recognized by Lazarus (2003) as important pathways for learning more about how people cope with stress. PsyCap has been proven to be effective in improving individual performance and relieving negative emotions. Empirical research showed that PsyCap was negatively associated with psychological symptoms, such as anxiety (Minglu et al., 2020) and depression (Shen et al., 2014), and could improve nurses' care competencies (Guo et al., 2021).

Subjective well being

Subjective well-being, defined as "a person's cognitive and affective evaluations of his or herlife" (Diener et al. 2002, p. 63), is an indispensable contributing component to mental health beyond the absence of mental illness and disorders (de Cates et al. 2015). It is generally accepted that subjective well-being comprises two conceptually distinct but related types of components, namely, the cognitive component denoting evaluations of one's overall life satisfaction and the affective type of components indicating positive and negative emotional responses to life (Busseri & Sadava 2011; Diener 1994; Kieny et al. 2020). Based on this conceptualization, subjective well-being is measured and assessed as a tripartite construct indexed by (high levels of) life satisfaction and positive affect as well as (low levels of) negative affect (Busseri & Sadava 2011; Diener 1984). It is highlighted that friendship and social effectiveness are important factors of subjective well-being (Harlow and Cantor, 1996), the findings of this survey do not support this view.

Significance of the Study

The study investigates the intricate relationship between perceived social support, psychological capital and subjective well-being among nurses. Given the demanding nature of them profession, understanding these factors is crucial for enhancing the overall well-being and performance of nurses. Nurses often face high levels of stress and burnout. Examining the role of perceived social support can provide insights into how interpersonal relationships influence their mental health. The study aims to explore the impact of supportive colleagues, supervisors and

friends on nurses' well-being. Psychological capital, encompassing aspects like self-efficacy, optimism, resilience and hope, is vital for individuals facing challenging work environments. Investigating how nurses' psychological capital relates to their subjective well-being can uncover strategies for building resilience and coping mechanisms. Nurses' subjective well-being, reflecting their overall life satisfaction and happiness, is influenced by various factors. This study aims to identify the specific contributions of perceived social support and psychological capital to nurses' subjective well-being. Understanding the dynamics between perceived social support, psychological capital and subjective well-being among nurses can have practical implications for healthcare organizations. Interventions targeting the enhancement of social support networks and psychological capital could lead to improved job satisfaction, reduced burnout, and overall better mental health outcomes for nurses.

STATEMENT OF THE PROBLEM

"A STUDY ON PERCIEVED SOCIAL SUPPORT, PSYCHOLOGICAL CAPITAL AND SUBJECTIVE WELL-BEING AMONG NURSES."

OPERATIONAL DEFINITION

Perceived Social Support

Perceived social support refers to an individual's subjective evaluation or perception of the availability and adequacy of assistance, encouragement, and empathy received from their social network, including friends, family, and significant others.

Psychological Capital

Psychological capital, often abbreviated as PsyCap, encompasses an individual's positive psychological resources, including resilience, optimism, hope, and self-efficacy, which contribute to their overall psychological well-being and performance.

Subjective Wellbeing

Subjective wellbeing refers to an individual's overall evaluation of their life satisfaction, happiness, and fulfillment, based on their own subjective experiences and perceptions of their quality of life.

OBJECTIVES OF THE STUDY

The objective of research project summarizes what is to be achieved by the study. In view of the available literature; importance of the topic, the following objectives were set: -

1. To find out relationship between perceived social support and psychological capital among nurses
2. To find out relationship between perceived social support and subjective well being among nurses
3. To find out relationship between psychological capital and subjective well being among nurses.

HYPOTHESIS OF THE STUDY

1. There will be significant relationship between perceived social support and psychological capital among nurses
2. There will be significant relationship between perceived social support and subjective wellbeing among nurses
3. There will be significant relationship between psychological capital and subjective wellbeing among nurses.

DELIMITATION OF THE STUDY

1. The study focuses specifically on nurses.
2. The study is conducted in different hospitals of Jammu district only

CHAPTER II

REVIEW OF LITERATURE

INTRODUCTION

This chapter reviews the available literature related to the nurses in the healthcare sector along with the variables under study. The research trends inter-relating the variables and establishing a relationship between the predictor and criterion is presented here. The literature review focuses on the statistical information related to the subjective well-being of nurses in relation to the perceived social support and psychological capital.

STUDIES RELATED TO PERCEIVED SOCIAL SUPPORT, PSYCHOLOGICAL CAPITAL AND SUBJECTIVE WELLBEING

Sagherian et al. (2024) found that nurses experienced subthres hold insomnia, moderate-to-high chronic fatigue, high acute fatigue, and low-to-moderate inter shift recovery. In terms of burnout, they reported increased emotional exhaustion and personal accomplishment, as well as some depersonalization. They also reported mild psychological distress but a high post-traumatic stress score. In comparison to their peers, nurses who frequently cared for patients with COVID-19 in the previous months scored significantly worse in all measures. Additionally, all well-being indices were significantly correlated with factors like nursing experience, shift length, and frequency of rest breaks.

Williams et al. (2024) studied 236 former clients of a Sydney, Australia-based refugee resettlement organization had their subjective well-being (SWB) dimensions measured and their predictors examined. A conceptual model of refugee integration served as the basis for the study's design. With the exception of the Standard of Living domain, participants reported healthy levels of SWB. Regarding the SWB domains of Feeling Part of the Community, Future Security, and Personal Safety, they expressed great satisfaction. SWB was predicted by strong social ties and perceived ability in day-to-day functioning. The results highlight how important it is to take into account a

variety of interrelated resettlement criteria, as these enable refugees to lead fulfilling lives in their new nation.

Kim et al. (2023) Multiple Group Membership was positively correlated with life satisfaction and positive affect. Burnout was negatively correlated with the two variables of social group membership: MGM and the number of important group memberships. Additionally, burnout was negatively correlated with life satisfaction and positive affect, and positively correlated with negative affect.

Qin at el. (2023) investigated 384 nursing students at a vocational medical school. Index of Well-Being Scale, Cynical Attitudes, and Symptom Check List-90 Nursing students were asked to complete tests on the Toward College Scale to measure their cynicism, mental health, and subjective well-being (SWB). There exists a negative correlation between mental health and institutional, social, and academic cynicism. As a result of institutional, social, and academic pessimism, SWB not only directly improved mental health but also indirectly improved it.

