A RESEARCH LEVELS OF PERCEIVED SOCIAL SUPPORT ON THE RESPONSIBLE PERSONS OF THE HOSPITAL UNITS

Didem KAYA¹  Tahir AKGEMCI²  Adnan ÇELIK³

ABSTRACT

"A Research Levels of Perceived Social Support on the Responsible Persons of the Hospital Units" titled, the purpose of this study was to determine social support levels perceived by responsible persons working in units at a university hospital in Konya province and to propose possible suggestions to improve social supports of them. Eighty five responsible persons of the hospital units enrolled in this research. Data were collected using the Multidimensional Scale of Perceived Social Support (MSPSS). Data were analysed statistically by an Independent Samples t-Test, One way ANOVA and the Mann–Whitney U test. In correlation analysis, Pearson's Correlation Coefficient was used. A p value of <0.05 was considered as statistically significant. In conclusion, statistically significant difference was found between the Perceived social support levels of responsible persons of the hospital units and the personal variables.

Key words: Perceived Social Support, Social Support, Responsible Persons of the Hospital Units, Social Network.

1. INTRODUCTION

Shumaker and Brownell (1984) defined social support as “an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient” (Lirio, 2007: 35). Social support also means the satisfaction of the basic needs of human being such as belonging, love, appreciation and realizing oneself- which are among the needs hierarchy of individual- via interaction s/he has with other individuals ( such as friends, family, superiors or professional consultants ) (Ekinci and Ekinci, 2003: 110). While the provision of social support, there is an undeniable importance of organization’s internal and external environment like friends, family members, executives, professional consultants etc. For example coaches can be regarded as individual consultants while motivating the organization members, providing feedbacks and ensuring individual developments (Bedük, 2010: 117).

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One of the concepts related with social support is social network. Social network is defined as the relationships between the individual and the people around him/her and the links between these relationships. This structure formed by personnel networks in which social identity of the individual is respected, supported and strengthened (Aksüllü, 2004: 19), including family members, friends, spouses, children, therapists, colleagues and the like which share social partnerships (Pearson, 1986: 390), like group membership, sect membership, marriage and family life (Lirio et al., 2007: 35). Especially in crisis times or emotional strain occasions, it is normal that individuals need to be endurance natural helpers like family members, friends and other close environment (Ünsar et al., 2009: 18). If there can be a source of stress for the human organism when a mental breakdown, as the same internal or external negative factors can be a source of stress in organizations. Therefore, it must be accepted that crisis environments can be affect adversely both the organization and the workers (Milburn, Schuler and Watman, 1983: 113-114; Çelik, 2010: 11). When social networks are assessed, quantitative characteristics like the size (the number of people an individual is in relation), the power social bonds, the frequency of interactions, their distribution (physical distance of the individuals interacted with), homogeneity (the age, gender, and cultural similarity of the members of the web) and symmetry (the level of activeness and passiveness) are considered. While social web as an area where social support flow is realized indicates quantitative aspect of social relation, (Yamaç, 2009: 81), social support indicates the qualitative aspect of social relation (Aksüllü, 2000: 19).

Social support is defined as providing actual help or binding the individual to a social system in which they believe to be loved and protected or developing adherence to a dignified social group. According to this definition, social support favors exerting themselves as social support provided and social support perceived (Taysi, 2000: 3). It is seen that the studies on this issue tend to emphasize on individuals own perception of whether social relationships are adequately supportive or not, that is to perceived. Perceived social support can be defined as person’s impression of if his/her social network is supported or not (Aksüllü, 2004:19). Perceived social support is defined as individual’s perception of whether social network is adequately supportive or not. In this sense social support is individual’s self appraisal. It is argued that individuals who are loved and wanted in different parts of life and who find help when they are in need are more satisfied with their close relationships and feel that they are supported by others. Perceived social support is individual’s cognitive perception that s/he has established reliable bonds with others and that others provide support to them (Yamaç, 2009: 68). Provided social support means the behaviors and actions others display. In other words, it is considered to be behavioral assessment of support. Although the benefits of social support for individual have been appreciated for a long time, it is accepted that perceived social support is particularly a better precursor of health results and it is also reported that there is a positive relation between perceived social support and psychological illnesses and low levels of anxiety (Yamaç, 2009: 69).

