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Psychiatric Nurses' Perceptions of Their Social Support

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**PSYCHIATRIC NURSES' PERCEPTIONS
OF THEIR SOCIAL SUPPORT**

By

Elizabeth V.L. Howell

A THESIS

**Submitted to
Grand Valley State University
in partial fulfillment of the requirements
for the degree of**

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ABSTRACT

PSYCHIATRIC NURSES' PERCEPTIONS OF THEIR SOCIAL SUPPORT

By

Elizabeth V.L. Howell

This study investigated psychiatric nurses' perceptions of their social support while working in a public psychiatric hospital. A descriptive correlational research design using a mailed self-administered questionnaire was employed for this study. Data collection and measurement of the phenomenon of perceived social support was done using the Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1995). The sample consisted of 57 registered nurses who had been employed for at least six months.

Data analyses consisted of reporting means, standard deviations, percentages, and range of scores for perceived social support. Results indicated emotional support (affect and affirmation) rated the highest among the psychiatric nurses while aid support was rated the lowest. The main sources of their support were identified as spouses/partners, and the lowest support perceived were from their friends/co-workers. Furthermore, nurses were likely to perceive themselves as having more social support if they were part of a large network and were a part of that network for a longer duration.

Dedication

**This thesis is dedicated to all the psychiatric nurses
working at Kalamazoo Psychiatric Hospital who participated in this study
and to
my husband, Jerry for his unconditional love and support
and my daughters Shantal and Amanda for braving their dad's cooking.**

Acknowledgments

I would like to express my sincere appreciation to Dr. James Coleman for granting permission to conduct this study; to Dr. Kay Setter Kline, chairperson of my thesis committee; Agnes Britton; Dr. Jean NagelKerk; Lorna Dwyer, Director of Nursing, for their guidance and constructive comments. Special appreciation is extended to Mr. Frederick Chapman, for his support, counsel and time.

Also, I would like to thank my nursing colleagues, wonderful friends and staff for their encouragement and motivation.

Last but not least, I would like to thank my wonderful mother for her love and words of encouragement and also to my dearest family.

Table of Contents

List of Figures	vii
List of Tables	viii
List of Appendices	ix
CHAPTER	
1 INTRODUCTION	1
Statement of Problem	2
Statement of Purpose	3
2. CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW	4
Conceptual Framework and Definition of Terms	4
Review of Literature	6
Research Questions	12
3 METHODOLOGY	13
Research Design	13
Sample and Setting	13
Instrument	14
Procedure	16
4 RESULTS	18
5 DISCUSSION	31
Relationship of findings to the Conceptual Framework	31
Limitations	33
Recommendations	34
Implications for Nursing	35

Table of Contents

APPENDICES	37
REFERENCES	51

List of Figures

Figure 1	Framework for Examining Social Support	7
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List of Tables

Table

1	Demographic Data of Sample	19
2	Number of Members in Social Support Network	20
3	Types of Perceived Social Support Reported	23
4	Identified Sources of Perceived Social Support	25
5	Correlation of Total Support Scores, Duration of Relationships and Contact Frequencies	27
6	Duration of Knowing Sources of Social Support	28
7.	Contact Frequency With Sources of Social Support	29

List of Appendices

Appendix

A	Norbeck Social Support Questionnaire	38
B	Approval Letter From Human Research Review Committee	
	Grand Valley State University	43
C	Cover Letter and Consent	45
D	Demographic Data	47
E	Permission Letter to Use Norbeck Social Support Questionnaire	49

CHAPTER 1

INTRODUCTION

The concept of social support has been the focus of growing multidisciplinary interest. It has become a popular and highly important concept that is being researched extensively by a number of disciplines including occupational health (House & Khan, 1985; Shumaker and Hill, 1991), anthropology (Khan, 1979), behavioral medicine (Caplan, 1974), epidemiology (Cassel, 1979), nursing (Norbeck, 1982), Krause and Markides, 1990), management (Hillestad, 1984), psychology (Barrera, 1989) and sociology (Rook, 1985).

The number of studies which has examined this concept has grown impressively. Viel and Baumann (1992) have recently noted ".....measured by both its impact on current thinking concerning the social etiology of mental and physical disorders, and by the sheer volume of publications, social support has joined stress and coping as one of the three most important concepts in current research" (p. 1).

Social support, as defined by Lin, Simeone, Ensel and Kuo, is "support that is social and is accessible to an individual through social ties to other individuals, groups, and the larger community" (1979, p. 109). Sidney Cobb refers to the following three aspects of social support as: (a) "emotional support," (b) "esteem support," and (c) "network support" (1979, p. 93-94). In contrast, Khan and Antonucci (1980) define social support as "interpersonal transactions that include one or more of the following key

elements: affect, affirmation, and aid” (p. 267).

Perceived social support can refer to either the individual’s belief that he or she can obtain help (i.e., availability of support) or the degree to which the person is satisfied with the support that is provided or available (i.e., adequacy of support). Researchers and theorists maintaining this position tend to view the cognitive appraisal process as the major means by which social support influences well-being. As House (1981) states, “social support is likely to be effective only to the extent perceived” (p. 27).

Psychiatric nurses, working in a public hospital with a consumer population that has long-termed mental illness, are subjected to anxiety, emotional exhaustion, aggression, depression, fatigue, emotional outbursts, persistent chronic stressors and burnout. Many work situations and conditions are stressful because of incongruence or lack of fit between the psychiatric nurse and the environment (Jackson & Schuler, 1983, p. 60). Workplace stress and bureaucratic constraints lessen the psychiatric nurse’s abilities to make decisions and at the same time, lessen the nurse’s authority, and little support and recognition is given (Mc Neely, 1983, p. 48). Research indicates that nursing staff are overwhelmingly the most likely professional to become victims of patient assaults and aggression (Carmel & Hunter, 1989), as evidenced by the amount of absenteeism and number of extended leaves of absence due to work-related injuries.

Statement of Problem

Very little research is available on psychiatric nurses, vis-a-vis how they perceive social support or how they develop coping behaviors and emotional stability. It is therefore necessary to explore sources of social support to determine it’s impact on the work place.

