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Revista de Cercetare si Interventie Sociala

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

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Revista de cercetare și intervenție socială, 2025, vol. 91, pp. 156-173

https://doi.org/10.33788/rcis.91.9

Published by:
Expert Projects Publishing House

expert projects
publishing

On behalf of:
„Alexandru Ioan Cuza" University,
Department of Sociology and Social Work
and
HoltIS Association

Sense of Community, Occupational Self-Efficacy, and Burnout among Nurses: The Mediating Role of Intra-Organizational Online Social Support

Etti ROSENBERG[1], Stefan COJOCARU[2]

Abstract

Burnout among healthcare workers, especially nurses, has become a serious concern worldwide, affecting the quality of care and the health of both patients and staff. Research suggests that feeling part of a supportive community and believing in one's professional abilities can help protect against job burnout. This study examined how nurses' sense of belonging to an online social media group within their workplace relates to their occupational self-efficacy and their experience of burnout. Data were collected from 135 nurses who participated in a Facebook community of the largest healthcare organization in Israel. They completed questionnaires assessing their sense of community, occupational self-efficacy, and burnout. The results showed that nurses who felt a stronger sense of community had higher confidence in their job abilities, which was linked to lower burnout. In other words, the social support from the online group helped increase nurses' self-confidence, which in turn reduced feelings of burnout. These findings support a model with a good overall fit, emphasizing occupational self-efficacy as a key mechanism through which community belonging influences burnout across its three dimensions. The conclusions highlight the importance of strengthening workplace communities and occupational self-efficacy to support nurses' mental health. Future studies should further explore how such communities affect the quality of care and consider their impact on other healthcare professionals as well.

Keywords: nursing; burnout; self-efficacy; sense of community; online social support.

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Introduction

Nurses are healthcare providers who focus on the needs of each individual. Types of nurses include licensed practical nurses, registered nurses, and advanced practice registered nurses. Nurses are particularly prone to burnout due to long shifts, staffing shortages, emotional labor, and patient care challenges (Lee & Cha, 2023; Qedair *et al*., 2022). Burnout is defined by the World Health Organization (2019) as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed," characterized by exhaustion, mental distance, and reduced efficacy. The Job Demands-Resources (JD-R) model (Demerouti *et al*., 2001) posits that burnout results from high job demands and insufficient resources. Akoo *et al*. (2024) identified the "breaking point" experienced by nurses as a convergence of personal and systemic stressors.

Studies show alarming worldwide burnout rates among nurses - 44.8% in Saudi Arabia (Qedair *et al*., 2022) and 31% attrition in the U.S. (Shah *et al*., 2021). A literature review of studies conducted in Asia also reported high levels of burnout among nurses (Lee & Cha, 2023). COVID-19 significantly exacerbated nurses' burnout, making it extremely necessary to find protective factors to enhance nurses' well-being (Cohen *et al*., 2023; Kirk, 2024). Social support and resilience were found to be key coping factors (Moisoglou *et al*., 2024). Bu *et al*. (2024) linked burnout to relationship quality and professionalism, recommended fostering strong team relationships and enhancing nurses' SE to address burnout.

Online support groups have shown promising results in buffering burnout among nurses (Mistretta *et al*., 2018). Online communities, especially post-COVID, have become vital spaces for creating a sense of community (Shepherd *et al*., 2023). A sense of community, as defined by McMillan & Chavis (1986), includes membership in a group, which fosters a sense of belonging, security, influence, power, meaning, and the fulfillment of needs. Research has shown that nurses with a strong sense of community tend to report higher job satisfaction and lower stress levels (Ditzel, 2017).

In intensive care units, team dynamics influence nurses' self-efficacy, which in turn was found to be linked with work functioning and motivation (Bernales-Turpo *et al*., 2022; Liu & Guo, 2015). Self-efficacy (SE) is the degree to which people believe in their ability to manage demands made of them. SE affects actions, efforts, and time investment, with high SE correlating with better performance, resilience, sense of accomplishment and reduced vulnerability to depression (Bandura, 1994). In nursing, SE is a widely researched mediator, shaped by organizational support, interactions and experience, and was found to be linked with nurses' anxiety, resilience, and job performance (Dar Cohen & Cojocaru, 2018; Gil-Almagro *et al*., 2024; Huang *et al*., 2024).

