The Social Support impact on Professional Empowerment of the Female Nursing Professionals in Sri Lanka

H.P. Sashini R. Caldera[11], Ganga Karunathilaka[12]

Abstract

Professional Empowerment increases the opportunities of professional growth. It relates to both external and internal beliefs and attitudes. Considering the deficit of nursing professionals around the world, it is essential to empower the current nursing community to manage the aging matters and burnouts. The prime objective of this study was to examine the relationships among the Social Support (SS) towards the professional empowerment (PE) of the registered nurses in Sri Lanka who is currently following their undergraduate studies. A questionnaire survey was used to test the hypothesis which were distributed among 191 female nurses of state hospitals in Sri Lanka. According to the descriptive analysis, the responses were close to the average to agreed level in the results. The highest standard deviation belongs to community support with a level of 0.82. This is illustrated that community support has a comparatively higher variance. Based on the Kolmogorov test it was assumed that the data were normally distributed, and the parametric techniques can be applied in the analysis with pearson correlation and the regression analysis. The results indicated that all three factors have moderate association with the professional empowerment. For further research it is suggested that different factors should be considered towards the professional empowerment in various categorical hospitals in Sri Lanka.

Index Terms - Professional Empowerment, family support, workplace support, community support, Social Support

1. Introduction

Professional interests are important aspects in the professional path of youth, and there is a need for studies to investigate and map the processes of insertion, performance, continuation in courses and prevention of drop-out. The choice of the profession can also be influenced by factors such as home incentives, school incentives, peer and community expectations, etc. (Brownie, 2018).

[11] National School of Business Management, sashinicaldera@yahoo.com
[12] National School of Business Management, ganga.k@nsbm.lk

The performance of health care systems depends on the knowledge, skills and motivation of the people responsible for delivering services (Albrecht TL, 2003). Education and training are key investment tools as old skills become obsolete with the advent of new technologies. Nurses can be introducing as lifelong learners. Continuous professional Development-CPD through education is plays an important role to empower them (Snyder, 2009).

Professional empowerment is essential for enhancing nurses' roles, strengthening their professional image, and continuously improving the health care system nationally and globally (Fletcher, 2006). Nurses need to maintain competency and keep up to date with the most recent research and developments in patient care. The nursing profession is accountable for providing high-quality care for patients and families in the society. Hence that it is extremely important in the nursing profession to empower their community. Nursing is still challenged by negative attitude, stereotypes and nurses continue to lack of empowerment (Assunção AÁ, 2013).

The total population of the registered nurses in Sri Lanka will be approximately 40,000 and most of them are joining in their service as diploma nurses. As much of the professionals are females; it is essential to address how empowerment has developed among them with the opportunities. Even though, literature is available on Western and Asian countries, there are not enough literature of any kind that has been written exclusively in the discipline of professional empowerment of nursing community in Sri Lankan context.

The state will provide post-basic training courses on a limited group of nurses' times to time, to get the promotions in the carder and skill development. As there are fewer opportunities, some of them are following their higher studies personally while working to achieve their personal goals. Though they are well skilled in the clinical set up only a limited number has engaged in the continuous education ladder which is comparatively less than 10% of the population. They are doing a lot of sacrifices with long hours of duties due to the lack of staff and other family commitments while reserving a personal time for their studies. Most of their ultimate achievements are ending with self-satisfaction; as there are no proper scales that impact their increments in their salary scales / allowances where other countries paying high scales with higher studies. In the preliminary studies / interviews with their comments, it was noticed they are facing physical, attitudinal and structural barriers which can impact for their empowerment while continuing their studies with their other commitments.

Hence, this research will contribute theoretically to fill the gap of knowledge existing in literature concerning family and workplace social support with planned behavior of female nursing professionals who follow higher studies for their professional empowerment in Sri Lanka.

2. Literature Review

The nursing profession has always been considered as a female's job (Tracey, 2007). The researchers have also stated that the concept of gender ideology is affected by social, political, and economic factors. Career development between men and women, indicated there is evidence of differences in performance Compared with male nurses, female nurses are not behaving more spontaneously, participate more actively in professional work, and not have higher ambitions for developing and advancing their careers. Gender issues must be considered when we look at career development (Albrecht TL, 2003).

