The Mediating Role of Psychological Capital in the Relationship between Positive Emotions and Mental Health: A Cross Sectional Study

Received: 19 June, 2022

Revision Received: 31 August, 2022 Accepted: 05 September, 2022 DOI:10.56011/mind-mri-113-20224 *Vandana Maurya **Urmila Rani Srivastava

Abstract

Healthcare institutions render important services dealing with the health and life of people. However, research to date has found that the healthcare professionals are always surrounded with the elements of stressful, difficult situations, and the episodes of hardship. Since, if unhealthy and anxious personnel are damages to organizations, no phenomenon is more important for employees than the positive emotions and mental health. Positive emotions are often found to be associated with good outcomes and enhanced psychological well-being. However, despite these well-established facts the mechanism of the relationship between the two is less clear. This study explores whether psychological capital (PsyCap) may act as a personal resource mediating the relationship between positive emotions and mental health of healthcare professionals. 240 healthcare professionals completed the survey which includes the measures of positive emotions, PsyCap and mental health. The results indicated that positive emotions predicted increase in both mental health and PsyCap, while PsyCap was having important influence on mental health. PsyCap partially mediated the relationship between positive emotions and mental health of the employees in the healthcare sector. This study recommends that organizations could facilitate more positive emotions and provide PsyCap orientation to employees for improving their mental health and the overall organizational performance.

Keywords: Positive emotions, mental health, PsyCap, and healthcare professionals.

Introduction

Today's growing and fast paced work scenario has a robust impact on each kind of occupation and health, including the mental health, of the workforce. Problems related to mental health have deleterious effects, since, it largely influences the employees' performance. Healthcare is a distinctive profession offeringimportantfunctions in patient care (Estiri, Nargesian, Dastpish, & Sharifi, 2016). Healthcare professionals' responsibility in contributing towardspatients' health and the productivity of the organization isimperative. Hence, healthcare professionals are the key factor in providing better service to their patients, promoting their well-being

and ultimately to improve the overall performance of the hospitals (Sampath, Kappagoda, Othman, & De Alwis, 2014). In order to maintain this, healthcare professionals encounter many challenges and issues regularly. The few most frequently occurring and most stressful issues in healthcare sector are the prevalence of new types of diseases, risingskill demands, overburdened emergency rooms, anxiety, fatigue and maintaining work- life balance. Healthcare professionals in their early career may have greater chances of experiencing these issues in a greater extent, thus, reporting higher levels of stress and health related issues. Therefore, work-related stress and mental health problems are widely thought to be as

^{*}Assistant Professor, Department of Psychology, College of Commerce, Arts & Science (Patliputra University), Patna, Bihar, India.

^{**}Assosiate Professor, Department of Psychology, Banaras Hindu University, Varanasi, Uttar Pradesh, India.

significant issues in healthcare industry (Michie & Williams, 2003; Ulrich, Hamric & Grady, 2010).

Taking these issues in consideration, current study investigated the relationship between positive emotions with employees' mental health. Further this study explored mediating role of PsyCap in the relationship of positive emotions and employees' mental health. This study was undertaken in Indian healthcare sector.

Literature Review and Hypothesis Positive Emotions and Mental Health

People who regularly witness positive emotions are considered as happy and blissful (e.g.having experience of happiness, satisfaction, fulfillment etc.). Additionally, the occurrence of these positive emotions is considered as theforecasterof happiness (Diener, Sandvik & Pavot, 1991). Fredrickson (2001) has shown that positive emotions (e.g. joy, interest and contentment) provides two major consequences: a) ext end people's perception towards the world, thus stirring more vision, curiosity, and opportunities, and b) they build upeventually, in order to this they craft undying, durable resilience, determination, and sense of fulfillment. In other words, during positive emotions, people feel more connected to others, having much love, curiosity, liveliness, serenity, thankfulness and admiration which have enduringinfluence on individuals' health and well being.Furthermore, Fredrickson (1998) reported that positive emotions broaden momentary thought-action repertoire. It has the preponderance of undoing the effect of negative emotions by widening physiological and psychological readiness for particular task. Hence, it can be speculated that nurturing and promoting positive emotions can lead to better health and wellbeing. Additionally, it is reported in few earlier studies as well that positive emotions accompany lots of encouraging outcomes at the workplace, including physical health, longevity and better coping styles (Lyubomirsky, King, & Diener, 2005; Pressman, Jenkins & Moskowitz, 2019). Certainly, it seems that happy people have better chances of optimal functioning, exceeding in career, and better mental health, compare to those who experience negative emotions more frequently (Smith, Thompson, Hall, Allen, & Wetherell, 2018; Staw, Sutton, & Pelled, 1994).

As theworkforce, healthcare professionals have been reported as comprising the utmostchancesofstress and health related problems. These issues are hazardousfor themselves and for the overall health of their patients too (Wang, Liu, Wang, & Wang, 2012). Addressing these issues can be helpful for making the workplaces more positive in termsofenhanced mental health and additionally, improving the overall healthcare services (Sampath et al., 2014).

