

## The impact of the nursing profession on their friendship relationships

Iliana Tsampoula <sup>1,\*</sup>, Eirini Zorba <sup>1</sup>, Maria Melissinou <sup>1</sup>, Maria Georgoulakou <sup>3</sup>, Orchan Impis <sup>2</sup>, Alexandra Giangkoula <sup>1</sup> and Ilias Molos <sup>4</sup>

<sup>1</sup> University General Hospital ATTIKON, Athens, Greece.

<sup>2</sup> General Hospital Alexandra, Athens, Greece.

<sup>3</sup> Ministry of education, Athens, Greece.

<sup>4</sup> General Hospital Asklepieion, Athens, Greece.

World Journal of Advanced Research and Reviews, 2025, 26(03), 1898-1908

Publication history: Received on 26 April 2025; revised on 11 June 2025; accepted on 13 June 2025

Article DOI: <https://doi.org/10.30574/wjarr.2025.26.3.2334>

### Abstract

**Introduction:** Nurses work long hours, often under high stress, to care for patients and save lives. Naturally, the demands of the profession can have an impact on their personal lives, especially on their friendships.

**Aim:** The purpose of this study was to investigate the effect of the nursing profession on their friendships.

**Methodology:** The present study concerns quantitative evolutionary research in a special population (nursing staff) using self-completed questionnaires. The study started in February 2024 and ended in September 2024. The population included in the study concerned 191 nurses from a University General Hospital in Attica. Significance levels are two-sided and statistical significance was set at 0.05. The statistical program SPSS 26.0 was used for the analysis.

**Results:** The sample consisted of 191 nurses, 35.1% of whom were technologically educated, 33% University and 31.9% Secondary. 68.1% were female, 60.2% were in the 41-50 age group, 32.5% were 51 to 65 years old, and 7.3% were 20-40 years old. Examining correlations between scales revealed that increased sense of companionship, more reliable alliance among friends, greater emotional security, and enhanced self-confidence were related to increased affection and friendship satisfaction.

**Conclusions:** Despite the diversity of adult life, friendships continue to play an important role in people's lives. Nurses today have increasingly busy lives and often place many more demands on themselves than the demands already placed on them in a professional context.

**Keywords:** Nurses; Friendship; Friendship Relationships; Impact

### 1. Introduction

The nursing profession requires great dedication, compassion, and sacrifices. Nurses work long hours, often in high-stress situations, caring for patients and save lives. Naturally, the demands of the nursing profession can impact their personal lives, particularly their friendships.[1] One of the most significant effects of the nursing profession on their friendships is the challenge of finding time to dedicate to their friends. Nurses often work rotating shifts, including weekends and holidays, which can make it difficult to make plans with friends. [2] This can lead to feelings of isolation and loneliness, as nurses may struggle to maintain their friendships while simultaneously meeting the demands of their job. [3-4] Additionally, the emotional burden on nurses can also affect their friendships. Nurses are frequently exposed to significant pain, suffering, and death on a regular basis, which can negatively affect their mental health and emotional

\* Corresponding author: Iliana Tsampoula

well-being. This can make it difficult for them to connect with their friends on a deeper level, as they may struggle to relate their experiences and feelings. Additionally, the physical demands of the nursing profession can also impact their friendships. Nurses often work long shifts on their feet, lifting and moving patients, and dealing with high-stress situations. This can lead to physical exhaustion, which may make it challenging for them to engage in social activities with their friends or participate in leisure activities they once enjoyed. [5-6] Another impact of the nursing profession on their friendships is their need to prioritize their own self-care. In order to care for others, nurses must first take care of themselves. This means that they may need to prioritize their own needs over their friendships, which can lead to feelings of guilt or dissatisfaction. [6-7] The nature of the nursing profession can also lead to feelings of exhaustion and fatigue, which may affect their ability to connect with their friends. Nurses may find it difficult to open up about the struggles and challenges they face in their interpersonal relationships, as they may not want to burden their friends with their own problems or may feel that their friends cannot relate to their experiences. [6]

Despite the challenges, the nursing profession can also have a positive impact on their friendships. Nurses often develop strong bonds with their colleagues, who can become like a second family to them. [7] These relationships can provide a sense of companionship and support that can help nurses cope with the challenges of their profession and maintain their mental and emotional well-being. [8] The empathy and compassion that nurses develop through their work can also enhance their interpersonal relationships. Nurses are often able to provide a listening ear, offer comfort and support, and show kindness and understanding to their friends in times of need. This can strengthen their friendships and deepen their relationships with others. [7-8] The experiences and challenges that nurses face in their profession can also help them appreciate the value of their friendships. Nurses may develop a greater sense of gratitude for the support and companionship of their friends, as they see firsthand the importance of having a strong support system during times of crisis. [9] In conclusion, the nursing profession can have a significant impact on their interpersonal relationships, both positive and negative. Nurses may struggle to find time for their friends, face emotional and physical challenges that can affect their relationships, and prioritize self-care over their friends. Ultimately, nurses need to find a balance between their professional duties and their personal relationships in order to maintain well-being and balance in their relationships with others. [10-11]

### *Aim*

The purpose of this research study was to investigate the impact of the nursing profession on their friendships.