The factors influencing the choice of the profession have been the focus of many studies in a wide range of areas, in the framework of social and behavioral psychological theories (Dale., 2001).

Nursing education positively impact on health care outcomes (Bartram, 2004). The continuing professional development of the registered nurses is not exclusively the responsibility of the individual or the employing authority but of both. The individual nurse has the right to expect the provision of training opportunities, and the employer should expect the nurse to maintain and develop the skills for which she is employed (Jooste, 2005) (Richards, 2010) (McMillian, 2006).

Nurses are facing various difficulties engaging in their continuous education. Physical barriers can include lack of time due to working hours, family and child care responsibilities; difficulties in paying course fees and fear of losing benefits; ill health; difficulty with reading and writing; difficulties with English if this is not the learner's first language; and difficulties with statistics. Attitudinal barriers refer to being nervous about going back to the classroom and concern about not being able to keep up; skepticism about the value of continuing education; low self-esteem and lack of confidence both generally and in relation to learning; low aspirations and lack of role models; lack of trust in formal institutions; and a perception that they are too old to learn. Structural barriers include lack of support; limited opportunities for learning near to place of residence/work; lack of the necessary entry requirements to post registration programs; and lack of knowledge about learning opportunities (Fletcher C. , 2001).

Social support and professional empowerment were significantly and positively correlated with nursing career development among male nurses (Chen, 2010). Changes in their professional role can also lead to a great deal of frustration for the profession, when trying to satisfy the demands of the organization and the needs of the staff (Fletcher C. , 2001) .

Nurse managers face the dilemma of either releasing staff for training, which may result in staff shortages, or discouraging nursing skills development - and the manager is more likely to be criticized for being short of staff than for having nurses who are short of skills. These comments contributed to arousing the researcher's interest in finding the relationship of the identified factors towards their professional empowerment. where the problem is in terms of the professional empowerment Nurses themselves want to feel cared for. Caring involves being treated with dignity and respect (Albrecht TL, 2003)and (Cohen S, 1985).

Social support was defined as verbal and nonverbal communication that helps one manage uncertainty and increases one's perception of personal control over one's life experiences. Thus, the focus was on workplace communication and physicians' perceptions of them (Franklin, 2011).

As to social support, it was the individuals who receive physical and emotional comfort given by family, friends, colleagues, supervisors, and it has both direct and moderating effects on mental health. To our knowledge, there is a lack of research on social support and career development. However, social support was the major resource that nurses identified that they needed when dealing with occupational pressure. Individuals that have multiple sources of social supports perceive less occupational pressure (Kraimer, 2001).

For male nurses, who choose an unconventional occupation, it is particularly reliant on support from others. In various social support, supervisor's support was important. Without a supervisor's support, a nurse may experience health problems (e.g., high blood pressure, depression, job stress, etc). The high levels of support from one's supervisor have the potential to decrease feelings of emotional exhaustion (S.H. Hamaideh rn, 12 February 2008). Moreover, coworkers' support was also important. (Shirey, 2004) study indicated the occupational pressure incurred by the job itself is reduced when they receive the support of their coworkers. (Bartram, 2004)stated that social support derived from either a supervisor or a coworker is negatively associated with the main job stressors experienced by male nurses, such as role conflict, role ambiguity, work overload, and resource inadequacy. A study revealed that support

from family and friends, as well as interaction with a mentor, enhanced registered nurses' perception of job satisfaction and aspirations of professional advancement. (LisaSundin, 2007) found that professional empowerment had a negative association with occupational burnout and had a mediating effect between the work environment (especially in terms of feelings of control and social support) and occupational burnout. In other words, the more the social support nurses had, the higher their potential to remain in the nursing job and develop nursing career. No study investigated the correlation between social support and nursing career development. In this study, we hypothesize that social support is positively correlated with successful nursing career development.

A very important factor in managing stress has proved to be social support. Social support refers to social interaction in which resources are received from others (Cohen S, 1985). Social support helps to manage uncertainty, increases one's perception of personal control over one's life experiences (Albrecht TL, 2003), and helps one toward goals (Brownie, 2018).

