

The relationships between nurses' positive psychological capital, and their employee voice and organizational silence behaviors

Gizem Kaya RN, MSc¹  | Feride Eskin Bacaksiz RN, PhD² 

¹Department of Nursing, Faculty of Health Sciences, Biruni University, Istanbul, Turkey

²Department of Nursing Administration, Hamidiye Faculty of Nursing, University of Health Science Turkey, Istanbul, Turkey

Correspondence

Gizem Kaya, RN, MSc, Department of Nursing, Faculty of Health Sciences, Biruni University, 34010 Topkapı/Istanbul, Turkey.

Email: gizemkaya3004@hotmail.com and gizemk@biruni.edu.tr

Abstract

Purpose: This study aims to determine nurses' positive psychological capital (PsyCap) levels and to examine their relationships with employee voice (EV) and organizational silence (OS) behaviors.

Design and Methods: This descriptive cross-sectional and correlational study collected data from 341 nurses working at a public university and a private university hospital. The data were collected with the positive PsyCap, EV, and OS scales.

Findings: Statistically significant positive relationships were found between positive PsyCap and EV, and between positive PsyCap and relational silence. However, there was a statistically significant negative relationship between positive PsyCap and individual silence.

Practice Implications: Nurse managers should support nurses and allow them to participate in decisions that can contribute to nursing, healthcare institution, and the quality of healthcare services.

KEYWORDS

employee voice, management in nursing, nursing, organizational silence, positive psychological capital

1 | INTRODUCTION

Human resources are among the factors that can enable organizations to compete. Individual characteristics and behaviors are of interest to organizational psychology. Organizations need employees with positive characteristics to improve their service quality and to benefit from the characteristics of their employees. This makes the concept of positive psychological capital (PsyCap) very important. The concept of PsyCap was mentioned for the first time by Luthans and Youssef (2004). However, PsyCap is based on the positive psychology movement and positive organizational behavior (POB), which were introduced by Seligman earlier in the 2000s. PsyCap is a type of capital that best meets the POB's inclusive criteria and focuses on who people are and what they are capable of becoming (B. C. Luthans et al., 2014; Luthans et al., 2015).

PsyCap has four components: self-efficacy (SE), optimism (O), hope (H), and resilience (R) (Li et al., 2019; B. C. Luthans et al., 2014; Woo & Kim, 2020; Yan et al., 2020). These components are abbreviated as HERO. PsyCap is characterized by high levels of HERO (B. C. Luthans et al., 2014; Luthans et al., 2015; Luthans & Youssef-Morgan, 2017). SE refers to confidence in making efforts to accomplish a challenging task. Optimism refers to the positive attitudes towards success now and in the future. Hope refers to the willpower to achieve goals and revise them when necessary, and resilience refers to the power to overcome troubles and problems and come out stronger in the aftermath of such events (B. C. Luthans et al., 2014; Luthans et al., 2015; Youssef-Morgan & Luthans, 2015). PsyCap, a concept that can be improved by education, can affect the attitudes and behaviors of individuals. In recent studies, it is stated that importance should be given to the concept of PsyCap to reduce burnout at work. Also, it is stated that nurse managers can contribute to the positive

psychological development of individuals by creating training programs necessary to increase PsyCap levels (Ren et al., 2021).

PsyCap contributes to employee performance and motivation, it also affects service quality (Nasuridin et al., 2018). More importantly, the PsyCap accumulation of employees can be transformed into knowledge, experience, ideas, and suggestions for improving organizational structures and functions. However, a variety of conscious and unconscious factors lead employees to abstain from sharing their thoughts. In the literature, these factors are associated with the concepts of employee voice (EV) and organizational silence (OS).

Like other organizations, health institutions want to improve their service outputs and need the opinions, ideas, and suggestions of health professionals. Nurses have direct contact with patients and constitute the majority of healthcare professionals, so they play a critical role. This study examines nurses' PsyCap levels and their relationships with other variables.

1.1 | EV and OS and their relationships with PsyCap

EV was introduced for the first time in the late 1990s (LePine & Van Dyne, 1998; Van Dyne & Lepine, 1998). EV has an important place in ensuring organizational changes and presenting innovative proposals, and it mostly involves positive conscious behaviors (Van Dyne et al., 2003). OS, on the other hand, is defined as employees' intentional withholding of information, knowledge, and opinions about improving their work and organization (Morrison & Milliken, 2000). OS is an active, conscious, deliberate, and purposeful behavior. Therefore, it is considered an indicator of organizational commitment, but it is actually employees' inability to express their knowledge and ideas about organizational issues and problems (Labrague & De Los Santos, 2020). Although EV is desirable for both organizations and employees, OS behavior can still be seen in healthcare institutions, negatively affecting organizational communication and causing management problems (Yurdakul et al., 2016). More importantly, the

silence of healthcare workers can put patients at risk and even harm them (Harmanci Seren et al., 2018).

