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COMPETENCE: A CROSS-SECTIONAL STUDY AMONG NURSES IN TÜRKİYE**

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## PSYCHOLOGICAL CAPITAL AS A PREDICTOR OF COMPASSION COMPETENCE: A CROSS-SECTIONAL STUDY AMONG NURSES IN TÜRKİYE

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### ABSTRACT

**Objective:** Compassion competence is increasingly regarded as a work-related capability that supports high-quality interpersonal care, particularly in emotionally demanding service settings. Psychological capital, comprising hope, self-efficacy, resilience, and optimism, may provide an important personal resource for sustaining compassionate responses at work. This study aimed to examine whether psychological capital predicts compassion competence among nurses in Türkiye. **Method:** This study employed a cross-sectional and correlational research design. The sample consisted of 1,100 nurses working in public hospitals in Türkiye who voluntarily participated between November 1 and December 30, 2021. Data were collected using a demographic and work-related variables form, the Compassion Competence Scale, and the Psychological Capital Questionnaire. Descriptive statistics were used to summarize participant characteristics and scale scores. Group comparisons were conducted according to demographic and work-related variables using Student's t-test and one-way analysis of variance. Pearson correlation analysis and simple linear regression analysis were used to examine the relationship between psychological capital and compassion competence. **Results:** Psychological capital was positively associated with compassion competence and its subdimensions. The regression analysis showed that psychological capital significantly predicted compassion competence, explaining 21.8% of the variance. A one-point increase in psychological capital was associated with a 0.194-point increase in compassion competence. **Conclusion:** The findings suggest that psychological capital may be an important developable personal resource for strengthening compassion competence among nurses. By linking psychological capital with compassion competence, this study contributes to the positive organizational behavior and healthcare workforce literature. Interventions aimed at developing hope, self-efficacy, resilience, and optimism may support compassionate and patient-centered care, particularly in demanding healthcare work environments.

**Keywords:** *Compassion competence, psychological capital, positive organizational behavior, nurses, Türkiye*

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## MERHAMET YETERLİLİĞİNİN BİR YORDAYICISI OLARAK PSİKOLOJİK SERMAYE: TÜRKİYE’DE HEMŞİRELER ÜZERİNDE KESİTSEL BİR ÇALIŞMA

### ÖZET

**Amaç:** Merhamet yeterliliği, özellikle duygusal açıdan yoğun hizmet ortamlarında nitelikli kişilerarası bakım sunumunu destekleyen işle ilişkili bir yetkinlik olarak giderek daha fazla önem kazanmaktadır. Umut, öz yeterlilik, dayanıklılık ve iyimserlik boyutlarından oluşan psikolojik sermaye, çalışanların iş yaşamında merhametli tepkilerini sürdürebilmeleri açısından önemli bir kişisel kaynak olabilir. Bu çalışmanın amacı, psikolojik sermayenin Türkiye’de hemşirelerin merhamet yeterliliğini yordayıp yordamadığını incelemektir. **Yöntem:** Bu çalışmada kesitsel ve korelasyonel araştırma tasarımı kullanılmıştır. Araştırmanın örneklemini, 1 Kasım-30 Aralık 2021 tarihleri arasında Türkiye’de kamu hastanelerinde çalışan ve araştırmaya gönüllü olarak katılan 1.100 hemşire oluşturmuştur. Veriler, demografik ve işle ilişkin değişkenler formu, Merhamet Yeterliliği Ölçeği ve Psikolojik Sermaye Ölçeği kullanılarak toplanmıştır. Katılımcı özellikleri ve ölçek puanları tanımlayıcı istatistiklerle özetlenmiştir. Demografik ve işle ilişkin değişkenlere göre grup karşılaştırmaları Student t-testi ve tek yönlü varyans analizi kullanılarak yapılmıştır. Psikolojik sermaye ile merhamet yeterliliği arasındaki ilişki Pearson korelasyon analizi ve basit doğrusal regresyon analizi ile incelenmiştir. **Bulgular:** Psikolojik sermaye ile merhamet yeterliliği ve alt boyutları arasında pozitif yönde anlamlı ilişkiler bulunmuştur. Regresyon analizi, psikolojik sermayenin merhamet yeterliliğini anlamlı şekilde yordadığını ve varyansın %21,8’ini açıkladığını göstermiştir. Psikolojik sermaye puanındaki bir birimlik artış, merhamet yeterliliği puanında 0,194 birimlik artışla ilişkilidir. **Sonuç:** Bulgular, psikolojik sermayenin hemşirelerde merhamet yeterliliğini güçlendirebilecek geliştirilebilir önemli bir kişisel kaynak olabileceğini göstermektedir. Psikolojik sermaye ile merhamet yeterliliği arasındaki ilişkiyi ortaya koyması bakımından bu çalışma, pozitif örgütsel davranış ve sağlık iş gücü literatürüne katkı sunmaktadır. Umut, öz yeterlilik, dayanıklılık ve iyimserliği geliştirmeye yönelik müdahaleler, özellikle zorlu sağlık hizmeti çalışma ortamlarında merhametli ve hasta merkezli bakımın desteklenmesine katkı sağlayabilir.

**Anahtar Kelimeler:** Merhamet yeterliliği, psikolojik sermaye, pozitif örgütsel davranış, hemşireler, Türkiye

## INTRODUCTION

Compassion has increasingly become an important concept in contemporary work and organizational life, particularly in occupations that require intensive interpersonal contact, emotional labor, and responsibility for the well-being of others. In such work contexts, compassion does not only refer to an individual moral virtue or a spontaneous emotional response; it also represents a work-related capability through which employees recognize the suffering or needs of others, establish an appropriate emotional connection, and respond in a supportive and constructive manner. From the perspective of positive organizational behavior and occupational well-being, compassion can therefore be considered a relational and psychological resource that contributes to humane, supportive, and high-quality work interactions.

