

Original Article

The Organizational Socialization Perceptions of the Healthcare Managers and the Effect of Demographic – Career Variables

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Abstract

Background: Organizational socialization allows the new employees of an organization or the people who change their job within the organization to be successful and effective members of their organizations.

Aim: The aim of the study was to determine the socialization perceptions of the healthcare managers and the effect of the demographic and career variables on socialization.

Methods: This cross-sectional and descriptive study was conducted on the healthcare managers working in the state hospitals. All data were collected with questionnaire. 160 completed questionnaires were included in the evaluation. The data is analyzed with SPSS 22.0 for Windows in 95% confidence.

Results: 65.6% of the managers were females, 85.2% were married, and 56.9% were over the age of 40. When managers' organizational socialization behaviours was averagely analyzed; understanding and co-worker support were at high level, training, future prospects and general organizational socialization were at moderate level. In addition, a statistically significant difference was found between the gender, management level, training, professional experience, employment period as a manager, hospital experience, considering their career objectives, promotion procedure, manager turnover rate and level of career practices of the managers and their organizational socialization scores.

Conclusion: It was determined that the demographic and career variables were effective on organizational socialization of the managers. Also, the overall organizational socialization of the managers were at the moderate level.

Keywords: Organizational socialization, Career, Training, Health manager

Introduction

The professional life that starts after completing the vocational education incorporates individuals into the organizational socialization (OS) process. In this period, the process starts in which the role behaviors appropriate for the requirements of profession are learnt, the skills and abilities related to the job develop and the individuals adapt themselves to the norms and values of their organization. In the professional life, individuals have an opportunity to transfer to another organization or change their works in

their organizations. Therefore, the needs and the expectations of the individuals change in each of their positions in their jobs. These needs and expectations are affected by the demographic characteristics, the career practices in their organizations and OS process.

OS is defined as a process maintaining the organizational culture, in which the individuals who have recently joined the organization or the employees who have changed their jobs in their organizations learn the knowledge, skills,

attitudes, values and behaviors expected from them in order to be effective and successful (Bender et al., 1999; Dworkin et al., 2006; Korte, 2015). OS is a period of change providing the acquisition of the important norms and values as well as the knowledge and skills needed by the employees (Chow, 2002; Rollag, 2004). The main aim of OS is to maintain control (Shein, 2004; Dworkin et al., 2006) and make the employees agreeable and effective members of their organizations by providing that they share the same norms and values and feel comfortable. In this way, individuals newly joined to the organization are ensured to be integrated to their new jobs and learn their jobs in order for them to be successful. The OS process is more uncertain and difficult than the expected. For this reason, OS is quite remarkable as a good research area.

Numerous studies emphasizing the importance of OS in different aspects have been conducted (Bender et al., 1999; McMillan-Capehart, 2005); Dworkin et al., 2006; Mooney, 2007; Berg & Byrkjeflot, 2014; Korte, 2015; Yigit, 2016). OS may be explained in two different approaches; stage and contextual factors approach. In the stage approach, OS is composed of three stages. The first is the anticipatory socialization in which the individuals prepare themselves to join an organization. It is the accommodation stage and the individual try to know the organization. The second is the job preparing in which the individuals learn their job and the operation of the organization and develop their relationship with their colleagues and superiors. It is the changing stage and the individuals settle down in their job and adopts their jobs. The third is the role management in which the individuals are accepted as the full members of the organizations. This stage includes the efforts of the individuals to eliminate the incompatibilities.

The contextual factors approach define the individual and organizational factors affecting the individuals such as OS scope and tactics. Common learning; training programs, structured career process and timetables; providing role models; and being supported by the organization members are the contextual factors (Feldman, 1977; Chow, 2002; Filstad, 2004; Dworkin et al., 2006). An individual passes the OS stages successfully so that an effective career will start. OS contributes to positive development of the attitudes of the individuals towards the jobs or organization.

There are 4 effective areas of the OS process; training, understanding, co-worker support and future prospects. Training is the role, process or method of obtaining the functional skills and abilities that require to achieve a specific work. Understanding is the criteria for the employees demonstrating that they comprehend the organization and their job and apply the information they acquire (scope). Co-worker support is the emotional, ethic or instrumental help and knowledge support provided by other employees in the organization.