Nurses utilize online platforms for support, advocacy, and identity formation (Nelson-Brantley *et al*., 2024). Specifically, Intra-Organizational Social Media

Communities (IOSMC), providing a support and knowledge resource for workers, may serve as an efficient coping tool against burnout. IOSMC facilitates social connections among organizational members, allowing for emotional expression and making organizational communication and opportunities more accessible (Deane & Clunie, 2021; Valaitis *et al*., 2011).

Research Objectives and Hypotheses

This study examines the relationships between the sense of community, self-efficacy, and professional burnout among nurses in Israel who participate in IOSMC. In 2017, The Israel's largest healthcare organization, established its IOSMC on Facebook, aiming to bridge geographical gaps, strengthen professional connections, and provide a space for knowledge sharing and emotional support among its workers (Rosengerg & Cojocaru, 2025). The goals of the current research are (1) to examine the correlations between sense of community, self-efficacy, and burnout levels among nurses participating in an IOSMC; (2) to investigate whether the sense of community and self-efficacy of IOSMC participant nurses make a unique contribution to explaining their burnout levels beyond nurses' background and professional characteristics; (3) To examine whether the direct association of nurses' sense of community with their job burnout is mediated by their occupational self-efficacy.

Study Hypotheses:

1. A negative correlation would be found between nurses' sense of community and occupational self-efficacy, with their job burnout, meaning that a greater sense of community and higher occupational self-efficacy would be associated with lower levels of job burnout.
2. Nurses' sense of community and occupational self-efficacy would have a unique contribution in explaining their levels of job burnout, beyond their background and professional characteristics.
3. Nurses' occupational self-efficacy would serve as a mediating variable in the association of nurses' sense of community with their job burnout.

Methodology

Participants

The sample comprised 135 nurses employed by the largest Health Services in the country, working in both hospital and community settings, who participated in the IOSMC of the largest health organization in Israel. Table 1 presents the background and professional characteristics of the participants.

Table 1. Participants background and professional characteristics (N = 135)

Participants characteristics	Values	Frequency (%)
Gender	Male	13 (9.6%)
	Female	122 (90.4%)
Native language	Hebrew	100 (74.1%)
	Other[1]	35 (25.9%)
Religiosity level	Atheist	10 (7.4%)
	Secular	108 (80.0%)
	Traditional	10 (7.4%)
	Religious	2 (1.5%)
	Orthodox	5 (3.7%)
Marital status	Single	10 (7.4%)
	Married	108 (80.0%)
	Divorce	10 (7.4%)
	Widower	2 (1.5%)
	In a relationship	5 (3.7%)
Children	No	9 (6.7%)
	Yes	126 (93.3%)
Education	Registered Nurse	2 (1.5%)
	Registered Nurse with a B.A.	42 (31.1%)
	Registered Nurse with a M.A.	85 (63.0%)
	Registered Nurse with a Ph.D.	6 (4.4%)
Work	In community	55 (40.7%)
	In hospitals	80 (59.3%)
Place of living	Northern Israel	41 (30.4%)
	Southern Israel	14 (10.4%)
	Central Israel	75 (55.6%)
	Jerusalem and Judea and Samaria	5 (3.7%)
Job	Managerial position	55 (40.7%)
	Clinical position	58 (43.0%)
	Regular Nurse	22 (16.3%)
Job scope	Quarter-time position	2 (1.5%)

Other native language: Russian, Arabic, Amharic, English, Circassian, French and Spanish

The participants were also asked about their age, number of children, number of advanced courses, and years of seniority. Table 2 presents the mean, SD, and range of the participants' age, number of children, advanced courses, and years of seniority.