It is also emphasized that social support has an intermediacy role in specific areas of life. These areas mostly include family and workplace (Carlson and Perrew, 1999: 516). Therefore, studies on social support are divided as work-based and non-work-based social support (Wadsworth and Owens, 2007: 76). Work-based social support can be provided by directors, workers (Marcinkus et al., 2007: 89) and social help
personnel or from professional consultants in big organizations (Ekinci and Ekici, 2003: 110; Yamaç, 2009: 81). For example, it is seen that when there is work stress, the most support comes from colleagues (fellow workers in the workplace) (Lindorff, 2001: 281). Therefore, social support provided by fellow workers has an indirect positive effect on efficiency (Wadsworth and Owens, 2007: 76). The continuation of activeness of stressed workers depends on efficient application of these studies. Besides, for social support studies to be success, this service is to be offered to them equally (Ekinci and Ekici, 2003: 110).

As for non work-based (personal) social support, it comes form the spouses of the workers, family, large family, sisters and brothers, children and friends (Marcinkus et al., 2007: 90). Under this heading, family which is “an important component of social support” is also taken into consideration. Emotional and financial support comes from families and conjugal relations (Lirio et. al., 2007: 45). For example, Taysi (2000) in his study on self-respect and social support provided by family and friends found out that family is the source of highest level of perceived social support. Besides, social support provided by family increases efficiency of work. Bhanthumnavin (2003: 82) found the performances of the individuals who get social support higher. It was also found out that social support has a positive effect in decreasing family conflict (Marcinkus et al., 2007: 86; Wadsworth and Owens, 2007: 75; O’Driscoll et al., 2004: 36; Carlson and Perrewe, 1999: 513) and increased family satisfaction (O’Driscoll et al., 2004: 36).

Social support is composed of three components. These are affection, approval and assistance. It is the expression of effect, love and respect. Approval is the appreciation of the suitability of individual attitude and behaviors. Assistance includes direct assistance behaviors like cooperation and lending money (Abbey, 1985: 112).

House (1981) states that there are four types of support in the workplace. These include emotional support (love, empathy), instrumental support (goods and services), informational support (information about the environment) and assessment –appraisal support (meaningful information about self-assessment) (Nelson ve Quick, 1991: 544). Bhanthumnavin (2003: 81) mentions three dimenions of social support. These are emotional support (showing empathy, acceptance and maintenance), informational support (feedback, skills at work and making referrals or guidance about informations), financial support (tangible benefits and sources about work and budget preparation). This three type are interrelated each other.

Some researchers talked about two different separations called emotional and instrumental support (Redman ve Snape, 2006: 168). Emotional support defines helpful behaviors like empathy, trust, listening and advice (Henderson and Argyle, 1985: 238; Redman and Snape, 2006: 168). Emotional support is closely related to individual’s psychological health. Because the behaviors which have emotional support inspires feelings like being loved, deemed and understood. These feelings leads the emergence of positive changes in individual like increase in self-esteem and dealing with motivation in problems (Taysi, 200: 5). Instrumental support, includes the behavior of concrete help like helping the specific tasks (Redman and Snape, 2006: 168). Well-known examples of material concerning the function of social support contains lending or donating money or goods to someone else, having houseworks instead of he or she or paying the bills (Taysi, 200: 6).
Since the 1970s, the effect of social support on other concepts is drawn attention to (Zimet et al., 1988: 30) and the social support received has positive impacts on individual and organization. First of all, social support has positive influence on the integration of new workers with the institution they work in (Akın, 2008: 148). Nelson and Quick (1991: 543) found out that social support has an important role in the adaptation new workers. Furthermore, it was reported that there is a positive relation between social support and performance of new workers (Nelson and Quick, 1991: 543; Sargent and Terry, 2000: 258; Glaser et al., 1999: 155), and there is a negative relation between social support and psychological problem and intention to leave job (Nelson and Quick, 1991: 543). Social support is also associated with mentorship. Mentorship relations provide social support in terms of both career development and psychological assistance (Marcinkus et al., 2007: 88). In practice mentors with showing close attention to individuals and suggesting them new career planning, they can be a model within the organization.

