Nursing Work Stress: The Impacts of Social Network Structure and Organizational Citizenship Behavior

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ABSTRACT

Background: The nursing workplace imposes significantly more stress on its employees than other workplace settings. Organizational resources, both physical and psychological, have been recognized in prior studies as important alleviators of nursing workplace stress. Whereas physical resources are less difficult to manipulate because of their tangibility, psychological resources, particularly psychological support from colleagues, are typically not deployed to greatest effect.

Purpose: This article investigated the alleviation of nursing work stress using resources already extant in coworker social networks.

Methods: Researchers conducted a survey in a dialysis department at a medical center located in Taipei City, Taiwan. This survey measured nurse work stress, satisfaction, organizational citizenship behavior (OCB) and social network structures. Researchers employed UCINET to analyze the network structure data, which were in dyadic matrix format to estimate nurse network centralities and used partial least squares analysis to estimate research construct path coefficients and test extrapolated hypotheses.

Result: The level of OCB induced by nurse social ties was satisfactory and not only directly increased work satisfaction but also alleviated work stress, which indirectly boosted work satisfaction.

Conclusions: Findings suggest that managers may be able to use social network analysis to identify persons appropriate to conduct the distribution of organizational resources. Choosing those with multiple social connections can help distribute resources effectively and induce higher OCB levels within the organization. In addition, staff with strong friendship network connections may provide appropriate psychological resources (support) to coworkers. If those with high friendship network centrality receive proper counseling training, they should be in a good position to provide assistance when needed.

Key Words: work stress, resources, social support, organizational citizenship behavior, social network.

Introduction

In the postindustrial era, work stress is a risk issue in various occupations. Stress has been frequently referred to as physiological, emotional, and behavioral changes that occur when dealing with stressful situations (Augusto Landa, Lopez-Zafra, Berrios Martos, & Aguilar-Luzon, 2008). Recent research has shown that work stress may diminish employee task performance (LePine, Podsakoff, & LePine, 2005). Stressors are oftentimes attributed to the surrounding environment, events, economic recession, and other similar causes (Katerndahl & Parchman, 2002). Nursing is an occupation typified by continual work stress and relatively high burnout rates (Piko, 2006; Wu, Zhu, Wang, Wang, & Lan, 2007). The National Union of Nurses’ Associations, ROC (2011) calculated that Taiwan had 228,718 registered nurses in October 2011, wherein 134,528 were currently employed as such. The nearly 40% of accredited nurses not working as nurses is a root cause of Taiwan's current nursing work force shortage. The decision to not participate is attributable to the inherent nature of professional nursing, which requires constant adoption of new medical technology, dealing with hiring restrictions due to cost containment programs, facing growing chronic patient numbers, and dealing with new diseases such as AIDS and repetitive strain injuries (Peeters & Le Blanc, 2001). Furthermore, this occupation can be depressing, as one is regularly in contact with patients experiencing depression, pain, and terminal illness; works irregular shifts that interrupt normal family life; and is forced to balance between a demanding professional life and the role of wife and mother. These are...
problems faced in Taiwan and worldwide (Ihan, Durukan, Taner, Maral, & Bumin, 2008; Wang, Huang, Lu, & Ho, 2007). In Taiwan, nurses are further particularly vulnerable to management pressures (Lin, Chuang, Liu, Chen, & Chen, 2011), job values, and organizational commitment, which are significant organizational factors that affect nurse retention (Wang, Chou, & Huang, 2010). Sadly, nursing workers represent a high-risk group that is subject to occupational chronic disorder syndrome (McGowan, 2001).

Among various nursing categories, dialysis nursing places much heavier demands on nurses than other departments. Most patients enrolled in dialysis treatment can expect to continue such for the rest of their lives. Dialysis patients are often dismayed by the treatment regimen and become melancholy or may attempt suicide as the treatment becomes increasingly less effective (Chou, 2009). Dialysis department nurses often encounter melancholy dialysis patients, hence experience particularly high mental loadings. Patient conditions inevitably affect nurse life quality (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000). Social support has been shown to be an effective managerial tool for reducing work stress (Tsai & Huang, 2008), and coworkers providing social support has been shown to effectively relieve nursing stress (Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2010). Although the effect of social supports is supposedly transferred through certain media, such as the social ties that connect coworkers (i.e., social networks), prior studies have rarely addressed the attributions of embedded social networks in workplace to social supports. Therefore, the first objective of this study was to investigate the association between social networks and work stress in the nursing workplace.