Thus, it was proposed:

*H*1. Positive emotions would be positively related to healthcare professionals' mental health.

Positive Emotions and Psychological Capital (PsyCap)

Experience of positive emotions can increase individuals' psychological resources as well. Fredrickson (2001) investigated that during positive emotions chances of establishing positive personal resources will be higher because, a positive emotion enhances individual's attention. This heightens attention makes them enable for higher mental and physical readiness to perform certain tasks accordingly.PsyCap (includes, self-efficacy, hope, optimism and resilience) is a positive psychological resource capacitythat is directed towards better performance likewise positive emotions. Therefore, there is likelihood that it (PsyCap) could be cultivated or nurtured via positive emotions.

Till now, the associations between the two have not been explored well by the researchers. However, the existing research evidences suggests that there is the probability that positive emotions could direct towards all the individual core strengths of PsyCap (self-efficacy, hope, optimism and resilience), for instance, numerous researches depicted that positive emotions developed self-efficacy (Baron, 1990; Samson & Rachman, 1989; Schuettler & Kiviniemi, 2006), state optimism(Brown, 1984), hope (Isen, 2000) and resilience (Fredrickson, 2004, 2005 & 2008). Altogether, these researches provide the initial support to the notion that incidents of positive emotions are likely to enhance individuals thought processing and perception towards the situations, further making them believe in their own capabilities, expecting good things to happen, and sustaining in adversity. Therefore, it can be concluded that if individuals are in positive emotions, they would focus on variety of information to achieve their goals and having tendency to reconsider the problems, in spite of giving up before them.

Hence, there are some indications that the individual components of PsyCap and positive emotions may be related to each other (Schuettler & Kiviniemi, 2006)however, the linkages among the both needed to be tested as there are very few empirical supports of positive emotions and PsyCap as a higher order construct.

Hence, it was proposed that:

H2. Positive emotions would be positively related to healthcare professionals' psychological capital (PsyCap).

Psychological Capital (Psy Cap) and Mental Health

PsyCapis a higher order core construct of selfefficacy, hope, optimism, and resilience (Luthans, Avolio, Avey, & Norman, 2007). It consists the psychological resources that give the employees a sense of confidence to deal with the pressure of their worklife struggles. In a variety of studies it has been found to be positively related to financial performance (Smith, Vogelgesang, & Avey, 2009), mastery orientation, innovation (Luthans, Youssef, & Rawski, 2011), happiness (Culbertson, Fullagar, & Mills, 2010), job satisfaction, organizational commitment, mindfulness, job performance, organizational citizenship behaviors (Avey, Reichard, Luthans, & Mhatre, 2011), and negatively related to cynicism, deviance, (Avey, Wernsing, & Luthans, 2008), job stress, counter productive work behaviors (Avey, Luthans, & Youssef, 2010), turnover intentions, anxiety (Avey et al., 2011), and incivility (Roberts, Scherer, & Bowyer, 2011). Hence, it seems quite pertinent that PsyCap has the potential for gaining competitive advantage eventually (Larson, Norman, Hughes, &Avey, 2013; Singh & Khan, 2013). However, only few researches are available on the relationship between PsyCap and positive mental health(Kwon, 2000; Snyder, Irving& Anderson, 1991; Taylor, 1991). These researches demonstrated that employee's positive states of mind (PsyCap) are related to successful coping, psychological well-being and mental health(Avey, Luthans, Smith, & Palmer, 2010; Meier, Semmer, Elfering, & Jacobshagen, 2008).

There are few prospective pathways by which Psy Cap can affect mental health of the employees. It is believed that people who suffer with stress and mental health problems deemed that they don't have the capability to cope up with the difficult situations (Lazarus

& Folkman, 1984). Research suggests that Psy Capis the psychological strength to deal with stress and setbacks (Avey et al., 2011; Krasikova, Lester, & Harms, 2015). Furthermore, in positive psychological states individual upholds more positive health behaviours(e.g., maintaining healthy lifestyle, having knowledge of potential risks behaviors and visiting doctors regularly)that leads to better physical and mental health as well (Carver, Scheier, & Segerstrom, 2010; Luthans, Youssef, Sweetman, & Harms, 2013; Taylor et al., 2000). Similarly, earlierstudiesdepicted that positive state of mind and better societal liaison are related to each other (Carver et al., 2010; Taylor et al., 2000). Together, they endorse individuals' efficacy and increase their emotional sharing (Berkman, 1995, Ryff& Singer, 2000). Moreover, such kind of support will work as the buffer for the detrimental effects of stressors (Krasikova et al., 2015).

Hence, positive mental health is a most imperative and desirable outcome today. It can be hypothesized that positive Psy Cap capacities are impending employees to evaluate the situations in a better and positive way, keeping them more focused and assuring them about their own conviction, thus certainly boosting up their mental health.

Therefore, it was proposed:

*H***3.** Psychological capital (PsyCap)would be positively related to healthcare professionals' mental health.