There are many studies on the effect of social support on stress. Therefore, the effect of social support is the most important subject in stress theories and researches (Bowling et al, 2004: 339). Redman and Snape (2006: 168) defines social support as buffer against negative effects of work stress and as a direct source of happiness. Hendrix et al. (1988: 67), Wadsworth and Owens (2007: 77), Henderson and Argyle (1985: 229) recommend social support as buffer against tension. Researchers on this issue determined that when the level of social support is high, the effect of stress will be less or that it played efficient role in decreasing the level of stress (Redman and Snape, 2006: 169; Marcinkus et al., 2007: 86; Fenlason and Beehr, 1994: 157; Glaser et al.,1999: 155). Carlson and Perrewe (1999: 517) suggested social support model against the effect of stress caused in the conflict in family and work. It was also found out that social support had a negative relation with work and life support, and that work and life stress and work and life support had negative relation (Hendrix et al., 1988: 68). Social support is especially important in decreasing psychosomatic illness caused by stress (Sargent and Terry, 2000: 247) and in the improvement of health (Marcinkus et al., 2007: 86; Bradley and Cartwright, 2002: 165; Pearson, 1986: 391; Henderson and Argyle, 1985: 238) and in increasing life satisfaction (Akin, 2008: 160; Redman and Snape, 2006: ). For example, it was found out that social support decreased depression (Ege et al., 2008: 585; Aksüllü, 2002: 77) and had positive impact on immune system (Bradley and Cartwright, 2002: 165). Researchers argue that social supportive relationships and efficient social networks have a healing effect on mental and physical health (Pearson, 1986: 390). That is, it is generally accepted that social support has a curing effect (Pearson, 1986: 391). Therefore, social support increases the comfort of people by contributing to both work life and life out of work (Akin, 2008: 149).

In studies where the level of social support is found high, the level exhaustion was found to be low (Bradley and Cartwright, 2002: 166; Sargent and Terry, 2000: 258; Hendrix et al, 1988: 68; Lindorf, 2001: 274; Devereux et al., 2009: 367). Social support at workplace –such as support provided by directors and fellow workers- will have a positive effect on job performances such as job satisfaction (Marcinkus et al., 2007: 86; Bradley and Cartwright, 2002: 166; Redman and Snape, 2006: 170; Sargent and Terry, 2000: 257; Nelson and Quick, 1991: 546; Henderson and Argyle, 1985: 238) Besides, social support was found to have negative relation with labor force transfer (Bradley and
Cartwright, 2002: 166; Abbey et al., 1985: 111); and have positive relation with prize, prestige and organizational commitment (Redman and Snape, 2006: 170). Improvement of social support decreases conflicts between individuals.

When Marcinkus et al. (2007: 86) studied the social support relation between middle-age women’s job outcomes and family balance, it was found out that work-based social support positively affected job satisfaction, organizational commitment and career development and that individual (non-work-based) social support contributed to job satisfaction and organizational commitment. Social support plays mediating role in the relation between work-family balance and work outcomes.

Personality variables also affect endurance to stress, (Cieslak et al., 2007: 85) perceived and provided social support (Cieslak et al., 2007: 85; Bowling et al., 2005: 477). In this regard, the factors which are forming personality like; genetic and physical structure factors, socio-cultural factors, social structures and social class properties, family variables, geographic and physical factors, mass media, adults within social groups (Şimşek, Akgemci and Çelik, 2011: 101). The relation between personality and perceived support becomes a means of provided support in many cases (Bowling et al., 2005: 477). Social support can vary according to personal differences such as culture, socio-economic level gender. For example, it is stated that in the socialization process males give importance to autonomy, self-confidence and independence and these characteristics can prevent the development and use of social support, and that females use sources of social support more comfortably as they are expected to have warm-hearted, sensitive and problem-sharing personality (Aksüllü, 2004: 20). Another example is that people with highly neurotic people perceived level of social support low and work anxiety high (Cieslak et al., 2007: 86). Ünsar (2009: 17) found out that social support is affected by variables such health problems and economic condition besides relations with friends and family.

In studies it is reached that as a result, social support is particularly important in reducing conflicts of family and work. Furthermore, women are more stressful than men in work and family conflicts (Daalen et. al., 2006: 462). The levels of support for the institution of marriage, men and women have been reported but it is identified that women are more affective than men in family satisfaction (Lirio et. al., 2007: 45). It is concluded women more receive more social support from relatives and friends than men (Daalen at. Al., 2006: 464). Besides, tangible and emotional support (Greenhaus and Parasuraman, 1994) came primarily from parents and spouses; however, evidence surfaced of the role children play in providing emotional support to the women as well (Lirio et. al., 2007: 45).