Although social supports have been shown to effectively relieve stress, there remain concerns regarding the efficacy of specific measures (Haber, Cohen, Lucas, & Baltes, 2007). Prior studies tend to use self-reported surveys to assess social support received from coworkers. This direct measure, however, has a problem in circumstances typified by a significant gap between perceived and received supports. Although remedial measures have been proposed (Gottlieb & Bergen, 2010), perceived versus received measurement arguments remain. Although there may not be an objective justification of the two measures (i.e., perceived and received), this entangling problem is unexpectedly resolved as long as the measure gap exists. The second objective of this study was, thus, to propose an alternative to the self-reported social support measure. We proposed to measure social support by integrating social network measures among nurses and the organizational citizenship behavior (OCB) of nurses in the dialysis department.

**Theoretical Background**

Social support is fostered by personal interactions. Via interactions support accrues in the physical and emotional resources transferred among individuals. Because of the unsettled nature of the aforementioned self-reported measure, we proposed an alternative to the direct measure as follows: Prerequisites to developing support within an organization include the one transferring support must have the needed resources and the giver must be confident of the receiver’s payback in future. Although there may be no payback expectation, reciprocity is the norm in the organization. Thus, to operate the above concepts, the first requisite pertains to an indicator that depicts resource endowment, and the second pertains to an indicator showing likelihood of worker payback for coworker goodwill received. In the following, social network notions are aligned with the first resource endowment indicator, and the confidence indicator is associated with OCB levels.

**Social Network and Ties**

Resource scarcity is obviously an important factor that restrain social support. The scarcity may encourage the resource holder to optimize by selecting the receiver among coworkers. Naturally, resource giving and receiving is shaped by interpersonal ties among coworkers, that is, the embeddings of individuals in social network (Granovetter, 1985). In an investigation of ties, social network analysis provides a quantitative method that endeavors to draw on the structural properties of social ties to explain organizational issues such as job performance (Sparrowe, Liden, Wayne, & Kraimer, 2001), power (Brass, 1984), and so on.

The structures of social networks may be analyzed graphically by drawing the links among networked members. However, further statistical inferences are difficult. Centrality, which shows the connections between one and others in the network, is a widely adopted network property for social network analysis. Centrality is shown to be indicative of organization resource availability (Krackhardt, 1992). Greater centrality may hint at greater resource availability. Three estimators for this measure were proposed as follows: degree centrality, closeness centrality, and betweenness centrality (Degene & Forsé, 1999). Of the three, degree centrality was the earliest proposed estimator. It simply counts the number of ties to other actors in the network. Betweenness centrality was proposed to show the extent to which a node lies between other nodes in a network. It takes into account the connectivity of the node’s neighbors by measuring the number of actors connecting indirectly through their direct links. Finally, the closeness centrality was proposed to estimate the proximity of an individual to all other individuals in a network. It reveals access through network actors. Oftentimes, closeness is the inverse of the sum of the shortest distances between actors and others in the network (Wasserman & Faust, 1994). Therefore, for a small network study, closeness centrality is oftentimes similar to degree centrality.

In addition to centrality measures, social networks can also be measured in terms of network characteristics attributable to the organization. For instance, strong versus
weak ties are an issue widely discussed in network studies (Krackhardt & Hanson, 1993). Organizational hierarchy and job assignment (e.g., work network) often creates strong ties, whereas weak ties often arise in informal networks (e.g., advice and friendship networks). For strong ties in work networks, centrality is an indicator, with those with greater centrality more likely to hold higher job titles, social status (Kenis & Knoke, 2002), and knowledge capital (Jamal, 1990) because of greater control over social support (Adler & Kwon, 2002). For weak ties in the friendship network, as ties are woven on the basis of close communication and interactions, derived social support are prone to be sentimental (Krackhardt & Hanson, 1993). Thus, social network can effectively reduce nurse job stress (Anderson, 1991) and enhance their life quality (Achat et al., 1998).

