

ORGANIZATIONAL ROLE STRESSORS AND OUTCOMES: MODERATING ROLE OF ORGANIZATIONAL SOCIAL SUPPORT

Sharif Ullah Jan¹, M. Anis-ul-Haque² and M. Naveed³

Abstract

Employees in the health sector perform their roles in highly stressful conditions. Multiple stressors at job influence their personal and professional life. The present research examined the moderating effect of social support between role stressors and outcomes. Sample consisted of 300 paramedics from 20 districts of Khyber Puhktoonkhwa (KPK) collected through stratified random sampling design. Organizational Role Stressor Scale Social Support Scale, Maslach Burnout Inventory, Job Satisfaction Scale and Organizational Commitment Questionnaire were used. Moderating Regression analysis revealed significant effect of organization stressors on outcomes among paramedics. The current investigation has applied value for the paramedics working in health institutions.

Keywords: Organizational role stressors, social support, burnout, job satisfaction, organizational commitment.

JEL Classification: Z000

1-University of Peshawar, Peshawar, Pakistan

2 & 3-Quaid-i-Azam University Islamabad, Pakistan

Introduction

Organizational role stressor arises due to disparity between an individual's perception of the characteristic of a specific role, and what he/she actually attains in that specific role (Lambert & Lambert, 2001). A certain group of behaviors and attitudes expected from an individual configure his role. In different institutions and departments roles bring order and predictability to the behavior of individuals (Katz & Kahn, 1978). Role stress has four stressors, such as self-role distance, intra-role conflict, role growth stress and inter-role conflict. Likewise role set has four stressors i.e. role ambiguity, role overload role conflict and role erosion (Pareek, 1983). Within the organization, a role-set is a role system.

Social support acts as a moderating variable, and it can reduce the negative effects of high-strain jobs, even nursing. Emotionally labour-intensive jobs increase burnout, resulting in lower job satisfaction and higher job tension (Wharton, 1999). According to Wharton (1999) the association between emotional dissonance and organizational commitment is influenced by the presence of social support. Dual functions are performed by social support including structural as well as functional dimensions. Number and kind of people coming into regular contacts are known as sources of structural social support. Resources, which are made available from such relationships, as belonging, tangible, and appraisal support are functional dimensions (Cohen & Hoberman, 1983). Social support alleviates the problems of stress (House, 1981). Conversely, with the decline of support levels, stress would have an increasingly adverse impact on one's physical and mental health (Kessler, & Mcleod, 1985). Social support in job setting i.e. having co-workers and friends, who may be ready to share difficulties related to job helps to reduce the adverse consequences associated with the stressors experienced at job (Beehr & Drexler, 1986; Beehr, et al, 2000).

At present, dual roles of social support are documented in occupational health literature. The first fraction is related to the acknowledgement of the direct role of social support in reducing stressors and enhancing well-being (Viswesvaran, et al, 1999). Besides this, Kirmeyer and Dougherty (1988) suggest a second function of social support which is related to buffering hypothesis. This function is related to reducing the effect of stressors on work related attitudes of employees. Studies in connection with nurses taking care of patients—have indicated that those nurses who perceive that they are being provided adequate support by their organizations were able to overcome negative emotions and feelings. During downsizing and layoffs, a study by Eisenberger, et al, (1986) demonstrated that support provided by the organization alleviated the negative feelings and emotions among employees. Group's members can cope better with job stress when immediate supervisors are to provide emotional support. Study of Kirmeyer and Dougherty (1988) in which two groups of employees were compared on the basis of intensity of illness, revealed that those who considered themselves under active support from their bosses, suffered only half in 12 months period as compared to those employees, who considered themselves unsupported by the bosses (Kirmeyer, & Dougherty, 1988).

Anis-ul-Haque and Khan (2001) have compared women doctors and nurses, who were working in public hospitals. Effects of homework stress and burnout were buffered by the social support provided by organization. Similarly, reduced supervisory support resulted in emotional exhaustion of the paramedics (Leiter, 1988). Reduced supervisory support also led the nurses towards role ambiguity (Gray-Toft & Anderson, 1985). Those organizations which provide opportunities for social networking, for example in the field of medical setting, try to decrease stress. Social, psychological and performance related improvements are noted by the conduction of the workshops aiming to enhance the social support among health sector employees (Bair & Greenspan, 1986). Transactional stress-strain-coping theory of Lazarus and Folkman (1984) explains that when demands are

greater than the coping resources available, then strain is more likely to be experienced by the employees. Some psychologists (Cohen & Wills, 1985; Curtona & Russell, 1990) illustrate that the suffering role of social support can only be existed when the specific type of social support is provided in response to a deficiency created by a specific type of stressor. Hare, et al, (1988) have found burnout of highest degree in paramedics who feel deficiency in the availability of informal support from relatives and friends. Nature of the association with supervisor directly effects emotional exhaustion whereas the nature of ties with colleagues is directly linked with the perception of depersonalization and personal accomplishment (Beehr, 1995).