Statement of Purpose

It is the purpose of this study to (a) identify the types, and (b) sources of social support that psychiatric nurses perceive as available to them, and (c) ascertain whether a significant relationship exists among total support scores, duration of relationships, and frequency of contacts. The results can be used to build on current policy and procedure, implement training for improved supportive work relationships, and serve as the basis for continuing research in this area. This will help foster improved social support in the work environment. The findings will also add to the existing body of nursing literature regarding social support for psychiatric nurses.

CHAPTER 2

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Conceptual Framework and Definition of Terms

The conceptual framework used for this study was based on the work of Khan and Antonucci's (1980) model of social support. This model defines social support as "interpersonal transactions that include one or more of the following key elements: (a) affective support, (b) affirmation, (c) and aid" (p. 267). Khan and Antonucci (1980) describe affective social support (a) as one which imparts liking, admiration, respect and love of the recipient. The recipient of affective social support perceives care and trust in the relationship. Social support in the form of affirmation (b) involves expressions of agreement or acknowledgment of the appropriateness or rightness of acts or statements. This support reaffirms the recipient's sense of worth and value. Social support in the form of aid (c) is described as transactions in which direct assistance is given. Direct assistance includes giving information, time, money, food, household items, clothing, furniture and transportation.

Khan and Antonucci's (1980) model suggests that social support is provided through personal relationships or social networks. Networks consist of family, friends, co-workers, members of the church community and others. These networks are interactive fields of persons who provide the "give and take" of helpfulness and protection. Networks are seen as having formal properties (variables). Properties include the following

categories: size, stability, homogeneity and assistance. Network size refers to the number of network members who are acquainted with each other and are both support-giving and support-receiving. Each member transacts an exchange of reciprocal supportive action. The stability of the network is based on the strength and duration of the member's affiliation. Homogeneity refers to members sharing of common demographic, personal or social characteristics. Assistance is the type of aid members give each other in order to meet their own needs.

Other network variables seem to relate to linkages within the network and include interaction frequency, type, and magnitude. For this study, the network variables which will be examined include types and sources of social support. The influence of personal and situational factors on performance and well-being is moderated by a person's support network. This conceptual framework is intended to be illustrative and should demonstrate that psychiatric nurses who perceive themselves as having high levels of social support experience emotional well-being.

Another variable "emotional well-being" can be seen in research as being linked with social support for psychiatric nurses (Norbeck, 1988; Stewart, 1993). These studies linked social support to emotional well-being rather than linking social support to the absences of distress or illness as in other disciplines.

In a discussion of social support over one's life course, Khan and Antonucci (1980) proposed that adults with strong supportive relationships are able to cope better with the stressors of their environment than are those who have weak supportive relationships. Performance in major life roles is determined by the adequacy of social support and

personal and situational factors. Personal factors may include demographic characteristics such as age, needs, abilities, and gender. Situational factors include role expectations, resources and demands. The influence of personal and situational factors on performance and well-being is moderated by a person's support network (see Figure 1).

The conceptual framework for this study will be Khan and Antonucci's (1980) model of social support. The environmental stressor that serves as a focus for this study is the experience of being a psychiatric nurse working in a public psychiatric hospital. This study will describe the factors identified in Khan and Antonucci's (1980) conceptualization of social support through the examination of psychiatric nurses perceptions of their social support.

Review of Literature

In reviewing related literature, most researchers and theorists (Cobb, 1979; Khan & Antonucci, 1980; Caplan, 1974; House, 1981; Berkman & Syme, 1979; La Rocco, House & French, 1980) agree that social support can refer to either the actual help available or to the amount of help they perceive is available. The theorists view the cognitive appraisal process as the major means by which social support influences well-being. House (1981) states: ".....social support is likely to be effective only to the extent perceived" (p. 85). In other words, if the recipients perceive that they have social support that is always available to them, that is more important than the actual support itself. This perception is what promotes psychological adjustment.

House (1980) suggests the "the right kind of social support from the right kind of people can be significant in improving health" (p. 59). House also notes "the minimum