Table 2. Mean, SD and range of the students age, number of children and advance courses and seniority years (N = 135)

	M	SD	Min-Max
Age	47.45	8.78	28.00 - 66.00
Number of children	3.04	1.08	1.00 - 6.00
Number of advance courses	1.38	0.77	0.00 - 3.00
Years of experience	20.72	9.98	1.50 - 43.00
Years of experience in the current position	12.59	9.71	0.16 - 43.00

Instruments

Maslach Burnout Inventory – Human Services Survey (MBI-HSS; Maslach et al., 1997): The MBI-HSS is a widely recognized tool for measuring burnout, encompassing three key dimensions: emotional exhaustion (EE), depersonalization (DP), and a reduced sense of personal accomplishment (PA; Reversed scale). The MBI-HSS has been extensively validated across diverse populations and studies, particularly within healthcare and human services sectors (Maslach & Leiter, 2016). For this study, the MBI-HSS was administered in its Hebrew translation, which has been used successfully in previous research within Israeli contexts (Etzion, 1988). The internal consistency of Cronbach's alpha in the current study was high for the EE, DP and PA scales ($\alpha = .88$, $\alpha = .74$ and $\alpha = .86$, respectively).

Sense of Classroom Community Scale (SCCI; Rovai, 2002): To assess the sense of community among nurses participating in the IOSMC group, a modified version of the SCCI was used. A subset of items, primarily based on Rovai's *connectedness* subscale, was selected for its relevance to participants' experiences in the organizational online setting. The scale was translated into Hebrew, culturally adapted, and three irrelevant items were removed. It was then reviewed and validated with a group of nurses. An Exploratory Factor Analysis (EFA) using Varimax rotation was conducted to examine the factor structure of the adapted scale. The analysis followed the eigenvalue-greater-than-one criterion to determine factor retention (Field, 2013; Kaiser, 1960), in line with recommendations for maximizing interpretability (Fabrigar & Wegener, 2012). Table 3 presents the EFA results.

Table 3.Exploratory Factor Analysis (EFA) of Sense of Community Questionnaire (N = 135)

Item	Item loading
I feel connected to friends in the Facebook group.	.90
I feel that the friends in the community care about one another.	.87
I feel that I can rely on friends in the Facebook group.	.84
I feel that I cannot express myself.	.79
I feel that I have the opportunity to learn from the Facebook group.	.74
I feel that it is difficult to receive help when I have a question.	.73
I feel confident that others in the Facebook group will support me.	.67
Eigenvalue	4.43
Explained variance	63.24%

The findings supported the use of a reduced item set to measure sense of community in this context, showing strong factor loadings and high explained variance. The internal consistency of the 7-item scale was excellent (Cronbach's $\alpha = .90$).

Occupational Self-Efficacy Scale (OCCSEFF; Schyns & von Collani, 2002): To assess participants' occupational self-efficacy, the study utilized a short version of the OCCSEFF, which performs exceptionally high correlation ($r = .95$) with the long version. The OCCSEFF has demonstrated high reliability and consistency across various languages, including a Hebrew version (Shavit *et al*., 2023). High grades indicate a high level of confidence in professional abilities. The internal consistency of Cronbach's alpha in the current study of the 10 items was high $\alpha = .94$.

Procedure

The research was approved by the Helsinki Committee of the researcher's organization and conducted in accordance with its requirements. This research was conducted within the framework of an IOSMC Facebook group; All research participants received a detailed explanation of the research aims, the use of their information, and their right to withdraw from the study at any time without consequences. After their explicitly written consent to participate was obtained, data were collected anonymously, without personally identifying participants, and all identifying information needed for analysis was removed.

Results

Prior to conducting the analyses, the normality of the study measures was assessed using the Shapiro-Wilk test. The study measures were sense of community, occupational self-efficacy, and job burnout. The results indicated that the distribution of the study measures deviated significantly from normality. Given this, non-parametric tests were used for the subsequent analysis. Specifically, Spearman correlation coefficients were calculated to examine the correlations between the variables, as the Spearman correlation does not assume normality of the data.