Mediating Role of Psychological Capital (PsyCap) in the Relationships between Positive emotions and Mental Health

The mechanisms that strengthen the association between positive emotions and their outcomes have not gained much consideration by the researchers. Moreover, they have not showed their much concernfor the factors that are likely to mediate those relationships. However, there are possible mechanisms through which positive emotions affect many outcomes. The theoretical argument is—positive emotions signify the principal pathway-they broaden our perspective of the world and build up our personal resources (Psy Cap) over time, these positive resources and attitudes have a direct impact on health and wellbeing.

A growing body of literature supports a link between positive emotions and health. There can be numerous

prospective mechanisms through which positive emotions can lead to better mental health.

In very recent study, Liu, Chang, Fu, Wang and Wang (2012) have examined the mediating effect of PsyCap in the relationship between work-related stress and depressive symptoms. Results indicated that employees PsyCapsignificantly mediated the relationship for female healthcare physicians. Lok (2011) also found that PsyCapwas partial mediator between positive emotions and stress symptoms. While positive emotions and Psy Cap both are directly related to mental health of the employees, but discussions regarding their interrelationship suggest that it is PsyCap through which the positive emotions influences employees' mental health.

Thus, it was hypothesized:

H4. Psychological Capital (PsyCap) would mediate the relationships between positive emotions and mental health.

In today's competitive and challenging work scenario healthcare professionals work under tremendous challenges such as long continuing interpersonal interaction with patients, being continually exposed to sickness and death and having over whelming responsibilities to promote right treatment to patients without any error. Since, medical professional requires significant dedication and energy therefore positive work environment drives greater efficiency, better mental health and performance. Hence, to provide a reliable healthcare to one and all is no doubt a big challenge. Thus, healthcare institution snecessitatemoreskilled health care professionals, enthusiastic for organizational success (Katrinli, Atabay, Gunay, & Guneri, 2008). In India the population has diverse care requirements and mostly relies on public healthcare sector. Therefore, it needs more competent and committed healthcare professionals who can sustain in and deal with widely growing healthcare sector, growing and aging population (means elderly and educated patients), irregular duties hours, understaffed workplaces and the overall workplace stress. Therefore, positive outcomes are needed to be promoted in the healthcare setting, in terms of psychological capital (Luthans, Youssef, & Avolio, 2007) since, it can combat the negative effects of the stressful workplaces (Lazarus& Folkman, 1984). It enables the employees to turn the workplace adversities in to the privilege. Therefore, if the employees of public

sector healthcare institution possess higher Psy Capit will lead them to a favorable attitude and better mental health.

Considering these issues, exploring the relationships between positive emotions, psychological capital (PsyCap) and mental health is the foremost purpose of this study. In this study positive emotions were studied as a predictor variable, PsyCapas a mediator variable and mental health as a criterion variable.

Method

Sample and Procedure

This study was carried out in two public sector hospitals situated in Varanasi, India. The data was collected from the doctors, nurses, and laboratory technicians (N= 240). The researcher visited both healthcare settings to conduct the survey after ensuring about the anonymity of the participation and the confidentiality of the data. The average age of the participants was 32.70 years and S.D. = 7.94 (male= 66.2% female= 33.8%) among these 39.2% participants were unmarried and 60.8% were married. Regarding their salary status, 47.5% of the participants were earning less than 20,000 Rupees, while, 15.8% participants were earning 20,000 to 40,000 Rupees and 36.7% participants were earning more than 40,000 Rupees in a month. The educational level of the participants was as follows high school= 2.9%, intermediate with a professional degree/ diploma= 15.8%, undergraduate with diploma= 34.6%, postgraduate with professional degree/ diploma= 13.3%, undergraduate with MBBS= 14.2%, postgraduate with MD/MS/Other= 19.2%. Further, 61.66% participants working for 4 to 8 hours while 38.33% participants working for 9 to 14 hours. With respect to organizational tenure (for the present organization) 91.76% of the participant were working for the organization from 1 to 15 Years, 7.92% of the participant were working for the organization from 16 to 30 Years, .42% of the participant were working for the organization from 31 to 45 Years. Regarding job tenure (overall work experience in the field) of the participants 85% had 1 to 15 Years, 12.92% had 16 to 30 Years, and 2.08% had job tenure of 31 to 45 Years.

Measures

Positive Emotions- Positive and Negative Affect Schedule Scale (PANAS; Watson, Clark, &Tellegen, 1988) was used to measure positive emotions

(interested, excited, strong, enthusiastic, proud, alert, inspired, determined, attentive, and active). The rating given by the participants represented a sample of their emotions. The reliability coefficient for positive emotions is .95.

Psychological Capital (PsyCap)- Psychological capital was measured by the very common and popular 24-item PsyCap questionnaire or PCQ (consisting four dimensions: self-efficacy, hope, optimism and resilience)developed by Luthans, Avolio, et al., (2007) and psychometrically analyzed by Luthans, Youssef, et al., (2007). Reliability coefficient for thisquestionnaire is .95. This questionnaire asks about the immediate experiences of the participants revealing the state-like feature of PsyCap. Theitemsof PCQweremodifiedregarding healthcare milieu.