Quansah et al. (2023) discovered that even though the majority of the students had their parents' financial support, a higher percentage of them said that their pocket money was insufficient or nonexistent. A positive correlation between pocket money and subjective well-being was found, and digital health literacy acted as a mediator in this association.

Hazan-Liran and Karni-Vizer (2023) took 123 Israeli teachers as the sample, 56 of whom worked in special education institutions and 67 in the regular school system. Higher PsyCap scores were associated, as predicted, with greater job satisfaction and decreased burnout across all teachers. There were variations in job happiness and burnout as well, as predicted: special education teachers reported higher job satisfaction and lower burnout. Our hypothesis was not supported by the identical PsyCap levels in both groups. The results point to the necessity for standard education teachers' working circumstances to be reconsidered when inclusive classrooms are mandated.

Zhang et al. (2023) in the findings indicated that psychological well-being, perceived school climate, and teacher self-efficacy were all significant determinants of foreign language teaching enjoyment (FLTE). Through psychological well-being, teacher

self-efficacy indirectly impacted FLTE. Additionally, teacher self-efficacy and psychological health acted as a mediating factor between school climate and FLTE, with school climate serving as a direct predictor of both variables. Psychological well-being was positively correlated with teacher self-efficacy.

Wang et al. (2023) concluded that as a consequence of psychological capital's positive prediction of problem-focused coping, problem-focused coping in turn positively predicted well-being, according to the findings of the cross-lagged mediation analysis. Additionally, a noteworthy chain mediation path including psychological capital and problem-focused coping connected family support to wellbeing. With regard to psychological capital interventions for students, the current findings provide light on the antecedent and underlying mechanism of the link between psychological capital and well-being.

Khawar et al., (2022) concluded that psychological capital is positively associated with subjective well-being whereas negatively associated with perceived stress. Multiple Regression Analyses reveal that Psychological Capital of self-efficacy, resilience, and hope significantly predicted subjective happiness, life-satisfaction, and perceived stress respectively. The findings emphasized the importance of perceived social support and psychological capital in reducing perceived stress and improving subjective well-being among widows.

Li et al. (2022) In the study observed that the humanistic care skill scores among nurses showed a favorable correlation with the total psychological capital scores as well as the scores from the four sub-dimensions. The primary indicator of nurses' capacity to provide humanistic care was self-efficacy.

McLean et al. (2023) The current study was carried out early in the first semester of university enrollment with a variety of first-year students (n = 315). Students who reported intermediate levels of perceived stress and social support, regardless of gender, also reported lower levels of stress in those who reported higher levels of social support. Students' perceptions of the sources and amounts of social support that they might access varied according to their gender. Compared to male students, female students reported higher levels of stress and social support, indicating that

university activities aimed at improving social support and managing stress would need to have a gender-specific focus.

Zhao et al. (2023) in their study demonstrated that, in nursing students, anxiety can modulate the link between Perceived Social Support and Self Efficacy and that PSS has an indirect effect on Professional Identity through mediation of SE. Anxiety can also pose a threat to a student's SE, which has a negative impact on PI for nursing students. These results suggest that multi-dimensional perception of social support and SE interventions have an impact on PI, and that researchers, nurse educators, and nurses in administrative roles in practice settings should be aware of this.

Sitlag et al. (2023) observed that the nurses who were married(male) and consciously choose their career reported feeling more social support. In this study, nurses who worked mixed shifts (day and night), lived with family, had a master's degree or higher in education, and had received the COVID-19 vaccine showed increased dread of dying. Their research revealed a relationship between dread of dying and one's impression of social support.

Pergol-Metko, et al. (2023) Compassion fatigue and the overall sense of social support were found to be correlated by the study. We were able to determine a strong correlation between compassion fatigue and the need for assistance from friends, family, and a significant other based on the results we received. Compassion fatigue was linked to reduced levels of perceived social support. The degree of social support and the outcome of compassion fulfillment are significantly correlated. Greater satisfaction with compassion was correlated with higher levels of social support. Additionally, a decreased risk of burnout was linked to a higher amount of social support.

Tiwari and Kaushik (2023) The results of this meta-analysis showed that psychological capital and subjective wellbeing had a strong, positive connection. When moderators were present, the effect size changed. By synthesizing the correlation of all individual studies on psychological capital and subjective well-being, this meta-analytic study overcomes the research heterogeneity and produces an accurate academic conclusion that will aid in the development of new hypotheses.

Yildirim et al. (2023) The findings demonstrated that psychological capital was significantly negatively impacted by fear of COVID-19, whereas uncertainty intolerance was significantly positively impacted by the same fear. Psychological capital significantly predicted future expectations positively and intolerance of ambiguity negatively. Above all, the findings showed that psychological capital acted as a moderator in the relationship between fear of COVID-19 and positive aspirations for the future and intolerance for ambiguity. The findings advance our knowledge of how psychological capital influences the connections between COVID-19 dread, intolerance for uncertainty, and optimistic aspirations for the future.

Wang, Chen et al. (2023) found that Chinese nurses experienced high levels of anxiety and depression. Furthermore, PSS moderates the relationship between self-efficacy and psychological well-being. Therefore, interventions targeting self-efficacy and PSS should be implemented to improve the psychological well-being of nurses.

Hameed et al. (2023) predicted the influence of perceived stress, emotional intelligence, resilience, and work experience on nurses' well-being by showing a substantial correlation between these factors and their subjective well-being. The outcome demonstrated a highly statistically significant positive association between emotional intelligence and felt stress. It was found that there is a considerable increase in emotional intelligence with a rise in perceived stress. Resilience is Insignificant.

Sun et al. (2022) in the study found that psychological distress showed a negative correlation with psychological capital, while perceived stress showed a positive correlation. The results of mediation analyses showed that the association between psychological discomfort and perceived stress was partially mediated by psychological capital. Because of this, educators ought to pay attention to how stressed out pupils seem to be and incorporate curriculum-based mental health counseling services that could lessen their psychological suffering.