In healthcare organizations, compassion becomes especially critical because the work itself is directly connected with vulnerability, suffering, uncertainty, and care dependency. Nurses, who maintain continuous contact with patients and families, are among the professional groups for whom compassion is both emotionally demanding and professionally expected. However, compassion in healthcare practice requires more than good intentions. It involves the ability to notice patients' needs, communicate with sensitivity, understand emotional and clinical cues, and respond appropriately within the constraints of organizational and clinical work. In this respect, compassion competence provides a more specific and measurable way of understanding how compassion is enacted in professional practice.

Compassion competence was originally conceptualized by Lee and Seomun (2016) as nurses' ability to understand patients' needs and provide compassionate care through communication, sensitivity, and insight. This conceptualization is important because it moves compassion beyond an abstract ethical ideal and frames it as a professional capability that can be assessed, developed, and supported. The Turkish adaptation of the Compassion Competence Scale further confirmed the relevance of this construct in the Turkish nursing context (Çiftçi & Aras, 2022). Previous studies have shown that compassion competence and compassionate care are associated with stronger therapeutic relationships, more positive patient experiences, care quality, patient safety-related competencies, compassion satisfaction, and professional commitment (Sharp et al., 2016; Eminoğlu et al., 2025; Setoodeh et al., 2025; Zarrinkolah et al., 2025).

Despite its importance, compassion competence is difficult to sustain in demanding healthcare work environments. Time pressure, heavy workload, staff shortages, emotional exhaustion, lack of managerial support, and task-oriented organizational cultures may weaken nurses' ability to maintain compassionate interactions with patients (Christiansen et al., 2015; Bivins et al., 2017; Valizadeh et al., 2018; Tehranineshat et al., 2019; Tierney et al., 2019). These challenges became even more visible during the COVID-19 pandemic, when healthcare professionals faced increased uncertainty, fear of infection, psychological distress, fatigue, and intense workload (Hofmeyer et al., 2020; Serrão et al., 2022; Wang et al., 2023). Therefore, understanding the personal psychological resources that may help nurses sustain compassion competence under pressure is both theoretically and practically important.

One of the most relevant frameworks for explaining such personal resources is Psychological Capital (PsyCap). PsyCap is defined as a positive psychological state of development characterized by self-efficacy, hope, resilience, and optimism (Luthans et al., 2007; Luthans & Youssef-Morgan, 2017). Within the positive organizational behavior literature, PsyCap is regarded as a developable resource that supports employee well-being, motivation, performance, and adaptive functioning. Recent reviews and meta-analyses have confirmed the growing importance of PsyCap across work settings and have emphasized its relationship with well-being, burnout, performance, and resilience (Goswami & Goswami, 2023; Loghman et al., 2023; Vilariño del Castillo & Lopez-Zafra, 2022). In healthcare settings, PsyCap has also been associated with lower psychological distress, reduced burnout, higher job satisfaction, stronger engagement, and more positive professional outcomes among nurses and other healthcare workers (Alan et al., 2022; Zhou et al., 2017; Orgambidez et al., 2025).

### **Theoretical Background and Hypothesis Development**

Psychological Capital provides a useful theoretical basis for explaining why some employees may be more capable of sustaining compassion competence in demanding work environments. Within positive organizational behavior, PsyCap is conceptualized as a developable higher-order psychological resource composed of self-efficacy, hope, resilience, and optimism (Luthans et al., 2007; Luthans & Youssef-Morgan, 2017). Rather than representing fixed personality traits, these resources are considered open to development and relevant to employees' motivation, coping capacity, well-being, and work-related functioning. Recent reviews and meta-analyses also show that PsyCap is associated with lower burnout, stronger engagement, better performance, and more adaptive responses to occupational stressors (Goswami & Goswami, 2023; Loghman et al., 2023; Orgambidez et al., 2025).

The link between PsyCap and compassion competence can be theoretically explained through the resource-based logic of positive organizational behavior. Compassion competence requires more than emotional sensitivity; it also involves the ability to communicate effectively, recognize the needs of others, regulate one's own emotional responses, and remain professionally responsive under pressure. These capabilities are likely to depend on the psychological resources employees bring to demanding interpersonal encounters. Self-efficacy may strengthen nurses' confidence in managing difficult communication and care situations (Bandura, 1997; Stajkovic & Luthans, 1998). Hope may support goal-directed thinking and alternative pathways for providing compassionate responses despite time pressure or organizational constraints (Snyder, 1994). Resilience may help nurses recover from emotionally distressing clinical experiences and maintain relational presence. Optimism may support positive meaning-making and reduce emotional withdrawal when facing patient suffering or work-related adversity (Carver et al., 2010).

Empirical evidence indirectly supports this theoretical expectation. Previous studies have associated PsyCap with reduced psychological distress, lower burnout, stronger work engagement, job satisfaction, and more positive professional outcomes among healthcare workers and nurses (Alan et al., 2022; Zhou et al.,

2017; Wang et al., 2023). At the same time, compassion research shows that compassionate care and compassion competence are shaped by psychological, relational, and organizational conditions, including workload, emotional strain, reflective capacity, and supportive work environments (Sinclair et al., 2016; Tehranineshat et al., 2019; Tierney et al., 2019). Taken together, these findings suggest that PsyCap may function as a personal psychological resource that enables nurses to sustain compassion competence, especially in emotionally demanding clinical contexts.

Therefore, this study aims to examine whether psychological capital predicts compassion competence among nurses in Türkiye. Based on this theoretical reasoning, the following hypothesis was developed:

**H1:** Psychological capital positively predicts nurses’ compassion competence.

## METHOD

### Design, Setting, and Participants

This study employed a cross-sectional and correlational research design. The study was conducted among nurses working in public hospitals in Türkiye, including medical–surgical units, intensive care units, emergency departments, outpatient clinics, and specialized service areas. Nurses were eligible to participate if they were actively engaged in direct patient care, had at least one year of professional experience in their current role, and were able to complete the questionnaire in Turkish.

Using convenience sampling, a total of 1,118 nurses were recruited between November 1 and December 30, 2021. After data screening, 18 incomplete or invalid questionnaires were excluded, resulting in a final sample of 1,100 participants. Of the participants, 86.2% were female, 41.8% were aged 39 years or older, 69.4% held a bachelor’s degree, 67.2% were married, and 43.9% had between one and ten years of professional experience. The sample size was considered adequate for correlational and regression analyses.