Mental Health- Mental health was measured by Warwick- Edinburgh Mental Well- Being Scale (WEMWBS; Tennant, Fishwick, Platt, Joseph, & Stewart-Brown, 2006). Itcomprises the hedonic and eudaimonic perspectives and includes simply positive aspects of mental health. It is a five-point scale with

response alternatives- 1 (none of the time) to 5 (all of the time). The Cronbach's alpha ranges between 0.89 to 0.91.

Control variables- Demographic variables (age, gender, marital status, salary, educational qualifications, number of working hours, organizational tenure and job tenure) were included to control for extraneous variances in such a cross- sectional study. These variables might have systematic relationships with the studied variables (Tesluk&Jocobs, 1998). In the present study number of working hours and job tenure were also controlled to eliminate any potential impact on the study variable.

Results

This study used, descriptive statistics to summarize the demographic characteristics of the respondents, the coefficient of correlation, hierarchical regression analysis, mediating analysis and Sobel test (to assess the significance of indirect effect of mediation analysis) to confirm the research hypotheses. The results concerning the relationships between positive emotions, PsyCap and mental health are displayed in Table-1.

Table 1 Correlation between positive emotions, psychological capital (PsyCap) and mental health

Criterion Variable	Mental Health	Pay Cap
Predictor Variables		
Positive Emotions	.474**	.467**
Pay Cap	.540**	

It is evident from Table-1 that positive emotions are significantly and positively correlated with Psy Cap and mental health. Similarly, Psy Cap significantly and positively correlated withmental health. These results offerinitial support for the H1, H2 and H3. It suggests that healthcare professionals who have more positive emotions are having higher Psy Capand better mental health.

Mediating effect of psychological capital (PsyCap) in the relationship between positive emotions and mental health

Tables- 2, 3 and 4 depict hierarchical regression analyses between the relationship of positive emotions, PsyCap and mental health. These findings are strongly corroborated with the results of correlation analysis (Table-1). In these analyses, the effects of demographic variables (such as,name of the organization, age, gender, marital status, salary, educational qualifications, number of working hours, organizational tenure and job tenure) were controlled. Overall, these results illustratedthat for the assessment of mediation (Baron and Kenny's, 1986) the earlierthree conditions were met.

Table 2
Hierarchical regression analyses predicting mental health from positive emotions (Equation 1 of Mediated Regression)

	Predictor Variables	R	R ²	R Square Change	F	Sig.	β	d. f
Step-1	Name of the organization, age, gender, marital status, salary, educational level, number of working hours, organizational tenure and job tenure	.270	.072	.072	1.983*	.099	-	9,230
Step-2	Positive Emotions	.550	.302	.230	9.909***	.000	.513***	10,229

^{*}p<.05, **p<01, ***p<.001

The results demonstrated in Table- 2 suggested that after controlling for the effects of demographic variables positive emotions significantly positively predicted mental health. The findings demonstrated that in the prediction of mental health, demographic variables accounted 7.2% of variance ($F_{9,230}$ =1.983, p<.05) in step- I. In the step- II, after controlling the

effects of demographic variables, positive emotions accounted for 23% of variance ($F_{10,229}$ =9.909, p<.001) over and above demographic variables. Positive emotions (β = .513, p<.001) significantly positively predicted mental health. It is apparent from these results that H1 was fully supported by the data,therefore, satisfying the first requirement for mediation.

Table 3
Hierarchical regression analyses predicting psychological capital (PsyCap) from positive emotions (Equation 2 of Mediated Regression)

	Predictor Variables	R	R ²	R Square Change	F	Sig.	В	d. f.
Step-1	Name of the organization, age, gender, marital status, salary, educational level, number of working hours, organizational tenure and job tenure	.545	.297	.297	10.802***	.000	1-	9,230
Step-2	Positive Emotions	.654	.427	.130	17.064***	.000	.385***	10,229

^{*}p<.05, **p<01, ***p<.001

Consistent with the expectations in H2 the results illustrated that positive emotions significantly positively predicted Psy Capover and above demographic variables (table-3). It is apparent from the findings that demographic variables explained 29.7% of variance $(F_{9,230}=10.802, p<.001)$ in the prediction of PsyCap at step-I. However, in step-II positive emotions explained

13% of variance ($F_{10,229}$ =17.064, p<.001) in the prediction of PsyCap. In general, the results indicated that positive emotions (β = .385, p<.001) significantly positively predicted PsyCap. Thus, the second condition for mediation of PsyCap was fulfilled as H2 was fully supported.

