

Social Support and Occupational Stress Among University Employees

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The negative impact of occupational stress can be observed both at the micro- and the macro-level, affecting not only employee quality of life, but also the overall productivity of an organization. This study investigated the role of two protective factors, social support and religiosity, on occupational stress among employees at a private Christian university in the southeast. The sample consisted of 72 employees, primarily female ($N = 53$), Caucasian (81%), and married (72%), and with a mean age of 40.4 years. Specifically, the study evaluated the relationship between work-related social support (JCQ), nonwork-related social support (ISEL), and religious coping (RCOPE) on occupational stress (JCQ). A significant inverse relationship was found between work-related social support and occupational stress. The implications of these findings and the limitations of the study are discussed.

Occupational stress is a concept that has been significantly researched in the past (Abdel-Halim, 1982; Buunk, Doosje, Jans, & Hopstaken, 1993; Cummins, 1989). The literature clearly indicates that both physical and mental health is impacted by occupational stress (Schirmer & Lopez, 2001). Several work-related factors that contribute to occupational stress include role overload, role conflict, and role ambiguity (Abdel-Halim, 1982; Beehr, Jex, Stacy, & Murray, 2000; Fenlason & Beehr, 1994). These factors are considered by individuals as being subjective or objective (Curbow, Spratt, Ungaretti, McDonnell, & Breckler, 2000). According to Beehr and colleagues (2000), these occupational stressors lead to strain. Most studies on occupational stress have focused on how occupational stress adversely impacts physical strain (Beehr et al., 2000), including coronary heart disease (Byrne & Espnes, 2008; Fitzgerald, Brown, Sonnega, & Ewart, 2005; Kristensen, 1996; Schnall, Landsbergis, & Baker, 1994; Theorell & Karasek, 1996), musculoskeletal disorder, diabetes, and cancer (Kristensen, 1996; Wright, 2007). In contrast to evaluating physical and psychological consequences of occupational stress, other investigations have evaluated the effects of psychological, behavioral, and social strains on the level of occupational stress, such as depersonalization, job satisfaction, depression, emotional exhaustion, anxiety, boredom, and somatic complaints (Abdel-Halim, 1982; Beehr et al., 2000; Cooper & Marshall, 1976; Cummins, 1989; Fenlason & Beehr, 1994; Schirmer & Lopez, 2001). Behavioral problems, such as an increase in alcohol consumption and smoking, have also been found among highly stressed employees (Bacharach, Bamberger, & Doveh, 2008; Byrne & Espnes, 2008; Kristensen, 1996; Schnall et al. 1994).

Occupational stress may reduce an individual's effectiveness and work performance (La Rocco & Jones, 1978). According to Wright (2007), stress-related problems constitute approximately 75-90 percent of visits to primary care physicians. Furthermore, stress-related problems such as "an array of new organizational structures and processes downsizing, lean production, flat management structures, long working hours and contingent employment," may contribute to workplace injuries and/or serious health problems (Wright, 2007, p.279). Importantly, stress-related problems tend to cause negative effects not only on the employees, but also on the overall productivity of an organization (Abdel-Halim, 1982). For example, occupational stress contributes to an employee's high absenteeism and turnover rates (Beehr et al., 2000; Cummins, 1989). Data collected from the U.S. Bureau of Labor Statistics showed that employees who are highly stressed or anxious tend to take more time off (Wright, 2007). This higher rate of absenteeism among highly stressed individuals may lead to lower rates of productivity for the overall organization.

In addition to the higher rates of absenteeism, organizations may pay more for employees' health care benefits (Wright, 2007). This increased expenditure on health care utilization results in approximately a 10% profit reduction for organizations (Manning, Jackson, & Fusilier, 1996). Thus, the ramifications of occupational stress are visible at the microlevel (i.e., employees) and macrolevel (i.e., organizations). Various approaches and models have been developed with the aim of addressing the negative consequences of occupational stress. One such model is the Demand Control model (Karasek, 1979).