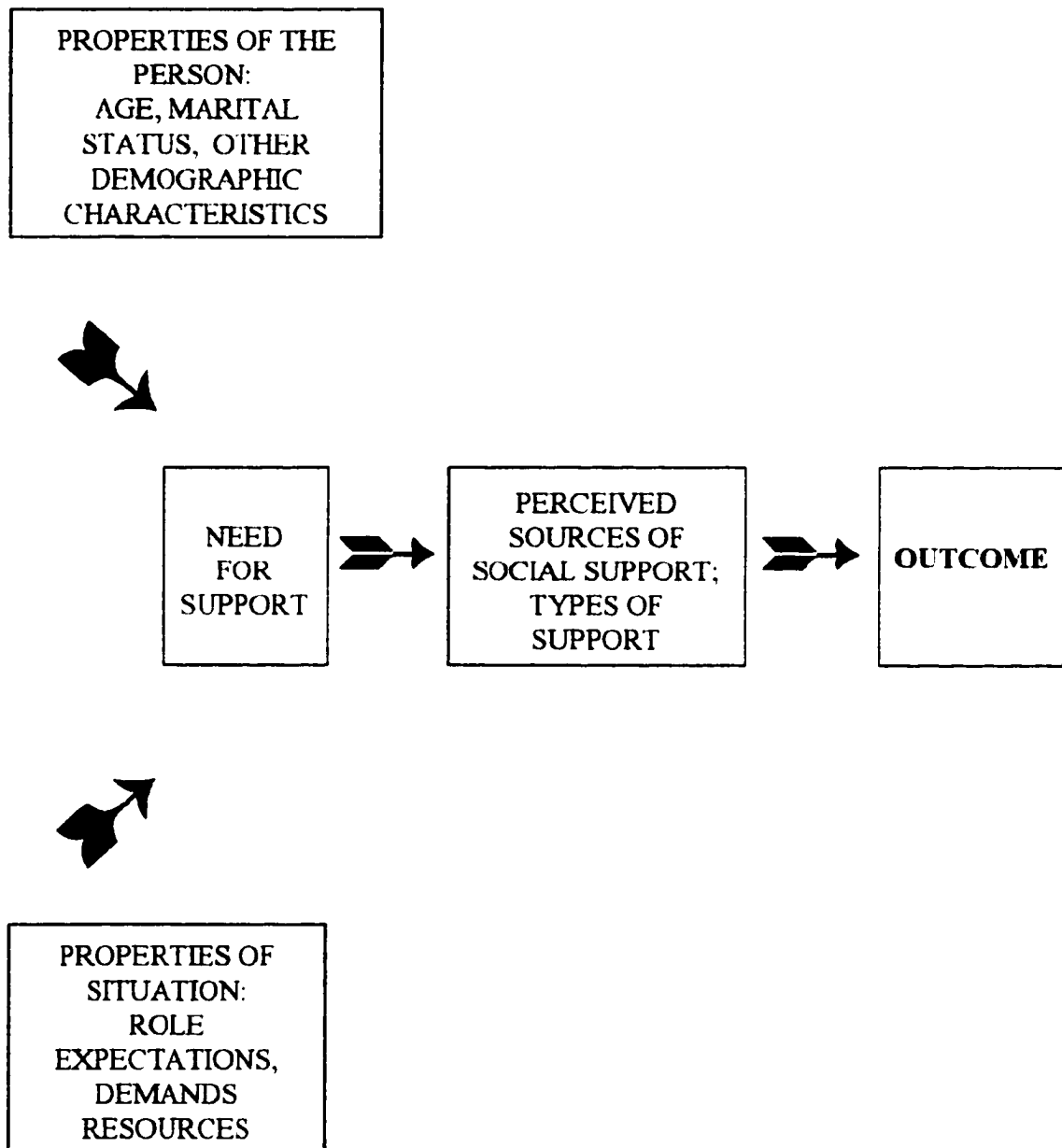


Figure 1

Framework for Examining Social Support

condition for experiencing social support.....is to have one or more stable relationships with others" (p. 29). Therefore, a partner can provide such support.

The fact that perceived social support is most persistently and powerfully associated with various outcomes focuses attention on the perception dimension as a significant dependent variable. Perceived social support is importantly associated with emotional well-being (Cohen & Willis, 1985; Cohen & Syme, 1985; Dean & Lin, 1977; Hupcey & Morse, 1997). The evidence for the effects of social-support on outcomes at work has been fairly-consistent. Social support from the supervisor and co-workers is usually associated with outcomes such as job satisfaction, involvement, and intent to remain on the job (Abdel-Halim, 1982; La Rocco, House & French, 1980).

Psychiatric Nursing. Psychiatric nursing is a specialized area of nursing practice that involves dealing on a daily basis with the psychological distress and suffering of the mentally disordered. The work is demanding and inherently involves intimate and often intense interaction with disturbed clients. Interaction includes the confrontation of difficult and challenging behaviors on a regular basis. In addition, the psychiatric nurse is faced with demands to provide a service that is efficient and economical, while simultaneously being held accountable by state and federal agencies for the quality of care.

The hospital may place unrealistic demands on the psychiatric nurses by expecting too few nurses to do too much with too many clients (Jackson & Schuler, 1983).

Psychiatric nurses often feel even more overloaded as there are organizational constraints that give them minimal decision-making authority, little chance to influence policy, and little recognition or support (Mc Neely, 1983; Pinchoaff & Mirza, 1982). Furthermore,

the field is characterized by change and uncertainty associated with the move from institutional to community-based care.

Structure of the Mental Health Agency. The structure of the mental health agency and its relationship with the community may add to the stress associated with working with the chronically mentally ill. Problems are compounded by inadequate community resources available to the agency for the long-termed psychiatrically disabled. Nurses subsequently experience frustration at being unable to access the required support (Mc Neely, 1983).

These problems are compounded by inadequate community resources available to the agency for the long-termed psychiatrically disabled. Clinical work with those who have chronic mental illness often carries occupational disharmony. This disharmony is evidenced by both individual and organizational behavior. Nurses tend to lose interest and motivation, become detached and lethargic, and physically and emotionally exhausted. As a result, productivity tends to go down (Jackson & Schuler, 1983; Nave, 1983; Perlman & Hartman, 1982; Thomas, 1997).

Statistics indicate that nursing staff are more likely victims of patient assaults and aggression (Carmel & Hunter, 1989; Convey, 1990). Although individuals respond differently to job pressures, the impact of long-term pressure is generally harmful and can affect an organization through nurses' turnovers, absenteeism, and job dissatisfaction (Jette, 1982; Kolvereid, 1982; Droppleman & Wilt, 1993). Most people need intimacy, social belonging, approval, security and social contacts. It has been demonstrated many times that positive health is most likely to occur when there are high levels of social support

(Grossman & Chester, 1990).

Mulenkamp and Sayles (1986), in a study of the relationships among perceived social support, self-esteem, and positive health practices among adults ($n = 98$), found that self-esteem and social support were positive indicators of lifestyle. Social support was measured using Part 11 of the Personal Resources Questionnaire (PRQ 11) developed by Brandt and Weinert (1981). The instrument consisted of 25 statements which were rated on a 7- point scale from "strongly agree" to "disagree". The personal Lifestyle Questionnaire was used to measure positive health practices such as nutrition, exercise, relaxation, safety, substance abuse and health promotion. Social support and self-esteem were weakly correlated with lifestyle at approximately the same level, .26 and .25 respectively ($p < .01$). The correlation between self-esteem and social support was stronger ($r = .52$, $p < .0001$). The study suggested that subjects with high self-esteem perceived their social support to be adequate and maintained more positive health practices than those subjects with lower self-esteem and social support.

O'Reilly-Knapp (1994), in a descriptive study of junior and senior level baccalaureate nursing students ($n = 242$), examined perceptions of social support received and social support desired from faculty. A revised Inventory of Socially Supportive Behaviors (ISSB) was used to measure perceived social support. The ISSB consisted of 40 specific forms of assistance and allowed subjects to rate the frequency (response) with which they perceived receiving support. Interviews were conducted with 12 of the subjects to gain additional information. The hypothesis that nursing students would report significant differences between the total amount of social support received and total

amount desired was supported. Multivariate analysis was used to test the significance of the difference between the same two variables. Indeed, the findings suggested a significant difference between social support received and social support desired. The mean total support score of 144.89 (SD = 20.92) was higher for social support desired than for social support obtained, whose mean was 108.05 (SD = 23.34). Scores ranged from 51 to 172 for total social support.