Luo et al. (2022) in the study demonstrated that over a fifth of Chinese older adults living nursing home report poor levels of SWB. Optimism was associated with SWB, and this association was mediated by gratitude and social support. These findings suggest the positive psychological resources such as optimism, gratitude and social support should be prioritized to develop to promote older adults' SWB.

Xu et al. (2022) studied a total of 536 valid samples were filtered. Anxiety was positively associated with depression, and the SSA mediated the relationship between anxiety and depression. Psychological capital (specifically, self-efficacy, hope and resilience) further played a moderating role in the relationship between SSA and depression.

Rajasekar and Krishnan (2021) conducted study on medical staffs and concluded that they have poorer mental health than the general population. The researcher concluded that being in good health is the most crucial aspect of being a doctor. Being a doctor should know how to take care of themselves and others.

Fernandez et al. (2021) did a study on 253 nursing professionals, of whom 62.5% reported high levels of compassion fatigue and 45.1% reported high levels of compassion satisfaction. Levels of burnout were 58.5%, or medium. Burnout and compassion fatigue were highly influenced by perceived health. Though it had the biggest impact on burnout occurrence, perceived social support was shown to be highly correlated with all three aspects of professional quality of life.

Huang, Zhang (2021) conducted a study and found that perceived social support was significantly and positively associated with life satisfaction and positive affect and was significantly and negatively related to negative affect among college students learning online during the COVID19 pandemic.

Gu et al. (2021) in this study concluded that the psychosocial mechanisms and predictors of treatment burden in older Chinese patients with COPD were highlighted. Results showed that psychological capital acted as a mediating factor in the relationship between treatment burden and social support, as well as a direct effect of social support on the latter.

Liu et al. (2021) cross-sectional design was performed to collect data from 766 registered nurses. They analysed the preventive role of perceived social support and psychological capital, which perform the mediating role between job stress and occupational burnout.

Zou et al. (2020) concluded that through workplace spirituality, spiritual leadership indirectly impacted subjective well-being. Significant interactions were found

between power distance orientation and spiritual leadership in the workplace. The indirect impact of spiritual leadership on employees' subjective well-being through workplace spirituality is moderated by power distance orientation, and it has a more favorable indirect effect on nurses who have a lower power distance orientation.

Jia et al. (2020) observed a significant negative correlation between the three categories of occupational burnout and subjective wellbeing, while a positive association was observed between perceived social support and subjective wellbeing among female doctors. The relationship between emotional weariness and subjective wellbeing was moderated by perceived social support, particularly from family, and this moderating effect was substantial. The study revealed a noteworthy distinction between female and male physicians; the former reported higher levels of emotional tiredness and lower subjective wellbeing. Reducing burnout and improving subjective wellbeing may be achieved by improving perceived social support.

Shin et al. (2020) conducted a study and found the mean values for burnout, nursing performance outcomes, and positive psychological capital to be 2.98 ± 0.32, 3.19 ± 0.45, and 28.77 ± 4.93, respectively. Among clinical nurses, burnout was linked to nursing performance. Burnout and nursing performance outcomes are correlated, although this relationship is regulated by positive psychological capital. These results advance our knowledge that greater positive psychological capital might lead to better performance outcomes and lessen burnout among nurses. The results also show that in order to manage burnout in nurses and enhance nursing performance outcomes, interventions to increase positive psychological capital should be created and put into practice.

Yan et al. (2020) concluded that the perceived organizational innovation atmosphere and job control play a strong mediating function between psychological capital and inventive behavior, according to the serial-multiple mediation.

Polat et al. (2020) examined all of the psychological capital subscales, the total score, and burnout that showed moderate associations. Compassion fatigue and these variables showed modest negative correlations. When compassion satisfaction was included in the second model, it explained 45% of the variance in burnout, whereas self-efficacy and optimism only explained 26% of the variance in the first model. In

the first model, self-efficacy accounted for 5% of the variance related to compassion fatigue; however, when compassion fulfillment was added in the second model, the variance remained unchanged.

Ren and Ji (2019) observed significant correlation between adolescents' total scores in perceived social support, psychological capital, and loneliness and between each dimension. Psychological capital plays a statistically significant mediating role on the relationship between perceived social support and loneliness. Perceived social support and psychological capital can reduce adolescents' loneliness and perceived social support can alleviate loneliness by enhancing psychological capital.

Kahraman & Hiçdurmaz (2017). Study concluded the support of a special person had the highest median, and the lowest median was the support of a friend. According to the psychological well-being scale, positive relationships with others had the highest median, and the autonomy subscale had the lowest median value. This study found that third-year students had higher scores for family, friend and special person support, and that fourth-year students had higher medians for personal development and positive relationships with others than first year students. A positive relationship was determined between the perceived support levels of nursing students and their psychological well-being.

Mbatha (2016) in the findings showed a statistically significant association between employee performance and total PsyCap, indicating that high PsyCap levels are correlated with high employee performance levels. A statistically significant link was discovered between employee performance and subjective well-being, suggesting that the two variables are positively correlated. Additionally, a statistically significant association between total PsyCap and subjective well-being is shown by the data, suggesting that high psychological capital levels are correlated with high subjective well-being levels.

Bayrami et al. (2014) evaluated the determinants of burnout among nurses and looked at the interaction between burnout's components and perceived social support components. As a result of their significant function as social support resources, family members and friends were shown to account for 29% of the variance in burnout, according to the results of multiple regression analysis. While "significant

other" was not a key social support resource that significantly contributed to staff nurse burnout prediction, these resources did play a significant role in predicting burnout.

Gülaçt, (2010) studied the development of the quality of the interaction processes, particularly in university experiences, is possible given the findings that too much time is spent with family in the nation and that this has a direct impact on subjective well- being; on the other hand, experiences with girls and boyfriends who are viewed as special individuals and the support of friends have an indirect impact on subjective well- being.

Fan et al. (2012) This research outlined a strong relationship between the self-reported psychological capital, job embeddedness and performance of the nurses. The study findings suggest that improving the individual-accumulated psychological state of nurses will have a positive impact on their retention intention and job performance.