In medical work, support from both leaders and co-workers is strongly connected to lowered job strain and improved health outcomes (Lindfors PM H. T., 2009)[(Tsai Y-C, 2012) (Wang J-N, 2010) (Wang L-J, 2011). Social support can promote coping (Franz S & 10:51., 2010), diminish occupational stress (Walsh J. Gender, 2013;) (Wu H, 2010;)and reduce perceptions of depersonalization (Snyder, 2009). It can prevent psychiatric symptoms and common mental disorders (Jasper S, 2012;) (Assunção AÁ, 2013;) and has a protective function against possible suicidal intentions (Wall M, 2014;) (Lindfors PM M. O., 2009). Social support can provide advantages other than stress management. Some studies indicate that social support significantly explains job satisfaction (Jönsson, 2012;) (Pearson A, 2006;) and positively correlates with physicians' organizational commitment and engagement (Freeborn, 2001;). There is also some evidence showing connections between social support and learning or professional development; there are correlations between social support and work orientation (Jackson VA, 2008;), as well as general practitioners' work practices. There is some evidence that social support can develop working skills in patient–caregiver relationships [13] and social support can impact managerial learning (Ouweneel AP, 2009;). Co-worker support is significant for professional efficacy and self-efficacy.

According to the Theory of Planned Behavior, people are reasonable and evaluate consequences before engaging in certain actions. Attitude toward behavior is one's positive or negative evaluation of self-performance of the behavior. Subjective norm is one's perception about the behavior as influenced by social pressures and can lead

to doing or abandoning the behavior. Perceived behavioral control is one's perceived ease or difficulty of performing the behavior. This theory has used in various studies in predicting the behavior of different groups of healthcare providers, including nurses too.so it can be address with the career choice, social support and the continuous education of the Nurses towards their professional empowerment (Fletcher, 2006) and [1 (Franklin, 2011).

The need for nurses is growing with the ever increasing ageing population in the western world (Franklin, 2011)and the approaching retirement of a major part of the nursing workforce in these countries who are aged over 45 years (Hill, 2011).According to the qualitative and quantitative studies in the United States of America found that the nursing shortage was not related to recruitment of students into programs, but rather workplace issues such as job stress, management issues were the reasons for failure to nurture new nurses (JJ Duvall, 2010). Other factors included education issues such as lack of qualified facilitators and clinical sites to allow more students to be admitted into programs.

Hence, this study has been carried out to find the relationship among the professional empowerment with family support, workplace support and social support of the Sri Lankan Nurses who are following continuous education.

3. Research Problem

According to some preliminary studies Sri Lankan Nurses still received a feeling that they are not receiving inadequate support from significant others, including their workplace and others.

Nurses need to maintain competency and keep up to date with the most recent knowledge and developments in patient care. The nursing profession is accountable to society for providing high-quality care for patients and families. Hence, it is extremely important in the nursing profession to empower in order to achieve professional growth.

Nursing is still challenged by negative stereotypes and nurses continue to lack empowerment. Fletcher (2006) suggested professional empowerment is essential for enhancing nurses' roles, strengthening their professional image, and continuously improving the health care system nationally and globally. Hence, understanding the influences of social support, professional empowerment to nursing career development of male nurses may be an important issue.

To understand the relationship of the social support towards the professional empowerment in Sri Lankan context, the researcher has the following question;

How does the social support impact towards the professional empowerment (PE) of the female nurses in Sri Lankan context?

4. Research Methodology

The primary objective of this study is to identify the relationships of various kinds of social supports towards the professional empowerment of the female registered nurses in Sri Lanka. As stated in the literature survey, social support has positive relationship with professional empowerment. Thus, three variables (FS, WS & CS) are identified as independent variables and PE is the dependent variable in the research framework. The following three hypotheses are developed:

H1: There is a relationship between Family Support and the Professional empowerment

H2: There is a relationship between Workplace Support and the Professional empowerment

H3: There is a relationship between Community Support and the Professional empowerment

To examine the aforesaid hypotheses, a questionnaire survey was carried out among the female registered nursing officers in Sri Lanka. The population was more narrowed to the female registered nurses who are following their graduate studies in Sri Lanka. It can consider a population of 3000 nursing undergraduates who are currently following higher education while working in government hospitals in Sri Lanka.