### Instruments

**Compassion Competence Scale.** Compassion competence was assessed using the Compassion Competence Scale developed by Lee and Seomun (2016). The scale measures nurses’ ability to recognize, understand, and respond to patients’ needs through compassionate communication, sensitivity, and insight. The Turkish validity and reliability study of the scale was conducted by Çiftçi and Aras (2022). The Turkish version consists of 11 items and three subdimensions: communication, sensitivity, and insight. Items are rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Total scores range from 11 to 55, with higher scores indicating higher compassion competence. In the Turkish adaptation study, the internal consistency coefficient was reported as 0.80 for the total scale (Çiftçi & Aras, 2022). In the present study, Cronbach’s alpha was 0.90 for the total scale and ranged from 0.77 to 0.83 across the subdimensions.

**Psychological Capital Questionnaire.** Psychological capital was assessed using the Psychological Capital Questionnaire developed by Luthans et al. (2007). The Turkish version adapted by Çetin and Basım (2012)

was used in this study. The Turkish version includes 21 items and four dimensions: self-efficacy, optimism, hope, and resilience. Items are rated on a 6-point Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree). Total scores range from 21 to 126, with higher scores indicating higher psychological capital. The internal consistency coefficient of the Turkish version was reported as 0.91 (Çetin & Basım, 2012). In the present study, Cronbach's alpha coefficients ranged from 0.65 to 0.94.

**Demographic and work-related variables form.** Participants provided information on age, gender, educational level, marital status, years of nursing experience, current unit or department, and employment status.

### **Data Collection Procedures**

Data were collected between November 1 and December 30, 2021, using both face-to-face and online questionnaires. According to the official statistics of the Ministry of Health, 191,219 nurses were working in public health institutions in Türkiye in 2021 (TR Health Ministry General Directorate of Health Information Systems, 2021). Before data collection, necessary institutional permissions were obtained from hospital administrators, and unit managers facilitated access to eligible nurses. Participants were informed about the purpose and procedures of the study. Nurses who agreed to participate completed the questionnaire either in paper-and-pencil form or through a secure online data collection platform, depending on unit workflow and participant preference. The average completion time was approximately 10–12 minutes. Completed questionnaires were checked for completeness, and questionnaires with substantial missing data were excluded from the final dataset.

### **Ethical Considerations**

The study was approved by the Ethics Committee of "X" University (Approval No: 25.10.2021/94812). Participation was voluntary, and informed consent was obtained from all participants. Participants were assured that their responses would remain anonymous and confidential. No identifying information was collected. All data were stored securely and used only for research purposes in accordance with the principles of the Declaration of Helsinki.

### **Data Analysis**

Data were analyzed using IBM SPSS Statistics (IBM Corp, 2024). The normality of the data was assessed using skewness and kurtosis values. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize participant characteristics and scale scores. Since the data met the assumptions of normal distribution, parametric tests were used.

Student's t-test was used to compare compassion competence and psychological capital scores between two-category demographic variables, namely gender and marital status. One-way analysis of variance (ANOVA) was used to compare scores across demographic and work-related variables with three or more categories, including age group, educational level, and years of nursing experience. Tukey's post hoc test was

used to identify the source of significant differences between groups. Pearson correlation analysis was used to examine the relationships between compassion competence and psychological capital scores. Simple linear regression analysis was conducted to test whether psychological capital predicted compassion competence. Statistical significance was set at  $p < 0.05$ , with 95% confidence intervals.

## RESULTS

Descriptive statistics for the Compassion Competence Scale and the Psychological Capital Questionnaire are presented in Table 1. The mean total compassion competence score was  $43.65 \pm 6.91$ . Among the compassion competence subdimensions, the mean scores were  $19.92 \pm 3.48$  for communication,  $11.96 \pm 2.16$  for sensitivity, and  $11.77 \pm 2.17$  for insight. The mean total psychological capital score was  $88.41 \pm 16.60$ . The mean scores for psychological capital subdimensions were  $26.29 \pm 5.55$  for self-efficacy,  $21.60 \pm 4.42$  for resilience,  $25.18 \pm 5.04$  for hope, and  $15.32 \pm 3.67$  for optimism.

**Table 1.** Descriptive statistics of the Compassion Competence and Psychological Capital scales

| Score of scales/subscales | Mean $\pm$ SD     | Min-Max |
|---------------------------|-------------------|---------|
| Communication             | 19.92 $\pm$ 3.48  | 5-25    |
| Sensitivity               | 11.96 $\pm$ 2.16  | 3-15    |
| Insight                   | 11.77 $\pm$ 2.17  | 3-15    |
| Total score of CC         | 43.65 $\pm$ 6.91  | 16-55   |
| Self-efficacy             | 26.29 $\pm$ 5.55  | 6-36    |
| Resilience                | 21.60 $\pm$ 4.42  | 5-30    |
| Hope                      | 25.18 $\pm$ 5.04  | 6-36    |
| Optimism                  | 15.32 $\pm$ 3.67  | 4-24    |
| Total Score of PsyCap     | 88.41 $\pm$ 16.60 | 21-126  |

Exploratory group comparisons were conducted to examine whether compassion competence and psychological capital scores differed according to selected demographic and work-related variables. Compassion competence scores did not significantly differ by age, gender, marital status, or years of nursing experience. However, significant differences were found according to educational level in communication, sensitivity, insight, and total compassion competence scores. Nurses with graduate education had higher compassion competence scores than nurses with lower educational levels in several subdimensions.

Psychological capital scores showed significant differences according to age, gender, educational level, marital status, and years of nursing experience. In general, older nurses and nurses with longer professional experience had higher psychological capital scores in several dimensions. However, these comparisons were considered exploratory and were not the primary focus of the study.