Table 4

Hierarchical regression analyses predicting mental health from psychological capital (PsyCap)(Equation- 3 of Mediated Regression)

	Predictor Variables	R	R²	R Square Change	F	Sig.	β	df
Step-1	Name of the organization, age, gender, marital status, salary, educational level, number of working hours, organizational tenure and job tenure	.270	.077	.072	1.983*	.099	5	9,230
Step-2	Psy Cap	.601	.361	.289	12.933***	.000	.641	10,229

^{*}p<.05, **p<01, ***p<.001

The influence of demographic variables and PsyCap upon mental health is demonstrated in Table- 4. The findings revealed that demographic variables accounted 7.2% of variance ($F_{9,230}$ =1.983, p<.05) in the prediction of mental health. In step-II, PsyCapaccounted for 28.9% of variance ($F_{10,229}$ =12.933, p<.001) in the

explanation of mental health over and above demographic variables. Thus, consistent with the expectation, PsyCap was significantly positively related to mental health (β = .641, p<.001) and provided support for H3 which is satisfying the third condition of mediation. Thus, all the three conditions for the mediating effect of PsyCap were fulfilled.

Table 5

Regression analysis of psychological capital (PsyCap) mediating the relationship between positive emotions and mental health (Equation- 4 of Mediated Regression)

Equatio	Predictor Variable	Beta Coefficient	R ² Change	Sobel Test
4.	Positive Emotions	.513*** (.485***)		Z=5.16
			.365	p<.001
	Psychological Capital	.326***		(Partial Mediation)

Table 5 depicted the outcomes regarding the Equation-4 of mediated regression. It is apparent that when Psy Cap was introduced in the equation the impact of positive emotions on mental health was decreased. However, it was a partial mediation, since positive emotions still showing significant relationships with mental health. Further, the beta value of positive

emotions reduced from .513 (p < .001) to .485 (p < .001) (Table- 5). This partial mediation was also corroborated by the Sobel test (Z= 5.16 p<.001) (Fig-2). In conclusion PsyCap partially mediated the association among positive emotions '! mental health, therefore, H4 was partially supported.

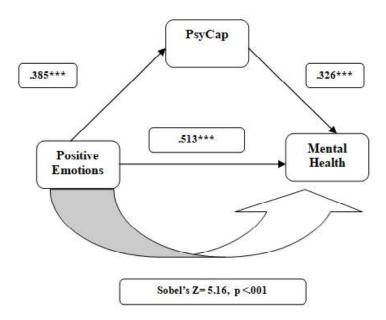


Fig. 2: Psychological Capital (Psy Cap) partially mediating the relation ship between Positive Emotions and Mental Health

Discussion

Consistent with H1 in this study it was observed that there is a positive and significant relationship between positive emotions and employee's mental health. These results are imperative since the association amid positive emotions and mental health has not generated any serious concern and overlooked by the researchers since decades. Recently, positive emotions have achieved the impetus for research (Lyubomirsky et al., 2005; Oishi, Diener, & Lucas, 2007; Pressman et al.,2019). The findings of this study can be explained by Fredrickson's (1998, 2001) broadenand-build theory. Fredrickson (2001) has documented that positive emotions can sideline the impact of negative emotions by broadening people'scognitive awareness and creating everlasting emotional resilience which in turn helps in developing higher level of mental health and wellbeing. In brief, nurturing positive emotions will proceeds to better health and well-being (Fredrickson 1998, 2001).

Since, employees' perception of having positive emotions at workplace was found to be positively related to mental health, hence, the findings of the present study arein agreement with earlier theoretical foundations and substantiates them.

The H2, which investigated the relationship between positive emotions and employees' PsyCap reported a positively significant result. The relationship between

positive emotions and PsyCap can be explained by the arguments that positive emotions can broadens employee's attention so that they can focus on multiple pathways to achieve their goals and ultimately developing their valuable personal resources (Frederickson, 2001) in terms of Psycap. There are research findings that supported the possibility that positive emotions of employees can play important role in enhancing and developing their PsyCap (Baron, 1990; Samson & Rachman, 1989; Schuettler & Kiviniemi, 2006).

The results regarding H3 revealed positive and significant relationship betweenPsyCap and mental health. These relationships can be explained by the fact that those organizations that embrace positive constructs or those employees who develop a positive state, report higher self-perceptions, such as efficacy (Baron, 1990; Schuettler & Kiviniemi, 2006), have optimistic expectations (Brown, 1984), and set higher goals for themselves (Baron, 1990; Hom& Arbuckle, 1988). Further, these employees will develop themselves as more resilient, more purposeful, more successful and ultimately, healthier (Danforth, 2009). This finding is consistent with the study of Avey, Luthans, Smith et al. (2010) and validates their assertion, who has found that PsyCap can directly affect well- being. When employees are in different situations their PsyCap reinforces the potential value

of their taking different perspectives and appraising situations in a much more positive and approach focused ways, thereby enhancing their mental health. Research demonstrated that the positive states of mind have long been associated with mental health and coping (Breznitz, 1986; Celso, Ebener, & Brkhead, 2003; Qingquan, &Zongkui, 2009). Since, the studies regarding the relationship between PsyCap, as a higher order construct, and mental health are very few hence this finding is a significant and additional contribution in the literature of PsyCap. However, further research is needed to support this connection.