---

## **2. Methodology**

The present study concerns quantitative longitudinal research on a specific population (nurses) using self-administered questionnaires. The study began in February 2024 and was completed in September 2024. The population included in the study consisted of nurses from a University General Hospital in Attica. A total of 200 questionnaires were distributed, and 191 of them were included in the study, corresponding to a 96% response rate. The sample of participants was a convenience sample and met the inclusion criteria for the study, with no additional restrictions regarding demographic, social, or other characteristics. The selection of participants was based on the easy and quick access to the sample. The participants had voluntary participation in the program and had the option to stop or withdraw at any time they chose without it causing them any issues.

### **2.1. Exclusion Criteria**

From the study and the implementation of the program, participants who:

- Have a diagnosed mental illness or depression
- They do not work in the healthcare field as nurses
- They do not wish to participate

### **2.2. Measurement tools**

- Demographic Questionnaire for Participants- It was constructed by the researchers and includes questions regarding gender, educational level, age, years of professional experience, etc.
- The McGill Friendship Questionnaire- Friendship Function [MFQ –FF-30] - McGill Friendship Questionnaire – Friendship Characteristics. [3,12-13]

### 2.3. Analysis and Purpose of the Questionnaire

The McGill Friendship Questionnaire [MFQ-FF-30] was developed by Mendelson and Aboud in 1999. The primary purpose of the questionnaire is to measure feelings about friendship, while achieving this measurement involves examining 6 different characteristics of friendship. The McGill-FF-30 Questionnaire consists of 30 statements that measure six characteristics of friendship, which are companionship, provision of help, intimacy, trust, emotional security, and self-affirmation. The friendship characteristic statements are responded to on a 9-point Likert scale ranging from 0 (never) to 8 (always). Participants who are called to complete the questionnaire circle the number on the 9-point Likert scale indicating how often their friend does what the item states or describe the degree of their friendship. There are no right or wrong answers because adult friendships are very different from each other. The Greek translation of the questionnaire was carried out by Pezirkianidis and Stalika.[12] The subcategories showed high internal consistency with Cronbach's alphas ranging between 0.84 and 0.90, as well as for the overall measure with a Cronbach's alpha of 0.97, in relation to its duration. It is concluded that the MFQ-FF, although short and easy to manage, provides a reliable and valid assessment of friendship.[3,13]

- McGill Friendship Questionnaire – Affection and Satisfaction with Friendship (McGILL-RA).[13]

The questionnaire was constructed by Mendelson and Aboud (1999) to measure participants' satisfaction with their friendship with a person and the levels of affection they perceive receiving from that person. It consists of 16 statements that measure the two aforementioned factors. The adaptation of the questionnaire into Greek has been completed and standardized by Pezirkianidis and Stalika .[14]

- Perceived Social Support from Friends Scale (PSS-FR).[15]

The scale was constructed by Procidano and Heller (1983) with the aim of measuring the support that individuals perceive they receive from their friends. It consists of 20 statements regarding forms of support from friends, has been adapted to Greek data, and has been standardized by Pezirkianidis and Stalika .[12]

### 2.4. Statistical Analysis

Using the Kolmogorov-Smirnov criterion, the distributions of the quantitative variables were tested for normality. For the description of the quantitative variables, the means, standard deviations (SD), medians, and interquartile ranges were used. (interquartilerange). The absolute (N) and relative (%) frequencies were used to describe the qualitative variables. To test the relationship between two quantitative variables, the Spearman correlation coefficient was used. (rho). Linear regression analysis was used to identify independent factors related to the scales of functional components of friendship, affection, and satisfaction with friends, as well as perceived social support from them, from which dependency coefficients ( $\beta$ ) and their standard errors (SE) were derived. When the distribution of the dependent variable was not normal, the logarithmic transformation of it was used in the regressions. The significance levels are two-tailed, and the statistical significance was set at 0.05. For the analysis, the statistical program SPSS 26.0 was used.