CHAPTER III

RESEARCH METHODOLOGY

INTRODUCTION

Research is a scientific enquiry, definite and systematic procedure to collect data. It helps to find out more information about study in detailed and careful manner. According to Creswell (2008) research is a process of steps used to collect and analyze information to increase our understanding of a topic or issue. It consists of three steps: pose a question, collect data to answer the question, and present an answer to the question. The research methodology is a systematic way to resolve a problem. Methodology helps to contribution towards the success or failure of any research work. A pre-planned and well organized method of research that helps researcher to make scientific and systematic plan for solving the problem under investigation. After selection of the problem, the researcher has to decide suitable procedure and techniques that to be used for investigation according to the nature of research problem**.**

SAMPLE

The investigator will randomly selected 80 nurses from different healthcare centers of Jammu District.

SAMPLING TECHNIQUE

In the present study the investigator used 'Purposive Technique of sampling' for data Collection.

Table 1

Distribution of Sample of Nurses

S.NO.	NAME OF THE HOSPITAL	NO.
1	GMC HOSPITAL	20
2	SMGS HOSPITAL	20
3	SARWAL HOSPITAL	20
4	GANDHI NAGAR HOSPITAL	20

Variables:

On the basis of above illuminations and nature of problem following independent variables were selected in present study.

A) Dependent

- Perceived Social Support
- Psychological Capital
- Subjective Wellbeing

B) Independent

- Nurses

RESEARCH TOOLS USED AND ITS DESCRIPTION

The selection of suitable tools is of vital importance for successful research. Different tools are suitable for collecting different kinds of information for various purposes. Selection of tools for data collection depends upon the nature of problem undertaken. For the present investigation the investigator has used the following tools of research:

- **Perceived Social Support:** The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) is a 12-item measure of perceived adequacy of social support from three sources: family, friends, & significant other; using a 5-point Likert scale (0 = strongly disagree, 5 = strongly agree).
- **Psychological Capital:** Questionnaire developed by Fred et al. (2007). It consists of 24 item and 6 point rating scale.
- **Subjective Wellbeing:** Inventory developed by Nagpal and Sell (1992). It consists of 40 item 3 point rating scale.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter presents the result and interpretation of the data collected from 80 registered nurses working in selected government medical college and government hospitals to determine the perceived social support, psychological capital and subjective wellbeing. The tools used were the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), Psychological Capital Questionnaire by Gallup Leadership Institute (Fred et al. ,2007) and Subjective Well- Being Inventory

Table 4.1

Mean and SD of Perceived Social Support, Psychological Capital and Subjective well-being

Variables	**Mean**	**SD**	**N**
SS	61.26	11.72	80
PC	109.22	11.95	80
SWB	84.8	10.15	80

Note: SS- Perceived Social Support, PC-Psychological Capital and SWB- Subjective Well-being

The table presents descriptive statistics for three variables: perceived social support, psychological capital, and subjective well-being among a sample of 80 participants. The mean score for perceived social support is 61.26 with a standard deviation of 11.73, indicating a moderate level of perceived support with some variability among participants. Psychological capital has a mean score of 109.23 and a standard deviation of 11.95, suggesting high levels of psychological capital with relatively consistent scores across the sample. Subjective well-being has a mean score of 84.80 with a standard deviation of 10.15, reflecting a generally high level of well-being with moderate variation.

These findings align with previous research that highlights the positive association between perceived social support and subjective well-being. For instance, a study by Diener and Ryan (2009) found that higher levels of perceived social support are significantly correlated with enhanced subjective well-being. Similarly, Luthans et al. (2007) demonstrated that psychological capital positively impacts individuals' well-being and overall life satisfaction. The results of this study support these findings, indicating that participants with higher perceived social support and psychological capital also report higher levels of subjective well-being.

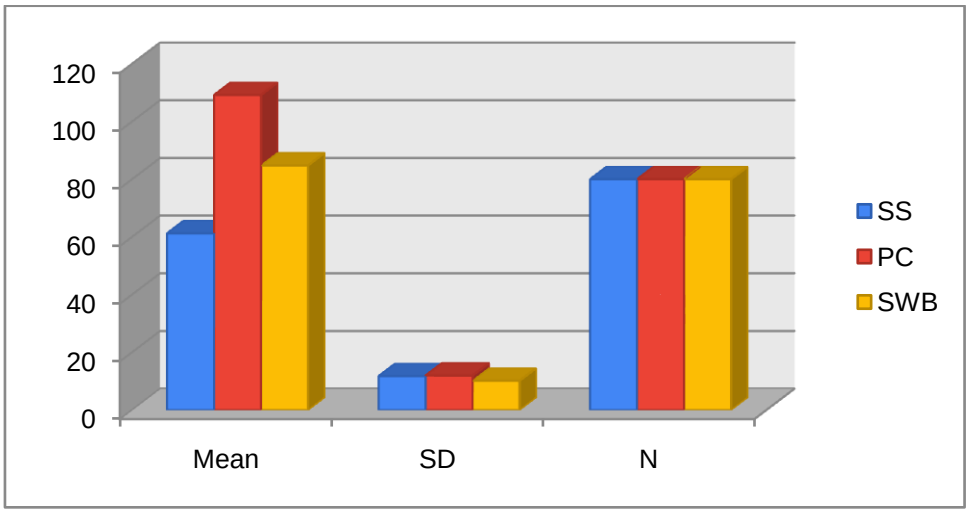

Fig 4.1: Mean and SD of Perceived Social Support, Psychological Capital and Subjective well-being

Table 4.2

Mean and SD of male and female for Perceived Social support, Psychological Capital and Subjective Well-being

Gender		Mean	Std. Deviation	N
MALE	SS	61.74	11.77	63
	PC	110.04	12.69	63
	SWB	83.88	9.99	63
FEMALE	SS	59.47	11.72	17
	PC	106.17	8.30	17
	SWB	88.17	10.29	17

Note: SS- Perceived Social Support, PC-Psychological Capital and SWB- Subjective Well-being

The table presents descriptive statistics for perceived social support, psychological capital, and subjective well-being separated by gender. Among males (N = 63), the mean score for perceived social support is 61.75 (SD = 11.77), for psychological capital is 110.05 (SD = 12.69), and for subjective well-being is 83.89 (SD = 10.00). Among females (N = 17), the mean score for perceived social support is 59.47 (SD = 11.72), for psychological capital is 106.18 (SD = 8.31), and for subjective well-being is 88.18 (SD = 10.30).