The hypothesis (H4) regarding the mediating role of PsyCap on the relationship between positive emotions and mental health has reported a positively significant result. It indicated that positive emotions influence mental health in both, direct and indirect ways. The indirect effects are partially mediated by the employees' PsyCap. These results are persuasive support for the mediation of PsyCap indicating that psychological capacities are the essence to understand the underpinnings of mental health. These significant findings provide evidence for not only the importance of positive emotions but the essential role of PsyCap as well. Indeed, positive emotions and PsyCap both are equally important in understanding and promoting employee's mental health. These findings further indicated that when employees have higher level of PsyCap resources, they experience the life in a more emotionally positive way, which in turn lead to a more positive, approach focused behavior and have positive impact on employees' health and wellbeing. In other words, PsyCapis a principal pathway to enhance mental health of the employees. These findings support the assertion of Liu et al., (2012) who have demonstrated the mediating effect of PsyCap in the relationship between occupational stress and depressive symptoms. They have found that employees PsyCap significantly mediated the relationship for female healthcare physicians. Lok (2011) also established that PsyCap partially mediated among positive emotions and stress symptoms.

In general, these findings revealed that positive emotions can enhance the level of employees' PsyCap as it broadens one's attention and that individual would become more likely to carry out a series of actions that would help them to develop enduring valuable personal psychological resources (Fredrickson, 2001).

Further, the enhanced level of PsyCap, in turn associated with employees' mental health. Thus, it can be concluded from the above discussion that this study provided comprehensive evidence not only to contribute significantly to the existing literature on PsyCap but also contributed in enhancing the horizon of positive organizational behavior with special reference to Indian healthcare professionals.

Implications of the Study

This study makes few significant implications. First, the study added a growing body of research on PsyCap in the Indian context by examining how applicable this construct is for Indian healthcare employees and organizations by articulating some of its important factors. Since, the researches in mainly South Asian milieu have neglected the important role of positive psychological capacities, such as PsyCap can play. This study attempted to fill the gap.

Second, this study is till now only one study to explain the relationship between positive emotions and mental health through PsyCap among healthcare employees. Earlier researches mainly, tested the effect of positive emotions and outcomes lacking the mechanism through which their relationships can be explained. Thus, this study addressed andvalidates the speculation of previous studies in Indian work setting, including PsyCap as a mediator. Third, the results obtained from this study provides sound evidence that by enhancing positive emotions, employees can maximize their contributions in the organization by developing their psychological resource capacities which in turn is associated with beneficial outcome in the organization such as mental health. Fourth, contribution emerged from the results of the study is for Indian healthcare professionals and organizations. The PsyCap was found to be an important psychological resource capacity that can help healthcare professionals and their workplaces to reach at the next level. The proposed conceptual model tested in the study could be more valuable for the hospital authorities to boost their employees PsyCap by increasing their positive emotions. These results provide higher authorities with useful information to keep employees at various level of their employment engaged in positive emotions that will ultimately lead to a more positive employee and a well-functioning organization. These constructs can help employees to gain competitive advantage by using their potential thoroughly.

Limitations and Future Research Suggestions

This is a cross-sectional study using mainly self-report questionnairestherefore; causal inferences cannot be made. But since this study was based on theoretical rationales and empirical findings hence, the studied variables followed the assumed pattern of relationships. However, further studies should employ the longitudinal data with different techniques of data collection and using experimental or longitudinal designsto avoid this limitation. This is also needed for gaining knowledge about the underlying mechanisms of PsyCap; the unique sum of the four core capacities (hope, optimism, efficacy and resiliency) making it more favorable than its individual capacities. Furthermore, the sample of this study was limited only to the healthcare professionals. This limits the generalization of the results

on other occupational groups. Therefore, further research should include different levels of employees from different organizations.

In addition, this study has identified positive emotions as a construct that isactively involved in enhancing employees PsyCap. Although these results were discussed on the basis of established research findings but it needed further investigation to get the comprehension about what are the mechanisms underlying the relationships tested and theinterventions can be used. For future research, the model tested in the present study can be replicated with some variations, such as inclusion of other psychological resource capacities, for instance, wisdom, courage, spirituality, happiness etc (Luthans, Youssef, et al., 2007).