### 2.5. Ethics

This study has been approved by the Research and Scientific Committee of the General and University Hospital of Athens, where it was conducted, with protocol number 113/08-02-2024. The researchers have obtained written permission to use the translated and standardized tools that will be used by Dr. Christos Perziakianidis. The participation of the participants in the research was voluntary and without any participation fee. After informing the participants about their voluntary and anonymous participation in the program, the researchers distributed the complaint and consent forms in person to ensure that the participants were duly informed about the purpose of the research and to obtain their consent for participation. Each participant was given a code that was written on the questionnaires, thus achieving the inability to identify/match the questionnaire-participant/entity in the research, pseudonymization, integrity, protection, and confidentiality of the participants' personal and demographic information. After 24 months, the files will be destroyed in a shredder and disposed of in the regular trash. Finally, according to the aforementioned data, the study was conducted in accordance with the ethical standards of the Declaration of Helsinki (1989) of the World Medical Association.

---

## 3. Results

The sample consisted of 191 nurses, 35.1% concerning registered nurses who received Technological education, 33% concerning registered nurses who received University education, and 31.9% concerning Assistant nurses. 68.1% were women, 60.2% belonged to the age group of 41-50 years, 32.5% were between 51 and 65 years old, and 7.3% were 20-

40 years old. Additionally, 42.9% held a master's or doctoral degree, 11.5% were graduates of technological education, 13.6% of university education, 25.1% of vocational training institutes, and 6.8% of technical education. All were married, and 84.3% had one or two children. Regarding their employment data, all worked in the public sector, 43.5% had 15-25 years of experience, and 42.9% had 11-15. 40.3% worked 3-5 evening shifts per month and 56% worked 3-5 night shifts. Finally, all participants disagreed to a small or large extent that they rested enough after a night shift, and 77.5% had considered leaving their profession in the past year due to working conditions. The detailed demographic and occupational characteristics of the participants are presented in Table 1.

Table 2 presents the descriptive statistics of the dimensions of the functional components of friendship and the scales related to affection/satisfaction from friendship and perceived social support from friends. In the scale of functional components of friendship, the dimension of emotional security received the highest score and thus the highest importance for the participants, with an average of 6.68 units (SD=0.43 units), followed by help and intimacy, with average scores of 6.43 units (SD=0.49 units) and 6.40 units (SD=0.45 units), respectively (based on the score obtained by dividing each dimension by the number of its questions, so that they are comparable, Graph 1). The affection and satisfaction scale had an average score of 6.2 units (SD=0.5 units), and the perceived social support scale had an average score of 31.1 units (SD=3.5 units).

From the correlation analysis between the scales, it was found that increased feelings of companionship, more reliable alliances among friends, greater emotional security, and enhanced self-confidence were associated with increased affection and satisfaction from friendship. The perceived social support scale was not found to be significantly related to the functional components of friendship or the affection and satisfaction from friends. The Spearman correlation coefficients are presented in Table 3.

To identify the factors that are independently related to the dimensions of the functional components of friendship, multiple linear regressions were conducted with the dependent variables being the scores on these dimensions and the independent variables being the demographic and occupational data of the participants. The results of the analyses are presented in Table 4. Specifically, regarding companionship, women were more satisfied compared to men ( $\beta=0.51$ ,  $p=0.049$ ), while those with 11-15 years of experience were less satisfied compared to those with 0-10 years ( $\beta=-1.19$ ,  $p=0.026$ ). Women also felt greater intimacy compared to men ( $\beta=0.69$ ,  $p=0.048$ ), while, on the contrary, T.E. nurses ( $\beta=-0.96$ ,  $p=0.019$ ) and D.E. nurses ( $\beta=-0.89$ ,  $p=0.035$ ) felt less compared to P.E. nurses. Additionally, those who had worked for 15-25 years had a reduced sense of reliable alliance with their friends compared to those who had worked for 0-10 years ( $\beta=-1.49$ ,  $p=0.043$ ), while D.E. nurses had a higher sense compared to those with a University education ( $\beta=1.09$ ,  $p=0.029$ ). None of the demographic or occupational characteristics of the participants were found to be independently related to the dimensions of Help, Emotional Security, and Confidence Enhancement.

From the corresponding analyses for the affection and satisfaction scale, it was found that D.E. nurses had a significantly higher score on this scale compared to P.E. nurses ( $\beta=0.19$ ,  $p=0.028$ ). None of the demographic or occupational characteristics of the participants were found to be independently related to the perceived support scale, as shown in Table 5.