Correlations between sense of community, occupational self-efficacy, and job burnout

The first study aim was to examine the correlations between sense of community and occupational self-efficacy with burnout, hypothesizing a negative correlation, meaning that a greater sense of community and higher occupational self-efficacy would be associated with lower levels of burnout. Table 4 presents the descriptive statistics and Spearman correlation coefficients of the study measures.

Table 4. Descriptive statistics and Spearman correlation coefficient of the study measures (N = 135, df = 133)

	Descriptive statistics			Spearman correlation coefficients			
Study measure	M	SD	Median	Occupational self-efficacy	EE	DP	PA
Sense of community (1-5)	3.78	0.98	3.86	.59***	-.25**	-.23**	.33***
Occupational self-efficacy (1-5)	4.41	0.70	4.70		-.35***	-.21*	.31***
Job burnout (1-7)							
Emotional exhaustion (EE)	2.66	1.18	2.44			.37***	-.09
Depersonalization (DP)	1.88	1.11	1.40				-.14
Personal accomplishment (PA)	5.53	1.25	5.88				1

**p < .05, **p < .01, ***p < .001*

As shown in Table 4, the results revealed moderate-high levels of both sense of community and occupational self-efficacy. In contrast, the job burnout scale results suggested a moderate to low level of emotional exhaustion; a relatively low level of depersonalization; and a high sense of personal accomplishment.

The correlation results revealed a medium positive correlation between sense of community and occupational self-efficacy. In line with the first hypothesis, negative correlations were observed between both sense of community and occupational self-efficacy with burnout - particularly in terms of EE and DP.

It should be noted that, although the three subscales of the job burnout were derived from the same questionnaire, the correlation patterns between the three subscales among nurses revealed distinct associations. The EE correlated significantly with a moderate positive correlation with DP. However, a weak and non-significant negative correlation was found between these two subscales and PA. Overall, these patterns highlight the interrelated nature of the burnout dimensions, with EE and DP being more strongly linked than with PA.

The contribution of the sense of community and occupational self-efficacy in explaining nurses' levels of job burnout

The second study aim was to examine the contribution of participants' background and professional characteristics, sense of community, and occupational self-efficacy in explaining job burnout (EE, DP, PA). The second hypothesis was that nurses' sense of community and occupational self-efficacy would have a unique contribution in explaining nurses' levels of job burnout, beyond their background and professional characteristics. To examine this hypothesis, three hierarchical regression analyses were conducted, one for each of the job burnout subscales. In the hierarchical regression, the background and professional characteristics of the participants were entered in the first block in a stepwise manner, with only variables that contributed significantly to the explained variance of the job burnout subscales being entered into the model. In the second block, nurses' sense of community was entered to examine its unique contribution beyond the background and professional characteristics entered in the first block. In the third block, nurses' occupational self-efficacy was entered to examine its unique contribution beyond the background and professional characteristics and nurses' sense of community, and to see if the direct effect (the β coefficient) of nurses' sense of community on job burnout decreased. A decrease in the β coefficient would suggest a potential mediating role of occupational self-efficacy in the relationship between nurses' sense of community and job burnout. The results of the hierarchical regression are presented in Table 5.

Table 5. Hierarchical regression analyses examining the job burnout according to participants' background characteristics, sense of community and occupational self-efficacy (N = 135)

Explained variable	Block	Explanatory variables	B	SE.B	β	R2	ΔR2
Emotionall exhaustion (EE)	1	Number of advance courses	.33	.13	.21*	.045*	----
	2	Number of advance courses	.34	.13	.22**		
		Sense of community	-.28	.10	-.23**	.097***	.052**
	3	Number of advance courses	.29	.12	.19*		
		Sense of community	-.10	.11	-.08		
		Occupational self-efficacy	-.52	.15	-.31***	.169***	.072***
Depersonalization (DP)	1	----	----	----	----	----	----
	2	Sense of community	-.20	.10	-.18*	.032*	----
	3	Sense of community	-.11	.11	-.10		
		Occupational self-efficacy	-.28	.15	-.18	.056*	.024
Personal accomplishment (PA)	1	----	----	----	----	----	----
	2	Sense of community	.34	.11	.27**	.072**	----
	3	Sense of community	.23	.12	.18		
		Occupational self-efficacy	.34	.17	.19*	.100***	.028*

**p < .05, **p < .01, ***p < .001.*

In the first block, the number of advanced courses contributed significantly to explaining the EE subscale, while for the DP and PA subscales, no significant contribution from background and professional characteristics was observed to explain the variance.