The future prospects for the employees are having opportunities and awards in the organizations where they employ. It is the estimation level of the award career by the employees (Wei & Taormina, 2014). If these areas are realized in an organization, the general satisfaction, common positive effect, inner job motivation, and involvement in the job will be provided for the employees. Each of these may be important indicators for the success of OS (Feldman, 1977; Dworkin et al., 2006). For example, it is common to shift from clinical membership to the administrative positions in the hospitals. However, due to the complexity of the hospitals, it may be difficult to learn and apply the new organizational skills. In the transition process, the training and improvement programs applied in the OS scope are effective. OS provides the opportunity for the employees to move to proceed to the administrative positions and motivates them. These managers adapt themselves to their hospitals rapidly (Leicher & Collins, 2016). On the other hand, the career history of the top managers in the hospitals affects their administrative success (Mascia & Piconi, 2013). However, realization of OS may provide that the managers move up the career ladders easily (Shein, 2004).

In the study, it was aimed to determine the OS perceptions of the healthcare managers (manager physicians, nurses and other healthcare professionals) and the effect of the demographic and career variables on these. This study is important as it is the first study conducted about OS in healthcare managers in Turkey.

Methods

The Study was designed to seek answers for following questions; What are the levels of the OS perceptions of the managers? And Do the OS perceptions of the managers differ based on demographic and career variables or are they

effective?. This was a cross-sectional and descriptive research. The population of the study was composed of the managers working in 4 hospitals (Edirne, Kırklareli, Tekirdağ and Çorlu State Hospitals) providing secondary healthcare service under the Ministry of Health.

The workload, authority and responsibilities of these managers in the hospitals were not different. It was determined from the hospital personnel unit records that total number of the managers were 225. It was aimed to reach to the whole population without sample selection. 168 managers were reached, except for the managers who did not want to participate in the study. A questionnaire was applied to the managers between 01 January and 31 March 2015. 260 questionnaires answered completely were included in the assessment.

The data were collected with questionnaire. The demographic and career information section of the questionnaire was prepared using the study by Sönmez and Yildirim (2007).

The OS scale was developed and updated by Taormina (2004). The scale was adapted by conducting the validity and reliability studies.

The scale was translated into Turkish by the researchers and 3 people, who have a good command of English well, for the language validity. The scale, equivalent with the original scale, was used to collect data in the study. There was no question omitted from the scale. A correlation was found between 0.458 and 0.738 among the items of the scale. The items in the scale were homogeneous and they were related to each other. The Kaiser-Meyer-Olkin value, being the criterion determining whether or not the data can be modeled with the factor analytic model, was found as 0.850 and it was determined that the questions were suitable for performing factor analysis.

When the Barlett test result was examined, a high level of significant result was obtained. A high correlation was found between the variables. Varimax adjusted factor analysis was applied to the scale in order to determine the sub-factors in accordance with the original version. In order to determine the factor number, the factors greater than 1 as eigenvalue were selected as significant. Accordingly, 3 factors were found greater than 1 in the scale. It was composed of totally 20 items as follows; factor 1: understanding and co-worker support = UNCS (2., 3., 6., 7., 11., 14., 15., 18.

and 19. items), factor 2: training = TR (1., 5., 9., 10., 13., 17. and 20. items), factor 3: future prospects = FP (4., 8., 12. and 19. items). The factor loadings for the 20 items which grouped under 3 factors ranged from 0.442 to 0.930. The first factor explained 30.44% of the total variance and had an explanatory of 70.62% together with 3 factors.

In the scale, each item was scored based on 5-point Likert scale. A statistically significant and positive correlation was found between the overall scores of the scale and sub-factor scores. When Cronbach's Alpha coefficients of the scale were examined in terms of factors and the overall scale, it was found that the factor of comprehension and co-workers support UNCS was 0.931, the factor of training TR was 0.909, the factor of future expectations FP was 0.916 and the overall scale was 0.930. The scale was reliable at a high level. The statistical analysis of the data was performed in SPSS 22.0 for Windows software. Cronbach's Alpha reliability analysis was performed based on the answers in the OS scale.

Then, the Kolmogorov Smirnov analysis was used to determine whether or not the factor scores had normal distribution. It was determined that all the factor scores did not have normal distribution. Mann Whitney U was used in the comparison of the data between the two groups, Kruskal Wallis H (post hoc Bonferroni corrected Mann Whitney U) tests were used in the comparison of the data between more than two groups. The significance level was chosen as 0.05.

Ethical Issues

The study was not a clinical research. Permissions were received from General Secretaries of Tekirdağ, Kırklareli, and Edirne State Hospitals Association for the study. In addition, the managers were informed about the study and their verbal consent was obtained for their voluntary participation.

Results

Demographic and career variables

The age average of the managers was 37.47 ± 6.22 and 65.6% of them were female, 85.22% were married, 44.4% were in the lower management. Also, 52.5% of the managers believed that the career practices in the hospitals were at the moderate level. (Table 1).