Demand Control Model

The Demand Control model (DC), also referred to as the *job strain* model, is a widely-used two-dimensional model of occupational stress (Karasek, 1979; Schnall et al., 1994). *Job demands* and *decision latitude* are the two dimensions that comprise the DC model (Karasek, 1979). Job demands are

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defined as “the stressors existing in the work environment” (Martin, Salanova, & Peiro, 2007, p. 622). Decision latitude is defined as “the primary measure of the concept of control and is defined as the combination of job decision-making authority and use of skills on the job” (Schnall et al., 1994, p. 382). According to this model, decision latitude buffers against the negative effects of job demands (Martin et al., 2007). Individuals who have low decision latitude (low control) tend to be unable to change the conditions of the environment surrounding them (Quick, Nelson, Quick, & Orman, 2001). This lack of control may increase an individual’s vulnerability for occupational stress. Numerous studies have used this model to measure an array of physical and psychological outcomes, such as mental strain, job satisfaction, and cardiovascular disease (Karasek, 1979; Karasek, Triantis, & Chaudhry, 1982; Kristensen, 1995; Van Der Doef & Maes, 1999). These studies have generally supported the model and have shown an interaction between job demands and decision latitude.

The DC model was later modified by Karasek and Theorell (1990) to include a third domain, *work-related social support*. This dimension relates to the emotional and instrumental domains of social support as it pertains to employee’s co-workers and supervisor(s) (Rydstedt et al., 2007). According to a study conducted by Guillet, Hermand, and Mullet (2010), of the three domains briefly described above, social support was the main correlate of and inversely related to employee occupational stress.

Protective Factors

Various studies have been conducted in an attempt to find protective factors for occupational stress (Abdel-Halim, 1982; Beehr et al., 2000; Schirmer & Lopez, 2001). Several protective factors have been identified in the literature, such as locus of control (Brunborg, 2008; Cummins, 1989), self-efficacy (Brunborg, 2008), attachment styles (Schirmer & Lopez, 2001), religion (Somech & Miassy-Maljak, 2003), and social support (Beehr et al., 1990; Brunborg, 2008; Cummins, 1989; Schirmer & Lopez, 2001). The present study looked at two of these protective factors: religion and social support.

Religion. Religion, specifically religious coping, has been found to be a protective factor against occupational stress (Beehr, Johnson, & Nieva, 1995; Safaria, Othman, & Wahab, 2010). Safaria et al. (2010) define religious coping as “the extent to which persons use their religious beliefs and practices to facilitate problem solving to prevent or alleviate the negative emotional effects of stressful circumstances” (p. 161). Religious coping is a multifaceted construct that has been operationally defined in various ways. One way it has been defined is through religious behaviors, such as frequency of prayer, church attendance and scripture reading (Frabricatore, Handal, Rubio, & Gilner, 2004). Other religious coping methods that have been examined in the literature include forgiveness (Worthington, Witvliet, Pietrini, & Miller, 2007) and spiritual support (Krause, Ellison, Shaw, Marcum, & Boardman, 2001).

The literature generally indicates that religion aids in how individuals appraise and process negative and stressful situations (Safaria et al., 2010; Somech & Miassy-Maljak, 2003). Religion helps people process information in a way that induces “meaning and solutions when faced with unfavorable circumstances” (Somech & Miassy-Maljak, 2003, p. 82). This meaning making helps an individual create a sense of optimism and hope (Safaria et al., 2010). Moreover, an individual’s religious values helps in forming effective coping strategies and solutions to his or her job stress by helping to “interpret the meaning of potentially threatening events” (Somech & Miassy-Maljak, 2003, p. 85). According to a study conducted by Krause et al. (2001) “positive support [also helps] increases positive religious coping responses” (p. 653). These positive religious coping responses have shown to decrease psychological distress (Pargament, Smith, Koenig, & Perez, 1998). The literature also suggests that negative religious coping styles can negatively contribute to an individual’s emotional, psychological and physical well being (Pargament et al., 1998).

Overall, studies show that individuals who are able to make meaning out of their lives have better psychological well-being (Park, 2007). Currently, few studies in the literature have examined work and occupational stress among those who work in religious settings. This study looked at positive religious coping styles as a protective factor among individuals working in a religious setting.