The literature has rarely addressed the direct link between network ties and OCB. One rare case is the adoption of social exchange theory (Lin, Hung, & Chiu, 2008). The key for this theory is reciprocity. We introduce OCB first so that the link is clearly explained for this case.

**Organizational Citizenship Behavior**

Interpersonal relationship is an organizational factor fundamental to collaboration. The altruism that springs from such relationships is often key to organizational success. Altruistic behavior in the workplace has been widely documented as OCB. Endeavors to streamline the OCB, while recognized as discretionary and not directly or explicitly recognized by the formal reward system (Organ, 1990), can promote organization efficiency and effectiveness.

In the light of altruistic behavior, reciprocity is an important organizational norm that can induce further interpersonal support (Einsenberger, Armeli, Rexwinkel, Lynch, & Rhoades, 2001). When one excises altruistic behavior toward coworker, the reciprocity norm assures later payback, which is key to the social exchange theory (Cook & Rice, 2006). Accordingly, organizations with higher OCB attitudes may strengthen reciprocity confidence, as resource owners intend to share resources with other coworkers. As a result, the social network centrality and the OCB together may pertain to the persistence of resource sharing by holding belief of receiving payback from favor recipients in the future. In other words, the existence of OCB may give high-centrality individuals (i.e., those with greater resources) confidence to support other coworkers.

Direct linkage between organizational network connections and OCB is nevertheless rarely addressed in the literature. Lin et al. (2008) is somewhat relevant because of their use of self-reported social network measures rather than centrality, a practice widely adopted in social network analysis. It is our belief that the formally quantified dyadic measure of connections unleashes the embedded relationship more precisely. This quantitative social network analysis approach may make the notion of social supports more operable in managerial settings.

**Hypotheses**

Accordingly, hypotheses were drawn as follows:

- **H1a & H1b**: Work network centrality and friendship network centrality both positively affect OCB.
- **H2**: OCB positively affects job satisfaction.
- **H3**: OCB negatively affects work stress.
- **H4**: Work stress negatively affects work satisfaction.

These hypotheses are summarized in Figure 1 as the research construct of this study.

**Methods**

**Subjects and Questionnaire Design**

The survey was conducted on April 16th, 2010, at the dialysis department of a medical center in Taipei City, Taiwan. This project was authorized by the medical center’s institutional review board (No. 980238A). Participants received a briefing about the study and were asked to sign informed consent to participate. We did not use random...
sampling because of the study’s social network analysis approach, which collected responses from all 60 nurses in the target department. The following measures were used:

Social network centralities measure the embedded relationships either attributed to formal work relations or informal friendships (Lincoln & Miller, 1979). “With whom do you usually share the work-related information, knowledge, and experience?” was the question used to frame the work network. “With whom can you share personal issues confidently?” was the question used to frame the friendship network. Degree centralities with respect to work and friendship networks were estimated using UCINET6 software (Analytic Technologies, Inc., Lexington, KY, USA).

Instrumental measures for OCB had gone through several revisions. The five-trait measure that uses altruism, conscientiousness, sportsmanship, courtesy, and civil virtue has been applied widely among Western societies. A revised measure designed for Eastern societies by Farh, Earley, and Lin (1997) included 20 items (measured using Likert scale, 1–5) attributed to the following five traits: identification with the company, altruism toward colleagues, conscientiousness, interpersonal harmony, and protecting company resources.

To measure nursing stress, the Nursing Stress Scale was adapted into four traits in this study (Gray-Toft & Anderson, 1981), including death, conflict with doctors, lack of support, and work loadings. The measure incorporated 33 itemized questions (measured with Likert scale, 1–5). Nursing Stress Scale has been widely adopted in nursing stress studies (Augusto Landa et al., 2008; French, Lenton, Walters, & Eyles, 2000).

The Minnesota Satisfaction Questionnaire (Weiss, Dawis, England, & Lofquist, 1967) was adopted for job satisfaction measurement and includes items addressing the nursing occupation. This questionnaire is a well-regarded measure of job satisfaction (Arvey, Bouchard, Segal, & Abraham, 1989). It was developed in two formats: a long form with 100 items and a short form with 20 items (measured using a Likert scale, 1–5). The short form was adopted to induce higher response rates. The scale was intended to measure intrinsic and extrinsic worker satisfaction toward their job.