PsyCap is the key to empowering employees to raise their voices for improving their organizations rather than remaining silent. Studies have shown that employees with higher PsyCap levels engage in fewer silent behaviors and are more likely to make suggestions to improve their organizations (Yu & Liu, 2016). However, there are no studies of the relationships between PsyCap, and EV and silence behaviors in the health sector or among nurses.

It is important to obtain nurses' knowledge, experiences, ideas, and suggestions to improve healthcare institutions and services. However, a variety of conscious and unconscious factors lead nurses to abstain from sharing their opinions. This study is based on the idea that employees' PsyCap levels are an important factor in whether they engage in either EV or OS behaviors. This study aimed to measure nurses' PsyCap levels, to determine the personal and professional characteristics that significantly affect their PsyCap levels, and to examine the relationships between PsyCap levels, and EV and OS behaviors, and it established a theoretical framework for doing so (Figure 1).

2 | METHODS

2.1 | Study design

This study is descriptive, cross-sectional, and correlational.

2.2 | Sample and participants

This study's population was 930 nurses at two hospitals, including 750 public university hospital nurses and 180 private university hospital nurses. Its sample consisted of 341 nurses who agreed to participate in the study. The participation rate was 36.7%. The sample included 227 (66.6%) nurses from a public university hospital and 114 (33.4%) nurses from a private university hospital. Their ages ranged

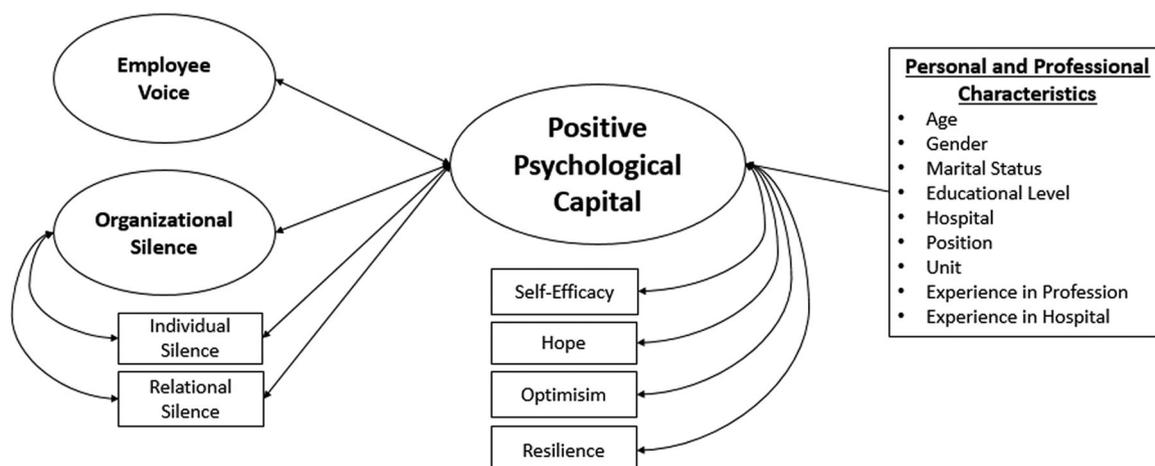


FIGURE 1 Research model

from 19 to 58. Most of them were female (80.4%), single (54.3%), and had undergraduate degrees (39.0%). Most of them worked in staff positions (85.6%) in inpatient units (60.4%). Most of them had 6 years of professional experience or more (61.9%), and 5 years or less of experience working at their hospitals (55.4%) (Table 1).

2.3 | Data collection and instruments

The data were collected from September to November 2019 using an introductory information form and three scales.

2.3.1 | The introductory information form

This form has nine questions about the nurses' personal and professional characteristics (age, gender, hospital, work unit, experience, etc.).

2.3.2 | The positive PsyCap scale

This scale was developed by Luthans et al. (2007) and adapted to Turkish by Çetin and Basım (2012). Its original version has 24 items in four subscales: self-efficacy (PsyCap_SE), hope (PsyCap_H), optimism (PsyCap_O), and resilience (PsyCap_R). Its Turkish version has the same four subscales, but only 21 items. The original version of the scale is a 6-point Likert-type scale, but its Turkish version is a 5-point Likert-type scale. This study used the 5-point scale with responses ranging from 1 = strongly disagree to 5 = strongly agree. Higher scale scores indicate greater positive PsyCap. The internal consistency coefficients of the Turkish version were 0.91 for the entire scale and ranged from 0.67 to 0.85 for the subscales (Çetin & Basım, 2012). In this study, the internal consistency coefficient of the scale was 0.91. The coefficients ranged from 0.62 to 0.86 for the subscales.