Social support. There have been many inconsistencies within the literature regarding the relationship between social support and occupational stress and whether or not social support can be deemed a protective factor of occupational stress. Part of these inconsistencies is due to the broad construct and the multifaceted factors of social support. Social support has been conceptualized in various ways (i.e., components, forms, or sources) (see Beehr et al., 1990). For this particular study, social support was operationalized using the different sources of social support, such as co-worker social support, supervisory social-support, and general social support. The two main sources that are widely investigated include co-worker social support and supervisory social support. Cieslak and colleagues (2007) evidenced that supervisory social support tends to be more beneficial in buffering against occupational stress, corroborating a previous study conducted by Cummins (1989).

Hypothesis

Occupational stress continues to be a rising concern in today’s society as it significantly impacts individuals within the work setting (Wright, 2007). In addition, macroeconomic changes affect employees’ levels of occupational stress as marketplace stressors may lead to changes in the organization (i.e., increased job demands, job insecurity, or less decision latitude among employees) and generate concerns for employees (Fenwick & Tausig, 1994). According to Fenwick and Tausig (1994), for example, an employees’ perception of job insecurity may be altered by unemployment rates.

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Because today's economic downturn results in economic changes both within the organizational structure and employees' work roles (Fenwick & Tausig, 1994), finding protective factors to help buffer occupational stress is imperative. This is especially true because higher unemployment rates and employees' inability to resist an organizational restructuring may increase employees' level of job stress (Fenwick & Tausig, 1994).

The aim of this study was to investigate how social support and religious coping relate to occupational stress among university employees. Using the DC model as a framework, we hypothesized that occupational stress would be predicted by work-related social support, nonwork-related social support, and the religious coping styles of benevolent religious appraisal/spiritual support and religious focus. More specifically, we hypothesized that as the positive coping styles (work-related social support and nonwork-related social support) and religious coping styles increases, occupational stress would decrease.

Method

This study used archival data from a previous study. The data set that was used came from survey packets completed by participants in a University Fitness for Life Program, directed by the Human Resource Department. Of the 128 survey packets returned, only the packets that were fully completed were included in the current study ($N = 72$). The surveys that were used from this data set included the demographic questionnaire, the RCOPE, the Interpersonal Support Evaluation List (ISEL), and the Job Content Questionnaire (JCQ). These measures have been used in previous studies that address the issue of occupational stress, social support and/or religious coping styles (Cohen & Hoberman, 1983; Karasek, 1985; Pargament et al., 2000). The RCOPE was used to assess positive religious coping styles, the ISEL was used to assess general social support and the JCQ was used in this study because it was constructed based on the DC model and served as the framework for this study.

Participants

Participants for this study were employees at a private Christian university in a major city in the state of Virginia. As indicated in Table 1, the mean age of the sample was 40.40 years ($SD = 12.01$), with a range of 24 to 66 years. Of the 72 participants, 53 were women, 18 were men, and one participant did not respond. More than half of the participants reported being Caucasian (81%), the majority reported being married (72%), and the majority reported a graduate level education. Fifty seven percent of the participants reported previously participating in the Fitness for Life Program. Furthermore, the majority of the participants reported being staff (81%).

Measures

Demographic information. The demographic questionnaire consisted of items related to the participants' general demographics. Items included questions regarding the participants: age, gender, race, level of education, job title, and marital status.

RCOPE. The RCOPE (Pargament et al., 2000) is a theoretically based measure of five key functions that religion serves: meaning, control, comfort/spirituality, intimacy/spirituality, and life transformation. The RCOPE is a 105-item questionnaire that is rated on a 4-point Likert scale ranging from 0 (*not at all*) to 3 (*a great deal*). It provides scores for 17 distinct subscales: 10 subscales measure positive religious coping and 7 subscales negative.