**Table 1** Demographic and work characteristics of participants

		N	%
Gender	Male	61	31.9
	Female	130	68.1
Age	20-40 years	14	7.3
	41-50 years	115	60.2
	51-65 years	62	32.5
Work status	Registered Nurse received University Education	63	33.0
	Registered Nurse received Technological Education	67	35.1
	Assistant Nurse	61	31.9
Educational Level	2 years education from national school	13	6.8
	2 years education from private college	48	25.1

	University Education	26	13.6
	Technological Education	22	11.5
	Master/PhD	82	42.9
Number of Kids	None	0	0.0
	1-2	161	84.3
	3+	30	15.7
Years of experience	1-10	14	7.3
	11-15	82	42.9
	15-25	83	43.5
	>25	12	6.3
Number of evening shifts per month	0-2	65	34.0
	3-5	77	40.3
	6+	49	25.7
Number of night shifts per month	0-2	61	31.9
	3-5	107	56.0
	6+	23	12.0
Your rest after the night shift is satisfactory?	Disagree	133	69.6
	Totally Disagree	58	30.4
Have you considered leaving your profession in the last year due to working conditions?	No	43	22.5
	Yes	148	77.5

**Table 2** Scale descriptors

	Minimum Value	Maximum Mean	Median (SD)	Indicative	Average (SD)*
Companionship	27.0	37.0	31.5 (1.8)	31 (30 – 33)	6.31 (0.36)
Help	27.0	40.0	32.1 (2.5)	32 (31 – 33)	6.43 (0.49)
Intimacy	27.0	37.0	32 (2.3)	32 (30 – 34)	6.40 (0.45)
Reliable alliance	27.0	40.0	31.8 (2.6)	31 (30 – 33)	6.36 (0.53)
Emotional safety	29.0	39.0	33.4 (2.1)	33 (32 – 35)	6.68 (0.43)
Boosting self-esteem	27.0	37.0	31.2 (1.9)	31 (30 – 32)	6.24 (0.38)
Affection and satisfaction	5.2	7.6	6.2 (0.5)	6.2 (6 – 6.6)	
Perceiving social support from friends	21.0	39.0	31.1 (3.5)	31 (29 – 34)	

\* Calculation by dividing each dimension by the number of its questions

**Table 3** Correlations of scales of social support, affection and friendship satisfaction, and functional friendship traits

		Help	Intimacy	Reliable alliance	Emotional security	Boosting self-esteem	Affection and satisfaction	Perceiving social support from friends
Companionship	rho	0.15	0.50	0.22	0.32	0.26	0.20	0.01
	P	0.038	<0.001	0.002	<0.001	<0.001	0.005	0.955
Help	rho		0.22	0.29	0.15	0.54	0.05	0.01
	P		0.003	<0.001	0.032	<0.001	0.467	0.906
Intimacy	rho			0.09	-0.02	0.10	-0.02	0.02
	P			0.241	0.783	0.156	0.732	0.806
Reliable Alliance	rho				0.69	0.31	0.81	0.03
	P				<0.001	<0.001	<0.001	0.641
Emotional Security	rho					0.21	0.56	0.05
	P					0.003	<0.001	0.486
Boosting Self - esteem	rho						0.20	-0.04
	P						0.006	0.561
Affection and satisfaction	rho							0.04
	P							0.583

**Table 4** Results of multiple linear regressions with dependent variables the dimensions of the scale of friendship functional components