Table 1. Demographic and career variables

Variables / Sub variables	n (%)
Gender	
Female	105 (65.6)
Male	55 (34.4)
Marital Status	
Married	136 (85.0)
Single	24 (15.0)
Age	
Less than 40 years old	91 (56.9)
40 and more years old	69 (43.1)
Position of managers	
Top	29 (18.1)
Middle	60 (37.5)
Lower	71 (44.4)
Education	
High school or associate's degree	52 (32.5)
Bachelor's degree	69 (43.1)
Master's degree	39 (24.4)
Occupational experience	
10 and less years	44 (27.5)
11-20 years	76 (47.5)
21 and more years	40 (25.0)
Employment period as a manager	
Less than 1 year	13 (8.1)
1-5 years	97 (60.6)
More than 5 years	50 (31.3)
Hospital experience	
Less than 1 year	11 (6.9)
1-5 years	66 (41.3)
More than 5 years	83 (51.9)
Consideration of the career objectives	
Yes	75 (46.9)
No	85 (53.1)
Hospital promotion procedure	
Have	20 (12.5)
Not have	124 (77.5)
Partially	16 (10.0)
Hospital performance assessment procedure	
Have	25 (15.6)
Not have	89 (55.6)
Partially	46 (28.8)
Manager turnover rate in the hospital	
Low	5 (3.2)
Moderate	78 (48.8)
High	77 (48.1)
Level of career practices in the hospital	
Low	76 (47.5)
Moderate	81 (52.5)

OS levels of the managers and the effect of demographic and career variables on OS

When the OS perceptions of the managers were averagely examined, it was determined that UNCS (3.51 ± 0.66) were at the high level, TR (3.05 ± 0.67), FP (2.65 ± 0.78) and general OS behaviors (3.18 ± 0.55) were at the moderate level.

A statistically significant difference was found between some of the sub-factors of the demographic and career variables in terms of the OS factors and the overall scale scores of the managers. These differences were explained below. A statistically significant difference was not found between the groups in terms of the other variables. (Table 2).

There was a significant difference between gender and OS. TR scores of the male managers were higher than TR scores of the female managers. Based on the position, there was a significant difference between the groups in terms of TR, FP and overall scale scores of the managers. TR scores of the top managers were higher compared to the middle and lower managers and their FP and the overall scale scores were higher only compared to the lower managers.

Based on the education, there was a significant difference between the groups in terms of TR and FP scores of the managers. TR scores of the managers having a master's degree were higher compared to the managers who were high school graduates, had associate degree and bachelor's degree and FP scores of the managers having a bachelor's degree were higher compared to the managers who were high school graduate and had associate degree. According to their professional experience, there was a significant difference between the groups in terms of TR scores. TR scores of the managers, having a professional experience of 21 years and more were significantly lower compared to the managers having a professional experience of 11-20 years. Further based on the employment period as a manager, there was a significant difference between the groups in terms of TR scores. TR scores of the managers, who were working in their position for more than 5 years, were significantly lower compared to the managers who were working in their position for less than 1 year and between 1-5 years. Otherwise, according to the hospital experience, there was a significant difference between the groups in terms of FP and overall scale scores of the

managers. FP scores of the managers, who were working in the hospital for more than 5 years, were significantly lower compared to the managers who were working in the hospital between 1-5 years. Also, the overall scale scores of the managers, who were working in the hospital for more than 5 years were lower compared to the managers working in the hospital for less than 1 year.

According to the consideration of the career objectives, there was a significant difference between the groups in terms of all the factors and the overall scale scores. TR, FP, and overall scale scores of the managers, who believed that their career objectives were not taken into consideration, were significantly lower compared to the manager, who believed that their career objectives were taken into consideration. Otherwise, based on the hospital promotion procedure, there were a significant difference between the groups in terms of TR scores. TR scores of the managers who believed the existence of the hospital promotion procedure were significantly higher than those who did not believe the existence of this procedure. What's more, according to the hospital performance assessment procedure, there were a significant difference between the groups in terms of the overall scale scores. The overall scale scores of the managers who did not believe the existence of the hospital performance assessment procedure were significantly lower compared to those who believed partially the existence of this procedure. On the other hand, based on the manager turnover rate in the hospital, there was a significant difference between the groups in terms of UNCS, TR and FP, and overall scale scores. All the factors and overall scale scores of the managers who perceived the manager turnover rate in the hospital as moderate were significantly higher than those who perceived this rate as high. According to the level of career practices in the hospital, there was a significant difference between the groups in terms of TR and FP scores. TR and FP scores of the managers who perceived the career practice levels in the hospital as low were significantly lower compared to those who perceived these levels as moderate.