**Table 2.** Comparison of Compassion Competence and Psychological Capital Scores by Participant Characteristics

| Characteristics                | n (%)     | CC                  |                    |                    |                    | PsyCap              |                     |                        |                    |                     |
|--------------------------------|-----------|---------------------|--------------------|--------------------|--------------------|---------------------|---------------------|------------------------|--------------------|---------------------|
|                                |           | Communication       | Sensitivity        | Insight            | Total              | Self-efficacy       | Resilience          | Hope                   | Optimism           | Total               |
|                                |           | Mean±SD             | Mean±SD            | Mean±SD            | Mean±SD            | Mean±SD             | Mean±SD             | Mean±SD                | Mean±SD            | Mean±SD             |
| <b>Age</b>                     |           |                     |                    |                    |                    |                     |                     |                        |                    |                     |
| 18-28 age <sup>a</sup>         | 301(27.4) | 19.91±3.10          | 11.80±2.11         | 11.82±2.07         | 43.55±6.36         | 25.00±5.24          | 21.06±4.38          | 24.38±4.78             | 15.01±3.67         | 85.41±15.99         |
| 29-38 age <sup>b</sup>         | 339(30.8) | 19.81±3.47          | 11.87±2.09         | 11.64±2.04         | 43.33±6.65         | 26.41±5.62          | 21.56±4.56          | 25.07±5.17             | 15.05±3.78         | 88.10±16.88         |
| ≥39 <sup>c</sup>               | 460(41.8) | 19.99±3.72          | 12.12±2.24         | 11.82±2.21         | 43.95±7.43         | 27.04±5.55          | 22.01±4.30          | 25.80±5.04             | 15.72±3.55         | 90.59±16.48         |
| <b>F/p</b>                     |           | 0.263/0.769         | 2.415/0.090        | 0.832/0.435        | 0.811/0.445        | <b>12.766/0.000</b> | <b>4.826/0.008</b>  | <b>7.371/&lt;0.001</b> | <b>4.732/0.009</b> | <b>9.084/0.000</b>  |
| <b>Difference*</b>             |           |                     |                    |                    |                    | c>a; b>a            | c>a                 | c>b; c>a               | c>a; c>b           | c>a                 |
| <b>Gender</b>                  |           |                     |                    |                    |                    |                     |                     |                        |                    |                     |
| Female                         | 948(86.2) | 19.93±3.42          | 11.96±2.11         | 11.93±2.49         | 43.64±6.75         | 26.15±5.38          | 21.49±4.31          | 25.09±4.87             | 15.20±3.59         | 87.95±16.04         |
| Male                           | 152(13.8) | 19.83±3.82          | 11.94±2.44         | 11.74±2.06         | 43.71±7.86         | 25.15±6.45          | 22.25±4.98          | 25.75±5.95             | 16.09±4.06         | 91.25±19.55         |
| <b>t/p</b>                     |           | -0.322/0.748        | -0.089/0.929       | 1.205/0.306        | 0.125/0.900        | <b>2.059 /0.040</b> | 1.952/0.051         | 1.495/0.135            | <b>2.795/0.005</b> | <b>2.282/0.023</b>  |
| <b>Education</b>               |           |                     |                    |                    |                    |                     |                     |                        |                    |                     |
| Associate degree <sup>a</sup>  | 202(18.4) | 19.77±4.05          | 11.97±2.71         | 11.78±2.71         | 43.55±8.40         | 26.50±6.10          | 22.38±4.60          | 25.78±5.35             | 15.88±3.99         | 90.54±18.18         |
| Bachelor's degree <sup>b</sup> | 763(69.4) | 19.77±3.38          | 11.88±2.07         | 11.71±2.00         | 43.38±6.65         | 25.98±5.37          | 21.28±4.33          | 24.89±4.96             | 15.21±3.61         | 87.37±16.24         |
| Graduate degree <sup>c</sup>   | 135(12.3) | 20.93±2.89          | 12.37±1.68         | 12.05±1.77         | 45.35±5.58         | 27.71±5.47          | 22.24±4.43          | 25.97±4.85             | 15.12±3.41         | 91.06±15.61         |
| <b>F/p</b>                     |           | <b>8.615 /0.003</b> | <b>7.808/0.005</b> | <b>4.959/0.026</b> | <b>9.922/0.002</b> | <b>5.840/0.003</b>  | <b>6.643/0.001</b>  | <b>4.394/0.013</b>     | 2.850/0.058        | <b>4.928/ 0.007</b> |
| <b>Difference*</b>             |           | c>a; c>b            | c>b                | No difference      | c>a; c>b           | c>b                 | a>b                 | No difference          | --                 | a>b; c>b            |
| <b>Marital status</b>          |           |                     |                    |                    |                    |                     |                     |                        |                    |                     |
| Married                        | 739(67.2) | 19.90±3.60          | 12.04±2.17         | 11.83±2.07         | 43.78±7.02         | 26.58±5.58          | 21.85±4.38          | 25.37±5.10             | 15.46±3.67         | 89.28±16.72         |
| Single                         | 361(32.8) | 19.95±3.22          | 11.79±2.14         | 11.63±2.23         | 43.38±6.70         | 25.68±5.42          | 21.08±4.46          | 24.80±4.89             | 15.03±3.64         | 86.61±16.21         |
| <b>t/p</b>                     |           | -0.219/0.827        | 1.817/0.069        | 1.418/0.156        | 0.894/0.372        | <b>2.532 /0.011</b> | <b>2.737 /0.006</b> | 1.762/0.078            | 1.829/0.068        | <b>2.516/ 0.012</b> |
| <b>Working year</b>            |           |                     |                    |                    |                    |                     |                     |                        |                    |                     |
| 1-10 years <sup>a</sup>        | 483(43.9) | 19.85±3.26          | 11.79±2.15         | 11.76±2.12         | 43.41±6.62         | 25.42±5.26          | 21.18±4.39          | 24.62±4.77             | 15.03±3.60         | 86.26±15.86         |
| 11-20 years <sup>b</sup>       | 316(28.7) | 20.07±3.58          | 12.05±2.13         | 11.77±2.01         | 43.90±6.87         | 27.11±5.82          | 22.01±4.37          | 25.80±5.22             | 15.67±3.74         | 90.60±17.01         |
| ≥21 years <sup>c</sup>         | 301(27.4) | 19.86±3.71          | 12.13±2.20         | 11.77±2.24         | 43.76±7.41         | 26.81±5.55          | 21.84±4.47          | 25.45±5.18             | 15.44±3.67         | 89.54±16.95         |
| <b>F/p</b>                     |           | 0.463/0.630         | 2.610/0.074        | 0.002/0.998        | 0.528/0.590        | <b>10.839/0.000</b> | <b>4.041/0.018</b>  | <b>5.848/0.003</b>     | <b>3.090/0.046</b> | <b>7.594/0.001</b>  |
| <b>Difference*</b>             |           |                     |                    |                    |                    | a<b; a<c            | a<b                 | a<b                    | a<b                | a<b; a<c            |