Wilcox (1981), used an 18-item checklist assessing whether the study group of staff nurses had support available. Support was assessed for each of three functional categories (esteem, instrumental, and informational support). The overall scale had a high level of internal consistency ($\alpha = .92$), with measures of depression and anxiety/tension as criterion variables, the functional support score showed significant interactions ($r = .88$ to $.97$, $p < .001$). A support index was based on the total number of nurses who indicated they were provided any of the three types of functional support during periods of stress.

Studies using instruments assessing support received have shown different results as compared to perceived social support. Several studies (Connell & D'Augelli, 1990; Lin & Ensel, 1989; Stevens, 1992) have used the Inventory of Socially Supportive Behaviors (ISSB). Barrera, Sandler and Ramsay (1981), used a 40-item inventory that presented respondents with a list of transactions in which support was given, and asked them to rate each one for how often it had occurred during the past month. It resulted in a high internal consistency ($\alpha = .93$) with a mean value of 4.00 (SD = 0.80).

Holmes-Eber and Riger (1990), examined the social support networks of 310 hospitalized people with enduring psychiatric illness who had previous repeated admissions

to the hospital. They found that repeated and lengthy admissions were associated with smaller networks and fewer friends. People who had shorter hospitalization had more friends. These findings suggested that social support enhanced their ability to cope with, and to adapt to change. It also influenced the course of good health. Social support was important for all people in the promotion of physical and mental health, stress-coping capability, and community living satisfaction (Bloom, 1990). It has been recognized for many years that there is a positive relationship between social support and health. Several studies (Connell & D'Augelli, 1990; Lin & Ensel, 1989; Stevens, 1992) have identified the significance of a positive relationship between good health and the receiving of social support. It must be stressed, however, that this study has demonstrated associations only, which may or may not be causal in nature.

Research Question

The research questions are: (1) what types of social support are reported (affect, affirmation, aid), (2) who are the reported sources of social support for psychiatric nurses, and (3) is there a significant relationship among total support scores, duration of relationships, and frequency of contacts?

This paper will attempt to identify the types and sources of social support that psychiatric nurses perceive as available to them while working in a public mental institution. In doing so, it is hoped a positive impact can be made in the work place, while adding to the body of research in this area.

CHAPTER 3

METHODOLOGY

A descriptive correlation design was utilized for this study to identify psychiatric nurses' perceptions of their social support, the phenomenon of interest, and to identify the types and sources of social support, and to ascertain whether a significant relationship exists among total support scores, duration of relationships, and frequency of contacts. This study was conducted in a natural setting with no manipulation or modification of the environment. Data was obtained by using self-report questionnaires.

Sample

A convenience sample was utilized for this study. Subjects ($n = 43$) for this study were employed at a progressive metropolitan public psychiatric hospital located in Southwest Michigan with a capacity of 187 psychiatric beds. The criteria used to select/eliminate subjects included the following: (a) employed for at least six months as psychiatric nurses, (b) worked a minimum of forty hours a week, and (c) provided care/direct contact with the clients. Individuals were eliminated if the candidate was a nurse manager or charge nurse. Nurse managers or charge nurses were not included in the study due to variations in their job descriptions.

The sample included nurses representing the various shifts worked; i.e. days, evenings, nights, and floating shifts (not assigned to a specific unit). A list of the nurses names who satisfied the above criteria was obtained from the personnel office. Fifty-seven

questionnaires were distributed with an overall response rate of seventy-five percent.

The level of education varied among the nurses. Nurses who had a diploma consisted of 16.3%, nurses who graduated from an Associate Degree program consisted of 58.1%, and those who graduated from a Baccalaureate nursing program consisted of 23.3%, and those who had Masters of Science Degree consisted of 2.3%.

Instrument

The Norbeck Social Support Questionnaire (Norbeck, Lindsey, Carrieri, 1981) was used to collect data (Appendix A). The original tool was purchased and permission was granted for its use. The tool was a self-report questionnaire designed to measure multiple components of social support in a format that allowed the participants to list their own social support network members (perceived sources of social support) and to rate them on functional properties of social support (e.g. emotional - affect and affirmation; and tangible - aid support). Subjects were to consider all persons who provided personal support or were important to them. A sample list of supporters was given to assist subjects in identifying support network members.

In this study, the participants were asked to list significant persons in their lives who provided personal support or were important to them, and to specify their relationship (friend, spouse, supervisor, co-worker, or others). Questions one through six measured the amount of social support received on a scale, and the type of support received (affect, affirmation and aid). Questions seven and eight measured the duration and frequency of contact with supporters. Question nine measured loss of support. The participants were asked to identify their support persons, listing them by initials/first names and their

relationship; for example, brother, friend, mother, neighbor, etc. and the type and amount of support each network member (perceived source) provided on a 5-point Likert scale. Degrees of response included: (a) not at all, (b) a little, (c) moderately, (d) quite a bit and (e) a great deal.

Reliability and validity of the Norbeck Social Support questionnaire (NSSQ) was previously established (Norbeck, Lindsey & Carrieri, 1981). The instrument was extensively tested and the results were published throughout the nursing literature (Norbeck, Lindsey, & Carrieri, 1981). High levels of test-retest and internal consistency have been found for this instrument. Norbeck, Lindsey and Carrieri, (1981) reported reliability range from .89 to .92 for each of the functional items, (affect .97, affirmation .96, and aid .89). Similarly, network property items had a high degree of test re-test reliability (range: .85 to .92). Internal consistency was tested through interrelations among all items. The correlation between the two affect items was .97; between the two affirmation items, .96; and between the two aid items, .89. The affect and affirmation items were also highly correlated ($r = .95$ to $.98$), suggesting that these two functions might not be distinct. The aid items had lower correlations between affect or affirmation ($r = .72$ to $.78$). The network variables (number of supporters, duration of relationships, and frequency of contact) were highly related to affect and affirmation ($r = .88$ to $.97$), and moderately related to aid (.69 to .80). The correlations among the network variables ranged from .88 to .96. The Marlow-Crowne Test of Social Desirability was administered concurrently with the Norbeck Social Support Questionnaire (NSSQ) to measure validity. The correlations ranged from .01 to .17. None of the items were significantly related to

the social desirability measure.