2.3.3 | The employee voice scale

This scale was developed by Van Dyne and Lepine (1998) and adapted to Turkish by Arslan and Yener (2016). It has six items in a single dimension. This self-reporting measurement tool is a 5-point Likert-type scale with responses ranging from 1 = strongly disagree to 5 = strongly agree. Higher scores indicate more EV behaviors. Arslan and Yener (2016) reported that the internal consistency coefficient of the scale was 0.76. In this study, its internal consistency coefficient was 0.89.

2.3.4 | The organizational silence scale

This scale was developed by Van Dyne et al. (2003) and adapted to Turkish by Taşkıran (2010). The original version of the scale has 15

TABLE 1 Personal and professional characteristics of the participants ($N = 341$)

Variables	<i>n</i>	%
Age group		
R: 19–58, M: 31.89, SD: 9.28		
≤25 years	113	33.1
26–35 years	119	34.9
≥36 years	109	32.0
Sex		
Female	274	80.4
Male	67	19.6
Marital status		
Married	156	45.7
Single	185	54.3
Educational level		
Health vocational high school	83	24.3
Associate's degree	51	15.0
Undergraduate	133	39.0
Postgraduate	74	21.7
Hospital		
Public	227	66.6
Private	114	33.4
Position		
Staff nurse	292	85.6
Nurse manager	49	14.4
Unit		
Inpatient units	206	60.4
Specialized units (intensive care etc.)	104	30.5
Daytime units	31	9.1
Experience in profession		
R: 1–38, M: 10.57, SD: 9.16		
≤5 years	130	38.1
≥6 years	211	61.9
Experience in hospital		
R: 1–38, M: 8.33, SD: 8.96		
≤5 years	189	55.4
≥6 years	152	44.6

Abbreviations: M, mean; *n*, frequency; R, range; SD, standard deviation; %, percentage.

items in three subscales: acquiescent silence, defensive silence, and prosocial silence. However, its Turkish version excluded one item with a low item-total score correlation, so it has 14 items in two subscales. Individual silence (OS_IS) replaces the acquiescent and

defensive silence subscales and evaluates employees' silence behaviors about themselves. Relational silence (OS_RS) replaces the pro-social silence subscale and evaluates employees' silence behaviors about their institutions and work conditions (Taşkıran, 2010). This is a 5-point Likert-type scale with responses ranging from 1 = strongly disagree to 5 = strongly agree (Taşkıran, 2010). The internal consistency coefficients of the Turkish version were 0.85 for the scale, 0.93 for OS_IS, and 0.89 for OS_RS (Taşkıran, 2010). In this study, the internal consistency coefficients were 0.83 for the entire scale, 0.89 for OS_IS, and 0.86 for OS_RS.

2.4 | Data analysis

The data were analyzed using IBM SPSS 23 software at a 95% confidence interval and with a threshold for significance of $p < 0.05$. The data were assessed using internal consistency coefficients (Cronbach's alpha) to test validity and reliability, and descriptive statistics (numbers, percentages, minimum and maximum values, means, and standard deviations). Parametric comparative analyses (the independent samples *t*-test and one-way analysis of variance) were used to compare the data, and correlational analyses (scatter plots and Pearson's correlation coefficient) were used to test the relationships between them.

2.5 | Ethical considerations

Ethical approval for the study was obtained from the Non-Interventional Research Ethics Committee of Biruni University (July 5, 2019, 2019/30-05), and written permissions were obtained from the hospitals where the study was conducted. Informed consent was obtained from the nurses who agreed to participate in the study, and permissions to use the scales were obtained from the authors by e-mail.

3 | RESULTS

This section includes the results of the data analysis obtained from 341 nurses participating in the research.

3.1 | Comparison of the nurses' PsyCap levels and their characteristics

The nurses' mean PsyCap score was 3.97 ± 0.49 . Their highest score was on PsyCap_SE (4.07 ± 0.58), and their lowest score was on PsyCap_O (3.72 ± 0.64). The nurse managers and the nurses with more professional experience had significantly higher mean PsyCap scores ($p < 0.05$, Table 2). The nurses' scores did not vary significantly by age, gender, marital status, type of institution, or institutional experience ($p > 0.05$).