In the second block, the sense of community significantly explained the three subscales of job burnout, indicating that a stronger sense of community is associated with lower levels of EE and DP and higher levels of PA.

In the third block, occupational self-efficacy significantly explained for EE and PA, while for DP, occupational SE did not significantly explain the outcome. It should be noted that the significant β coefficient of the sense of community measure in explaining EE, DP, and PA decreased after entering occupational SE in the third block of the regression model, which may indicate that nurses' occupational SE serves as a mediating variable in the effect of nurses' sense of community on their job burnout.

In summary, the second hypothesis that nurses' sense of community and occupational SE would have a unique contribution to explaining their level of job burnout, beyond their background and professional characteristics, was supported. Both sense of community and occupational self-efficacy contributed significantly to the variance explained in EE and PA subscales.

The mediation role of occupational SE in the effect on the nurses' sense of community and their job burnout

The third hypothesis was that nurses' occupational SE would serve as a mediating variable in the association between nurses' sense of community (independent variable) and the three subscales of job burnout (dependent variables). To examine this hypothesis, a mediation analysis was conducted using Model 4 in PROCESS software (Hayes, 2018). Since the number of advanced courses significantly explained the variance in nurses' EE, this variable was entered into the mediation model as a covariate.

Emotional exhaustion: The results indicated that the nurses' occupational SE serves as a mediation variable between their sense of community and their EE (the completely standardized indirect effect was B = -.14, SE = .07, $LLCI$(95%) = -.291, $ULCI$(95%) = -.036). The results indicate that the higher the nurses' sense of community is, the greater their occupational SE is, which in turn leads to a lower level of EE (see Figure 1 for the standardized coefficients of the mediation model).



Figure 1. The mediating role of occupational self-efficacy in the direct effect between nurses' sense of community and their emotional exhaustion (EE), controlling for the number of advanced courses they have undergone

Depersonalization: The results indicated that the nurses' occupational SE did not serve as a mediation variable between their sense of community and their DP (the completely standardized indirect effect was *B* = -.08, *SE* = .05, *LLCI*(95%) = -.183, *ULCI*(95%) = .010).

Personal accomplishment: The results indicated that the nurses' occupational SE serves as a mediation variable between their sense of community and their PA (the completely standardized indirect effect was *B* = -.09, *SE* = .05, *LLCI*(95%) = .009, *ULCI*(95%) = .197). The results indicate that the higher the nurses' sense of community is, the greater their occupational SE is, which in turn leads to a higher level of PA (see Figure 2 for the standardized coefficients of the mediation model).

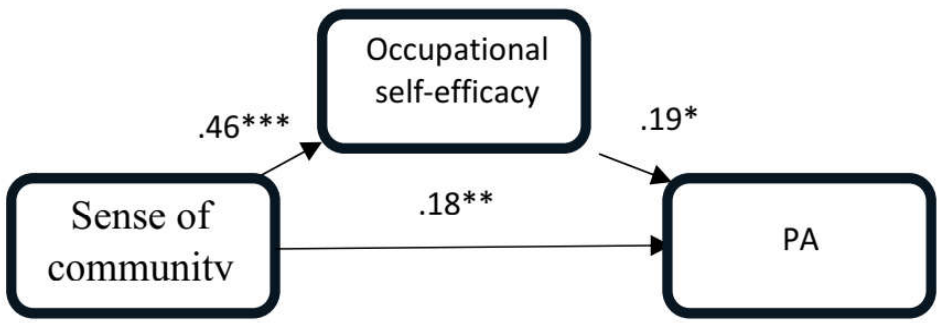


Figure 2. The mediating role of occupational self-efficacy in the direct effect between nurses' sense of community and their personal accomplishment (PA)

It should be noted that the direct effect of the sense of community on EE was no longer significant after occupational SE was included as a mediating variable, indicating full mediation. However, the direct effect of the sense of community

on PA remained significant after including occupational SE, indicating partial mediation. The results suggest that occupational SE plays a key role in mitigating burnout, particularly in terms of EE and PA, while its role in DP was less evident.