Procedure

The research study was approved as a study that was exempt from the regulations by section 46.101 of the Federal Register 46 (16): 8336, January 26, 1981 (See Appendix B).

The hospital director of the psychiatric facility in a metropolitan area of Michigan with the capacity of 178 beds was contacted to obtain approval to conduct the research study at the facility. After permission to conduct the study was granted by the Facility Director, a meeting with the Director of Nursing was held to explain the study and answer any questions. A later meeting was held with the Director of Nursing and the Divisional Nurse Managers explaining the proposed research and enlisting their cooperation in encouraging the nurses to participate. After this meeting, the researcher obtained a list of nurses employed in the hospital which would satisfy the criteria listed for this study.

The researcher distributed the self-report questionnaire information packets to all the registered nurses in the hospital via their personal mail boxes. The information packets included a description of the study and the consent form (See Appendix C). A demographic data sheet (See Appendix D), and the questionnaires (See Appendix A).

Nurses were given a deadline of approximately two weeks to complete the questionnaires. A phone number was also included in the event questions concerning the study or the questionnaires arose. Predetermined criteria were established by obtaining a list of registered nurses from personnel. Nurses who were employed less than six months, worked less than forty hours a week, and did not have direct client contact were eliminated.

Pre-addressed, postage-paid envelopes were provided for return of the completed questionnaires. The researcher contacted the Divisional Nurse Managers to remind all staff nurses of the study and encourage them to participate.

Return of the questionnaires was reflective of the subjects' informed consent. Subjects received no monetary rewards for participation; however, an anticipatory benefit of possibly sharing of the findings was offered by the researcher at the completion of this study. All information collected remained confidential, and subjects' identities remained anonymous. Fifty-seven post cards were mailed one week after receipt of the forty- three responses to all the nurses who had received questionnaires initially, thanking them for supporting this study.

CHAPTER 4

RESULTS

The purpose of this research was (a) to identify the types of perceived social support (affect, affirmation and aid) that psychiatric nurses report is available to them, (b) to identify the sources of social support, and © to ascertain whether a significant relationship exists among total support scores, duration of relationships, and frequency of contacts.

The data which were analyzed and interpreted from this study were from the completed questionnaires from the psychiatric nurses. Questionnaires were distributed to 57 regularly scheduled registered psychiatric nurses within the psychiatric hospital. Forty-three nurses responded (75%). Voluntary participation occurred over a two week period. Respondents were not identified by their shifts or units.

The typical subjects were between the ages of 41 to 50 years old (48.8%), married (70%), and practiced with an associate degree (58.1%). The demographic data of the sample are shown in Table 1. Number of members in the social support network is shown in Table 2.

Research Question One

The first research question asked the identification of respondents' perceptions of the various types of social support (affect, affirmation and aid) individually. Respondents were asked to rate each identified source of social support accordingly.

Table 1

Demographic Data of Sample

Demographic	n=43	%
<u>Gender</u>		
Female	36	84
Male	7	16
<u>Age</u>		
21-30	2	4.7
31-40	11	25.6
41-50	21	48.8
51-60	7	16.3
>61	2	4.7
<u>Marital Status</u>		
Single	3	7
Married	30	69.8
Divorced	9	20.9
Widow (er)	1	2.3
<u>Level of Education</u>		
Diploma	7	16.3
AD	25	58.1
BSN	10	23.3
Masters	1	2.3

Table 2

Number of Members in Social Support Network

Number of Members	Frequency	%	Cum%
2	1	2.3	2.3
3	4	9.3	11.6
4	1	2.3	14.0
5	1	2.3	16.3
6	4	9.3	25.6
7	5	11.6	37.2
8	2	4.7	41.9
9	7	16.3	58.1
10	3	7	65.1
11	1	2.3	67.4
12	5	11.6	79.1
13	2	4.7	83.7
14	0	0	83.7

(table continues)

Table 2 Continued

Number of members in Social Support Network

Number of Members	Frequency	%	Cum %
15	2	4.7	88.4
16	0	0	88.4
17	0	0	88.4
18	1	2.3	90.7
19	0	0	90.7
20	0	0	90.7
21	0	0	90.7
22	2	4.7	95.3
23	0	0	95.3
24	2	4.7	100.00
Total	43	100.0	100.0

Types of Social Support

Affective Support. The first research question asked the respondents to identify the level of affective support that was available to them. This was accomplished by using a Likert scale, with 0 = not at all, 1 = a little, 2 = moderately, 3 = quite a bit and 4 = a great deal. The first item pertaining to affective support asked the respondents how much did each support person make the respondent feel liked or loved. The results indicated a mean of 33.41 (SD = 19.90). The second item pertaining to affective support asked the respondents how much did each support person make them feel respected or admired. This was rated with a mean of 31.79 (SD = 17.89).

Affirmation Support. The first item pertaining to affirmation support asked the respondents how much they could confide in each support person using the same scale as above. This was rated with a mean of 30.419 (SD = 15.56). The second item pertaining to affirmation support asked the respondents how much did each support person agree with or support their actions or thoughts. This was rated with a mean of 30.32 (SD = 16.77).

Aid support. The first item pertaining to aid support asked the subjects if they had to borrow \$10.00, ask for a ride to the doctor, or seek other immediate help, how much could this support person be counted on to help. This was accomplished by using a Likert scale, with 0 = not at all, 1 = a little, 2 = moderately, 3 = quite a bit, 4 = a great deal. This was rated with a mean of 27.95 (SD = 16.11). The second item pertaining to aid asked the subjects how much they could hypothetically count on the support persons to help in the event they were confined to bed. This was rated with a mean of 22.97 (SD = 13.33).

Table 3 indicates the types of perceived social support reported.

Table 3

Types of Perceived Social Support

Type	Possible Range	Actual Range	X	SD
<u>Affect</u>				
Question 1	0 - 96	6 - 83	33.41	19.90
Question 2	0 - 96	8 - 81	31.79	17.89
<u>Affirmation</u>				
Question 1	0 - 96	8 - 80	30.41	15.55
Question 2	0 - 96	8 - 82	30.32	16.77
Emotional Support	0 - 384	32 - 326	125.95	68.16
(Affect,Affirmation)				
<u>Aid</u>				
Question 1	0 - 96	7 - 87	27.95	16.10
Question 2	0 - 96	4 - 61	22.97	13.33
Tangible Support	0 - 192	11 - 139	50.93	28.57
(Aid)				
Total Support	0 - 576	48 - 465	176.88	92.59

The most commonly cited type of perceived social support identified by the respondents was emotional support (affect and affirmation). This revealed that supportive interactions in which respondents felt respected or admired were reported with the greatest frequency, with a mean of 125.95 (SD = 68.15). Aid support with a mean of 50.93 (SD = 28.57) was not rated as highly by the subjects as the affect and affirmation support.