No statistically significant difference was found between the OS factors and overall scale scores and between marital status and age groups (Table 2).

Table 2. According to demographic and career variables OS scores of the Managers

Demographic and career variables	Factors	Understanding and co-worker support	Training	Future prospects	Overall scale
Gender					
Female		3.48±0.7	2.95±0.66	2.6±0.81	3.12±0.58
Male		3.57±0.57	3.24±0.66	2.75±0.7	3.29±0.45
p		0.818	0.004*	0.113	0.088
Marital Status					
Married		3.55±0.64	3.05±0.69	2.67±0.79	3.2±0.55
Single		3.33±0.76	3.01±0.59	2.56±0.7	3.06±0.53
p		0.371	0.803	0.555	0.469
Age					
Less than 40 years old		3.53±0.63	3.11±0.58	2.75±0.78	3.23±0.5
40 and more years old		3.49±0.7	2.97±0.77	2.52±0.75	3.11±0.6
p		0.714	0.171	0.071	0.221
Position of managers					
Top		3.65±0.6	3.49±0.59	3.11±0.72	3.48±0.53
Middle		3.47±0.65	3.01±0.75	2.72±0.88	3.16±0.57
Lower		3.5±0.69	2.9±0.56	2.4±0.6	3.07±0.49
p		0.507	0.000*	0.000*	0.019*
Education					
High school or associate's degree		3.55±0.6	2.86±0.53	2.42±0.68	3.08±0.47
Bachelor's degree		3.41±0.6	2.97±0.66	2.75±0.77	3.13±0.52
Master's degree		3.65±0.81	3.43±0.74	2.79±0.85	3.4±0.63
p		0.149	0.001*	0.014*	0.051
Occupational experience					
10 and less years		3.63±0.5	3.09±0.58	2.83±0.87	3.28±0.47
11-20 years		3.46±0.71	3.13±0.61	2.67±0.71	3.18±0.56
21 and more years		3.49±0.7	2.86±0.85	2.42±0.75	3.06±0.59
p		0.465	0.038*	0.063	0.160
Employment period as a manager					
Less than 1 year		3.65±0.41	3.35±0.63	2.92±0.84	3.4±0.5
1-5 years		3.53±0.66	3.13±0.64	2.7±0.68	3.22±0.51
More than 5 years		3.44±0.71	2.81±0.69	2.49±0.9	3.03±0.59
p		0.655	0.007*	0.097	0.056
Hospital experience					
Less than 1 year		3.8±0.35	3.26±0.79	2.95±0.78	3.44±0.47
1-5 years		3.52±0.61	3.04±0.7	2.81±0.84	3.21±0.57
More than 5 years		3.47±0.72	3.02±0.64	2.48±0.69	3.12±0.53
p		0.197	0.108	0.007*	0.045*
Consideration of the career objectives					
Yes		3.66±0.64	3.3±0.68	2.87±0.81	3.38±0.54
No		3.37±0.66	2.79±0.57	2.43±0.69	2.98±0.49
p		0.001*	0.001*	0.001*	0.001*
Hospital promotion procedure					
Have		3.32±0.96	3.3±0.52	2.83±0.7	3.21±0.59
Not have		3.52±0.63	2.98±0.69	2.6±0.8	3.15±0.56
Partially		3.68±0.27	3.28±0.62	2.81±0.64	3.37±0.34
p		0.474	0.011*	0.174	0.135
Hospital performance assessment procedure					
Have		3.52±0.83	3.07±0.61	2.73±0.77	3.21±0.57
Not have		3.43±0.64	2.94±0.67	2.53±0.75	3.08±0.54
Partially		3.67±0.56	3.24±0.69	2.83±0.81	3.35±0.51
p		0.073	0.077	0.158	0.018*
Manager turnover rate in the hospital					
Low		3.56±0	2.57±0	2±0	2.9±0
Moderate		3.66±0.6	3.31±0.6	2.86±0.7	3.38±0.7
High		3.13±0.86	2.77±0.6	2.65±0.86	2.91±0.64
p		0.022*	0.000*	0.000*	0.001*
Level of career practices in the hospital					
Low		3.56±0.58	2.87±0.73	2.5±0.82	3.11±0.55
Moderate		3.46±0.74	3.19±0.58	2.79±0.71	3.23±0.54
p		0.841	0.005*	0.026*	0.216