References

- Avey J. B., Luthans F., & Youssef C. M. (2010). The additive value of positive psychological capital in predicting work attitudes and behaviors, *Journal of Management*, 36(2), 430-438.
- Avey, J. B., Luthans, F., Smith, R. M., & Palmer, N. F. (2010). Impact of positive psychological capital on employee well-being over time. *Journal of Occupational Health Psychology*, 15(1), 17–28. doi: 10.1037/a0016998
- Avey, J. B., Reichard, R. J., Luthans, F., & Mhatre, K. H. (2011). Meta-analysis of the impact of positive psychological capital on em-ployee attitudes, behaviors, and performance. *Human Resource Development Quarterly*, 22, 127-152. doi:10.1002/hrdq.20070
- Avey, J. B., Wernsing, T. S., & Luthans, F. (2008). Can positive employees help positive organization change? Impact of psychological capital and emotions on relevant attitudes and behaviors. *Journal of Applied Behavioral Science*, 44, 48–70.
- Baron, R. A. (1990). Environmentally induced positive affect: Its impact on self-efficacy, task performance, negotiation, and conflict. *Journal of Applied Social Psychology*, 20, 368-384.
- Baron, R. M. & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51(6), 1173-1182.
- Berkman, L. F. (1995). The role of social relations in health promotion. Psychosomatic Medicine, 57, 245–254.
- Breznitz, S. (1986). The effect of hope on coping with stress. In M. H. Appley & R. Trumbull (Eds.), *Dynamics of stress: Physiological, psychological, and social perspectives.* (pp. 295-306). New York: Plenum Press.
- Brown, J. (1984). Effects of induced mood on causal attributions for success and failure. *Motivation and Emotion*, 8, 343–353.
- Carver, C. S., Scheier, M. F., & Segerstrom, S. C. (2010). Optimism. Clinical Psychology Review, 30, 879-889.
- Celso, B. G., Ebener, D. J., &Brkhead, E. J. (2003). Humor, coping, health status, and life satisfaction among older adults residing in assisted living facilities. *Aging and Mental Health*, 7, 438-445.

- Culbertson, S. S., Fullagar, C. J., & Mills, M. J. (2010). Feeling good and doing great: The relationship between psychological capital and well-being. *Journal of Occupational Health Psychology*, 15(4), 421-433.
- Danforth, S. G. (2009). Form and Function or People and Process: Toward a New Theory of Positive Organizational Design.
- Diener, E., Sandvik, E., &Pavot, W. (1991). Happiness is the frequency, not the intensity, of positive versus negative affect. In F. Strack, M. Argyle, & N. Schwartz (Eds.), *Subjective well-being:An interdisciplinary perspective* (pp. 119-139). Oxford, UK: Pergamon.
- Estiri, M., Nargesian, A., Dastpish, F., & Sharifi, S. M. (2016). The impact of psychological capital on mental health among Iranian nurses: considering the mediating role of job burnout. *SpringerPlus*, *5*(1), 1377. doi:10.1186/s40064-016-3099-z
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, *56*, 218 226.
- Fredrickson, B. L. (1998). What good are positive emotions? Review of GeneralPsychology, 2, 300-319.
- Fredrickson, B. L. (2004). The broaden-and-build theory of positive emotions. *Philosophical transactions-royal society of london series b biological sciences*, 1367-1378.
- Fredrickson, B. L. (2005). Positive emotions. In C. R., Snyder, & S. J., Lopez, (Eds.), *Handbook of Positive Psychology* (pp.106-134). Oxford, UK: Oxford University Press.
- Fredrickson, B. L. (2008). Promoting positive affect. In M. Eid & R. J. Larsen (Eds), *The Science of Subjective Well-Being* (pp. 449-468). New York, NY: Guilford Press.
- Hom, H., & Arbuckle, B. (1988). Mood induction effects upon goalsetting and performance in young children. *Motivation and Emotion*, 12,113–122.
- Isen, A. M. (2000). Positive affect and decision making. In M. Lewis & J. M. Haviland-Jones (Eds.), *Handbook of emotions* (2 ed., pp. 417–435). New York, NY: Guilford Press.
- Katrinli, A., Atabay, G., Gunay, G. &Guneri, B. (2008). Leader-member exchange, organizational identification and the mediating role of job involvement for nurses. *Journal of Advanced Nursing*, 64(4), 354-362.
- Krasikova, D. V., Lester, P. B., & Harms, P. D. (2015). Effects of Psychological Capital on Mental Health and Substance Abuse. *Journal of Leadership &Organizational Studies22*(3) 280–291.
- Kwon, P. (2000). Hope and dysphoria: The moderating role of defense mechanisms. *Journal of Personality*, 68, 199-223.
- Larson, M. D., Norman, S. M., Hughes, L. W., & Avey, J. B. (2013). Psychological Capital: A new Lens for Understanding Employee Fit and Attitudes. *International Journal of Leadership Studies*, 8(1), 28-43.
- Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal and coping. Springer, New York.
- Liu, L., Chang, Y., Fu, J., Wang, J., & Wang, L. (2012). The mediating role of psychological capital on the association between occupational stress and depressive symptoms among Chinese physicians: a cross-sectional study. *BMC Public Health*, 12, 1-8. doi:10.1186/1471-2458-12-219
- Lok, L. C. (2011). A study of positive emotions and turnover intentions among Hong Kong police officers: the mediating role of psychological capital and work well-being. (Unpublished master thesis), Lingnan University, Hong Kong.

- Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2007). Positive psychological capital: Measurement and relationship with performance and satisfaction. *Personnel Psychology*, 60, 541–572.
- Luthans, F., Youssef, C. M., & Rawski, S. L. (2011). A Tale of Two Paradigms: The Impact of Psychological Capital and Reinforcing Feedback on Problem Solving and Innovation. Journal of Organizational Behavior Management, 31(4),333-350. doi: 10.1080/01608061.2011.619421
- Luthans, F., Youssef, C. M., & Avolio, B. J. (2007). *Psychological capital: Developing the human competitive edge*. Oxford,UK: Oxford University Press.
- Luthans, F., Youssef, C. M., Sweetman, D. S., & Harms, P. D. (2013). Meeting the leadership challenge of employee wellbeing through relationship PsyCap and health PsyCap. *Journal of Leadership & Organizational Studies*, 20, 118-133. doi:10.1177/1548051812465893
- Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131, 803–855.
- Meier, L. L., Semmer, N. K., Elfering, A., & Jacobshagen, N. (2008). The double meaning of control: Three-way interactions between internal resources, job control, and stressors at work. *Journal of Occupational Health Psychology*, *13*, 244–258.
- Michie, S. & Williams, S. (2003) Reducing work related psychological ill health and sickness absence: a systematic 352 A Noblet and A D LaMontagne Downloaded from https://academic.oup.com/heapro/article-abstract/21/4/346/687621 by guest on 07 June 2019 literature review. *Occupational and Environmental Medicine*, 60, 3–9.
- Oishi, S., Diener, E., & Lucas, R. E. (2007). Optimum level of well-being: Can people be too happy? *Perspectives on psychological science*, 2(4), 346-360.
- Pressman, S. D., Jenkins, B. N. & Moskowitz, J. T. (2019). Positive affect and health: What Do We Know and Where Next Should We Go? *Annual Review of Psychology*, 70(1), 627-650.
- Qingquan, P., &Zongkui, Z. (2009, December). Psychological capital, coping style and psychological health: An empirical study from college students. In *Information Science and Engineering (ICISE)*, 2009 1st International Conference on (pp. 3391-3394). IEEE.
- Roberts, S. J., Scherer, L. L., & Bowyer, C. J. (2011). Job stress and incivility: What role does psychological capital play? Journal of Leadership & Organizational Studies, 18(4),449–458.
- Ryff, C. D, Singer, B. (2000). Interpersonal flourishing: a positive health agenda for the new millennium. *Personality and Social Psychology Review, 4,* 30–44.
- Sampath Kappagoda, U. W. M. R., Othman, H. Z. F., & De Alwis, G. (2014). Psychological capital andjob performance: The mediating role of work attitudes. *Journal of Human Resource and Sustainability Studies*, *2*, 102-116.
- Samson, D., &Rachman, S. (1989). The effect of induced mood on fear reduction. *British Journal of Clinical Psychology*, 28, 227–238.
- Schuettler, D., &Kiviniemi, M. T. (2006). Do how I feel about it matter? The role of affect in cognitive and behavioral reactions to an illness diagnosis. *Journal of Applied Social Psychology*, 36(11), 2599-2618.
- Singh, N., & Khan, I., (2013). Psychological capital and happiness among government and private sector bank employees: A study on gender differences. *Indian Journal of Applied Research*, 3(2), 63-65.
- Smith R. C., Vogelgesang, G. R., & Avey, J. B. (2009). Authentic leadership and positive psychological capital: The mediating role of trust at the group level of analysis. *Journal of Leadership and Organizational Studies*, 15, 227-240.

- Smith, M. A., Thompson, A., Hall, L. J., Allen, S. F., & Wetherell, M. A. (2018). The physical and psychological health benefits of positive emotional writing: Investigating the moderating role of Type D (distressed) personality. *British journal of health psychology*, 23(4), 857–871. doi:10.1111/bjhp.12320
- Snyder, C. R., Irving, L. M., & Anderson, J. R. (1991). Hope and health. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 285–305). Elmsford, NY: Pergamon Press.
- Staw, B. M., Sutton, R. I., &Pelled, S. H. (1994). Employee positive emotions and favorable outcomes at the workplace. *Organization Science*, *5*, 51-71.
- Taylor, S. E. (1991). Asymmetrical effects of positive and negative events: the mobilization minimization hypothesis. *Psychological Bulletin, 110,* 67–85.
- Taylor, S. E., Klein, L. C., Lewis, B. P., Gruenewald, T. L., Gurung, R. A. R., & Updegraff, J. A. (2000). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychological Review*, 107, 411–429.
- Tennant, R., Fishwick, R., Platt, S., Joseph, S., & Stewart-Brown, S. (2006). Monitoring positive mental health in Scotland: validating the Affectometer 2 scale and developing the Warwick-Edinburgh Mental Well-being Scale for the UK. *Edinburgh*, *NHS Health Scotland*.
- Tesluk, P. E., & Jacobs, R. R. (1998). Toward an integrated model of work experience. Personnel Psychology, 51, 321-355.
- Ulrich, C., M. Hamric, A., B., & Grady C. (2010). Moral distress: a growing problem in the health professions. *Hastings Center Report*, 40(1), 20-22.
- Wang, Y., Liu, L., Wang, J., & Wang, L. (2012). Work-family conflict and burnout among Chinese doctors: the mediating role of psychological capital. *Journal of Occupational Health*, 54(3), 232-240. doi: 10.1539/joh.11-0243-OA
- Watson, D., Clark, L. A., &Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS Scales. *Journal of Personality and Social Psychology*, 47, 1063–1070.