In this study, we were interested in assessing the impact of religious beliefs and the use of spiritual cognitive reframing on occupational stress. We, therefore, focused on two subscales: Benevolent Religious Reappraisal/Spiritual Support and Religious Focus. The Benevolent Religious Reappraisal/Spiritual Support subscale assesses how individuals redefine the stressor through religion as benevolent and potentially beneficial. An example of an item on this subscale is "Tried to see how God might be trying to strengthen me in this situation." The Religious Focus subscale assesses how individuals engage in religious activities to shift the focus from the stressor. An example of an item on this subscale is "Focused on religion to stop worry about my problems." Internal consistency assessment yielded a Cronbach's alpha of .8 for most subscales. For this study, the Cronbach's alpha for the total RCOPE was .94, for Benevolent Religious Reappraisal/Spiritual Support was .86, and for Religious Focus was .71. Construct validity has been

Table 1

Demographics of Participants

Characteristics	<i>N</i>	%
Race ($N = 71$)		
African American	3	4.2
Hispanic	2	2.8
White	59	81.0
Other	7	9.7
Marital status ($N = 71$)		
Single	14	19.4
Married	52	72.2
Divorced	3	4.2
Widowed	2	2.8
Level of education ($N = 70$)		
High school	3	4.3
Junior college	9	12.9
College	19	27.1
Graduate	39	55.7
Job title ($N = 72$)		
Staff	58	80.6
Faculty	14	19.4

assessed across population samples (i.e., factor structure) and measures of general adjustment (i.e., incremental validity) with good results.

Interpersonal Support Evaluation List. The Interpersonal Support Evaluation List (ISEL; Cohen & Hoberman, 1983) provides a global measure of perceived social support across four subscales: tangible, appraisal, self-esteem, and belonging. The tangible subscale measures perceived availability of material aid, the appraisal subscale measures the perceived availability of someone to talk to about one's problems, the self-esteem subscale measures the perceived availability of positive comparison when comparing one's self with others, and the belonging subscale measures the perceived availability of people one can do things with (Cohen & Hoberman, 1983). The ISEL consists of 40 items that are counterbalanced and rated on a 4-point Likert scale. Participants are asked to rate statements such as "When I feel lonely, there are several people I can talk to" using a format ranging from 0 (*definitely false*) to 3 (*definitely true*). Retest reliability for the full measure has been reported as .87, and the retest reliability for the subscales ranges between .71 and .87 (Cohen & Hoberman, 1983). For this study, the Cronbach's alpha (α) for the ISEL was .99, which is considered excellent internal consistency.

Job Content Questionnaire. The Job Content Questionnaire (JCQ; Karasek, 1985) is a 49-item scale that measures the social and psychological characteristics of jobs across four scales: decision latitude, psychological demand, supervisor support, and coworker support. In addition, the decision latitude scale comprises of two subscales; decision authority and skill discretion. The JCQ is based on the demand control support model, the occupational stress model developed by Karasek and Theorell (1990). Using a 4-point Likert type response format ranging from 1 (*strongly disagree*) to 4 (*strongly agree*), participants rate statements such as "My job requires a lot of physical effort." The alpha coefficient for this measure is acceptable ($\alpha = .74$); in this study, the Cronbach's alpha was acceptable for both supervisory support and coworker support scales ($\alpha = .78$ and $\alpha = .80$, respectively).

Procedure

The questionnaires from the data set were collected using self-administered paper-and-pencil questionnaires. The completed packet took approximately 45 to 60 minutes to complete. Participation was voluntary and controlled for individuals who espouse Christian faiths and work for a Christian university, by only using completed packets from the participants that met these two criteria. Each participant was given a coded packet that was counterbalanced to avoid ordering effects.

The packets contained the following information: a one-page cover letter, a one-page instruction form, a consent form, the RCOPE, the ISEL, and the JCQ. The cover letter explained the purpose of the study and requested participation. In the letter participants were assured of anonymity and were told that they could decline participation

at any time without being penalized. In addition, they were provided with the researchers contact information in case they had any questions after the study.

To ensure anonymity, a list of the participants' names managed by the department of Human Resources was separated from the de-identified completed coded packets that were collected by the researchers. To further ensure the participants' anonymity, they were not required to turn in their consent form. The participants were given 2 weeks to complete the packet if they decided to participate. The completed packet was turned into the Human Resources Department.