	Stimulating Companionship		Help		Intimacy		Reliable alliance		Emotional security		Self-validation	
	$\beta+$ (SE $\div$ )	P	$\beta+$ (SE $\div$ )	P	$\beta+$ (SE $\div$ )	P	$\beta+$ (SE $\div$ )	P	$\beta+$ (SE $\div$ ) (SE)	P	$\beta$ ( $\beta+$ (SE $\div$ ))	P
Gender	0.51 (0.09)	0.49	-0.06 (0.4)	0.883	0.69 (0.33)	0.048	-0.23 (0.43)	0.594	-0.2 (0.35)	0.563	-0.29 (0.31)	0.351
Number of kids	0.42 (0.39)	0.287	0.47 (0.54)	0.390	0.74 (0.49)	0.131	0.28 (0.58)	0.626	0.28 (0.47)	0.559	-0.15 (0.42)	0.725
Work experience 11-15 vs 1-10	-1.19 (0.53)	0.026	-0.51 (0.74)	0.494	-0.01 (0.66)	0.990	-0.94 (0.79)	0.235	-0.59 (0.64)	0.365	-0.65 (0.57)	0.256
Work experience 15-25 vs 1-10	-0.89 (0.56)	0.112	-0.32 (0.77)	0.677	-0.23 (0.7)	0.747	-1.49 (0.63)	0.043	-0.47 (0.68)	0.490	-0.63 (0.6)	0.297
Work experience $\geq$ 25 vs 1-10	-0.5 (0.79)	0.524	0.22 (1.09)	0.837	0.73 (0.98)	0.460	-0.69 (1.17)	0.555	-0.24 (0.95)	0.805	-0.87 (0.84)	0.302
Evening Shifts:3-5 vs 0-2	-0.01 (0.49)	0.986	-0.12 (0.68)	0.863	0.04 (0.61)	0.953	-0.43 (0.73)	0.556	0.24 (0.6)	0.688	-0.81 (0.53)	0.126
Evening Shifts:6+ vs 0-2	-0.13 (0.54)	0.813	0.93 (0.75)	0.213	0.47 (0.67)	0.480	-0.03 (0.8)	0.967	0 (0.65)	0.996	-0.42 (0.58)	0.462

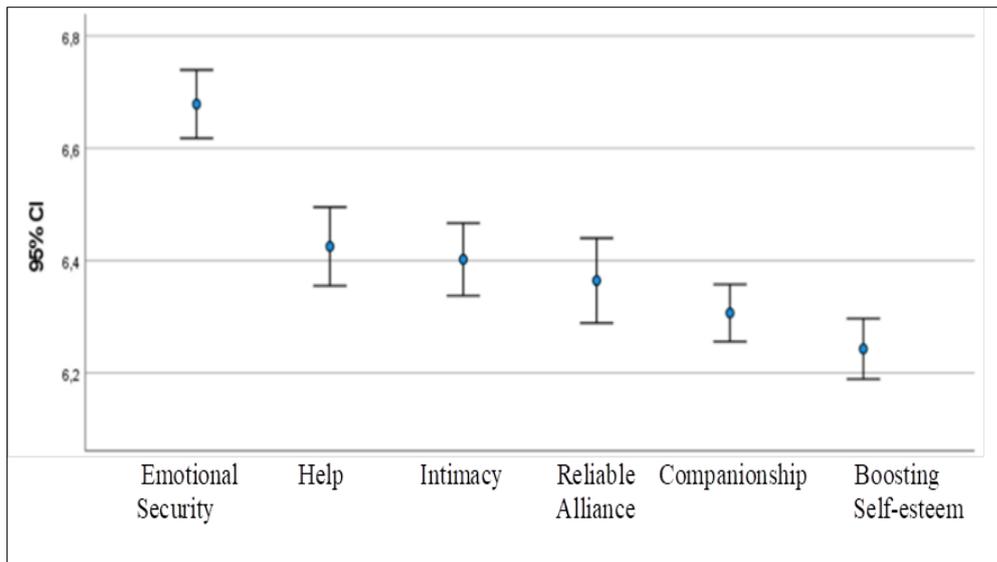
Night Shifts:3-5 vs 0-2	0.25 (0.39)	0.511	0.42 (0.53)	0.438	-0.04 (0.48)	0.937	-0.16 (0.57)	0.778	-0.14 (0.47)	0.760	0.18 (0.41)	0.662
Night Shifts: 6+ vs 0-2	-0.43 (0.46)	0.341	0.42 (0.63)	0.504	-1.01 (0.57)	0.077	0.93 (0.67)	0.168	0.81 (0.55)	0.143	-0.21 (0.49)	0.670
Have you considered leaving your profession in the last year due to working conditions? (Yes vs No)	-0.23 (0.31)	0.464	-0.27 (0.43)	0.533	0.06 (0.39)	0.876	-0.15 (0.46)	0.740	-0.18 (0.38)	0.640	-0.29 (0.34)	0.389
Registered Nurse received University Education vs Registered Nurse received Technological Education	-0.28 (0.32)	0.386	-0.12 (0.45)	0.786	-0.96 (0.4)	0.019	0.24 (0.48)	0.620	0.22 (0.39)	0.571	0.08 (0.35)	0.825
Assistant Nurse vs Registered Nurse received University Education	-0.29 (0.34)	0.387	-0.59 (0.46)	0.207	-0.89 (0.42)	0.035	1.09 (0.5)	0.029	0.7 (0.41)	0.087	-0.52 (0.36)	0.146

+dependency coefficient ±standard error ±standard coefficient; Note: The logarithm of the dependent had been used