Structural equation modeling path analysis and smartPLS (Ringle, Wende, & Will, 2007) were employed to test research construct (Figure 1) and extrapolate hypotheses. Although path analysis is also available in traditional structural equation modeling such as AMOS and LISREL, the limited case size in regular organizational departments (less than a hundred normally, or n = 60 in this study) forbids the use of these two approaches. Thus, partial least squares analysis was used in this study, as it allows small to medium sample sizes (Henseler & Chin, 2010).

Validity and Reliability Check of Pretest
The questionnaire was pretested before the formal survey. Ten copies were collected for validity and reliability checks. For the validity check, the Kaiser–Meyer–Olkin analysis was conducted, with generated values of .5, .5, .85, .73, and .65 for work network, friendship network, work satisfaction, OCB, and work stress, respectively. All met the .5 validity criterion (Dziuban & Shirkey, 1974; Kaiser & Rice, 1974). Validity was further confirmed using the Bartlett test. Chi-square values were 79.97, 13.17, 629.08, 756.07, and 293.83 for work network, friendship network, work satisfaction, OCB, and work stress, respectively. Significances were all significant at the 1% level.

Reliability was checked using Cronbach’s alpha. Values of .70, .41, .92, .88, and .77 for work network, friendship network, work satisfaction, OCB, and work stress, respectively, all met the .7 criterion (Robinson, Shaver, & Wrightsman, 1991). Pretest results therefore supported the use of the questionnaire in a formal survey. All nurses (70 individuals) in the dialysis department received a copy of the questionnaire and were asked to fill it out for collection 2 weeks afterward.

Results
Researchers distributed 70 copies of the questionnaire and collected 63 responses for a response rate of 90%. A further three were disqualified for missing entries. Analysis work was performed on 60 participants. Table 1 shows participant profiles. Reliability and validity check results are shown in Table 2. The mean for centrality was 4.61 (SD = 5.84), with means for the subcategories of work network and friendship network of 5.17 (SD = 6.45) and 4.04 (SD = 5.10), respectively. The mean of job satisfaction was 3.55

<table>
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<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
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<td>Seniority (years)</td>
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<td></td>
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<td>5–10</td>
<td>3</td>
<td>5.0</td>
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<tr>
<td>11–15</td>
<td>19</td>
<td>31.7</td>
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<tr>
<td>16–20</td>
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</tr>
<tr>
<td>Above 20</td>
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<td>18.3</td>
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<tr>
<td>Job rank</td>
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<td></td>
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</tr>
<tr>
<td>N2</td>
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<td>71.7</td>
</tr>
<tr>
<td>N3</td>
<td>12</td>
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</tr>
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<tr>
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<tr>
<td>Associate head nurse</td>
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<td>3.3</td>
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<tr>
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<td>1.7</td>
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<td>Contracted</td>
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<td>6.7</td>
</tr>
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</table>
(SD = 0.79), OCB mean was 3.94 (SD = 1.01). Work stress mean was 2.29 (SD = 1.05).

Social Network Analysis

Figures 2 and 3 are graphical presentations of work and friendship network structures (using the UCINET6 NetDraw function). The work network in Figure 2 closely reflects the presence of two subdepartments within the dialysis department. Some of the disconnected persons (coded 4, 13, 24, 25, 57, and 58) include telephone operators, janitors, and so on. The friendship network in Figure 3 is very different from the work network (Figure 2).

Seven smaller groups are identified (noted from G1 to G7). Work seniority plays less significance in the structure, for instance, Numbers 1 and 2, top managers of the department, are not in the major groups.

Path Analysis

Figure 4 shows partial least squares path analysis results. According to path analysis, nurse centrality in both networks (work and friendship) positively induced OCB with marginal statistical significance ($t = 1.60; p = .06$ and $t = 1.44; p = .08$) with respect to work network and friendship network. Next, OCB significantly induced work satisfaction ($t = 2.90; p = .003$). Besides, OCB was found to significantly alleviate work stress ($t = 5.19; p = .000$). Finally, work stress was identified as a significant factor in decreasing work satisfaction ($t = 2.62; p = .006$). In other words, work stress was a significant factor that negatively mediated OCB and work satisfaction.