3.2 | The nurses' employee voice scale and organizational silence scale levels and their relationships with PsyCap

The nurses' mean employee voice scale (EVS) score was 4.07 ± 0.58 . Their mean organizational silence scale (OSS) score was 2.85 ± 0.59 . They scored 2.16 ± 0.72 on the OS_IS and 3.90 ± 0.90 on the OS_RS (Table 3). A positive, weak, and highly significant correlation was found between the nurses' PsyCap and EVS total mean scores ($r = 0.272$; $p < 0.001$). Their EVS scores were most strongly associated with PsyCap_SE ($r = 0.289$; $p < 0.001$) and most weakly associated with PsyCap_O ($r = 0.137$; $p < 0.05$). There were no statistically significant relationships between the nurses' mean OSS score, mean PsyCap score and mean PsyCap subscale scores. However, their mean PsyCap score had a statistically significant negative relationship with their OS_IS scores ($r = -0.228$) and a statistically significant positive relationship with their OS_RS scores ($r = 0.254$) ($p < 0.001$; Table 3).

All the results of the analyses are schematized in Figure 2.

4 | DISCUSSION

This study examined nurses' PsyCap and determined related variables. The nurses' PsyCap levels were compared to their personal and professional characteristics, and then to their EV and OS behaviors, which indicate their willingness to share opinions, ideas, and suggestions for improving their organizations.

The nurses had above average PsyCap levels. This result is consistent with the literature (Jeong & Jung, 2018; Woo & Kim, 2020; Yan et al., 2020). PsyCap provides momentum for personal development (Sun et al., 2012). It is important for nurse managers and administrators to take initiatives such as establishing participatory management to increase employees' PsyCap levels and benefit from human resources.

The nurses' highest score was on the PsyCap_SE subscale, and their lowest was on the PsyCap_O subscale. Nurses with high levels of PsyCap_SE can overcome difficulties in their work environments and do their jobs well because they are confident in their knowledge and experience (Sezgin & Düşükcan, 2020; Vicdan & Taştekin, 2019). Like other studies in the literature (Sun et al., 2012; Yang & Jeong, 2017), this study found that the nurses had low PsyCap_O levels, which may be due to busy work schedules, insufficient staff, long work hours, low motivation, and hierarchical authority structures.

This study determined that position and professional experience made significant differences in the nurses' PsyCap total scores. The nurse managers and nurses with more professional experience had higher PsyCap levels, which is consistent with the results of other studies in the literature (Hwang, 2018; Jeong & Jung, 2018; Yang & Jeong, 2017). Nurse managers tend to be self-confident individuals who know what they want due to their position, and their high PsyCap levels are organizationally positive. However, they should

TABLE 2 Comparison of the nurses' PsyCap levels, and their personal and professional characteristics (N = 341)

	n	PsyCap_M (SD)	PsyCap_SEM (SD)	PsyCap_HM (SD)	PsyCap_OM (SD)	PsyCap_RM (SD)
Total	341	3.97 (0.49)	4.07 (0.58)	3.98 (0.51)	3.72 (0.64)	4.01 (0.75)
Position						
Staff nurse	292	3.94 (0.48)	4.04 (0.58)	3.97 (0.51)	3.70 (0.64)	3.99 (0.56)
Nurse manager	49	4.09 (0.51)	4.24 (0.58)	4.09 (0.51)	3.83 (0.60)	4.14 (0.60)
Test and significance		t = -1.988 p = 0.048*	t = -2.167 p = 0.031*	t = -1.505 p = 0.133	t = -1.295 p = 0.196	t = -1.713 p = 0.088
Experience in Profession						
≤5 years	130	3.89 (0.47)	3.98 (0.57)	3.92 (0.51)	3.68 (0.63)	3.93 (0.55)
≥6 years	211	4.01 (0.50)	4.13 (0.58)	4.02 (0.51)	3.74 (0.64)	4.07 (0.58)
Test and significance		t = -2.107 p = 0.036*	t = -2.263 p = 0.024*	t = -1.712 p = 0.088	t = -0.886 p = 0.376	t = -2.168 p = 0.031*
Educational Level						
HVHS/A.S.	134	4.00 (0.50)	4.08 (0.59)	4.00 (0.54)	3.82 (0.59)	4.04 (0.58)
Undergrad./Postgrad.	207	3.94 (0.48)	4.07 (0.58)	3.97 (0.50)	3.65 (0.66)	4.00 (0.56)
Test and significance		t = 1.050 p = 0.295	t = 0.280 p = 0.779	t = 0.662 p = 0.508	t = 2.337 p = 0.020*	t = 0.644 p = 0.520
Unit						
Inpatient units ^a	206	3.96 (0.46)	4.06 (0.55)	3.99 (0.47)	3.67 (0.62)	4.03 (0.55)
Specialized units ^b	104	3.92 (0.55)	4.02 (0.66)	3.92 (0.59)	3.74 (0.64)	3.94 (0.63)
Daytime units ^c	31	4.16 (0.42)	4.33 (0.45)	4.12 (0.46)	3.93 (0.70)	4.17 (0.50)
Test and significance		F = 2.892 p = 0.057	F = 3.655 p = 0.027*	F = 1.885 p = 0.153	F = 2.398 p = 0.092	F = 1.963 p = 0.142
			c > a,b			