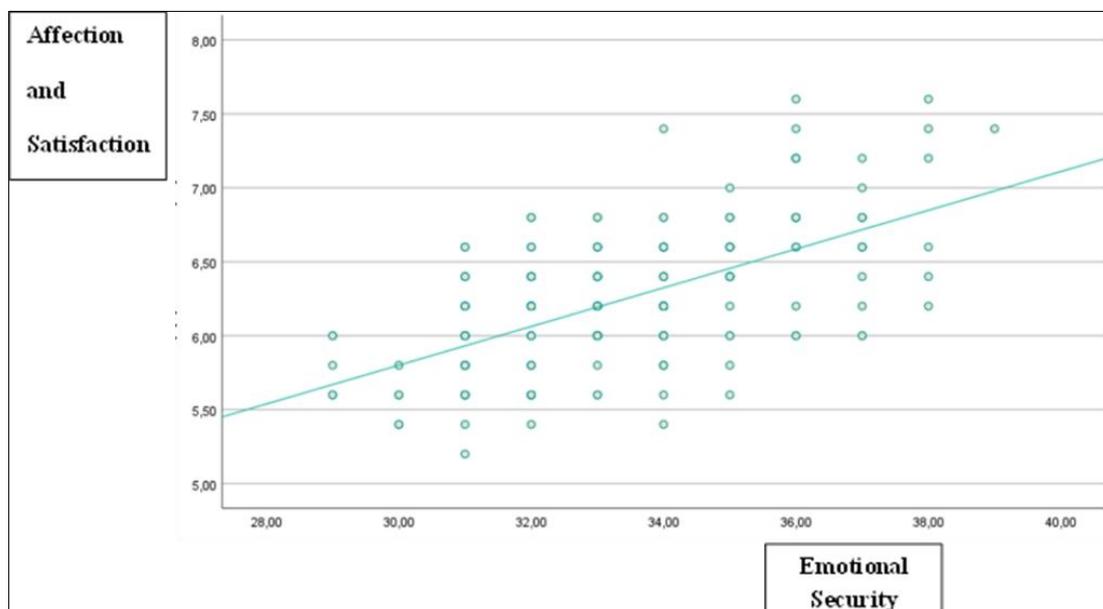
**Table 5** Results of multiple linear regressions with dependent variables the scale of affection and that of perceived social support

	Affection and satisfaction		Perceiving social support from friends	
	β+ (SE±)	P	β+ (SE±)	P
Gender	-0.06 (0.08)	0.448	0.01 (0.58)	0.993
Number of kids	0.07 (0.10)	0.488	0.97 (0.79)	0.221
Work experience 11-15 vs 1-10	-0.11 (0.14)	0.441	-0.12 (1.08)	0.910
Work experience 15-25 vs 1-10	-0.21 (0.15)	0.143	-0.34 (1.13)	0.764
Work experience =>25 vs 1-10	-0.1 (0.21)	0.626	-0.75 (1.59)	0.637
Evening Shifts 3-5 vs 0-2	-0.09 (0.13)	0.493	0.44 (0.99)	0.656
Evening Shifts =6+ vs 0-2	-0.04 (0.14)	0.796	-0.32 (1.09)	0.771
Night Shifts =3-5 vs 0-2	-0.06 (0.1)	0.520	0.63 (0.78)	0.420
Night Shifts =6+ vs 0-2	0.1 (0.12)	0.420	0.03 (0.92)	0.978
Have you considered leaving your profession in the last year due to working conditions? (Yes vs No)	-0.03 (0.08)	0.742	-0.82 (0.63)	0.197
Registered Nurse received University Education vs Registered Nurse received Technological Education	0.08 (0.08)	0.353	0.02 (0.65)	0.979
Assistant Nurse vs Registered Nurse received University Education	0.19 (0.09)	0.028	0.62 (0.68)	0.359

+dependency coefficient ±standard error ±standard coefficient; Note: The logarithm of the dependent



**Figure 1** Average dimension rating of the friendship functional components scale



**Figure 2** Correlation of the emotional security dimension with the scale of affection and satisfaction

#### 4. Discussion

Friendships play a crucial role in people's mental health, which was the motivation for conducting this study aimed at investigating the impact of the nursing profession on the friendships of nurses.[16-18]