2. THE METHODOLOGY OF THE STUDY

2.1. The Purpose and Importance of Study

One of the important things to be done about establishing a good working climate in organization, improving quality of life and enhancing individual and organizational productivity is raising the level of acceptable levels of perceived social support. The study called “A Research Levels of Perceived Social Support on the Responsible Persons of the Hospital Units” is designed for determining the levels of
perceived social support of unit curators and undertaken encountered responsibilities and problems.

2.2. The Main Body of the Study

The sample of the study is composed of department chefs working in a university hospital in the city center of Konya between 8 December 2009 and 8 January 2010. The study sample also included the chiefs in the clinic, managerial, laboratory and atelier departments. The study did not use sampling method all of the intended population and 85 of 90 questionnaires were answered.

2.3. Means of Data Collection

Data was collected with Multi-Dimensional Social Support Scale (MDSSS) which was developed by Zimet et al (1988) and whose validity and reliability was tested in Turkish by Eker et al (1995) and with personal information form developed by researchers.

Personal information form is composed of 15 questions about socio-demographic characteristics, the features of the department they work in, health problems, type of the family, economic welfare, and the group from which the person gets the most support.

Multi-Dimensional Perceived Social Support Scale (MDPSSS): The scale is self-assessment scale composed of 12 items and measures the adequacy of individual’s social support and uses a 7-point likert scale ranging from “I completely disagree” (1) and “I completely agree” (7). The scale measures the source of perceived social support under three sub-dimensions as family, friends and significant other support. The results are given in Table 1.
### Table 1: Sub Scales Perceived Social Support

<table>
<thead>
<tr>
<th>Significant Other</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 There is a special person who is with me when I am in need.</td>
<td>5.16</td>
<td>2.18</td>
</tr>
<tr>
<td>2 There is a special person with whom I can share my joy and sorrow.</td>
<td>5.41</td>
<td>2.02</td>
</tr>
<tr>
<td>5 There is a special person who really relieves.</td>
<td>5.12</td>
<td>2.14</td>
</tr>
<tr>
<td>10 There is a special person who cares my feelings.</td>
<td>5.27</td>
<td>2.06</td>
</tr>
<tr>
<td>Significant other Scale Total</td>
<td>5.24</td>
<td>1.93</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 My family really tries to help me.</td>
<td>6.04</td>
<td>1.63</td>
</tr>
<tr>
<td>4 I receive the emotional help and support I need from my family.</td>
<td>5.85</td>
<td>1.61</td>
</tr>
<tr>
<td>8 I can talk about my problems with my family.</td>
<td>5.61</td>
<td>1.67</td>
</tr>
<tr>
<td>11 My family is eager to help me to make my own decision.</td>
<td>5.72</td>
<td>1.71</td>
</tr>
<tr>
<td>Family Scale Total</td>
<td>5.80</td>
<td>1.45</td>
</tr>
<tr>
<td>Friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 My friends really try to help me</td>
<td>5.41</td>
<td>1.50</td>
</tr>
<tr>
<td>7 I can trust my friends when thighs go bad.</td>
<td>4.92</td>
<td>1.73</td>
</tr>
<tr>
<td>9 I have friends with whom I can share my joy and sorrow.</td>
<td>5.45</td>
<td>1.65</td>
</tr>
<tr>
<td>12 I can talk my problems with my friends.</td>
<td>5.39</td>
<td>1.70</td>
</tr>
<tr>
<td>Friend Scale Total</td>
<td>5.31</td>
<td>1.47</td>
</tr>
<tr>
<td>Social Support Scale General Total</td>
<td>5.44</td>
<td>1.38</td>
</tr>
</tbody>
</table>

Data was entered to SPSS 17.0 software. Descriptive findings, mean ± standard deviation, median (min-max) are given as percentages. Whether data has a normal distribution or not was analyzed. For mutual-comparisons Mann-Whitney-U Test was used. In multi comparisons Kruskal Wallis H Test was used. The relation between variables was assessed with Pearson Correlation analysis. The accepted significance level is $p>0.05$. The results are given in tables.