Note: The subgroups of the independent variables that caused significant differences are encoded with letters (a, b, and c).

The table includes only personal and professional characteristics that caused significant differences.

Abbreviations: A.S, associate's degree; F, one-way analysis of variance; HVHS, health vocational high school; M, mean; n, frequency; PsyCap, positive psychological capital scale; PsyCap_H, PsyCap hope; PsyCap_O, PsyCap optimism; PsyCap_R, PsyCap resilience; PsyCap_SE, PsyCap self-efficacy; SD, standard deviation; t, independent-samples t-test; Undergrad./Postgrad., undergraduate and postgraduate degrees.

*p < 0.05.

support their subordinates to increase their PsyCap levels and allow them to participate in decisions. Nurse managers can thus contribute to the development of their subordinates. On the other hand, more experienced employees adapt to corporate policy, take part in decision-making mechanisms, and view corporate development and change more positively. Thanks to their experience, they can be more patient, positive, and resilient. The higher PsyCap levels of the nurses with more work experience is an expected result due to the time they have spent in the nursing profession.

More highly educated people are expected to have higher PsyCap levels, and studies have shown this (Jeong & Jung, 2018; Yang & Jeong, 2017). Another study reported that education levels do not significantly affect PsyCap levels (Hwang, 2018). Interestingly, this study found that the nurses with higher education levels had lower PsyCap levels, which caused a significant difference in their

PsyCap_O subscale scores. Although this result is consistent with other studies of healthcare professionals in Turkey (Koç & Keklik, 2019), it should be carefully considered because it raises the questions of whether appropriate curricula are not being implemented to raise the PsyCap levels of nursing students and which areas of nursing curricula should be improved to do so. Nursing education programs should arrange their curricula so that they prioritize nursing students' professional knowledge, skills, and attitudes, ensure their personal development, enable them to overcome the difficulties of working in the health sector, and help them to develop psychological resilience.

Studies have reported that the PsyCap levels of nurses who work in specialized units are higher than those of other nurses (Jeong & Jung, 2018; Yang & Jeong, 2017). Unlike these studies, this study found that the nurses in daytime units had higher PsyCap levels.

Another study also reported that nurses who work daytime shifts had higher PsyCap_SE levels than nurses who work night shifts, and concluded that this was because the latter have less contact with nurse managers and administrators. Fewer rewards and less positive feedback regarding the performance of night workers due to limited communication may have led to these results (Sweet & Swayze, 2017).

This study found a relationship between the nurses' mean EVS, PsyCap, and PsyCap subscale scores. Employees with high PsyCap

TABLE 3 The nurses' EVS and OSS levels and their relationships with PsyCap (N: 341)

	EVS	OSS	OS_IS	OS_RS
M (SD)	4.07 (0.58)	2.85 (0.59)	2.16 (0.72)	3.90 (0.90)
PsyCap	<i>r</i>	0.272**	-0.027	-0.228**
	<i>p</i>	<0.001	>0.05	<0.001
PsyCap_SE	<i>r</i>	0.289**	-0.090	-0.280**
	<i>p</i>	<0.001	>0.05	<0.001
PsyCap_H	<i>r</i>	0.276**	-0.034	-0.228**
	<i>p</i>	<0.001	>0.05	<0.001
PsyCap_O	<i>r</i>	0.137*	0.079	-0.031
	<i>p</i>	<0.05	>0.05	>0.05
PsyCap_R	<i>r</i>	0.205**	-0.021	-0.202**
	<i>p</i>	<0.001	>0.05	<0.001

Abbreviations: EVS, employee voice scale; M, mean; OSS, organizational silence scale; OS_IS, OS individual silence; OS_RS, OS relational silence; PsyCap, positive psychological capital scale; PsyCap_H, PsyCap hope; PsyCap_O, PsyCap optimism; PsyCap_R, PsyCap resilience; PsyCap_SE, PsyCap self-efficacy; SD, standard deviation.