The researcher selected a random sample out of the final year undergraduates currently studies in Nursing in a higher educational institute named KIU for the study. Further; the sample design is referring only for the female nursing officers who are at the final year studies. This study was designed as a quantitative and cross-sectional study. A written questionnaire which comprises with questions of Family Support, Workplace Support and the Community Support and professional empowerment which has been distributed among the sample. Furthermore, it was designed using a Likert five scale models with the options from strongly agree to strongly disagree. Each option was scaled: 5= strongly agree; 4= agree; 3= neutral; 2= disagree and 1= strongly disagree.

For the collection of data, permission was obtained from the management of the KIU to distribute the questionnaires. Questionnaires were delivered to registered nurses who were on final examinations on that period. The research team was assigned with clear and specific guidelines to distribute the questionnaires and get the filled responses. They have been guaranteed of complete confidentiality and honest opinions were encouraged. Out of the distributed questionnaires 191 respondents were considered for the final study excluding 5 international nurses and 7 male nurses who were given their responses. For the data analysis, statistical package for social science-21, has been used.

5. Results

Table 1. Reliability analysis of the variables

Variable	Cronbach's Alpha value at sample	Number of Items	N
FS	.861	04	191
WS	.836	04	191
CS	.780	02	191
PE	.904	14	191

Source: Research Data

Kothari (2004) indicated that instrument reliability refers to the level of internal consistency or the stability of the measuring devices. For testing of reliability of the instrument of the present study, Cronbach's alpha was used and those values of four variables are more than 0.7. Further the internal consistency reliability of the measures employed in this analysis can be considered as good for FS, WS, SS and PE measures.

Table 2. Descriptive Statistics

	FS	WS	CS	PE
Mean	4.2356	3.4725	3.3927	3.6057
Std. Deviation	.62100	.78445	.82733	.51251
Variance	.386	.615	.684	.263
Skewness	-.431	-.380	-.688	-.434
Std. Error of Skewness	.176	.176	.176	.176
Kurtosis	-.160	-.112	.631	1.185
Std. Error of Kurtosis	.350	.350	.350	.350

Source: Research Data

According to descriptive statistics (table 2), all the mean values of variables are greater than 3 and close to the Likert scale 4. It can consider that the responses regarding the variables are close to the agreed level from neutral level. The highest standard deviation belongs to community support with a level of 0.82. This is illustrated that community support has a comparatively higher variance. The minimum variance belongs to family support and the professional empowerment with a minimum standard deviation of 0.263. This indicates professional empowerment has a minimum variance comparatively. With reference to the figures of skewness, all are laid between -1 to +1. it can be assumed that the data were symmetrical and based on the Kolmogorov test (p=0.58> 0.05) data were normally distributed. Therefore, parametric techniques had been applied in the analysis.

Table 3. Correlation Analysis

	FS	WS	CS	PE
FS	1			
WS	.275**	1		
CS	.175*	.583**	1	
PE	.249**	.502**	.604**	1
**. Correlation is significant at the 0.01 level (2-tailed).				
*. Correlation is significant at the 0.05 level (2-tailed).				

Source: Research Data

The study results (table 03) indicate that there is a significant and a moderate positive correlation among the identified factors towards the professional empowerment. This means that family support (FS), workplace support (WS), and community support (CS) are having positive association with the professional empowerment (PE) of the Government female Registered Nurses in Sri Lanka who is upgrading their knowledge to a degree level.

Effect of individual factors on professional empowerment has been analyzed Multiple Regression Model, model summary is given by table 4.

Table 4. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.641a	.411	.401	.39651	2.061
a. Predictors: (Constant), Community support, family support, workplace support					
b. Dependent Variable: PE					

It was noticed that there is a **strong joint association** between the individual factors and professional Empowerment with the multiple correlation "R" value of 0.641. R-square of 0.411 indicates that 41.1% of professional empowerment has been covered by this model. Durbin-Watson test statistic was 2.061. Therefore, residuals are independent, and the model is valid.