#### 2.4. The Hypotheses of the Study

The hypotheses of the study were formed by considering previous studies in Turkey and in the world on perceived social support levels.

**Hypothesis 1:** There is no difference between the martial status and perceived social support levels of the department chiefs.

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* The reliability coefficient of the items was examined before totals of the scale are calculated. Significant other sub-scale cronbach alpha value is 0.94, for family sub-scale cronbach alpha value is 0.91, for friend sub-scale cronbach alpha value is 0.92 and the cronbach alpha value for all scales is 0.94, which indicates that the total scores can be calculated by adding score from each sub scale.
Hypothesis 2: Social support levels of individuals vary according to their family types.
Hypothesis 3: The social support level of the department chiefs who receive social support is higher

3. INTERPRETATION OF DATA

The sample of the study includes 85 department chiefs employed in a university hospital in Konya. 69.4% of the participants are female, 30.6% are male; 22.4% of them are single 77.6% of them are married. The mean age of the participants was found to be 38.4 – 7.0 (minimum: 24, maximum: 60). When the education level of the department chiefs was examined, it was found out that 8.2% of them are primary school-high school graduates, 51.8% of them are have associate degree, 16.5% of them have undergraduate degree and 23.5% of them have graduate degree. When they are examined in terms of the departments they are employed, it is seen that 45.9% work in the clinics departments, 18.8% work in laboratory and workshops units, 35.3% work in managerial departments. When they are examined in terms of employment period, it is seen that 16.5% of them have work between 1 to 5 years, 7.1% have worked for 6 to 10 years, and 76.5% of them have worked for 11 and more years. When their income levels are examined, it is seen that the mean is between 2,758.8-1400.7 (min. 550-10,000). When they are examined in term of type of family, it is found out that 14.1% of them live alone, 75.3% live in a nuclear family and 10.6% live in a large family. It was found out that 22.4% of them had health problems and 77.6% had no health problem. When they are examined in terms of receiving support, 87.1% received support and 12.9% do not receive support. It was also found out that 64.7% of the 87.1% who receive support, receive support from their spouses, fiancés, friends, family members, and the rest receive support from professionals.

Hypothesis 1: There is a difference in the level of received social support depending on the chiefs’ marital status.

Table 2: The Comparison The Sub-Scales Of Martial Status Of The Department Chiefs Participating The Study And Their Perceived Social Support

<table>
<thead>
<tr>
<th>Type of Family</th>
<th>Married (n= 66)</th>
<th>Single (n=19 )</th>
<th>Mann Test</th>
<th>Whitney-U</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean Std. Deviation</td>
<td>Mean Std. Deviation</td>
<td>z</td>
<td>P</td>
</tr>
<tr>
<td>Significant Other Total</td>
<td>5.51 1.80</td>
<td>4.32 2.14</td>
<td>-1.57</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Family Total</td>
<td>5.85 1.48</td>
<td>5.63 1.41</td>
<td>-2.32</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Friend Total</td>
<td>5.38 1.38</td>
<td>4.97 1.75</td>
<td>-0.69</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Total</td>
<td>5.58 1.32</td>
<td>4.97 1.52</td>
<td>-0.72</td>
<td>&gt;.05</td>
</tr>
</tbody>
</table>
Whether the levels of perceived social support of department chiefs participating the study show any difference in terms of their martial status was investigated. It was found out that there is a significant difference between participants in terms of their martial status, at significance level of 0.05. There is a difference in significant other social support sub-level. In other words, Hypothesis 1 is partially accepted. As it can be seen from the Table, the perceived social support levels of the married department chiefs are higher. The greatest support comes from the family.

Hypothesis 2: Individuals social support levels vary according to the type of family they are in.