\*Post Hoc Tukey HSD t=Student-t test F= ANOVA p &lt; 0.05 considered statistically significant

The relationships between compassion competence and psychological capital are presented in Table 3. Total psychological capital was positively and significantly correlated with total compassion competence ( $r = 0.467$ ,  $p < 0.001$ ). Positive and significant correlations were also found between all psychological capital subdimensions and compassion competence subdimensions. Among the psychological capital dimensions, hope showed the strongest correlation with total compassion competence ( $r = 0.454$ ,  $p < 0.001$ ), followed by self-efficacy ( $r = 0.436$ ,  $p < 0.001$ ), resilience ( $r = 0.409$ ,  $p < 0.001$ ), and optimism ( $r = 0.335$ ,  $p < 0.001$ ).

**Table 3:** Relationship Between Participants' Compassion Competence and Psychological Capital Scale Total and Subscale Scores

| Scales/Subscales |               |   | PsyCap        |            |        |          |        |
|------------------|---------------|---|---------------|------------|--------|----------|--------|
|                  |               |   | Self-efficacy | Resilience | Hope   | Optimism | Total  |
| CC               | Communication | r | 0.430*        | 0.384*     | 0.433* | 0.294*   | 0.443* |
|                  |               | p | <0.001        | <0.001     | <0.001 | <0.001   | <0.001 |
|                  | Sensitivity   | r | 0.330*        | 0.316*     | 0.354* | 0.290*   | 0.366* |
|                  |               | p | <0.001        | <0.001     | <0.001 | <0.001   | <0.001 |
|                  | Insight       | r | 0.378*        | 0.379*     | 0.407* | 0.313*   | 0.420* |
|                  |               | p | <0.001        | <0.001     | <0.001 | <0.001   | <0.001 |
|                  | Total         | r | 0.436*        | 0.409*     | 0.454* | 0.335*   | 0.467* |
|                  |               | p | <0.001        | <0.001     | <0.001 | <0.001   | <0.001 |

r= Pearson correlation coefficient; \*  $p < 0.001$

Simple linear regression analysis was conducted to test whether psychological capital predicted compassion competence. As shown in Table 4, psychological capital significantly predicted compassion competence ( $\beta = 0.467$ ,  $t = 17.487$ ,  $p < 0.001$ ). The model explained 21.8% of the variance in compassion competence ( $R^2 = 0.218$ ;  $F = 305.807$ ;  $p < 0.001$ ). A one-point increase in psychological capital was associated with a 0.194-point increase in compassion competence. Therefore, the study hypothesis was supported.

**Table 4.** Simple Linear Regression Analysis Predicting Compassion Competence From Psychological Capital

| Independent variable  | B      | SE    | $\beta$ | t      | p      |
|-----------------------|--------|-------|---------|--------|--------|
| Constant              | 26.457 | 1.000 | -       | 26.444 | <0.001 |
| Psychological capital | 0.194  | 0.011 | 0.467   | 17.487 | <0.001 |

$R^2 = 0.218$ ;  $F = 305.807$ ;  $p < 0.001$

Dependent variable: Compassion competence

## DISCUSSION

This study examined whether psychological capital (PsyCap) predicts compassion competence among nurses in Türkiye. The findings supported the study hypothesis by showing that psychological capital was a significant positive predictor of compassion competence, explaining 21.8% of the variance. This result indicates that compassion competence is not only related to professional knowledge or ethical sensitivity, but

also to developable psychological resources that help nurses remain emotionally present, relationally responsive, and professionally effective in demanding care situations.

This finding is consistent with the positive organizational behavior perspective, which conceptualizes psychological capital as a developable higher-order resource composed of self-efficacy, hope, resilience, and optimism (Luthans et al., 2007; Luthans & Youssef-Morgan, 2017). In emotionally demanding healthcare work, nurses are expected to respond to patients' suffering while simultaneously coping with time pressure, workload, uncertainty, and organizational constraints. Within this context, psychological capital may provide an internal resource base that enables nurses to sustain compassionate communication, sensitivity, and insight. This interpretation is also compatible with previous studies showing that PsyCap is associated with lower psychological distress, reduced burnout, stronger work engagement, and more positive professional outcomes among healthcare workers and nurses (Alan et al., 2022; Zhou et al., 2017; Orgambidez et al., 2025).

The positive relationship between PsyCap and compassion competence can be better understood by considering the psychological functions of PsyCap dimensions. Self-efficacy may support compassion competence by strengthening nurses' confidence in handling difficult communication, emotional encounters, and complex patient needs. Nurses with stronger self-efficacy may feel more capable of initiating supportive communication and responding appropriately to patients' concerns, rather than withdrawing from emotionally demanding situations. Hope may contribute by helping nurses identify alternative pathways for providing compassionate care despite workload, time pressure, or institutional constraints. In this sense, hope may sustain goal-directed compassionate action when ideal care conditions are not fully available. Resilience may be particularly important for maintaining compassion competence after distressing clinical experiences, because it supports recovery from emotional strain and helps nurses preserve relational presence. Optimism may also contribute by enabling nurses to maintain positive meaning, constructive expectations, and emotional openness when facing patient suffering or occupational adversity (Bandura, 1997; Snyder, 1994; Carver et al., 2010; Stajkovic & Luthans, 1998).