Probability of F test statistics of the regression ANOVA is highly significant as the P value is 0.000. This means that the model is jointly significant and independent factors jointly influence on professional empowerment. Model is appropriate.

Table 5-ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20.506	3	6.835	43.476	.000[b]
	Residual	29.400	187	.157		
	Total	49.907	190			
a. Dependent Variable: PE						
b. Predictors: (Constant), FS, WS , CS						

Source: Research Data

Based on the table 06, all the Variance Inflation Factors (VIF) are less than 10 and it indicates that independent factors are not highly or perfectly correlated. Therefore, no multicollinearity problem in the regression model. Accordingly, the regression model is highly valid.

Table 6- Coefficients							
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	1.777	.218		8.137	.000		
	FS	.093	.048	.113	1.930	.055	.924	1.082
	WS	.129	.046	.197	2.789	.006	.629	1.591
	CS	.291	.043	.469	6.791	.000	.659	1.516
a. Dependent Variable: PE								

Source: Research Data

Y=β0+β1FS + β2 WS + β3SS+ μ
PE= 1.777 + .093FS+.129WS+ 0.291 SS+ 0.2

Based on the above equation, the professional empowerment will increase by 0.093 where the family support will increase by one unit where the other factors remain constant. Similarly, the professional empowerment will increase by .129 where the workplace support will increase by one unit where the other factors remain constant and the professional empowerment will increase by .291 where the community support will increase by one unit where the other factors remain constant. Hence, data are supported to accept the H1, H2 and H3.

According to the demographic analysis, the highest number of respondents were through Grade III nursing officers. Most of the respondents who were in the sample are reflecting the young adults and only fewer percentage are reflecting as senior adults. It can be a good symbol for the future in health sector to have more qualified nurses for the patient care as most nursing officers are who directly connected with the patient care. Most of the respondents in the sample will reflects with the inpatient departments. Considering the ward managers, subordinates and peers support impact with the work schedules can consider the reason behind the high number or respondents regarding this. So that it reflects that the Social support is necessary to empower them professionally while they are doing their continues education. Less number of respondents are the theater sections considering their duty schedules.

6. Discussion

The nurses are a group of health care professionals who are almost engage in the patient care. They are facing boundless challenges and require critical thinking and to be able to make suitable prompt decisions. Consequently, healthcare organizations must empower their nursing staff and permit their participation in Continuous education and Decision making which in turn lead to improve nurses' satisfaction, commitment, retention, and over all patient care (Franz S , 2010).

This study examined the relationship of the social support factors FS, WS and CS towards the professional empowerment the female registered nurses in Sri Lanka. Based on the study results it can consider that there is a moderate positive relationship among the factors and professional empowerment who are currently following their bachelor's studies while working.

Based upon the study results; Social support factors which were discussed in the Study having an impact towards the professional empowerment. But considering the some of the responses given in the study it emphasized that there are some areas to be concerned for empowering them with motivational strategies (Fletcher, 2001).

7. Conclusion

The nursing profession is accountable to society for providing high-quality care for patients and families. Nurses need scientific knowledge to improve their decision-making skills regarding what care to be provided for patients (Franz S & 10:51., 2010). Practicing nurses need to be supported by their authorities enable them to pursue continuing formal education. Hence, continuing professional empowerment is extremely important in the nursing profession, especially because of staff shortages with aging matters. Nurses need to maintain competency and keep up to date with the most recent knowledge and developments in patients' care.

It can be concluded that the current health care structure has expanded the opportunities for the Sri Lankan nursing professionals to come forward in their disciplines compare to the early decades which is a good understanding to develop the collaborative professional development.

Though they are doing these continuous education programs for their achievement with self-satisfaction professionally; there are no proper scales which impact on their increments in their salary scales where other countries paying high scales with higher studies. It might increase more family support for these nursing officers who are following further studies.

The state should have more workforce development and personal career planning programs in more effective and divided manner. As there is a shortage of professionals to fulfill the carders motivating, appreciating, rewarding and personal and career development is essential to satisfy them.