(*) p<0.05

Discussion

It is important that the managers who have recently joined the organization or changed job, have information about the job and organization environment, prepare for the job and accommodate themselves through OS in order for organizations to be successful. OS helps the new manager know the organizational operation procedures and feel that his/her job is important and he/she belongs to the organization. So, the managers adopt their job and organization and have higher commitment and satisfaction. The studies have indicated that OS and the organizational commitment are correlated (Filstad, 2011; Yigit, 2016; Kowtha, 2018). In addition, numerous studies have been conducted on the effect of OS. In the study by Chow (2002), it was tried to understand how OS affects the career success and it was determined that the career opportunity, career training and access to information are significant career satisfaction indicators. These indicators are significant for the career success and organizational commitment. Kornberger et al. (2011) indicated how the set of new applications (succeeding, playing games and thinking politically) that shape the identity of the managers and connect them to the complicated organizational network would shape. Dworkin et al. (2006) developed a model including the anticipatory socialization, accommodation, organizational meeting process, organizational change process and socialization outputs, that were important in OS process in the hospitals. Bender et al. (1999) determined that the unit managers were the most important determiners in the effective and rapid socialization of the new employees. The social events such as the saloon friendships or dinners in the unit meetings are the most useful activities. Mooney (2007) determined that qualified nurse newly participating in the organization is strongly correlated with professional socialization. McMillan-Capehart (2005) found that the organizational culture and socialization tactics were correlated with the cultural difference, creativity, turnover rate and conflict. Korte (3) (2015) determined that the wrong interpretation of managers and new employees negatively affected the learning quality, performance and satisfaction during the OS process. Taormina and Law (2000) revealed that OS had a correlation with burnout and Wei and Taormina (2014) indicated that OS had a correlation with personal flexibility. It is seen that OS gains importance

day by day and draws the attention of the researchers.

In the study, when the OS perceptions of the managers were examined, it was found that UNCS scores were high and TR, FP and overall OS scores were moderate. In addition, significant difference was found between the gender, management level, training, professional experience, employment period as a manager, hospital experience, considering their career objectives, promotion procedure, manager turnover rate, and level of career practices of the managers and their OS scores in terms of some subgroups. Rollag (2004) determined that the turnover rate had a great effect in the OS process. In the study, the managers who were male and had a master's degree had a high TR perception.

On the other hand, the lower managers had the lowest level of TR, FP and overall OS perceptions. The lower managers may be ignored in terms of OS. Also, the managers who had a professional experience of 11-20 years and were working in the hospital and current position for less than 5 years had a higher TR perception, one of the OS factors, compared to the other groups. Therefore, it may be asserted that demographic variables were effective on OS.

The healthcare professionals compete with each other. When a more powerful management position is aimed to be established with the effect of less professional, the career practices are essential. The healthcare professionals who aim the top management perceive management as a new management position, accommodating to the new situation and the follow of a new career especially at the moderate management level (Berg & Byrkjeflot, 2014).

Therefore, the importance of OS further increases for the managers who aim to progress in their careers. In the study, TR, FP and overall OS perceptions of the managers who believed that their career objectives were taken into consideration were at a higher level. In addition, the hospital promotion procedure, training factor and performance assessment procedure were effective in terms of general OS. While the existence of the promotion procedure increased TR scores, the existence of performance assessment procedure increased the overall OS score. On the other hand, the middle manager turnover rate was effective in terms of overall OS and the low career practice levels were effective in terms of TR and FP.

Giving importance to the OS process affects the success of both employees and organizations. The managers who understand the organization, are supported by their co-workers, receive the job training, and have the met future expectations succeed and can lead the employees in accordance with the objectives of their organization. It is inevitable that the successful managers bring competitive advantage and sustainability to their organizations together with the organizational success.

A successful OS contributes to the long-term career success and thus to the organizational success. Ignoring OS causes that the managers develop negative feelings about their job. The managers who cannot see themselves as a member of their organizations do not work effectively for their organizations, do not care about their career objectives and the employees' career objectives and all these fail.

Limitations

In the study, how the managers understand the questionnaire as well as their awareness and answers may affect the findings. Also, the sample was rather small. Since the results of the study have the characteristics of a pilot study, they cannot be generalized.

Conclusion

In the study, the OS perception of the managers were affected by some of the demographic and career variables. Also, the overall OS of the managers were at the moderate level. For this reason, the current OS process applied in the hospitals should be reviewed and improved.

When planning OS program, the demographic and career variables should be taken into consideration. A well-designed OS program contributes to the managerial and organizational success and it may be vital for the life and future of the organization.

As expected, this study would raise the awareness of the managers about OS in hospitals and would contribute to make strategic decisions and develop strategic policies on this subject. It is recommended to conduct more comprehensive studies on the hospital managers about OS.

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