Research Question Two

The second research question addressed the sources of social support as perceived by the respondents. Respondents were asked to identify who provides them with such support.

Sources of Social Support Respondents were asked to identify each significant person in their lives on page 1 of their questionnaire, and to list who they consider provides support and are important to them. The most commonly cited primary source of social support identified by the respondents was their spouse/partner, which accounted for 42.0% (n=18) of the total. Family members were identified as the primary source of social support by 30.0% (n=13) of the respondents. Friends and co-workers were next at 14.0% (n=6), while the church was most important for 14% (n=6). The identified sources of perceived support is shown in Table 4.

Research Question Three

The third research question asked whether a significant relationship exists among total support scores, duration of relationships and frequency of contacts. In order to examine this, a two-tailed Person's correlation coefficient was utilized to analyze the data.

Table 4

Identified Sources of Perceived Social Support

Sources	Frequency (n=43)	%
<hr/>		
Spouse/partner	18	42.0
Family	13	30.0
Co-worker/friend	6	14.0
Church	6	14.0

Table 5 shows the correlation of total social support scores, duration of relationship scores and contact frequency scores.

Duration of Relationships The analysis demonstrated a strong positive significant relationship between perceived social support and duration of relationships ($r = .8833$; $p < .000$). The relationship between perceived social support and contact frequency also demonstrated a strong positive significant correlation ($r = .8946$; $p < .000$). The relationship between duration of knowing a support person and frequency of contact supported strongly that there is a significant correlation between the length of time of knowing the support person and the amount of contact they had ($r = .9555$; $p < .000$).

The duration was tabulated on a likert scale where 1 = less than 6 months, 2 = 6 to 12 months, 3 = 1 to 2 years, 4 = 2 to 5 years and 5 = more than 5 years. Two of the respondents reported having known their social support providers between 2 to 5 years. Forty-one of the respondents (95%) reported having known these persons for a period of time greater than five years. Table 6 shows the duration the respondents had known their sources of social support.

Contact Frequency The contact frequency between respondents and their support persons was tabulated on a Likert scale where 5 = daily, 4 = weekly, 3 = monthly, 2 = a few times a year, and 1 = once a year or less. The data indicated that contact between respondents and their sources of social support ranged from daily to monthly. Forty-nine percent of the respondents reported having daily contact, while seven percent reported having monthly contact. Table 7 shows the contact frequencies of social support on a Likert Scale.

Table 5

Correlation of Total Support Scores, Duration of Relationships and Contact
Frequencies

	Social Support	Duration Time	Contact Frequency
	r Value	r Value	r Value
Social Support	1.000 P= .	.8833 P= .000	.8946 P=.000
Duration Time	.8833 P= .000	1.000 P= .	.9555 P= .000
Contact Frequency	.8946 P= .000	.9555 P= .000	1.000 P= .

Table 6

Duration of Knowing Sources of Social Support

Likert Scale	n= 43	%
1 = < 6 months	0	0
2 = 5 to 12 months	0	0
3 = 1 to 2 years	0	0
4 = 2 to 5 years	2	5
5 = > 5 years	41	95

Table 7

Contact Frequency of Social Support

Value	Times	n=43	%
5=			
daily	21	49	
4= weekly		19	44
3= monthly		3	7
2= a few times a year		0	0
1= once a year or less		0	0

Question 9 on the Norbeck Social Support Questionnaire (NSSQ) addressed loss of social support members. The respondents were asked to identify if they had lost any social support members. Question 9 (a) addressed loss during the past year. The respondents were asked to indicate the number of social support members lost during the past year. Question 9 (b) addressed how much social support this member provided. The respondents were asked to rate how much social support was provided by the missing member on a Likert scale where 0 = none at all, 1 = a little, 2 = a moderate amount, 3 = quite a bit, and 4 = a great deal.

In addressing loss, sixty-three percent (n=27) reported no loss in social support. Twenty-five percent (n=11) reported one loss of social support and twelve percent (n=5) reported two losses. The degree of loss as indicated by the respondents range from a moderate amount (69%; n=11) to quite a bit (31%; n=5) of those respondents who suffered losses (37%; n=16).

In addressing days absent from work, 58.1% of the psychiatric nurses reported thirteen or fewer days absent during the past year (defined by the hospital policy as "not excessive"), while 41.9% incurred fourteen or more absent days (defined as excessive). The mean number of absences in the entire sample was 19.3 (SD = 23.08).

CHAPTER 5

DISCUSSION

The findings of this study did support Khan and Antonucci's (1980) model which suggests that social support is provided through personal relationships or social support networks. Of the three types of social support the 43 participants identified for this study, emotional support (affect and affirmation) was the most frequently reported, followed by aid support.

There could be a variety of reasons why the psychiatric nurses reported emotional support (affect and affirmation) higher than aid support. For instance, working in a public psychiatric hospital, the nurses are familiar with providing emotional support for the patients and family members. The psychiatric nurse because of dealing more with the psyche and behavioral problems, may more likely turn to spouse, family members, friends and others for emotional support. When emotional support is received, they are able to assume their daily responsibilities of a psychiatric nurse.

Salary and benefits could be another reason why these psychiatric nurses reported aid support less frequently. Psychiatric nurses working in the public sector may not need aid support due to the benefits received. Benefits include: dental insurance for the entire family, health insurance, optical coverage, psychotherapy, and benefits for extended family members in nursing homes or special homes.

Spouses/partners were identified as the major source of social support by the vast

majority of respondents. One of the possible reasons why spouses/partners were cited as the number one source of social support could be because of the intimacy which exists between spouses/partners. Psychiatric nurses may be more sensitive to the issues of sharing intimacies, and as such, they may feel closer to their spouses/partners. These individuals (spouses/partners) could possibly provide a climate in which the psychiatric nurses could express their inner most feelings freely without judgement or condemnation, thus creating a sense of belonging, where experiences, information, and ideas are shared.