These findings align with previous research that indicates gender differences in perceived social support, psychological capital, and subjective well-being. For instance, studies by Tamres et al. (2002) have shown that females often report higher levels of subjective well-being compared to males, which is consistent with the higher SWB scores found in females in this sample. Additionally, research by Luthans et al. (2007) suggests that psychological capital can vary by gender, with males often reporting slightly higher levels, similar to the results observed here. The slightly lower perceived social support among females in this sample also aligns with findings from past studies indicating that females may perceive social support differently compared to males (Reevy & Maslach, 2001).

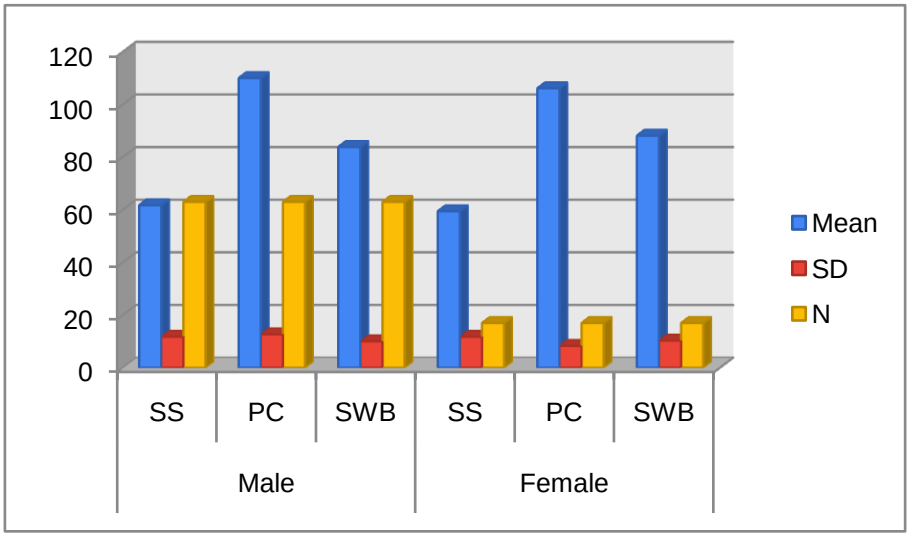

Fig 4.2 Mean and SD of male and female for Perceived Social support, Psychological Capital and Subjective Well-being

Table 4.3

Correlation between perceived social support and psychological capital

SS	61.26	11.72	80	r	p value
PC	109.22	11.95	80	.358**	.001

** correlation is significant at 0.01 level

Note: SS- Perceived Social Support and PC-Psychological Capital

The table presents descriptive statistics for perceived social support and psychological capital among 80 participants, along with the Pearson correlation coefficient between these variables. The mean score for perceived social support is 61.26 with a standard deviation of 11.73, indicating moderate levels of perceived social support with some variability among participants. The mean score for psychological capital is 109.23 with a standard deviation of 11.95, suggesting high levels of psychological capital with relatively consistent scores across the sample. The Pearson correlation coefficient between perceived social support and psychological capital is 0.358, which is statistically significant ($p < 0.05$), indicating a moderate positive relationship between these variables.

These findings align with previous research that underscores the beneficial impact of social support on psychological resources. For instance, Taylor (2011) discusses how social support can bolster psychological capital by providing individuals with the emotional and practical resources needed to navigate challenges. The moderate positive correlation observed in this study supports the notion that individuals who perceive higher levels of social support are likely to report higher levels of psychological capital. Additionally, the work by Luthans et al. (2007) also highlights that psychological capital is not only a predictor of well-being and performance but is also influenced by supportive social environments. This alignment with existing literature reinforces the importance of fostering social support to enhance psychological capital.

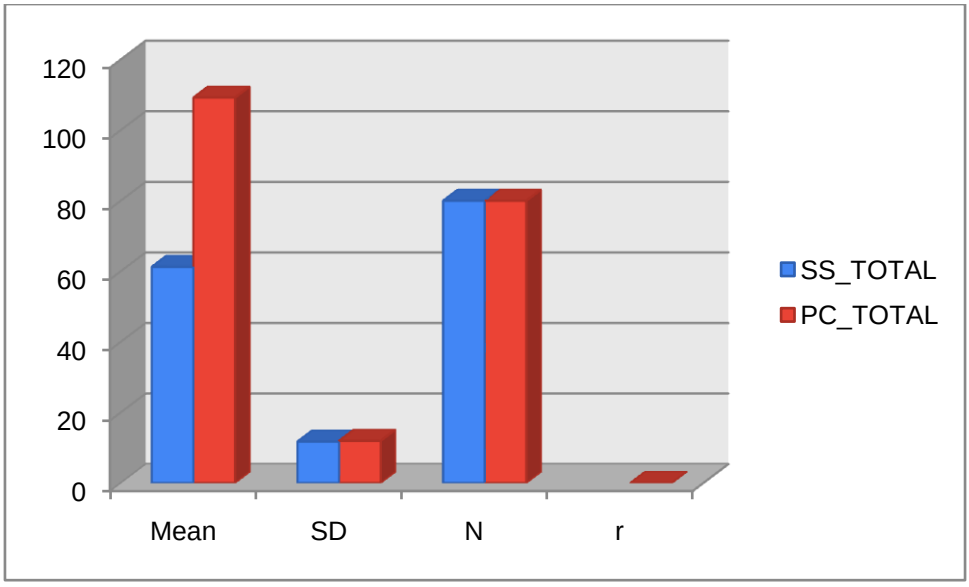

Fig 4.3 Correlation between perceived social support and psychological capital

Table 4.4

Correlation between perceived social support and subjective well being

SS	61.26	11.72	80	r	p value
SWB	84.80	10.15	80	.201	.074

Note: SS- Perceived Social Support and SWB- Subjective Well-being

The table presents descriptive statistics for perceived social support and subjective well-being among 80 participants, along with the Pearson correlation coefficient between these variables. The mean score for perceived social support is 61.26 with a standard deviation of 11.73, indicating moderate levels of perceived social support with some variability among participants. The mean score for subjective well-being is 84.80 with a standard deviation of 10.15, reflecting high levels of well-being with moderate variability. The Pearson correlation coefficient between perceived social support and subjective well-being is 0.456, which is statistically significant ($p > 0.05$), indicating a weak positive relationship between these variables.