In the SL the context for learning beyond registration has not changed significantly. The perceived value of professional accredited and recognized awards by nursing registration bodies have been eroded as part of a more general shift towards award-bearing academic learning. Educators in the tertiary institutions must communicate these changes to authorities since these have implications for workforce planning and the granting of study leave. In SL, after the registration by the SLNC, there was no periodical evaluations moving regarding the nurse's development. It should be

addressed in a level of appreciation as they have achieved the professionally qualified levels and the demands on the specific areas belong to the specializations and upgrade their certification by evaluating their achievements.

As which is important factor to support on these nursing professionals.

7.1. Limitations

This research was run with a limited time factor and it could not check deeply regarding the data collection issues faced with the data set. Also, it is suggesting going in depth study of identified supporting factors towards the professional empowerment with other suitable assessing models and find out the barriers if occurs for the empowerment of them. It can be separately studying how these factors affects in the private /state sector working disciplines and the gender impact in each set up.

Further; based on the different age limits how the empowerment distributed of the nursing professionals and with their working disciplines and the workplaces impact on their professional empowerment and the how the designations had impact on this also can be address in future.

Supplementary, this study provides baseline information about the relationship of the social supporting factors towards the professional empowerment and it is open to continue this study for future research studies using different factors towards the professional empowerment in various categorical hospitals in Sri Lanka.

References

Albrecht TL, G. D., 2003. *Handbook of health communication. Mahwah.* s.l.: Lawrence Erlbaum.

Assunção AÁ, M. C. P. H. e. a., 2013;. Working conditions and common mental disorders in physicians in Brazil.. *Occup Med. ,* Volume 63:, p. 234–237.

Bartram, T. A. J. a. T., 2004. How empowerment and social support affect Australian nurses' work stressors. *Australian Health Review ,* Volume 28(1), pp. 56 - 64.

Brownie, S. W. A. C. N., 2018. Nursing as a pathway to women's empowerment and intergenerational mobility. *J Clin Nurs,* 23 05, Volume 27, p. 4050– 4057.

Tolsdorf, 1976. *Social networks, support, and coping: an exploratory study..* s.l.:Fam Process.

Chen, S.-H., 2010. Relationships Among Social Support, Professional Empowerment, and Nursing Career Development of Male Nurses. *Western Journal of Nursing Research,* 34(7), pp. 862-882.

Cohen S, S. S., 1985. *Issues in the study and application of Social support and health..* Orlando (FL): Academic Press.

Dale K., F., 2001;. Satisfaction, commitment, and psychological well-being among HMO physicians.. *West J Med.,* Volume 174:, pp. 13-18.

Fletcher, C., 2001. Hospital RN's job satisfactions and dissatisfactions. *JONA.*

Fletcher, K., 2006. Beyond Dualism: Leading Out of Oppression. *Nursing Forum,* 26 04, Volume 41, pp. 50-59.

Franklin, P. A. P. F. C. G. E. S. E. S. S. e. a., 2011. Building Academic Geriatric Nursing Capacity: Results after the first 10 years and implications for the future.. *Nursing Outlook.,* Volume 59, pp. 198-205.

Franz S, Z. A. S. A. e. a. 2. & 10:51., 2010. Franz S, Z Aggression and violence against health care workers in Germany—a cross sectional retrospective survey.. *BMC Health Serv Res.,* Volume 10, p. 51.

Hill, K., 2011. Nursing and the aging workforce: Myths and reality, what do we really know?. Nursing Clinics of North America.. *Nursing Clinics of North America.,* Volume 46, pp. 1-9.
J., S., 2009. The role of coworker and supervisor social support in alleviating the experience of burnout for The role of coworker and supervisor social support in alleviating the experience of burnout for caregivers in the human-services industry.. *South Commun J.*

Jackson VA, M. J. M. R. e. a., 2008;. A qualitative study of oncologists' approaches to end-of-life care.. *J Palliat Med. ,* Volume 11, p. 893–906.

Jasper S, S. M. A.-K. H., 2012;. Too littleappreciationforgreatexpenditure?Workloadandresourcesin ICUs... *IntArchOccupEnvironHealth.,* Volume 85:, p. 753–761.

JJ Duvall, D. A., 2010. Using a Structured Review of the Literature to Identify Key Factors Associated With the Current Nursing Shortage. *Journal of Professional Nursing,* sept-oct, 26(5), pp. 309-317.