The psychiatric nurses are now the recipients of love, care, and attention, which in turn builds their self-esteem, self-worth and enforces their faith in themselves. Confidence in dealing with problems provides them with perceived/tangible coping skills which may help them to survive in a psychiatric work environment.

Much work has been done explaining the link between social support and psychological illness including general psychiatric morbidity, suicide and clinical depression. This study supports the theory that social support may bring about health and enhance behavioral changes. It may also act as a mediator by causing the respondents to feel helped, valued and in control. It may also bring about psychological changes by causing the 'fight or flight' response to be relaxed.

Significant correlation among social support, duration of relationships and contact frequency was positively demonstrated. For instance, nurses share a common bond through their work environment, and share daily contacts with each other. Casual observation indicates that a number of their spouses could also be working in psychiatry within the same hospital or in other psychiatric hospitals, so, they share similar situations,

problems, and are likely to empathize with each other. This could possibly account for the high number of years (duration) of knowing each other and also for contact frequency (how often they contacted each other).

Most of the psychiatric nurses in the study, were in the age group of 41 to 50 years old. Nurses working in the public sector work for at least ten years to be vested and can retire with full benefits. With less turnover in the workplace social support is likely to be present, as the duration of knowing each other and contact frequency increase.

Limitations

The present study had several limitations. The sample was drawn from one public psychiatric hospital in Southwest Michigan, and those who responded could have represented a biased sample in that they may have already viewed support as more important than the larger nursing population working in the psychiatric field. This could be due to the fact that psychiatric nurses treat patients who place higher demands, and more stress on them. Further bias could have also come from the knowledge that they knew the researcher.

Considering these limitations, it can nevertheless be concluded that psychiatric nurses who participated in this study did share common perceptions of the meaning of social support. These psychiatric nurses perceived social support as consisting of emotional support, or statements of being cared for, loved, esteemed and valued. This study raises the question whether nurses in other practice settings such as community, non-teaching hospitals, rural hospitals, or chronic care facilities perceive support similarly or differently than these psychiatric nurses. If the findings of future studies are similar to

those of the present study, then certain theoretical abstractions pertaining to the meaning of social support in nursing can be developed. Indeed, the theoretical abstractions of today have the potential to become part of the hospital procedures of tomorrow. Concepts involving social support maybe useful in the creation of employees support groups, spouse support groups and in-service training. This potential, however, may be muted by the confines of agency and/or state bureaucracy. Furthermore, these concepts have the potential for guiding mental health services and activities in both state-run institutions and within community health agencies, and also can be applicable to patients.

Recommendations

Recommendations from this study are made for the areas of education, research, psychiatric nursing practice and administration.

Education. Education of psychiatric nursing staff in social support activities is critical. Although staff nurses learn budget and staffing parameters, their orientation also should include simple techniques for assessing team spirit, skills for managing a culturally diverse work force, and specific information on ethnic social support activities. Special interest should be taken when determining this for leadership assessment and training. The need to explore methods of maintaining and strengthening the existing social support in the work environment is crucial for the emotional well-being of all. Furthermore, it is recommended that training of psychiatric nurses provide teaching in the area of conceptualization, measurement, and application of social support.

Research. Recommendations for future research could include the study of the major stressors for psychiatric nurses and what effect social support has on moderating

these stressors. Such research could also enhance the understanding of the relationship between social support and health. New research in this area could point to important implications for the understanding of psychological adjustment, physical health and the social structure of communities. Such knowledge could serve to strengthen the supportive aspects of informal helping networks and may provide a basis for a new partnership between lay helping resources and professional helpers. This study on nurses' perceptions of their social support could contribute in many ways to the improve social support in the work environment.

Nursing Practice. This study suggested that the psychiatric nurses who perceived themselves as having social support, a large social network , and a spouse/partner are able to cope better with life stressors. A critical implication of this study is that the psychiatric nurses' perceptions of their social support was important in their well-being. This study's findings could influence nursing practice by examining the four basis components in nursing practice theories (person, environment, health/illness and nursing activities); as well as planning, intervention and evaluation. The psychiatric nurses can enhance social support at their level by influencing nursing management to potentiate opportunities for social support. In doing so, there could be positive results in the work environment. Khan and Antonucci (1980) presented properties of the person and properties of the situation jointly, as both determine the need for social support.

Nursing Administration. Administration could make available to the psychiatric nurses resources relating to social support in nursing practice. This should foster opportunities for enhancing social support among the nurses, and at the same time facilitate

improved communication. Such an effort would use multi-cultural social support efforts and provide staff development education in social support activities. This may lead to the development of a focused hospital wide philosophy, which may lead to a continuous quality improvement or research effort. Support is a central concept in nursing practice, not only for psychiatric nurses, but for all nurses. This study can be used as a guide for building a body of knowledge about the work environment.

APPENDICES

APPENDIX A

Norbeck Social Support Questionnaire

SUPPORT QUESTIONNAIRE

PLEASE READ ALL DIRECTIONS SOCIAL ON THIS PAGE BEFORE STARTING

Please list each significant person in your life on the right. Consider all the persons who provide personal support for you or who are important to you.

Use only first names or initials, and then indicate the relationship, as in the following example:

Example:

First Name or initials

Relationship

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| etc. | |

Use the following list to help you think of the people important to you, and list as many people as apply in your case.

- spouse or partner
- family members or relatives
- friends
- work or school associates
- neighbors
- health care providers
- counselor or therapist
- minister/priest/rabbi
- other

You do not have to use all 24 spaces. Use as many spaces as you have important persons in your life.

**WHEN YOU HAVE FINISHED YOUR LIST, PLEASE TURN TO
PAGE 2.**

PERSONAL NETWORK

First Name or Initials

Relationship

- | | |
|-----------|----------|
| 1. J.W. | wife |
| 2. O.P. | mother |
| 3. S.T. | brother |
| 4. B.T. | brother |
| 5. H.L. | friend |
| 6. T.S. | friend |
| 7. A.T. | friend |
| 8. M.L. | friend |
| 9. K.B. | friend |
| 10. R.R. | minister |
| 11. G.B. | neighbor |
| 12. F.L. | neighbor |
| 13. _____ | _____ |
| 14. _____ | _____ |
| 15. _____ | _____ |
| 16. _____ | _____ |
| 17. _____ | _____ |
| 18. _____ | _____ |
| 19. _____ | _____ |
| 20. _____ | _____ |
| 21. _____ | _____ |
| 22. _____ | _____ |
| 23. _____ | _____ |
| 24. _____ | _____ |

For each person you listed, please answer the following questions by writing in the number that applies.