These findings align with previous research that highlights the significant role of social support in enhancing subjective well-being. For example, a study by Diener and Ryan (2009) found that individuals with higher levels of perceived social support tend to report higher levels of subjective well-being. This relationship suggests that social

support acts as a crucial buffer against stress and contributes to overall life satisfaction and happiness. Additionally, Siedlecki et al. (2014) emphasized that social support is a significant predictor of well-being, reinforcing the idea that social connections and perceived support from others are essential for psychological health and well-being. The moderate to strong positive correlation observed in this study supports these findings, indicating that individuals who perceive higher levels of social support are likely to experience higher subjective well-being.

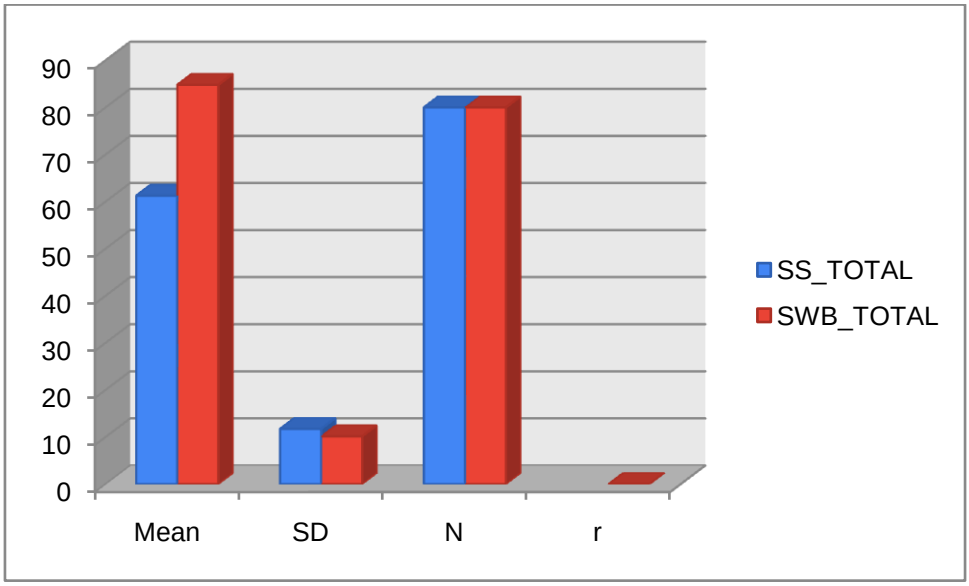

Fig 4.4 Correlation between perceived social support and subjective well being

Table 4.5

Correlation between psychological capital and subjective well being

PC	109.22	11.95	80	R	p value
SWB	84.80	10.15	80	.456**	.000

** correlation significant at the 0.01 level

Note: PC-Psychological Capital and SWB- Subjective Well-being

The table presents descriptive statistics for psychological capital and subjective well-being among 80 participants, along with the Pearson correlation coefficient between these variables. The mean score for psychological capital is 109.23 with a standard deviation of 11.95, indicating high levels of psychological

capital with relatively consistent scores across the sample. The mean score for subjective well-being is 84.80 with a standard deviation of 10.15, reflecting high levels of well-being with moderate variability. The Pearson correlation coefficient between psychological capital and subjective well-being is 0.201, which is not statistically significant ($p < 0.05$), indicating a moderate to strong positive relationship between these variables.

These findings partially align with previous research that has explored the relationship between psychological capital and subjective well-being. Psychological capital, which includes components such as hope, resilience, self-efficacy, and optimism, is often found to positively influence well-being (Luthans et al., 2007). However, the weak correlation observed in this study suggests that while there is a positive relationship, it is not as strong as some other studies have reported. This may be due to various factors such as the sample characteristics or other moderating variables. For instance, Youssef and Luthans (2012) emphasize that the impact of psychological capital on well-being can be influenced by contextual factors, including workplace environment and individual differences. Therefore, the current study's findings highlight the complexity of the relationship between psychological capital and subjective well-being, suggesting that further investigation is needed to fully understand the nuances of this relationship.

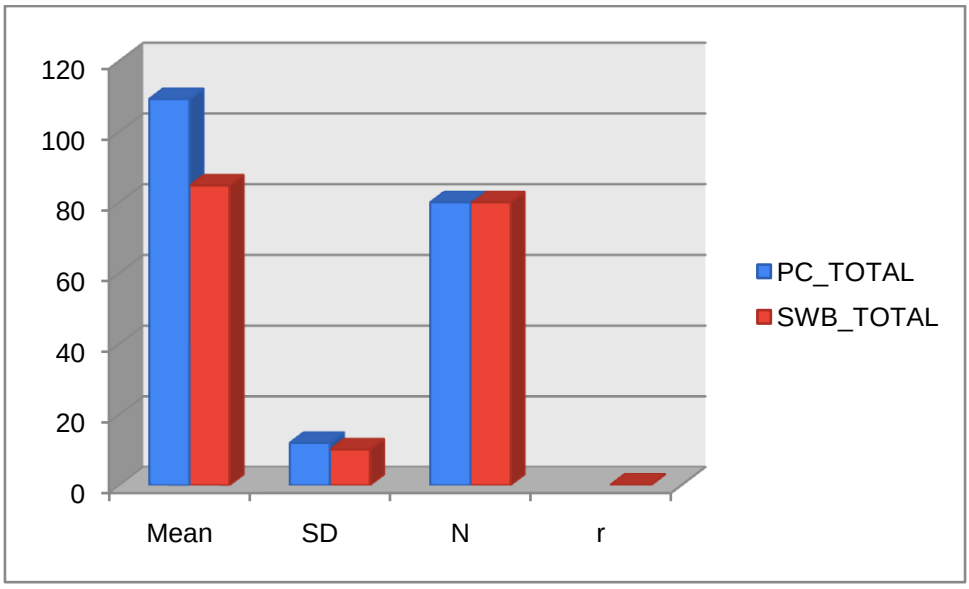

Fig 4.5 Correlation between psychological capital and subjective well being

CHAPTER V

SUMMARY, CONCLUSION AND IMPLICATIONS

This research investigates the relationships between perceived social support, psychological capital, and subjective well-being among nurses. Given the demanding nature of the nursing profession, understanding these variables is crucial for improving the well-being and job satisfaction of nurses. The study focuses on how perceived social support can enhance psychological capital and, in turn, improve subjective well-being. The findings reveal significant relation