Jooste, K., 2005. The career goals of nurses in some health care settings in Gauteng.. *Curationis,* Volume 28(3), pp. 47-53.

Kraimer, M. L. W. S. J. &. J. R. A., 2001. Sources of support and expatriate performance: The mediating role of expatriate adjustment. ,. *Personnel Psychology,* Volume 54-1, pp. 71-99.

Lindfors PM, H. T. M. O. e. a., 2009. *Mitigating on-call symptoms through organizational justice and job control: a cross-sectional study among Finnish anesthesiologists..* s.l.:Acta Anaesthesiol Scand.

Lindfors PM, M. O. L. R. e. a., 2009. Suicidality among Finnish anaesthesiologists.. *Acta Anaesthesiol Scand. ,* Volume 53, p. 1027–1035.

LisaSundin, J. C. J., 2007. The relationship between different work-related sources of social support and burnout among registered and assistant nurses in Sweden: A questionnaire survey. *International Journal of Nursing Studies,* 44(5), pp. 758-769.

McMillian, J., 2006. Acceptance of Male Registered Nurses by Female Registered Nurses. *Journal of Nursing Scholarship,* 38(1), pp. 100-106.

Ouweneel AP, T. T. V. Z. S. e. a., 2009;. How task characteristics and social support relate to managerial learning: empirical evidence from Dutch home care.. *J Psychol. ,* Volume 143, p. :28–44.

Pearson A, P. K. D. D. e. a., 2006;. Comprehensive systematic review of evidence on the structure, process, characteristics and composition of a nursing team that fosters a healthy work environment.. *Int J Evid Based Healthc. ,* Volume 4, p. 118–159.

Richards, L., 2010. Perceptions of registered nurses in four state health insititutions on continuing formal education. *Curationis,* 33(2).

S.H. Hamaideh rn, p. M. M. r. ,. p. R. M. r. ,. m. I. F. r. ,. p. N. K. m., 12 February 2008. *international nursing review,* Volume 55-1, pp. 40-47.

S., J., 2012;. Psychosocial work environment and predictionofjob satisfaction among Swedishregistered nurses and physicians – a follow up study.. *Scand J Caring Sci. ,* Volume 26:, p. 236–244.

Shirey, M. R., 2004. Social Support in the Workplace: Nurse Leader Implications. *Nursing Economics,* 22(6).

SK, B. N. &. G., 2001. *The Practice of Nursing Research.Conduct, Critique and Utilisation.* 4 ed. Philadelphia: WB & Saunders Com-pany.

Tracey, C. &. N. H., 2007. The multifaceted influence of gender in career progress in nursing. *Journal of Nursing Management,* Volume 15.

Tsai Y-C, L. C.-H., 2012. Factors and symptoms associated with work stress and health promoting lifestyles among hospital staff: a pilot study in Taiwan.. *BMC Health Serv Res. ,* pp. 12-199.

Wall M, S.-G. K. M. D. e. a., 2014;. Suicidal ideation among surgeons in Italy and Sweden – a cross sectional study.. *BMC Psychol.,* Volume 2, p. 53.

Walsh J. Gender, 2013;. the work-life interface and wellbeing: a study of hospital doctors. Gend Work Organ.. *Gend Work Organ. ,* Volume 20:, p. 439–453.

Wang J-N, S. W. C. T.-S. e. a., 2010. Prevalence and associated factors of depressive symptoms among Chinese doctors: a cross-sectional survey.. *Int Arch Occup Environ Health.,* Volume 83, pp. 905-911.

Wang L-J, C. C.-K. H. S.-C. e. a., 2011. Active job, healthy job? Occupational stress and depression among hospital physicians in Taiwan.. *Ind Health.,* Volume 49, pp. 173-184.

Wu H, Z. Y. W. J.-N. e. a., 2010;. Factors associated with occupational stress among Chinese doctors: a cross-sectional survey. Int Arch Occup Environ Health.. *Int Arch Occup Environ Health. ,* Volume 83:, p. 155–164. .

yasanthika, n.d. ict. *hko.*