* $p < 0.05$; ** $p \leq 0.001$.

levels are more likely to share their ideas and opinions about their workplaces because they have higher EVs. Although no studies on this topic have been conducted with nurses, this result is consistent with those of studies conducted with workers in other sectors (Prihatsanti et al., 2020; Turgut & Agun, 2016), which have reported that positive psychological conditions encourage a positive voice climate, creating mechanisms that contribute to positive organizational outcomes (Turgut & Agun, 2016).

Unexpectedly, this study found no association between OSS and PsyCap. However, studies have reported that employees who are afraid of managers' pressure or colleagues' opinions prefer to remain silent to avoid risks. To break this climate of silence, it is important to provide employees with organizational support and encourage them to develop PsyCap by creating a sense of psychological security in workplaces. This can help employees to make suggestions, express themselves and give useful information instead of remaining silent (Yu & Liu, 2016). On the other hand, the nurses' PsyCap levels were associated with their OSS subscales scores. Nurses with high PsyCap levels remain less silent for individual reasons, but relational reasons cause them to remain silent more. This can be seen as a benefit of PsyCap for organizations because employees prefer to remain silent to protect their relationships in organizations.

5 | CONCLUSION

As an expected result, this study determined that nurse managers and more experienced nurses had high total PsyCap levels. However, unexpectedly, the PsyCap_O levels of the highly educated nurses were lower. The nurses in daytime units had higher PsyCap_SE levels. These results should contribute to raising the awareness of nurse managers and persuade them to focus on the PsyCap of at-risk groups since it can only be improved through education.

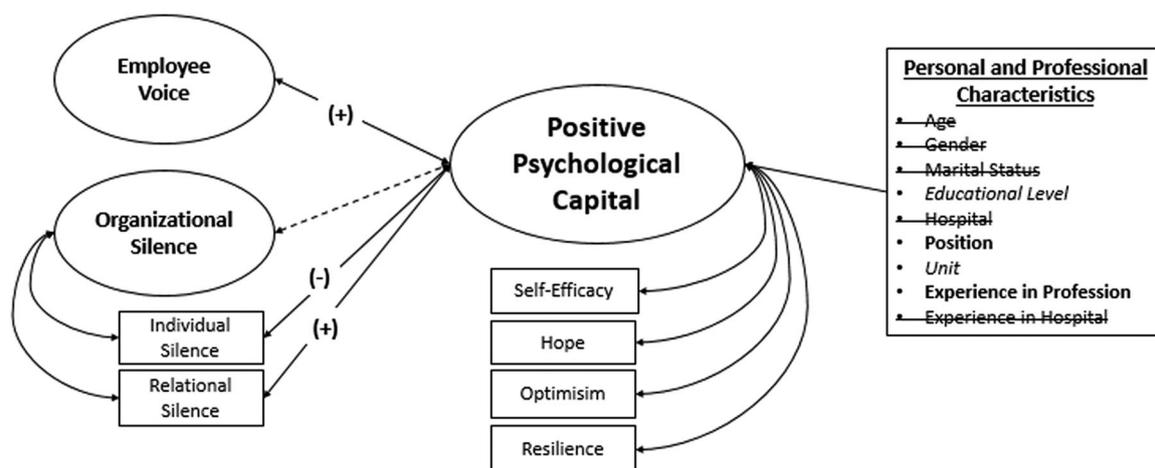


FIGURE 2 Study results of the research model. Note: (1) Significant relationships are indicated by continuous lines, and nonsignificant relationships are indicated by dashed lines. (2) In the comparisons of the participant's personal and professional characteristics, the variables that caused significant differences in the PsyCap score are indicated in bold type, and those that only caused significant differences in its subscale scores are in italics. The variables that did not cause any significant differences are crossed out

This study found a positive relationship between PsyCap, EVS, and OS_RS, and negative relationships between PsyCap and OS_IS. Although the concepts of voice and silence seem to be opposites, both concepts include conscious and purposeful processes that are triggered by different mechanisms. In fact, PsyCap has a positive relationship with one OS subscale and a negative relationship with another OS subscale. This may be due to cultural differences and the relative importance of individualistic or communal values. Therefore, this result should be studied in different cultures.

6 | LIMITATIONS

This study is important because it determines the relationships between nurses' PsyCap, EV, and OS. However, its results cannot be generalized to the general population because they do not contain information about the opinions of other health professionals. The results are also based on self-reporting, so they depend on the nurses' individual responses, some of whom may tend to respond in a socially desirable manner.