Over the last twenty five years, the findings obtained from numerous studies instantly in a specific context (i.e. western context) may not be readily generalized to another one (i.e. non-western context), until and unless validated across contexts. In this regards, less researched is carried out from Asian perspective (Hang-Yue, et al, 2005), specifically in Pakistani context. Although, few studies in Pakistan have examined the occupational stress with reference to job satisfaction and anxiety (Cochinwala & Imam, 1987), locus of control and social support (Javed & Shapiro, 1992), self-efficacy (Hanif, 2004), mental and physical health (Saeed, et al, 2007), Psychological well being and other job-related attitudes of different professionals (Naheed, Rehman & Shah, 2007). These studies are lacking exploration of role stressors, specifically, the inter role distance and resource inadequacy. Furthermore, a good deal of research material is available about the individual topics on stressors, strain and the role of social support, but a very few studies (e.g. Anis-ul-Haque & Sohail, 1997) have investigated their potential inter-dependence among the role stressors, outcomes and social support. The study addressed this limitation by making an attempt to investigate the role of most common stressors (role overload, role ambiguity, role conflict) as well as inter role distance and resource inadequacy in determining the personal and organizational outcomes, and the buffering effect of social support between stressors and outcomes relationship among public

sector paramedics in the hospitals of Khyber Pakhtunkhwa province of Pakistan. The current inquiry is meaningful in that social support are hypothesized to be important moderator in role stress and outcomes relationship, as specifying the intervening mechanism in a relationship may lead to a better understanding and more accurate prediction.

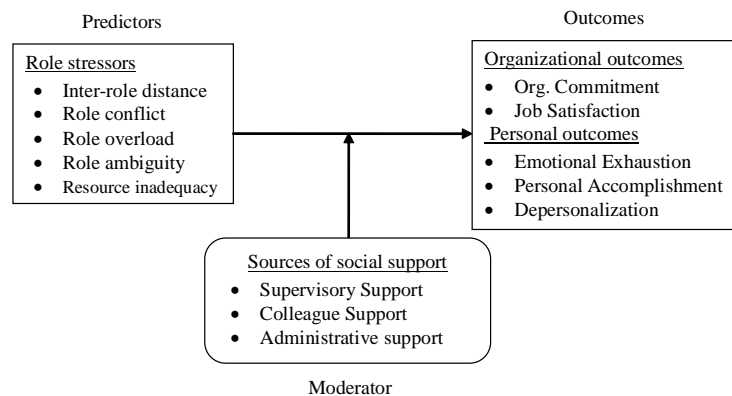
Hypotheses

- H₁. Social support buffer the role stressors and organizational outcomes relationship among paramedics.
- H₂. Social support buffer the role stressors and personal outcomes relationship among paramedics.

Conceptual Framework

Figure 1.

Organizational role stressors, social support and outcomes relationship among paramedics



Participants

A total of 300 paramedical staff including female ($f = 158$, 53%) and male ($f = 142$, 47%) of public sector hospitals of Khyber Pakhtunkhwa was selected. The sample was chosen from the Primary health care ($f = 100$, 33.3%) i.e. Rural Health Centers (RHCs), Basic

Health Unit (BHUs), Secondary Health Care($n=100, 33.3\%$), i.e. District Headquarters Hospitals (DHQs) and Tertiary Health Care Providers($n=100, 33.3\%$), i.e. Teaching Hospitals (THs). Written informed consent was taken from administration of the health care units and participants.

Instruments

Organizational Role Stressors Scale (Pareek, 1983) consisting of twenty five items and five subscales was used to measure role overload, role ambiguity, resource inadequacy, role conflict and role overload.

Social Support Scale (French, Caplan and Harrison 1982) consisting of eighteen items and three subscales was used to measure supervisory, colleagues and administrative support.

Maslach Burnout Inventory (Maslach, et al, 1996) consisting of twenty two items and three subscales was used to measure emotional exhaustion, depersonalization and personal accomplishments.

Job Satisfaction Scale (Hackman & Oldham, 1975) consisting of six items was used to measure job satisfaction.

Organizational Commitment Questionnaire (Mowday, et al, 1979) consisting of fifteen items was used to measure organizational commitment.