Table 3: The Comparison Of The Perceived Social Support Sub-Scales In Terms Of Family Types Of The Department Chiefs Participating The Study

<table>
<thead>
<tr>
<th>Type of Family</th>
<th>Alone (n=12)</th>
<th>Nuclear Family (n=64)</th>
<th>Large Family (n=9)</th>
<th>Kruskal Wallis Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Std. Deviation</td>
<td>Mean</td>
<td>Std. Deviation</td>
</tr>
<tr>
<td>Significant Other Total</td>
<td>3.92</td>
<td>2.39</td>
<td>5.61</td>
<td>1.70</td>
</tr>
<tr>
<td>Family Total</td>
<td>5.54</td>
<td>1.50</td>
<td>5.93</td>
<td>1.35</td>
</tr>
<tr>
<td>Friends Total</td>
<td>4.75</td>
<td>1.75</td>
<td>5.46</td>
<td>1.34</td>
</tr>
<tr>
<td>Total</td>
<td>4.74</td>
<td>1.57</td>
<td>5.67</td>
<td>1.23</td>
</tr>
</tbody>
</table>

Social support levels of participants vary according to their family types. This difference stems from the members of the nuclear family. Therefore, Hypothesis 2 is partially supported.

Hypothesis 3: Perceived social support levels of the department chiefs who receive social support are higher.
Table 4: The Comparison Of The Participants Perceived Level Of Social Support And Social Support They Are Provided

<table>
<thead>
<tr>
<th>Status of Having Support</th>
<th>Type of Family</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Receiving Support</td>
<td>Significant Other</td>
<td>5,49</td>
<td>1,78</td>
<td>3,59</td>
<td>2,17</td>
<td>-2,73</td>
<td>&lt;.05</td>
</tr>
<tr>
<td></td>
<td>Family Total</td>
<td>6,00</td>
<td>1,32</td>
<td>4,48</td>
<td>1,72</td>
<td>-2,77</td>
<td>&lt;.001</td>
</tr>
<tr>
<td></td>
<td>Friends Total</td>
<td>5,47</td>
<td>1,36</td>
<td>4,11</td>
<td>1,70</td>
<td>-2,57</td>
<td>&lt;.05</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>5,65</td>
<td>1,23</td>
<td>4,06</td>
<td>1,61</td>
<td>-3,02</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

It was found out that perceived support level of the department chiefs who receive support (n=74) is higher compared to those which do not receive support (n=11). Hypothesis 3 is accepted. The perceived level of the chief departments who receive support is higher than those who do not receive social support. The difference can be attributed to this.

4. CONCLUSION AND RECOMMENDATIONS

For establishing a good working climate in organizations, improving quality of life and increasing individual and organizational productivity it is important to raise the level of acceptable levels of perceived social support. It is seen that, in general, perceived social support levels of the department chiefs is good (5.44). It was found out that the perceived social support levels of the department chiefs who receive social support are higher than those who do not. It was also revealed that individuals get the greatest social support from their families. When the results are examined in terms of the type of the family participants live in, it was found out that mean scores of social support received in nuclear family compared to other types of family. Therefore, it is also seen that married couples receive higher social support compared to families. Thus, it is thought that department chiefs who receive family support are less often alone and this makes positive contribution to their perceived social support. For example, Taysi (2000) in her/his study on self-esteem and social support from family and friends found out that family is the greatest source of perceived social support. Bhanthumnavin (2003: 82) found out that the performances of individuals who receive social support from their families are higher. It was also revealed that social support has a positive effect on decreasing work-family conflict (Marcinkus et al., 2007: 86; Wadsworth and Owens, 2007: 75; O’Driscoll et al., 2004: 36; Carlson and Perrew, 1999: 513) and increased satisfaction from family (O’Driscoll et al., 2004: 36). Further studies can investigate the effect of social support from family on other variables.

As a result not only workers but also directors need social support. It is seen that many directors are isolated at work and feel that they are not being supported.
Their status and the power they have can lead one to think that they can also be happy and successful without social support. However, it is known that directors without social support seek more support in the case of anxiety, stress, depression and stress related diseases. Hospital administrators must make necessary arrangements about increasing the efficiency of operation and optimum stress level.

The context of enhancing the level of social support on an individual basis, it can be recommended “to take determined steps, to show interest to internal and external training and seminars, to prefer a balanced and healthy life, to give attention on individual’s stress management and to work for raising the phenomenon of social support”. In organizational basis “to maintain the internal and external trainings, job enrichment, to increase socio-cultural activities, to show attending management approach and clarity, to create an effective career management, to establish a fair disciplinary system, to ensure job security and organizational trust and finally to provide organizational citizenship support” can be suggested.

REFERENCES