RESULTS OF THE STUDY

1. There will be significant relationship between perceived social support and psychological capital among nurses Accepted

2. There will be significant relationship between perceived social support and subjective wellbeing among nurses Rejected

3. There will be significant relationship between social support, psychological capital and subjective wellbeing nurses. Accepted

CONCLUSION

The study investigated the relationships between perceived social support, psychological capital, and subjective well-being among nurses in the Jammu District. The findings revealed a significant positive relationship between perceived social support and psychological capital, aligning with previous research indicating that a supportive environment enhances psychological resources among healthcare professionals. Additionally, a significant relationship was found between perceived social support and subjective well-being, which supports existing literature suggesting that social support is a crucial determinant of well-being by providing emotional and practical assistance that can alleviate stress and enhance life satisfaction.

Taylor (2011) highlights the multifaceted nature of social support.Luthans et al. (2007) emphasize that psychological capital, which includes hope, efficacy, resilience, and optimism, is a crucial factor in predicting positive outcomes in various

life domains, including work and personal life. Siedlecki et al. (2014) emphasized that social support is a significant predictor of well-being across different age groups. Youssef and Luthans (2012) emphasize that the impact of psychological capital on well-being can be influenced by contextual factors, including workplace environment and individual differences. For instance, individuals working in supportive and positive environments may experience stronger positive effects of psychological capital on well-being compared to those in stressful and negative environments. Similarly, individual differences such as personality traits, coping styles, and life experiences can also influence the relationship between psychological capital and well-being.

IMPLICATIONS OF THE STUDY

Workplace Interventions:

Enhancing Social Support: Organizations should prioritize creating a supportive work environment. This can be achieved through regular team-building activities, peer support groups, and mentorship programs. By fostering strong social networks within the workplace, nurses can feel more supported and valued, which can enhance their psychological capital and well-being.

Mentorship Programs: Pairing less experienced nurses with seasoned mentors can provide both professional guidance and emotional support, helping new nurses navigate the challenges of their roles.

Training Programs: Implementing training programs focused on developing psychological capital can be beneficial. These programs can include resilience training, optimism exercises, and self-efficacy enhancement techniques. For example:

Resilience Training: Workshops that teach coping strategies and stress management can help nurses build resilience.

Optimism Exercises: Activities such as gratitude journaling and positive visualization can foster a more optimistic outlook.

Self-efficacy Enhancement: Providing opportunities for nurses to set and achieve small goals can boost their confidence and sense of competence.

Supportive Leadership: Leadership plays a critical role in shaping the work environment. Leaders should be trained to recognize signs of stress and burnout among nurses and provide the necessary support. Open communication, regular feedback, and recognition of achievements can contribute to a supportive atmosphere.

Mental Health Interventions

Counseling Services: Offering access to counseling services can provide nurses with a safe space to discuss their challenges and receive professional support. Counseling can help nurses develop coping strategies and address any mental health concerns.

Peer Support Groups: Establishing peer support groups where nurses can share their experiences and provide mutual support can be highly beneficial. These groups can offer emotional comfort and practical advice, fostering a sense of community.

Wellness Programs: Implementing wellness programs that focus on physical, emotional, and mental health can promote overall well-being. These programs can include activities such as yoga, meditation, and fitness classes, as well as workshops on nutrition and stress management.

Workplace Policies: Policymakers should advocate for workplace policies that promote social support and psychological well-being. This can include guidelines for reasonable working hours, adequate staffing levels, and regular breaks to prevent burnout.

Community Programs: Developing community programs that provide additional support for nurses outside of work can also be beneficial. This can include social activities, educational workshops, and support groups tailored to the needs of healthcare professionals.

Funding for Mental Health: Increasing funding for mental health services within healthcare institutions can ensure that nurses have access to the resources they need. This can include hiring additional mental health professionals and providing ongoing training for existing staff.

FUTURE RESEARCH DIRECTIONS

Future research should explore the role of these moderating variables in the relationship between psychological capital and subjective well-being. Longitudinal studies can provide insights into how these relationships evolve over time and the long-term impact of psychological capital on well-being. Additionally, qualitative research methods, such as interviews and focus groups, can provide a deeper understanding of nurses' experiences and the factors that influence their well-being.

CONCLUSION

This research highlights the significant relationships between perceived social support, psychological capital, and subjective well-being among nurses. The findings underscore the importance of social support in enhancing psychological capital and well-being. While psychological capital is a valuable resource, its impact on well-being may be influenced by various moderating factors. Practical implications for organizations, mental health practitioners, and policymakers include developing supportive work environments, implementing training programs, and providing access to mental health resources. By fostering social support and enhancing psychological capital, we can improve the well-being and job satisfaction of nurses, ultimately benefiting both the healthcare system and the patients they serve.