All scales are based on five-point Likert-type rating. Alpha coefficient of all instruments are mentioned in Table 1. Urdu version of these questionnaires have already been used in various studies in Pakistan, providing good evidence of reliability and construct validity (Anis-ul-Haque & Khan, 1995; Anis-ul-Haque & Sohail, 1997; Shah, et al, 1992).

Results

Table 1
Psychometric properties of study variables

Variables	α	M	S	I	II	III	IV	V	VI	VI	VI	XI	X	XI	XI	XI
			D						I	II					I	II
I. Inter Role Distance	.6	16.2	4.22	-.47	.49	.34	.53	.38	.30	-.16	-.06	-.10	-.02	-.01	-.18	-.18
				**	**	**	**	**	**	**	**	**	**	**	**	**
II. Role Conflict	.4	12.9	3.31	-.45	.50	.36	.56	.48	-.28	-.10	-.09	-.05	-.05	-.32	-.32	-.32
				**	**	**	**	**	**	**	**	**	**	**	**	**
III. Role overload	.6	13.7	4.01	-.35	.44	.45	.37	-.08	-.19	-.06	-.05	-.03	-.18	-.18	-.18	-.18
				**	**	**	**	**	**	**	**	**	**	**	**	**
IV. Role Ambiguity	.5	12.5	3.47	-.16	.44	.49	-.27	-.20	-.25	-.18	-.39	-.39	-.39	-.39	-.39	-.39
				**	**	**	**	**	**	**	**	**	**	**	**	**
V. Resource Inadequacy	.6	14.6	4.04	-.22	.05	-.02	.27	.13	-.19	.03	-.11	-.30	-.30	-.30	-.30	-.30
				**	**	**	**	**	**	**	**	**	**	**	**	**
VI. Supervisor Support	.6	17.9	4.64	-.68	.45	.03	.02	.13	-.11	-.30	-.30	-.30	-.30	-.30	-.30	-.30
				**	**	**	**	**	**	**	**	**	**	**	**	**
VII. Colleagues support	.6	20.6	4.40	-.45	.12	.02	-.05	-.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37
				**	**	**	**	**	**	**	**	**	**	**	**	**
VIII. Administrative support	.6	17.5	4.97	-.15	.14	.35	.11	.52	-.11	-.52	-.52	-.52	-.52	-.52	-.52	-.52
				**	**	**	**	**	**	**	**	**	**	**	**	**
IX. Emotional exhaustion	.7	15.4	5.09	-.31	.12	.20	.31	.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31
				**	**	**	**	**	**	**	**	**	**	**	**	**
X. Depersonalization	.7	9.9	4.03	-.46	.55	.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37
				**	**	**	**	**	**	**	**	**	**	**	**	**
XI. Personal accomplishments	.7	27.6	5.83	-.39	.46	-.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37	-.37
				**	**	**	**	**	**	**	**	**	**	**	**	**
XII. Job Satisfaction	.6	14.4	2.78	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31
				**	**	**	**	**	**	**	**	**	**	**	**	**
XIII. Organizational commitment	.6	44.5	6.97	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31	-.31
				**	**	**	**	**	**	**	**	**	**	**	**	**

* $p < .05$, ** $p < .01$

Table 2
Moderating Multiple Regression analysis showing the effect of social support as a moderator of the relationship between organizational role stressors and personal and organizational outcomes

Organizational Role Stressors, Organizational Social Support and Organizational Outcomes													
Model	B _{ij}	Model	B _{ij}	Model	B _{ij}	Model	B _{ij}	Model	B _{ij}	Model	B _{ij}		
1	RN	-2.31***	RO	-1.96***	1	RA	-2.01***	1	RN	-2.29***	1	RC	-2.06
	SS	.277***	CS	.124*		CS	.465***		CS	.173**		AS	.202***
		R ² = .146		R ² = .052		R ² = .247		R ² = .100		R ² = .179		R ² = .050	
		F = 25.422***		F = 8.069***		F = 48.807***		F = 16.447***		F = 32.472***		F = 7.811***	
2	RN	-5.98***	RO	-5.20*	2	RA	-4.29**	2	RN	-4.07	2	RC	-4.10*
	SS	-0.8	CS	.668***		CS	.950***		CS	.563**		AS	.162
		R ² = .156		R ² = .081		R ² = .271		R ² = .114		R ² = .190		R ² = .064	
		F = 18.272***		F = 8.669***		F = 36.617***		F = 12.716***		F = 23.196***		F = 6.704***	