The study was conducted during the COVID-19 period, which gives the findings additional contextual significance. During this period, healthcare workers were exposed to fear of infection, uncertainty, fatigue, increased workload, and emotional distress. Previous studies have emphasized that such conditions can weaken compassionate practice and increase burnout among healthcare professionals (Hofmeyer et al., 2020; Serrão et al., 2022). In this context, the present findings suggest that PsyCap may operate as a buffering personal resource. Rather than eliminating organizational stressors, PsyCap may help nurses cope with these stressors more adaptively and maintain compassion competence under pressure. This interpretation is in line with Wang et al. (2023), who highlighted the protective role of psychological capital during the COVID-19 pandemic, and with Peng et al. (2025), who showed that PsyCap can moderate the relationship between adverse workplace experiences and emotional exhaustion.

The findings also contribute to compassion competence literature by positioning compassion competence as a work-related and developable professional capability. Previous compassion research has often focused on definitions, barriers, experiences of compassionate care, and educational or reflective interventions (Sinclair et al., 2016; Sinclair et al., 2017; Tehranineshat et al., 2019; Tierney et al., 2019). The present study extends this literature by showing that compassion competence may also be linked to positive psychological resources. This is important because compassion competence is not only a moral expectation in nursing; it is also associated with care quality, patient experience, professional commitment, and safety-related competencies (Sharp et al., 2016; Setoodeh et al., 2025; Zarrinkolah et al., 2025). Therefore, strengthening nurses' PsyCap may indirectly support more compassionate and patient-centered care.

Exploratory group comparisons showed that compassion competence differed mainly by educational level, while psychological capital varied across several demographic and work-related variables. These findings should be interpreted cautiously because they were not the primary focus of the study. However, they may suggest that compassion competence can be strengthened through professional education, communication training, and reflective learning, whereas PsyCap may also be shaped by accumulated work and life experiences. Future studies may examine these patterns more directly using designs that control for demographic and organizational variables.

### **Implications for Practice and Education**

The findings have several implications for healthcare management, nursing education, and workforce development. Since PsyCap is regarded as a developable construct, interventions aimed at strengthening self-efficacy, hope, resilience, and optimism may be incorporated into professional development programs for nurses. Such interventions may include mastery-based learning, mentoring, goal-setting exercises, hope pathway planning, cognitive reframing, resilience training, reflective practice, and structured peer support. These practices may help nurses maintain compassionate communication and emotional responsiveness in demanding clinical environments.

However, PsyCap development should not be interpreted as a substitute for organizational responsibility. Compassion competence cannot be sustained only through individual psychological resources if nurses work under chronic understaffing, excessive workload, poor leadership support, or emotionally unsafe working conditions. Therefore, PsyCap-based interventions should be integrated with broader organizational strategies, including adequate staffing, supportive leadership, psychological safety, and well-being policies. This holistic approach is consistent with evidence suggesting that psychological resources and organizational conditions jointly influence nurses' well-being and work functioning (Salanova & Ortega-Maldonado, 2019; Foster et al., 2024; Mahmoud et al., 2025).

For nursing education, the findings suggest that compassion competence can be supported not only through communication and ethics-based courses, but also through positive psychological resource

development. Educational programs that combine compassion-focused training with PsyCap development may better prepare nurses to remain professionally responsive in emotionally demanding care encounters.

### **Limitations and directions for future research**

This study has several limitations. First, the cross-sectional design does not allow causal inferences; therefore, future studies may examine the direction of the relationship between PsyCap and compassion competence using longitudinal or cross-lagged designs. Second, the data were collected from nurses working in public hospitals in Türkiye during the COVID-19 period. Although this context increases the relevance of the study for emotionally demanding healthcare settings, it may also limit the generalizability of the findings to other periods, sectors, or healthcare systems. Third, the study relied on self-report measures, which may involve common method bias and social desirability. Future research may also include multi-source data, patient-reported outcomes, supervisor assessments, or observational indicators of compassionate care. Finally, future studies may test more complex models by examining whether burnout, emotional exhaustion, work engagement, or psychological safety mediate or moderate the relationship between PsyCap and compassion competence.

### **CONCLUSION**

This study provides empirical evidence that psychological capital is a significant positive predictor of compassion competence among nurses. The findings suggest that nurses with higher levels of PsyCap may be better able to sustain compassionate communication, sensitivity, and insight in demanding healthcare work environments. By linking PsyCap with compassion competence, the study contributes to positive organizational behavior and healthcare workforce research and highlights compassion competence as a relational, care-oriented capability supported by developable psychological resources.

The results also have practical relevance for healthcare managers and educators. Interventions that strengthen self-efficacy, hope, resilience, and optimism may help nurses maintain compassionate and patient-centered care, particularly under conditions of workload, uncertainty, and emotional strain. At the same time, such individual-level interventions should be supported by organizational practices that reduce excessive demands and create psychologically safe and supportive work environments.

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### **Conflicts Of Interest**

The authors declare that there is no conflict of interest. This manuscript has not been published elsewhere in whole or in part and is not under consideration by another journal.

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## Data Availability Statement

The data that support the findings of this study are available from the corresponding author, “X”, upon reasonable request.

## Generative AI Declaration

The manuscript remains a fully original work produced by the authors, who take full responsibility for its content. DeepL Translate (Pro) was used only for English editing and grammar improvement in certain sections of the manuscript.