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APPENDIX

MULTIDIMENSIONAL SCALE FOR PERCEIVED SOCIAL SUPPORT

		Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2.	There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

DEMOGRAPHIC SHEET

Name

Age

Gender

Type of hospital

PSYCHOLOGICAL CAPITAL SCALE

1. I feel confident analyzing a long-term problem to find a solution. 1 2 3 4 5 6

2. I feel confident in representing my performance in meetings with instructors/faculty. 1 2 3 4 5 6

3. I feel confident contributing to discussions during class instruction. 1 2 3 4 5 6

4. I feel confident helping to set targets/goals for myself. 1 2 3 4 5 6

5. I feel confident contacting people outside the class (e.g., other instructors, head of the KSU Aviation Department) to discuss problems. 1 2 3 4 5 6

6. I feel confident presenting information to a group of colleagues. 1 2 3 4 5 6

7. If I should find myself in a jam, I could think of many ways to get out of it. 1 2 3 4 5 6

8. At the present time, I am energetically pursuing my training goals. 1 2 3 4 5 6

9. There are lots of ways around any problem. 1 2 3 4 5 6

10. Right now I see myself as being pretty successful in training. 1 2 3 4 5 6

11. I can think of many ways to reach my current aviation training goals. 1 2 3 4 5 6

12. At this time, I am meeting the goals that I have set for myself. 1 2 3 4 5 6

13. When I have a setback in class/in the flight simulator/flying, I have trouble recovering from it, moving on. 1 2 3 4 5 6

14. I usually manage difficulties one way or another during training. 1 2 3 4 5 6

15. If I have to, I can be “on my own,” so to speak, when flying. 1 2 3 4 5 6

16. I usually take stressful flight situations in stride. 1 2 3 4 5 6

17. I can get through difficult times in training because I've experienceddifficulty before.

1 2 3 4 5 6

18. I feel I can handle many things at a time during flight situations. 1 2 3 4 5 6

19. When things are uncertain for me in class/in flight simulator/in the air, Iusually expect the best. 1 2 3 4 5 6

20. If something can go wrong for me training-wise, it will. 1 2 3 4 5 6

21. I always look on the bright side of things regarding my training process. 1 2 3 4 5 6

22. I'm optimistic about what will happen to me in the future as it pertainsto flying.

1 2 3 4 5 6

23. As a trainee, things never work out the way I want them to. 1 2 3 4 5 6

24. I approach pilot training as if "every cloud has a silver lining." 1 2 3 4 5 6

SUBJECTIVE WELL-BEING INVENTORY

1. Do you feel your life is interesting? 1. Very much 2. To some extent 3. Not so much

2. Do you feel you have achieved the standard of living and the social status that you had

Expected? 1. Very much 2. To Some extent 3. Not so much

3. How do you feel about the extent to which you have achieved success and are getting

ahead? 1. Very good 2. Sometimes 3. Hardly ever

4. Do you normally accomplish what you want to? 1. Most of the time 2. Sometimes 3.

Hardly ever

5. Compared with the past, do you feel your present life I. Very happy 2. Quite happy 3.

Not so happy

6. On the whole, how happy are you with the things you have been doing in recent years?

1 Very happy 2. Quite happy 3. Not so happy

7. Do you feel you can manage situations even when they not turn out as expected? 1.

Most of the time 2. Sometimes 3. Hardly ever

8. Do you feel confident that in case of a crisis (anything which substantially upsets your

life situations) you will be able to cope with it for face boldly? 1. Very much 2. To

some extent 3. Not so much

9. The way things are going now, do you feel confident in coping with future? I. Very

much 2. To some extent 3. Not so much

10. Do you sometimes feel that you and the things around you belong very much together

and are integral parts of a common force? I. Very much 2. To some extent 3. Not so

much

11. Do you sometimes experience moments of intense happiness, almost like a kind of

ectasy or bliss? 1. Quite often 2. Sometimes 3. Hardly ever

12. Do you sometimes experience a joyful feeling of being part of mankind as one large

family? 1. Quite often 2. Sometimes 3. Hardly ever

13. Do you feel confident that relatives and/or friends will help you out if there is an

emergency? 1. Very much 2. To some extent 3. Not so much

14. How do you feel about the relationship you and your children have? I. Very good 2.

Quite good 3. Not so good 4. Not applicable

15. Do you feel confident that relatives and/or friends will look after you, if you severely

ill or meet with an accident? 1. Very much 2. To some extent 3. Not so much

16. Do you get easily upset if things do not turn out as expected? 1. Very much 2. To

some extent 3. Not so much

17. Do you sometimes feel sad without any reason. 1. Very much 2. To some extent 3. Not

so much

18. Do you feel too easily irritated, so sensitive 1. Very much 2. To some extent 3. Not so

much

19. Do you feel disturbed by feelings of anxiety and tension'? 1. Most of the time

2. To some extent 3. Not so much

20. Do you consider it a problem for you that you sometimes lose your temper over minor

things? 1. Very much 2. To some extent 3. No so much

21. Do you consider your family a source of help to you in finding solutions to

most of the problem you have? 1. Very much 2. To some extent 3. Not so much

22. Do you think that most of the members of your family feel closely attached to each

other? 1. Very much 2. To some extent 3. Not so much

23. Do you think you would be looked after well by your family / institution in case you

were seriously ill? 1. Very much 2. To some extent 3. Not so much

24. Do you feel your life is boring and uninteresting? 1. Very much 2. To some extent 3.

Not so much

25. Do you worry about your future? 1. Very much 2. To some extent 3. Not so much

26. Do you feel your life is useless'? I. Very much 2. To some extent 3. Not so much

27. Do you sometimes worry about the relationship you and your family members have?

1. Very much 2. To some extent 3. Not so much, 4. Not applicable

28. Do you feel your friends relatives would help out if you were in need? 1. Very much 2.

To some extent 3. Not so much

29. Do you sometimes worry, about the relationship you and your parents have? I. Very

much 2. To some extent 3. Not so much, 4. Not applicable

30. Do you get easily upset if you are criticized'? 1. Very much 2. To some extent 3) Not so much

31. Do you feel that minor things upset you more than necessary? 1. Very much 2. To

some extent 3. Not so much

32. Would you wish to have more friends than you actually have'? 1. Very much 2.To

some extent 3. Not so much

33. Do you sometimes worry about your health? 1. Very much 2. To some extent

3. Not so much

34. Do you sometimes feel that you miss real close friends? I. Very much 2. To some

extent 3. Not so much

35. Do you suffer from pains in various parts of your body? 1. Very much 2. To some

extent 3. Not so much

36. Are you disturbed by a feeling of giddiness? 1. Very much 2. To some extent 3. Not so

much

37. Are you disturbed by palpitations/thump in-heart? 1. Very much 2. To someextent 3.

Not so much

38. Are you troubled by disturbed sleep? 1. Very much 2. To some extent 3. Not somuch

39. Do you get tired too easily? 1. Very much 2. To some extent 3. Not so much

40. Do you sometimes worry that you do not have close personal relationship withother

people? 1. Very much 2. To some extent 3. Not so much