Model assessment

To explore the associations between study variables and their interdependencies, structural equation modeling (SEM) was employed. Since the three job burnout subscales (EE, DP, and PA) represent a common latent construct, SEM was appropriate for modeling their shared variance (Bollen, 1989). This method enables simultaneous analysis of relationships among correlated subscales while accounting for measurement error (Kline, 2016). Building on prior correlation, regression, and mediation analyses, SEM allowed testing of the full hypothesized model, including direct and indirect effects of nurses' sense of community and occupational self-efficacy (SE) on burnout. It also enabled evaluation of model fit, which indicates how well the proposed structure aligns with observed data (Byrne, 2016). The model tested is presented in Figure 3.

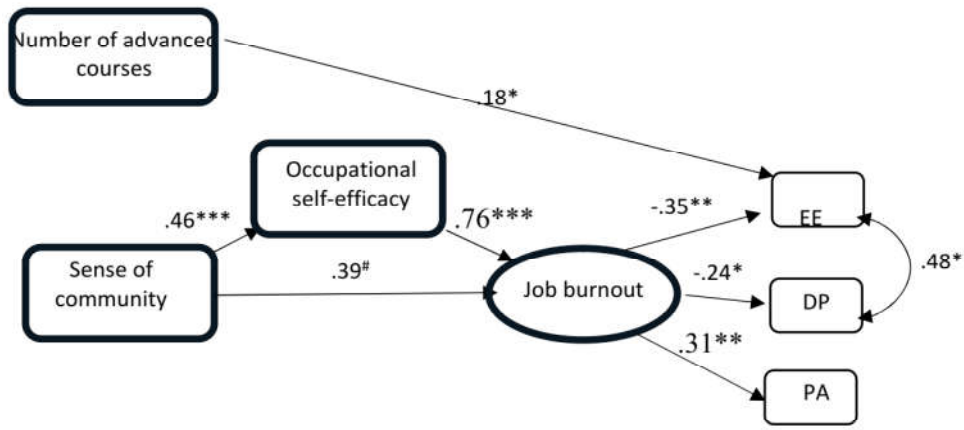


Figure 3. SEM of sense of community, occupational self-efficacy, and burnout

Model fit was assessed using several standard indices. The chi-square test (CMIN) was non-significant (p = .817), indicating good fit (Kline, 2016). The Comparative Fit Index (CFI) was 1.000, suggesting excellent fit (Hu & Bentler, 1999). The RMSEA was 0.000, reflecting close fit (Browne & Cudeck, 1993). Additional indices supported the model: GFI = 0.989 and AGFI = 0.971, both exceeding the recommended threshold of 0.90 (Hoyle, 1995; Segars & Grover, 1993).

The model proposed that a stronger sense of community and higher occupational SE are associated with lower levels of burnout. The model accounted for direct

and indirect effects, with occupational SE serving as a mediating variable in the association between sense of community and job burnout. Since the number of advanced courses significantly explained the variance in nurses' EE, this variable was entered into the mediation model as a covariate.

Discussion

This study investigates the association between the sense of community, SE, and burnout among nurses participating in IOSMC, and proposes a structural model for their direct and indirect effects. The understanding of the complexities of their interdependence may provide a basis for organizational changes and initiatives to improve nurses' well-being.

The findings revealed that nurses with a stronger sense of community reported significantly lower levels of EE DP. This aligns with McMillan and Chavis's (1986) Sense of Community theory and Maslach and Leiter's (2016) burnout model, which emphasize the protective role of belonging and social support in the workplace.