7 | IMPLICATIONS FOR NURSING PRACTICE

This study found that nurse managers and nurses with high professional experience had higher PsyCap levels, which is an expected result. However, considering the increased competition and variable demand in the health sector, the PsyCap levels of both nurse managers and other employees should be increased. The organizational development, performance, and motivation of nurses can be increased by training and support from nursing management. Manager nurses should consider the opinions and suggestions of their subordinates. Employee participation in decisions should be increased and supported by organizations. This can increase the levels of employees' PsyCap, one of the capital types that provides a competitive advantage for organizations. Nurses who work night shifts have less contact with their nurse managers, so they may have lower levels of PsyCap. Manager nurses should consider this and improve their communication with them by holding team meetings at regular intervals and promoting motivational activities.

Although the majority of nurses in the sample had undergraduate or postgraduate educations, it is interesting that the highly educated nurses had significantly lower PsyCap levels. This may be because they imagine more idealized organizational structures. This result also suggests that nursing schools that offer postgraduate programs should improve their curricula to support nursing students psychologically.

Nurse managers should assess the conditions that lead employees to raise their voices or remain silent and their consequences. Communication problems negatively affect healthcare organizations and teams, reduce the quality of healthcare and create managerial problems. Therefore, nurse managers should establish participatory

management in their organizations and allow employees to express themselves and have a say in their organizations.

ACKNOWLEDGMENTS

The authors would like to thank all the nurses who participated in this study.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

Conception and design of the study: Gizem Kaya and Feride Eskin Bacaksiz. *Acquisition of data:* Gizem Kaya and Feride Eskin Bacaksiz. *Analysis and interpretation of data:* Gizem Kaya and Feride Eskin Bacaksiz. *Drafting the article:* Gizem Kaya and Feride Eskin Bacaksiz. *Revising it critically for important intellectual content:* Gizem Kaya and Feride Eskin Bacaksiz.

DATA AVAILABILITY STATEMENT

Data are available on request due to privacy/ethical restrictions. The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Gizem Kaya  <http://orcid.org/0000-0003-1871-3677>

Feride Eskin Bacaksiz  <http://orcid.org/0000-0002-1627-7683>

REFERENCES

- Arslan, A., & Yener, S. (2016). The study to adapt the employee voice behavior scale to Turkish. *Journal of Management and Economics Research*, 14(1), 173–191. <https://doi.org/10.11611/JMER757>
- Çetin, F., & Basım, H. N. (2012). Organizational psychological capital: A scale adaptation study. *Ammé İdaresi Dergisi*, 45(1), 121–137.
- Harmanci Seren, A. K., Topcu, İ., Eskin Bacaksiz, F., Unaldi Baydin, N., Tokgoz Ekici, E., & Yildirim, A. (2018). Organisational silence among nurses and physicians in public hospitals. *Journal of Clinical Nursing*, 27(7-8), 1440–1451. <https://doi.org/10.1111/jocn.14294>
- Hwang, K. M. (2018). The effect of the medium and small hospitals nurses role conflict on organization effectiveness of positive psychological capital. *The Journal of the Korea Contents Association*, 19(1), 60–73.
- Jeong, E., & Jung, M. R. (2018). Influences of compassion satisfaction, compassion fatigue, and burnout on positive psychological capital of clinical nurses. *The Journal of the Korea Contents Association*, 18(3), 246–255.
- Koç, A. D., & Keklik, B. (2019). Investigation about the effects of demographic factors of hospital personnel on psychological capital and emotional labor and the relationship between them. *Suleyman Demirel University the Journal of Faculty of Economics and Administrative Sciences*, 24(4), 1045–1066.
- Labrague, L. J., & De Los Santos, J. A. (2020). Association between nurse and hospital characteristics and organisational silence behaviours in nurses: A cross-sectional study. *Journal of Nursing Management*, 28(8), 2196–2204.
- LePine, J. A., & Van Dyne, L. (1998). Predicting voice behavior in work groups. *Journal of Applied Psychology*, 83(6), 853–868.
- Li, Y., Wu, Q., Li, Y., Chen, L., & Wang, X. (2019). Relationships among psychological capital, creative tendency, and job burnout among Chinese nurses. *Journal of Advanced Nursing*, 75, 3495–3503.