Statistical Analysis

Analysis of the participants' demographic questionnaire was conducted to assess for any confounding variables that might impact the data. These variables were then noted and discarded if deemed appropriate to the study. To test the hypothesis that occupational stress would decrease as the positive coping styles (work-related and nonwork-related social support) and religious coping styles increase, we conducted two multiple regression analyses: work-related social support, nonwork-related social support, and religious coping styles were entered as the predictor variables and occupational stress as the dependent variable. The first regression model included the global score of work-related social support; the second regression model included the two categories of work-related social support: supervisory social support and coworker support. It was not possible to enter the work-related social support global scores and category scores in one regression model because it violated the assumption of multicollinearity in regression analysis. This violation was indicated by the tolerance level being less than .20 (Garson, 2009).

Results

The first multiple regression analysis tested the hypothesis that occupational stress would be predicted by work-related social support (i.e., the global score), nonwork-related social support, and two styles of religious coping (benevolent religious appraisal/spiritual support and religious focus). The regression model was significant, $F(4, 67) = 3.62, p < .05$, accounting for more than 17% of the variance in occupational stress. Employees' work-related social support, nonwork-related social support, and benevolent religious appraisal/spiritual support and religious focus jointly and significantly predicted occupational stress (see Table 2). As indicated by the squared semipartial correlation, work-related social support better predicted the outcome variable than nonwork-related social support and religious coping style. Work-related social support accounted for 13% of unique variance in occupational stress. The negative regression coefficient indicates that the likelihood of occupational stress decreases with an increase in work-related social support.

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The second multiple regression analysis tested the hypothesis that occupational stress would be predicted by two categories of work-related social support (supervisory social support and coworker social support), nonwork-related social support, and two styles of religious coping (benevolent religious appraisal/spiritual support and religious focus). The regression model was significant, $F(5, 66) = 3.00, p < .05$, accounting for more than 18% of the variance in occupational stress. Employees' supervisory social support, coworker social support, nonwork-related social support, benevolent religious appraisal/spiritual support, and religious focus jointly and significantly predicted occupational stress (see Table 3). Supervisory social support was the only significant predictor and accounted for 8% of unique variance in occupational stress. The negative regression coefficient indicates that the likelihood of occupational stress decreases with an increase in supervisory social support.

Discussion

The purpose of this study was to investigate the topic of occupational stress, work-related social support, nonwork-related social support, and religious coping styles among university employees. Occupational stress adversely affects an individual's overall well-being (Schirmer & Lopez, 2001). Protective factors, such as social support and religious coping, have been shown to buffer occupational stress (Beehr et al., 1990; Brunborg, 2008; Cummins, 1989; Schirmer & Lopez, 2001; Somech & Miassy-Maljak, 2003). This study examined whether there was a predictive relationship between social support, religious coping, and occupational stress.

It was hypothesized that occupational stress would be predicted by work-related social support, nonwork-related

social support, and religious coping styles: benevolent religious appraisal/spiritual support and religious focus. The results of this study indicated that work-related social support tends to contribute more to the decrease of occupational stress than nonwork-related social support. These results replicate other findings suggesting that employees may benefit more from work-related support than they do from nonwork-related social support when it comes to decreasing occupational stress (Cummins, 1989). This study is also corroborates the DC model. The literature has shown that, within the DC model, work-related social support is seen as the primary buffer to an employee's level of occupational stress compared to the other two dimensions. Furthermore, within the work-related social support variable, the results of this study indicated that supervisory social support tended to contribute more to the decrease of occupational stress when compared with coworker social support. These results are consistent with findings from other studies (Cieslak et al., 2007; Cummins, 1989).