0 = not at all
 1 = a little
 2 = moderately
 3 = quite a bit
 4 = a great deal

0 = not at all
 1 = a little
 2 = moderately
 3 = quite a bit
 4 = a great deal

Question 1:

How much does this person
 make you feel liked or loved?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 2:

How much does this person
 Make you feel respected
 or admired?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 3:

How much can you
 confide in this person?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 4:

How much does this p
 Agree with or support
 actions or thoughts?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

- 0= not at all
- 1= a little
- 2= moderately
- 3= quite a bit
- 4= a great deal

Question 5:

If you need to borrow \$10, a ride to the doctor, or some other immediate help, how much could this person usually help?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 6:

If you were confined to bed for several week, how much could this person help you?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 7:

How long have you known this person?

- 1= less than 6 months
- 2= 6 to 12 months
- 3= 1 to 2 years
- 4= 2 to 5 years
- 5= more than 5 years

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 8:

How frequently do you usually have contact with This person? (Phone calls, visits, or letters)

- 5 = daily
- 4 = weekly
- 3 = monthly
- 2 = a few times a year
- 1 = once a year or less

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

9. During the past year, have you lost any important relationships due to moving, a job change, divorce or separation, death, or some other reason?

_____ 0. No

_____ 1. Yes

IF YOU LOST IMPORTANT RELATIONSHIPS DURING THIS PAST YEAR.

9a Please indicate the number of persons from each category who are *no longer* available to you

_____ spouse or partner

_____ family members or relatives

_____ friends

_____ work or school associates

_____ neighbors

_____ health care providers

_____ counselor or therapist

_____ minister/priest/rabbi

_____ other (specify) _____

9b Overall, how much of your support was provided by these people who are no longer available to you?

_____ none at all

_____ 1 a little

_____ 2 a moderate amount

_____ 3 quite a bit

_____ 4 a great deal

APPENDIX B

Approval Letter from Human Research Review Committee at Grand Valley State University



GRAND VALLEY
STATE UNIVERSITY

1 CAMPUS DRIVE • ALLENDALE, MICHIGAN 49401-9403 • 616/895-6611

April 1, 1998

Elizabeth V.L. Howell
5238 Woodmont Drive
Portage, MI 49002

Dear Elizabeth:

Your proposed project entitled "*Psychiatric Nurses' Perceptions of Their Social Support Working in a Public Hospital*" has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

\


Paul Huizenga, Chair
Human Research Review Committee

APPENDIX C

Cover Letter and Consent

Dear Colleague:

I am a graduate student at Grand Valley State University and currently conducting a study on **“Psychiatric Nurses’ Perceptions Of Their Social Support.”** The purpose of this study is to identify your sources of social support which may enhance your job satisfaction and performance while delivering care in a public psychiatric hospital. This information will be useful in developing new policies and interventions to support psychiatric nurses as they work in a very stressful environment. **Your participation will be greatly appreciated.**

Enclosed is a copy of Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1981). Please assist me in completing this study by answering all questions and returning the completed questionnaire by **31st March, 1998.**

Provisions have been made to protect your confidentiality. Names will not be a part of data analysis or published in this study’s findings. Please do not include your name on the questionnaire. Your decision to return the questionnaire will be considered informed consent to participate in the study and have your answers reported along with other participants. A self-addressed stamped envelope is included for your convenience. If you will like a copy of the findings, please place your name on the enclosed postcard and return to me.

If you have questions and would like to contact me by phone, I can be reached at one of the following numbers: Monday through Friday 8:00 AM to 4:30 PM (616) 388-0714 or leave a message at (616) 337-3251. Mr. Paul Huizenga, chairperson of the Human Research Review Committee at Grand Valley State University at (616) 895-2472.

Thank you for your cooperation in supporting this study.

Sincerely,

A black rectangular box redacting the signature of Elizabeth V.L. Howell.

Elizabeth V.L. Howell

APPENDIX D

Demographic Data

Demographic Information

1. What is your age (in years)?
 1. 21-30 ____
 2. 31-40 ____
 3. 41-50 ____
 4. 51-60 ____
 5. Over 61 ____
2. Gender
 1. Male ____
 2. Female ____
3. Marital Status
 1. Single/Never Married ____
 2. Married ____
 3. Divorced/Separated ____
 4. Widow (er) ____
4. Level of Education
 1. Diploma ____
 2. Associate Degree ____
 3. Bachelors Degree ____
 4. Doctoral Degree ____
5. What is Your Primary Job Classification?
 1. Clinical Nurse Specialist ____
 2. Clinical Nurse ____
6. About how many times in the last year have you being absent from work? ____
7. What is the source of your greatest support? ____

APPENDIX E

Permission Letter to Use Norbeck Social Support Questionnaire

Request Form

I request permission to copy the 1995 revised version of the Norbeck Social Support Questionnaire (NSSQ) for use in research in a study entitled:

Psychiatric Nurses' Perceptions Of Their Social Support

I am aware that the revised 1995 Scoring Instructions should be used with this version of the NSSQ.

Signature of Investigator Date

Elizabeth V. L. Howell

Typed or Printed Name of Investigator

Graduate Nursing Student

Position

Grand Valley State University

Institution

212 Henry Hall, 1 Campus Drive,

Address

Allendale, Michigan 49401-9403

City, State, (Country), ZIP Code

Permission is hereby granted to copy the NSSQ for use in the research described above.

Jane S. Norbeck

Date

March 25, 1998

Please send or fax two signed copies of this form to:

Jane S. Norbeck, RN, DNSc
Professor and Dean
School of Nursing, Box 0604
University of California, San Francisco
521 Parnassus Avenue
San Francisco, CA 94143-1604
FAX: (415) 476-9707

LIST OF REFERENCES

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