The majority of the sample consisted of highly educated nurses holding a master's or doctoral degree. Additionally, all of them worked on a rotating schedule and were all married, with 84.3% of the participants having one or two children. All participants disagreed to a small or large extent that they rested enough after a night shift, and 77.5% had considered leaving their profession in the past year due to working conditions. The above data align with similar studies that correlate work and family demands with people's need to develop friendly relationships that may help them reduce the levels of stress and psychological fatigue they experience.[16-20] On the scale of functional components of friendship, the dimension of emotional security received the highest rating and thus the highest importance for the participants, followed by help and intimacy. Based on research studies, nurses have high levels of emotional intelligence and carry

out their professional duties with increased empathy. Therefore, in the interpersonal relationships of nurses, it is particularly important for them to feel emotional safety and intimacy, as these are elements they have learned to provide continuously in their daily lives. [3,12,14-21]

From the examination of the correlations between the scales of affection and satisfaction through friendship, it emerged that nurses have an increased sense of companionship, greater emotional security, and enhance their self-confidence through their interpersonal relationships. The perceived social support scale was not found to be significantly related to the functional components of friendship or the affection and satisfaction from friends. Results that align with research studies conducted in the last decade in the field of relationships emphasize that having friends can positively contribute to someone's behavioral tendencies and choices. In the context of mental health, strong friendships provide emotional support, a sense of belonging, and channels for effective coping mechanisms during stressful situations. Studies confirm that individuals with strong social connections tend to experience lower levels of anxiety and depression due to the emotional support provided by their friends. [20-24]

Finally, sharing experiences with close friends can enhance resilience and overall psychological well-being.

#### **4.1. Study Limitations**

The present study was conducted on a sample of the Greek population, specifically nurses working in a General and University Hospital in Attica, and investigated the impact of the nursing profession on their friendships. Therefore, the results obtained and the conclusions drawn are limited to this sample. The sample of the study was a convenience sample, which affects the representativeness and therefore the generalizability of the results. It would be interesting to conduct a similar study using nurses working in hospitals and in the community as participants. The cross-sectional nature of the study was chosen due to the limited time and the objective difficulties of the daily routine of healthcare professionals (rotating schedules, visits to their workplace, etc.). Therefore, due to its cross-sectional nature, the results present the situation at a given point in time and cannot draw reliable conclusions with long-term validity. Another limitation of the study is the small sample size in relation to the number of registered nurses in Greece. Additionally, friendship is a factor that depends on human complexity in relation to various determinants that influence individual behavior (previous experiences, environment, socio-cultural background, age, etc.) and the level of their interpersonal relationships, which do not allow for the generalization of the results.

---

### **5. Conclusion**

Despite the diversity of adult life, friendships continue to play an important role in people's lives. Nurses today have increasingly busy lives and often place many more demands on themselves beyond the demands already placed on them in a professional context. Undoubtedly, the professional life of nurses affects their friendships. Although few studies are evident in the research field on this topic, interpersonal relationships among people also affect their professional performance. It has been shown that maintaining a personal and professional balance is difficult. The impact of long working hours and the emotional strain on nurses and the effect of these on their ability to form and maintain friendships can be found in nursing literature from the 1860s onwards.[16-20] A nurse wrote in 1902 that: "with the loss of free time, we lost lifelong friends." We have neither the time nor the energy for the social thought and feeling that are the foundations of friendship. A significant number of nurses continue to report that they find their friendships invaluable in helping them manage the emotional demands of their work.[17-23] Given these findings, ways for future research can be proposed. As all the studies conducted to date are cross-sectional, longitudinal studies need to be conducted to examine whether friendships among nurses change over time and their impact on the nursing profession. Finally, it would also be interesting to measure to what extent factors such as age, gender, marital status, having children, years of nursing experience, or moving to a new area affect the formation of friendships among nurses.