A possible explanation for the results found in this study may be attributed to the type of social support that supervisors are using. Studies have indicated that social support is made up of four components: emotional/psychological support, instrumental/active support, informational support, and appraisal support (Abdel-Halim, 1982; Fenlason & Beehr, 1994; Wheeler & LaRocco, 2009). Wheeler and LaRocco (2009) suggest that co-worker social support tends to "provide emotional and informational support and that work supervisors most often provide instrumental and appraisal support" (p. 90). According to a study conducted by Wong, Cheuk, and Rosen (2000) emotional support was not effective in alleviating occupational stress. Alternatively, instrumental support was

Table 2

Multiple Regression of Global Work-Related Social Support, Nonwork-Related Social Support, and Religious Coping Styles on Occupational Stress

Variables	Occupational Stress (DV) Zero-Order Correlation	Zero-Order Correlation				B	β	sr ²
		1	2	3	4			
Work-related social support	-.375***	-	-.229	.020	.025	-.025**	-.368	.13
Nonwork-related social support	.094	-.229	-	-.277	-.235	.017	.047	.00
Benevolent religious appraisal	.028	.020	-.277	-	.429	-.001	-.043	.00
Religious focus	.173	.025	-.235	.429	-	.013	.211	.04
Means (SD)	.94 (.19)	27.21 (2.80)	1.36 (.55)	19.06 (5.61)	5.86 (3.06)		R ² = .13 Adjusted R ² = .18 R = .42	

Note. 1 = work-related social support; 2 = nonwork-related social support; 3 = benevolent religious appraisal; 4 = religious focus. R² = the proportion of the variance in occupational stress which is accounted for by the predictor variables; Adjusted R² = how much the model accounts for the variance in occupational stress; R = correlation between occupational stress and predictors variables.

** $p < .01$ *** $p < .001$.

Table 3

Multiple Regression of Supervisory Social Support, Coworker Social Support, Nonwork-Related Social Support, and Religious Coping Styles on Occupational Stress

Variables	Occupational Stress (DV) Zero-Order Correlation	Zero-Order Correlation					B	β	sr ²
		1	2	3	4	5			
Supervisory support	-.348***	-	-.256	-.163	-.025	.059	-.033**	-.310	.08
Co-worker support	-.256**	.319	-	-.212	.061	-.022	-.016	-.139	.01
Nonwork-related social support	.094	-.163	-.212	-	-.277	-.235	.018	.051	.00
Benevolent religious appraisal	.028	-.025	.061	-.277	-	.429	-.002	-.053	.00
Religious focus	.173	.059	-.022	-.235	.429	-	.014	.223	.02
Means (SD)	.93 (.19)	13.79 (1.8)	13.42 (1.65)	1.36 (.55)	19.06 (5.61)	5.86 (3.06)	R ² = .12 Adjusted R ² = .19 R = .43		

Note. 1 = supervisory support; 2 = co-worker support; 3 = Nonwork-related social support; 4 = benevolent religious appraisal; 5 = religious focus. R² = the proportion of the variance in occupational stress which is accounted for by the predictor variables; Adjusted R² = how much the model accounts for the variance in occupational stress; R = correlation between predictor variables and occupational stress.

***p* < .01 *** *p* < .001.

seen as effective in alleviating occupational stress (Wong et al., 2000).

Although participants were obtained from a religious private institution, religious coping styles did not seem to provide a statistically significant buffer against occupational stress. The two religious coping styles that were used in this study were benevolent religious reappraisal/spiritual support and religious focus. The results suggest that employees may be using problem-focused versus emotion-focused coping (Beehr et al., 1995). According to Beehr et al. (1995), problem-focused coping activities tend to be more effective. Thus, employees who are experiencing stress within the work place may gravitate towards a more problem-focused coping style. In our investigation of religious coping styles, participants endorsed benevolent religious reappraisal at a slightly higher rate than religious focus. Benevolent reappraisal tends to be more of a problem-focused coping style while religious focus is an emotion-focused coping style. Hence, other problem-focused coping strategies may have been preferred by the participants that were more specific to the nature of their work-related stressors. The type of coping style used by individuals tends to vary according to the stressor and the resources the individual brings to the situation (i.e., self-efficacy, locus of control, attachment style). Although the participants were obtained from a private religious institution, religion is not the only coping style that individuals may use. Furthermore, the two religious coping styles that were assessed in this study are not the only religious coping styles. There are many different ways that individuals may use religion to cope. In this study, only two

of Pargament's 17 religious coping styles were assessed; participants may prefer another style of religious coping that was not directly assessed by this study.