Social Network Structure and OCB

The path analysis showed that the centralities of both work and friendship networks positively affected the rise of OCB in the organization. For work networks, centrality indicated the availability of tangible resources. In the present case, high centrality occurred with department heads, such as the high connection density in Figure 2. In general, those with high work network centrality were those experienced nurses who not only controlled physical resources but were also in command of decision-making powers. This

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cronbach's $\alpha$</th>
<th>KMO</th>
<th>Bartlett $\chi^2$ value</th>
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</thead>
<tbody>
<tr>
<td>Work network centrality</td>
<td>.70</td>
<td>0.50</td>
<td>79.97*</td>
</tr>
<tr>
<td>Friendship network centrality</td>
<td>.41</td>
<td>0.50</td>
<td>13.17*</td>
</tr>
<tr>
<td>Job satisfaction</td>
<td>.93</td>
<td>0.85</td>
<td>629.08*</td>
</tr>
<tr>
<td>OCB</td>
<td>.88</td>
<td>0.73</td>
<td>756.07*</td>
</tr>
<tr>
<td>Work stress</td>
<td>.77</td>
<td>0.65</td>
<td>293.83*</td>
</tr>
</tbody>
</table>

Note. KMO = Kaiser–Mayer–Olkin (measure of sampling adequacy); OCB = organizational citizenship behavior.

*Significant at the 1% level.

Figure 2. Working network. The working network illustrates work-related connections between department members. The two distinct networks reflect the existence of two subdepartments (hemodialysis and peritoneal dialysis). Numbers disconnected from the main network (coded 4, 13, 24, 25, 57, and 58) represent staff workers such as telephone operators and janitors.
was also true in the friendship network, although centrality arose among different participants. In the friendship network, those with high centrality were not necessarily of higher rank in the organization. Those with high centrality shown in Figure 3 differ significantly from those shown in Figure 2. There are several smaller networks in Figure 3, and those with high centrality tend to have more connections in them. Instead of controlling physical resources, those high-centrality nurses in the friendship network tended to be those able and willing to provide psychological support to coworkers. Analogous to the work network, both centralities indicate a capacity to support their coworkers, which induced OCB within the organization.

**Centrality and OCB as Indicator of Social Support**

Whether or not centrality and OCB are valid measures of social support is the next key question. Because the robustness of direct measurement scales (either perceived or received) remains uncertain, comparison between the results of centrality and OCB with the scales in prior studies cannot answer the question satisfactorily. Nevertheless, we can at least check the impacts following directions given by prior studies. According to path analysis results shown in Figure 4, OCB significantly impacted work satisfaction and work stress. OCB not only induced work satisfaction at a significant level ($t = 2.90; p = .003$) but also reduced work stress.

**Figure 3.** Friendship network. The friendship network shows the connections resulting from individual relationships. Several smaller groups are identified (noted from G1 to G7). Work seniority played less significant roles, as senior staffs were not members of the major groups (codes 1 and 2).

**Figure 4.** Partial least squares path analysis results. * depicts $t < t(60, \alpha = .10) = 1.30$; ** depicts $t < t(60, \alpha = .01) = 2.39$, one-tailed test. The circle in Figure 1 for centrality was replaced with rectangles to show that the two variables are not latent variables. One question was asked of each network. OCB = organizational citizenship behavior.
Discussion
Given path analysis results, empirical data supported all of our hypotheses. This lends support to our proposition that the social support in conventional studies may be mitigated or even substituted by the join concepts of the centrality of networks and OCB. Centrality measures one’s position in the social network, which is equivalent to resources needed by other network members, and OCB reflects one’s confidence in reciprocity through future payback. Jointly, the two indicate the support one expects to receive from a coworker. By addressing social supports with divided concepts makes the concept more insightful by underscoring that support is not solely an ad hoc idea. Presumably, it is preferable that social supports are available as needed at the right time. Yet, in practice, the truth is that awareness of needs comes via certain “channels.” For humans, the social network is an important awareness channel, with support distributed accordingly. Therefore, the social network depicts not only the possession of resources but also the channels of knowing resource needs and distributing resources.

Moreover, the OCB that depicts the attitudes of altruism toward others is interpreted with new significance that shows the likelihood of reciprocity within an organization. The greater the OCB, the higher is the expected likelihood of reciprocity. According to social exchange theory, reciprocity indicates the resource exchange within an organization and suggests the willingness of intraorganization resource sharing. By integrating these factors and paths, we have derived an instrumental construct of work stress and contributed to the literature and managerial implications as described in the following section.