McMillan and Chavis (1986) describe a sense of community through clear elements such as belonging, mutual influence, needs fulfillment, and emotional connections. This framework helps explain why a strong sense of community among nurses can reduce burnout by influencing its three dimensions. Firstly, the element of friendship and belonging creates personal connections that foster warmth and intimacy, providing emotional support and reducing feelings of isolation, which in turn help prevent the development of EE (Maslach & Leiter, 2016). Secondly, the sense of influence in the community counters detachment from work and patients. When nurses feel valued and important within their community, they tend to maintain empathy rather than develop depersonalized attitudes (Maslach & Leiter, 2016). Lastly, the fulfillment of needs may help explain how a sense of community contributes to enhancing PA among nurses. When community membership is perceived as a source of support for individual growth and well-being, this shared commitment fosters greater confidence. As a result, nurses experience a stronger sense of achievement and competence, which helps mitigate the aspects of burnout related to reduced PA.

This aspect is clearly connected to the following finding, which was the inverse relationship between occupational SE and job burnout. Nurses with higher occupational SE reported lower burnout, indicated by significantly higher PA and lower EE and DP. This finding supports Bandura's (1994) socio-cognitive theory, which posits that SE influences how individuals interpret and respond to stress. Under intense stress, nurses who have confidence in their ability to meet job demands tend to cope better and experience less burnout. Recent studies affirm this dynamic. Bernales-Turpo *et al*. (2022) found that health workers with high SE experienced greater job involvement and life satisfaction. Edú-Valsania *et al*.

(2022) and Fradelos *et al*. (2014) similarly showed that SE buffers against burnout, even in high-pressure environments.

A key finding was the strong mediating role of occupational SE in the relationship between sense of community and burnout. Although sense of community uniquely contributes to explaining job burnout beyond personal and professional background variables, occupational SE significantly mediates this relationship. A Qualitative Study conducted by Ching *et al*. (2022) elaborates on the ways that the sense of community and belonging among nurses raises their professional SE. It is found that when nurses feel they belong to their workplace, they experience enhanced professional identification, which facilitates their career growth, leads to a higher level of efficiency and work performance, and has a positive influence on learning motivation and self-confidence (Ching *et al*., 2022). In fact, our study shows that higher self-efficacy accounted for a significant portion of the community's protective effect against burnout. SE's influence is so substantial that once it's taken into consideration, the effect of community on burnout decreases significantly. The model suggested in this study strengthens and confirms the recommendations of Bu *et al*. (2024) about fostering strong team relationships and enhancing nurses' SE to address burnout. Furthermore, it emphasizes the need for comprehensive solutions to the problem of burnout with tailored support programs and personalized interventions for nurses.

Limitations and suggestions for future research

Several limitations should be noted. First, the IOSMC includes a diverse range of nurses; community nurses (in primary care clinics, maternal and child health centers, and women's health), call center nurses, specialized nurses (e.g., intensive care, oncology, dialysis, stroke, rehabilitation, gastroenterology), and clinical instructors. This study did not distinguish between these roles, despite differences in work conditions and daily tasks. Future research could focus on specific nurse populations or compare distinct groups. In addition, it would also be valuable to look at how these relationships develop over time by using longitudinal research methods.

Second, the findings derive from one organization. That is a national public nonprofit organization employing tens of thousands of workers. It has a decentralized organizational structure that combines a hierarchy based on geographic regions (districts) with divisions according to medical and professional specialties. Transferability to other organizations, professions, cultures, or community contexts may be limited.

At last, since participation in the study was voluntary through the IOSMC, the sample may not be representative of the entire nursing population and could overrepresent nurses active in the social network, who may exhibit higher levels of sense of community or less burnout compared to those not involved in IOSMC. This potential selection bias should be considered when interpreting the findings.

Conclusion

These findings support an integrative model in which social and personal resources interact synergistically to protect the well-being of healthcare workers. The results indicate that fostering a sense of community and increasing occupational SE should serve as key mechanisms for significantly reducing nurse burnout. The study suggests that a well-managed digital community can enhance professional competence and provide a sense of belonging, thereby shielding health workers from emotional exhaustion and professional alienation. Integrating online communities into the daily organizational culture may positively influence workforce stability and morale within healthcare systems globally.

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