In conclusion, the results of this study indicate that supervisory social support makes the strongest predictor of occupational stress when compared to coworker social support, nonwork-related social support, and the religious coping styles of benevolent religious appraisal and religious focus. Thus, the likelihood of occupational stress decreases with an increase in supervisory social support.

Implications

Occupational stress has shown to affect an individual physically as well as psychologically. However, protective factors such as social support and religious coping styles may help buffer occupational stress. Hence, with the implementation of proper protective factors these negative outcomes of occupational stress will hopefully be moderated.

Organizations may want to consider instituting preventative practices to assure that an individual's physical and psychological well-being is not being negatively affected by occupational stress. Preventative practices that organizations may want to consider include providing employees with educational trainings aimed at reducing the employees' level of stress. Topics that could be considered for training include: communication and listening skills, developing better self-care strategies, and effective problem-solving skills (Wright, 2007). This proactive approach from an organization may help relieve employees' risk of occupational stress, which may in turn decrease absenteeism,

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turnover rates, and increase overall productivity. Therefore, with a reduction of stress levels through the implementation of specific stress management interventions and more attentiveness to the needs of their employees, organizations will be able to reduce the cost of health insurance among employees.

One specific intervention that organizations may want to consider is the relationship between employees and their supervisor. Importantly, studies indicate that supervisory support tends to be a key contributor to decreasing occupational stress. The literature on supervisory support has looked at the benefits that supervisory trainings can contribute to the overall well being of their employees. For example, some studies have looked at the effect of active listening training for supervisors on employees' level of stress. Specifically, these studies have shown that active listening helps improve interpersonal relationships, enhances social support, and aids in reducing an employees' level of stress (Kubota, Mishima, & Nagata, 20014). Another, intervention that has been addressed in the literature has been that of coaching (Wright, 2007). According to Wright (2007) coaching as an intervention can aid "...with better matches of employees and their jobs, with improving employee retention and productivity, with better transition times in organizational change, and can lead to decreased stress and morale" (p. 282). Hence, proper supervisory training may be warranted to ensure that employees are obtaining the proper supervisory support and help in reducing occupational stress.

Limitations

Due to the correlational nature of the study a causal relationship among the variables was not established. Other limitations of the study include methodological, sampling, operational, and measurement challenges.

The issue of using a self-administered questionnaire is a limitation as it increases the chances of creating a nonresponse bias (Abdel-Halim, 1982). Therefore, although self-administered questionnaires may help protect a participant's anonymity it creates a disadvantage because individuals who return the questionnaires may be different from those who chose not to participate in the study, thus creating a bias sample. Due to the nature of the design and the sample used in this study, results will have limited generalizeability. Furthermore, the limited number of participants may have precluded the ability to identify an interaction effect among the two variables being analyzed: social support and occupational stress.

Due to the complexity of the constructs involved, operational issues are another limitation. The literature has been unable to clearly and accurately find an operational definition for the constructs of social support and occupational stress. There are many different components that comprise the construct of social support. Various researchers have used different components of the constructs in operationally defining social support, making it difficult to systematically compare and contrast the studies. A final limitation was our utilization of global measures instead of

measures specific to the occupation being studied. Use of global versus specific measures of support may have diluted the potential impact of social support and coping on occupational stress.

Future Directions

As this topic continues to be of interest in the field of psychology as well as other diverse disciplines, various recommendations for future direction are suggested. First, it is recommended that better measures or clearer definitions be developed for both social support and occupational stress; measures that will address some of the limitations mentioned previously. Second, future research should consider using methods of gathering data other than self-report. Finally, since many recent investigations have used nonexperimental designs; it is recommended that future studies consider conducting longitudinal and experimental designs. The use of multiple methods may be beneficial in acquiring a better understanding of the relationship and/or interaction that may or may not exist between the constructs of social support and occupational stress. In addition, future studies may want to consider implementing different constructs for religious coping styles.

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