Theoretical Contributions
The adoption of centrality and OCB to show the mechanism at work between social support and work stress provide three insights. First, the availability of resources and willingness to share resources are both important factors behind fostering social support within organizations. Those with high centrality may own and control resource distribution. However, they may not be willing to share resources. In situations exhibiting high OCB and thus a higher probability of receiving payback in the future, this study shows that resource controllers were more willing to share resources. This insight is new and not presented in prior studies. Second, although OCB is recognized as a consequence of job performance and satisfaction, organizational dynamics may transform this consequence into an antecedent of future performance and satisfaction (Chu & Hsu, 2011).

Managerial Implications
Present study findings suggest that managers may leverage social network analysis to identify individuals appropriate to distributing organizational resources. Choosing those most highly connected may facilitate the most effective distribution of resources and induce greater overall OCB within the organization. In addition, those with high friendship network connections may provide required psychological resources (support) for coworkers. Providing proper counseling training to those with high friendship network centrality may be in a position to provide significant assistance when needed. OCB can also be considered a robust mediator for work stress reduction (Chu & Hsu, 2011). Although objective-oriented, organizations, particularly private organizations, tend to conduct intensive performance assessments. Building the organization using altruism can effectively reduce stress and achieve high levels of work satisfaction. Organization performance will be induced as well (AbuAlRub, 2004).

Conclusions
Nursing work stress is an undesirable consequence that hinders the maintenance of the nursing workforce. To mitigate work stress, managers in medical institutes resort not only to monetary incentives but also to social psychological factors. Social support is also widely applied. This study shows that social support can be more instrumental in terms of social networks rather than individual factors. Putting the nursing workers in an appropriate network position (in either a work or friendship network) could effectively mitigate work stress. This may imply that work stress counseling is not solely applicable to individuals. Group counseling that helps individuals to take favorable positions in a network may be better off in the future.

Limitations and Future Studies
This study was conducted in one dialysis department at one hospital. Nurses in other department may behave differently. A cross-departmental study of nurses will improve findings generalizability. Also, we adopted only one dyadic matrix to measure centrality and derive degree and betweenness centralities. Using multiple dyadic measures to estimate centrality is advised.

The authors recommend a cross-departmental study to test the proposed model and validate findings using a greater sample size. Although we also recommend a cross-occupation study, stress measures may require adjustment to better
approximate the conditions in each occupation considered. Prior studies (e.g., Van Den Tooren & De Jonge, 2008) have set out to explore the types of support (resources) that are most effective in achieving stress alleviation in the workplace. Measuring centrality with respect to network type may reflect these support types and discern their respective impacts on OCB.

References


社會網絡結構與組織公民行為對護理工作壓力之影響

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背景
職場裡工作壓力往往無法避免，護理工作壓力相對其他職業尤為顯著，先前的研究顯示，組織內資源無論是有形或心理層面都可有效的降低工作壓力，但有形資源容易掌控，而心理層面的資源例如：同事的支持，卻難琢磨與藉管理手段發揮其作用。

目的
探討護理人員的社會網絡所可以提供的資源，對工作壓力的減輕效果。

方法
透過問卷量測台灣台北市某醫學中心血液透析部門之護理人員的工作壓力、滿意度、組織公民行為與社會網絡結構，其次因社會網絡結構的資料為二維矩陣資料，須藉由UCINET軟體將資料轉為護理人員在網絡中的中心性指標，再藉由Partial least squares (PLS)分析研究架構的路徑關係與假設檢定。

結果
路徑分析結果顯示，護理人員的社會網絡可有效衍生組織公民行為，此利他行為直接促成滿意度；另一方面亦藉工作壓力的減輕，間接提升工作滿意度。

結論
管理者可藉由人員的社會網絡確認；將合適的人來進行組織資源的有效分配，使組織公民行為在組織裡有效的發生以減輕壓力。此外由於友誼網絡可以提供有效的心理支持，如可以讓高中心性的人員接受適當的諮商訓練，應可以在必要時發揮社會支持作用。

關鍵詞：工作壓力、資源、社會支持、組織公民行為、社會網絡。

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