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## Extended Abstract

### Giriş

Merhamet, yoğun kişilerarası etkileşim, duygusal emek ve başkalarının iyilik hâline ilişkin sorumluluk içeren mesleklerde çalışma yaşamının temel unsurlarından biridir. Sağlık hizmetlerinde ise hastaların kırılabilirlik, belirsizlik, acı ve bakım bağımlılığı deneyimleri nedeniyle özel bir önem taşımaktadır. Hastalar ve yakınlarıyla sürekli etkileşim içinde bulunan hemşirelerden merhametli davranışları beklenmekle birlikte, merhametli bakım yalnızca iyi niyet ya da kendiliğinden gelişen duygusal bir tepkiyle sınırlı değildir. Hastanın gereksinimlerini fark etmeyi, uygun bir duygusal bağ kurmayı, duyarlılıkla iletişim geliştirmeyi ve klinik koşullar içinde destekleyici bir karşılık vermeyi gerektiren mesleki bir yeterliliktir. Bu nedenle merhamet yeterliliği; iletişim, duyarlılık ve içgörü yoluyla hastanın gereksinimlerini anlama ve merhametli bakım sunma kapasitesi olarak ele alınmaktadır.

Bununla birlikte zaman baskısı, aşırı iş yükü, personel yetersizliği, duygusal tükenme, yetersiz yönetici desteği ve görev odaklı örgüt kültürü, hemşirelerin merhametli etkileşimlerini sürdürmelerini güçleştirebilmektedir. Araştırmanın yürütüldüğü COVID-19 döneminde enfeksiyon korkusu, belirsizlik, yorgunluk ve artan iş yükü bu güçlükleri daha da belirgin hâle getirmiştir. Bu bağlamda, hemşirelerin baskı altında merhamet yeterliliğini korumalarına yardımcı olabilecek geliştirilebilir kişisel kaynakların incelenmesi önem kazanmaktadır.

Pozitif örgütsel davranış yaklaşımı içinde psikolojik sermaye; öz yeterlilik, umut, dayanıklılık ve iyimserlikten oluşan, geliştirilebilir üst düzey bir psikolojik kaynak olarak tanımlanmaktadır. Öz yeterlilik güç iletişim ve bakım durumlarını yönetme konusundaki güveni; umut, engeller karşısında alternatif yollar geliştirmeyi; dayanıklılık, zorlayıcı klinik deneyimlerden sonra toparlanmayı; iyimserlik ise olumsuz koşullarda yapıcı beklentileri ve anlamlandırmayı destekleyebilir. Bu kaynakların birlikte, hemşirelerin duygusal açıdan güç bakım ortamlarında merhametli iletişim, duyarlılık ve içgörülerini sürdürmelerine katkı sağlayabileceği düşünülmektedir. Ancak psikolojik sermaye ile merhamet yeterliliği arasındaki doğrudan ilişkiyi inceleyen ampirik kanıt sınırlıdır. Bu çalışma, söz konusu boşluğu ele alarak merhamet yeterliliğini pozitif psikolojik kaynaklarla desteklenen, işle ilişkili ve geliştirilebilir bir mesleki kapasite olarak konumlandırmaktadır.

### Amaç ve Yöntem

Bu çalışmanın amacı, psikolojik sermayenin Türkiye’de kamu hastanelerinde çalışan hemşirelerin merhamet yeterliliğini pozitif yönde yordayıp yordamadığını incelemektir. Araştırma kesitsel ve korelasyonel desende yürütülmüştür. Kolayda örnekleme yöntemiyle 1 Kasım–30 Aralık 2021 tarihleri arasında 1.118 hemşireye ulaşılmış; eksik ya da geçersiz 18 formun çıkarılmasının ardından analizler 1.100 katılımcı üzerinden gerçekleştirilmiştir. Katılımcıların %86,2’si kadın, %41,8’i 39 yaş ve üzeri, %69,4’ü lisans mezunu, %67,2’si evli ve %43,9’u 1–10 yıllık mesleki deneyime sahiptir. Araştırmaya doğrudan hasta bakımında görev

yapan, mevcut görevinde en az bir yıllık mesleki deneyimi bulunan ve Türkçe anket formunu doldurabilen hemşireler dâhil edilmiştir.

Veriler yüz yüze ve çevrim içi anketler aracılığıyla; demografik ve işe ilişkin değişkenler formu, 11 maddeli Merhamet Yeterliliği Ölçeği ve 21 maddeli Psikolojik Sermaye Ölçeği kullanılarak toplanmıştır. Merhamet Yeterliliği Ölçeği iletişim, duyarlılık ve içgörü; Psikolojik Sermaye Ölçeği ise öz yeterlilik, dayanıklılık, umut ve iyimserlik boyutlarından oluşmaktadır. Bu araştırmada Merhamet Yeterliliği Ölçeği toplam puanının Cronbach alfa katsayısı 0,90; alt boyutların katsayıları 0,77–0,83 aralığında bulunmuştur. Psikolojik Sermaye Ölçeği alt boyutlarının Cronbach alfa katsayıları ise 0,65–0,94 arasında değişmiştir. Veriler tanımlayıcı istatistikler, Student t-testi, tek yönlü varyans analizi ve Tukey post-hoc testiyle değerlendirilmiş; değişkenler arasındaki ilişkiler Pearson korelasyon analiziyle, psikolojik sermayenin merhamet yeterliliğini yordama gücü ise basit doğrusal regresyon analiziyle test edilmiştir. İstatistiksel anlamlılık düzeyi  $p < 0,05$  olarak kabul edilmiş ve %95 güven aralıkları esas alınmıştır.

## Bulgular

Katılımcıların toplam merhamet yeterliliği puan ortalaması  $43,65 \pm 6,91$ ; toplam psikolojik sermaye puan ortalaması  $88,41 \pm 16,60$  olarak belirlenmiştir. Merhamet yeterliliğinin alt boyutlarında iletişim puanı  $19,92 \pm 3,48$ , duyarlılık puanı  $11,96 \pm 2,16$  ve içgörü puanı  $11,77 \pm 2,17$ 'dir. Psikolojik sermaye alt boyutlarında ise öz yeterlilik  $26,29 \pm 5,55$ , dayanıklılık  $21,60 \pm 4,42$ , umut  $25,18 \pm 5,04$  ve iyimserlik  $15,32 \pm 3,67$  olarak bulunmuştur.