---

### **Compliance with ethical standards**

#### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

#### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

## References

- [1] Vieth G, Englund MM, Simpson JA. (2022) Developmental antecedents of friendship satisfaction in adulthood. *Dev Psychol.*Dec;58(12):2401-2412.
- [2] Warner DS, Todd MM. (2022) A Beautiful Friendship-and a Lesson about Friends and Colleagues: A Classic Partnership Revisited. *Anesthesiology.* Jan 1;136(1):176-180.
- [3] Pezirkianidis C., and Stalikas, A. (2020) Latest developments in Positive Psychology: The case of Greece. *Psychology: The Journal of the Hellenic Psychological Society*, 25(1), 01–19.
- [4] Baeriswyl M, Oris M. (2023) Friendship in Later Life: Thirty Years of Progress and Inequalities. *Int J Aging Hum Dev.*Jun;96(4):420-446.
- [5] Manchanda T, Stein A, Fazel M. (2023) Investigating the Role of Friendship Interventions on the Mental Health Outcomes of Adolescents: A Scoping Review of Range and a Systematic Review of Effectiveness. *Int J Environ Res Public Health.*Jan 25;20(3):2160.
- [6] Shin SY, Lee SG.(2016) Effects of Hospital Workers' Friendship Networks on Job Stress. *PLoS One.* Feb 22;11(2):e0149428.
- [7] Bennett J., Pitt M., Owers M. Tucker M. (2010) Workplace impact of social networking. *Property Management.* 28: 138–148.
- [8] Karadzinska-Bislimovska J, Basarovska V, Mijakoski D, Minov J, Stoleski S, Angeleska N, et al.(2014) Linkages between workplace stressors and quality of care from health professionals' perspective–Macedonian experience. *British Journal of Health Psychology.* 19: 425–441. 10.1111/bjhp.12040.
- [9] AbuAlRub R.F. (2004). Job Stress, Job Performance, and Social Support Among Hospital Nurses. *Journal of Nursing Scholarship.*36: 73–78.
- [10] Brough P., Pears J. (2004). Evaluating the influence of the type of social support on job satisfaction and work related psychological well-being. *International Journal of Organisational Behaviour.* 8: 472–485.
- [11] Riordan, C.M. and Griffeth, R.W.(1995).The opportunity for friendship in the workplace: An underexplored construct. *Journal of Business and Psychology.*10, 141-154.
- [12] Pezirkianidis, C., Stalikas, A., Moraitou, D. (2022) Character Strengths as a Predictor of Adult Friendship Quality and Satisfaction: Implications for Psychological Interventions. *The European Journal of Counselling Psychology.* <https://doi.org/10.46853/001c.57557>.
- [13] Mendelson, M. J. and Aboud, F. (1999) Measuring friendship quality in late adolescents and young adults: McGill friendship questionnaires. *Canadian Journal of Behavioural Science*, 31, 130-132.
- [14] Pezirkianidis, C. (2020). Creation of a theoretical model for adult friendships through the lens of Positive Psychology. Doctoral Dissertation.Panteion University. <https://www.didaktorika.gr/eadd/handle/10442/48037>.
- [15] Procidano ME, Heller K. (1983) Measures of perceived social support from friends and from family: three validation studies. *Am J Community Psychol.* Feb;11(1):1-24.
- [16] Hong JH, Yeh CS, Sandy LG, Fellows A, Martin DC, Shaeffer JA, Tkatch R, Parker K, Kim ES.(2022) Friendship and Loneliness: A Prototype Roadmap for Health System Action. *Am J Prev Med.*Jul;63(1):141-145.
- [17] Winstead, B.A., Derlega, V.J., Montgomery, M.J. and Pilkington, C. (1995).The quality of friendships at work and job satisfaction. *Journal of Social and Personal Relationships.*12, 199-215.
- [18] Howlett P, Baysu G, Atkinson AP, Jungert T, Rychlowska M. (2023). Friendship habits questionnaire: A measure of group- versus dyadic-oriented socializing styles. *PLoS One.*Jun 28;18(6): e0285767.
- [19] Johnston, C.L. (1997).Changing care patterns and registered nurse job satisfaction. *Holistic Nursing Practice.*11, 69-77.
- [20] Pezirkianidis C, Galanaki E, Raftopoulou G, Moraitou D, Stalikas A.(2023). Adult friendship and wellbeing: A systematic review with practical implications. *Front Psychol.*Jan 24;14:1059057.
- [21] Pezirkianidis, C., Stalikas, A., Lakioti, A., and Yotsidi, V. (2019) Validating a Multidimensional Measure of Wellbeing in Greece: Translation, Factor Structure, and Measurement Invariance of the PERMA Profiler. *Current Psychology*, 1-18.

- [22] Pezirkianidis, C., Galanakis, M., Karakasidou, I., and Stalikas, A. (2016) Validation of the Meaning in Life Questionnaire (MLQ) in a Greek Sample. *Psychology*, 7, 1518-1530.
- [23] Pezirkianidis C, Christopoulou M, Galanaki E, Kounenou K, Karakasidou E, Lekka D, Kalamatianos A, Stalikas A.(2023) Exploring friendship quality and the practice of savoring in relation to the wellbeing of Greek adults. *Front Psychol*.Oct 6;14:1253352.
- [24] Sozen, C., Samanci, S., Tokmak. I.(2021) The impacts of friendship, advice and negative ties on intention to leave: The case of nurses in a special branch hospital. *Asia Pacific Journal of Health Management*, vol.16, no.4 , 159-176.