- Luthans, B. C., Luthans, K. W., & Avey, J. B. (2014). Building the leaders of tomorrow: The development of academic psychological capital. *Journal of Leadership & Organizational Studies*, 21(2), 191–199.
- Luthans, F., & Youssef, C. M. (2004). Human, social, and now positive psychological capital management: Investing in people for competitive advantage. *Organizational Dynamics*, 33(2), 143–160.
- Luthans, F., Youssef, C. M., & Avolio, B. J. (2007). *Psychological capital: Developing the human competitive edge*. Oxford University Press.
- Luthans, F., & Youssef-Morgan, C. M. (2017). Psychological capital: An evidence-based positive approach. *Annual Review of Organizational Psychology and Organizational Behavior*, 4, 339–366.
- Luthans, F., Youssef-Morgan, C., & Avolio, B. (2015). *Psychological capital and beyond*. USA: Oxford University Press.
- Morrison, E. W., & Milliken, F. J. (2000). Organizational silence: A barrier to change and development in a pluralistic world. *Academy of Management Review*, 25(4), 706–725.
- Nasurdin, A. M., Ling, T. C., & Khan, S. N. (2018). The role of psychological capital on nursing performance in the context of medical tourism in Malaysia. *International Journal of Business & Society*, 19(3), 748–761.
- Prihatsanti, U., Handoyo, S., Ardi, R., & Meliala, P. T. (2020). The role of psychological capital on employee voice: Conservation resources framework. *Journal of Educational, Health and Community Psychology*, 9(2), 184–195.
- Ren, Z., Zhang, X., Li, X., He, M., Shi, H., Zhao, H., Zha, S., Qiao, S., Li, Y., Pu, Y., Fan, X., Guo, X., Sun, Y., & Liu, H. (2021). Relationships of organisational justice, psychological capital and professional identity with job burnout among Chinese nurses: A cross-sectional study. *Journal of Clinical Nursing*, 30, 2912–2923. <https://doi.org/10.1111/jocn.15797>
- Sezgin, E. E., & Düşükcan, M. (2020). The effect of the level of self-efficacy confidence of the nurses on their performance: Example of Elazığ province. *MANAS Journal of Social Studies*, 9(3), 1689–1702.
- Sun, T., Zhao, X. W., Yang, L. B., & Fan, L. H. (2012). The impact of psychological capital on job embeddedness and job performance among nurses: A structural equation approach. *Journal of Advanced Nursing*, 68(1), 69–79.
- Sweet, J., & Swayze, S. (2017). The multi-generational nursing workforce: Analysis of psychological capital by generation and shift. *Journal of Organizational Psychology*, 17(4), 19–28.
- Taşkıran, E. (2010). *The role of organizational justice on the effect of leadership style on organizational silence and a research* (Doctoral thesis). Department of Business, Social Sciences Institute, Marmara University.
- Turgut, T., & Agun, H. (2016). The relationship between organizational justice and organizational cynicism the mediating role of psychological capital and employee voice. *Journal of Behavior at Work*, 1(1), 15–26.
- Van Dyne, L., Ang, S., & Botero, C. I. (2003). Conceptualizing employee silence and employee voice as multidimensional constructs. *Journal of Management Studies*, 40(6), 1360–1392.
- Van Dyne, L., & Lepine, J. A. (1998). Helping and voice extra-role behaviors: Evidence of construct and predictive validity. *Academy of Management Journal*, 41(1), 108–119.
- Vicdan, A. K., & Taştekin, A. (2019). A study of adapting the nursing profession self-efficacy scale to Turkish. *Acibadem University Health Sciences Journal*, 10(3), 504–510.
- Woo, C. H., & Kim, C. (2020). Impact of workplace incivility on compassion competence of Korean nurses: Moderating effect of psychological capital. *Journal of Nursing Management*, 28(3), 682–689.
- Yan, D., Wen, F., Li, X., & Zhang, Y. (2020). The relationship between psychological capital and innovation behaviour in Chinese nurses. *Journal of Nursing Management*, 28(3), 471–479.
- Yang, S. K., & Jeong, E. (2017). Convergence effects of positive psychological capital and self-leadership in clinical nurses on job satisfaction. *Journal of Digital Convergence*, 15(6), 329–337.
- Youssef-Morgan, C. M., & Luthans, F. (2015). Psychological capital and well-being. *Stress Health*, 31(3), 180–188. <https://doi.org/10.1002/smi.2623>
- Yu, Y., & Liu, Q. (2016). The effect of psychological capital and organizational support on innovational behavior and silence behavior of technical innovation personnel in strategic emerging industry. *American Journal of Industrial and Business Management*, 6(6), 732–740.
- Yurdakul, M., Beşen, M. A., & Erdoğan, S. (2016). The organisational silence of midwives and nurses: reasons and results. *Journal of Nursing Management*, 24(5), 686–694.

How to cite this article: Kaya, G., Eskin Bacaksiz, F. (2021). The relationships between nurses' positive psychological capital, and their employee voice and organizational silence behaviors. *Perspectives in Psychiatric Care*, 1–8. <https://doi.org/10.1111/ppc.12990>