Toplam psikolojik sermaye ile toplam merhamet yeterliliği arasında orta düzeyde, pozitif ve istatistiksel olarak anlamlı bir ilişki saptanmıştır ( $r=0,467$ ;  $p < 0,001$ ). Psikolojik sermayenin tüm alt boyutları ile merhamet yeterliliğinin tüm alt boyutları arasında da pozitif ve anlamlı ilişkiler vardır. Toplam merhamet yeterliliğiyle en güçlü ilişki umut boyutunda görülmüş ( $r=0,454$ ;  $p < 0,001$ ); bunu öz yeterlilik ( $r=0,436$ ;  $p < 0,001$ ), dayanıklılık ( $r=0,409$ ;  $p < 0,001$ ) ve iyimserlik ( $r=0,335$ ;  $p < 0,001$ ) izlemiştir.

Basit doğrusal regresyon analizi, psikolojik sermayenin merhamet yeterliliğini pozitif ve anlamlı biçimde yordadığını göstermiştir ( $\beta=0,467$ ;  $t=17,487$ ;  $p < 0,001$ ). Model istatistiksel olarak anlamlıdır ( $F=305,807$ ;  $p < 0,001$ ) ve merhamet yeterliliğindeki varyansın %21,8'ini açıklamaktadır ( $R^2=0,218$ ). Psikolojik sermaye puanındaki bir birimlik artış, merhamet yeterliliği puanında 0,194 birimlik artışla ilişkilidir. Böylece araştırma hipotezi desteklenmiştir. Keşfedici grup karşılaştırmalarında merhamet yeterliliği yaş, cinsiyet, medeni durum ve mesleki deneyime göre anlamlı farklılık göstermemiş; eğitim düzeyine göre ise toplam puan ve bazı alt boyutlarda farklılaşmıştır. Psikolojik sermaye puanları yaş, cinsiyet, eğitim, medeni durum ve mesleki deneyim değişkenlerine göre bazı anlamlı farklılıklar göstermiştir. Ancak bu karşılaştırmalar araştırmanın birincil amacı olmadığından ihtiyatla yorumlanmalıdır.

## Sonuç

Araştırma, psikolojik sermayenin hemşirelerin merhamet yeterliliğinin anlamlı ve pozitif bir yordayıcısı olduğuna ilişkin ampirik kanıt sunmaktadır. Bulgular, merhamet yeterliliğinin yalnızca mesleki

bilgiye ya da etik duyarlılığa dayanmadığını; aynı zamanda hemşirelerin zorlu bakım karşılaşmalarında duygusal olarak hazır, ilişkisel açıdan duyarlı ve mesleki bakımdan etkili kalmalarına yardımcı olan geliştirilebilir psikolojik kaynaklarla bağlantılı olduğunu göstermektedir. Psikolojik sermayesi daha yüksek hemşirelerin yoğun iş talepleri, belirsizlik ve duygusal zorlanma altında merhametli iletişim, duyarlılık ve içgörülerini daha iyi sürdürebilecekleri değerlendirilmektedir. Bu yönüyle çalışma, psikolojik sermaye ile merhamet yeterliliğini ilişkilendirerek pozitif örgütsel davranış, sağlık iş gücü ve merhametli bakım literatürlerini bir araya getirmekte; merhamet yeterliliğini ilişkisel ve bakım odaklı bir mesleki kapasite olarak ele almaktadır.

Sonuçlar kesitsel tasarım nedeniyle nedensellik kanıtı olarak yorumlanmamalıdır. Verilerin COVID-19 döneminde, Türkiye’deki kamu hastanelerinde çalışan hemşirelerden ve öz bildirim araçlarıyla toplanmış olması genellenebilirliği sınırlandırabilir ve ortak yöntem yanlılığı ile sosyal beğenirlik etkisi doğurabilir. Gelecek araştırmalarda boylamsal veya çapraz gecikmeli tasarımların, farklı sağlık sistemleri ve sektörlerin, hasta bildirimlerinin, yönetici değerlendirmelerinin ve gözlemsel göstergelerin kullanılması; ayrıca tükenmişlik, duygusal tükenme, işe adanmışlık ve psikolojik güvenlik gibi değişkenlerin aracı ya da düzenleyici rollerinin sınanması önerilmektedir.

### **Uygulamaya Yönelik Çıkarımlar**

Psikolojik sermayenin geliştirilebilir niteliği, bulguların sağlık hizmetleri yönetimi, hemşirelik eğitimi ve iş gücü geliştirme politikaları açısından uygulanabilir sonuçlar taşımasını sağlamaktadır. Öz yeterlilik, umut, dayanıklılık ve iyimserliği güçlendirmeyi amaçlayan ustalık temelli öğrenme, mentorluk, hedef belirleme, alternatif yol planlama, bilişsel yeniden çerçeveleme, dayanıklılık eğitimi, yansıtıcı uygulama ve yapılandırılmış akran desteği gibi müdahaleler mesleki gelişim programlarına dâhil edilebilir. İletişim ve etik eğitimlerinin psikolojik sermaye geliştirme bileşenleriyle bütünleştirilmesi, hemşirelerin duygusal açıdan zorlayıcı bakım karşılaşmalarına daha hazırlıklı olmalarını ve hasta merkezli bakımı sürdürebilmelerini destekleyebilir.

Bununla birlikte psikolojik sermayenin güçlendirilmesi, örgütsel sorumluluğun yerine geçen birey odaklı bir çözüm olarak görülmemelidir. Kronik personel yetersizliği, aşırı iş yükü, zayıf liderlik desteği ve duygusal açıdan güvensiz çalışma koşulları devam ederken merhamet yeterliliğinin yalnızca bireysel kaynaklarla korunması beklenemez. Bu nedenle psikolojik sermaye müdahaleleri; yeterli personel planlaması, destekleyici liderlik, psikolojik güvenlik, çalışan iyi oluşu politikaları, düzenli süpervizyon ve ekip temelli destek mekanizmalarıyla bütünleştirilmelidir. Bireysel psikolojik kaynaklarla elverişli örgütsel koşulları birlikte ele alan bu yaklaşım, hem hemşirelerin mesleki iyi oluşunu hem de merhametli, güvenli ve hasta merkezli bakımın sürdürülebilirliğini güçlendirebilir.