Organizational Role Stressors, Organizational Social Support and Personal Outcomes													
Model	B _{ij}	Model	B _{ij}	Model	B _{ij}	Model	B _{ij}	Model	B _{ij}	Model	B _{ij}		
1	RA	-3.18***	RA	-2.55***	1	RA	-2.01***	1	RN	.003	1	RA	.470***
	SS	.258	SS	.087		SS	.465***		SS	.138*		CS	.094
		R ² = .124*		R ² = .081		R ² = .247		R ² = .019		R ² = .191		R ² = .251	
		F = 51.648***		F = 13.126***		F = 48.807***		F = 2.875*		F = 35.116***		F = 48.872***	
2	RA	-2.9*	RA	.059	2	RA	.439**	2	RN	.567**	2	RA	-.079
	SS	-2.9*	SS	.363		SS	.950***		SS	.649***		CS	-.512
		R ² = .156		R ² = .120		R ² = .271		R ² = .114		R ² = .190		R ² = .064	
		F = 37.491***		F = 9.669***		F = 36.617***		F = 4.849**		F = 25.208***		F = 35.859***	

Note: RN = Inter-role Distances; RC = Role Conflict; RO = Role Overload; RA = Role Ambiguity; RN = Resource Inadequacy; SS = Supervisory Support; CS = Colleague Support; AS = Administrative Support. *p<.05, **p<.01, ***p<.001

Moderated Regression analysis is computed with organizational role stressors as predictor variables, organizational social support as moderator variables and organizational outcomes (job satisfaction, organizational commitment) as outcome variable. Results shows that (a) supervisory support moderated between resource inadequacy and job satisfaction, (b) colleague support moderated between role overload and job satisfaction (c) colleague support moderated between role overload and organizational commitment, (d) colleague support moderated between resource inadequacy job satisfaction, (e) colleague support moderated between resource inadequacy and organizational commitment, (f) administrative support moderated between role conflict and job satisfaction.

Similarly Moderated Regression analysis is computed with organizational role stressors as predictor variables, organizational social support as moderator variables and personal outcomes (emotional exhaustion, depersonalization of others, personal accomplishments) as outcome variable. Results shows that (a) supervisory support moderated between role ambiguity and depersonalization of others, (b) supervisory support moderated

between role ambiguity and reduced personal accomplishment, (c) supervisory support moderated between role ambiguity and emotional exhaustion, (d) supervisory support moderated between resource inadequacy and reduced personal accomplishment, (e) colleague support moderated between role ambiguity and depersonalization of others, (f) colleague support moderated between role ambiguity and reduced personal accomplishment, (g) colleague support moderated between role ambiguity and emotional exhaustion, (h) administrative support moderated between role conflict and depersonalization of others, (i) administrative support moderated between role ambiguity and depersonalization of others, (j) administrative support moderated between role ambiguity and reduced personal accomplishment (k) administrative support moderated between role ambiguity and emotional exhaustion.

Discussion

The current study examined the buffering impacts of organizational social support between role stressors and outcomes. The hypotheses that social support buffers between the role stressors and personal outcomes was partially supported by the current study. Supervisory support had significant impact between role ambiguity and two outcomes including emotional exhaustion and depersonalization. Cohen and Will (1985), have given emphasis on diverse sources of support and not just types of support. Those paramedics who happen to be shift-workers, the supervisory support has proved the most potent buffering agent in the relation between role ambiguity and personal outcomes.

Support given by colleagues had noticeable effect on emotional exhaustion and depersonalization by paramedics but the role ambiguity stressor share in the personal accomplishment outcome was not mitigated through colleague support. One reason may be that colleagues and co-workers do not have much authority to influence that can be used to cushion the stress produced by different sources.

The research of Kong et al. (2001) also supported that all the three types of support, i.e. supervisory, administrative and colleagues have tremendous moderating effect between job demands and its burnout related outcomes including emotional exhaustion and depersonalization component in particular. During this study on paramedical staff, it was observed that the social support effects are to great extent conditioned by the nature of the existing association between the support-receivers (Sarason, & Pierce, 1994).

Findings of the previous researches on inspecting the moderating effects of supervisory support as well as colleagues and administrative support have been inconsistent. But it is a fact that a lot of research studies have demonstrated the beneficial effect of supervisory support on burnout (Greenglass et al., 1998). The different kinds of support are important in the sense that these offer multiple benefits and thus burnout is alleviated. Researchers have found that informational and instrumental supports provided by both the supervisors as well the colleagues have buffering and moderating effects on different components of the burnout (Himle, Jayaratne, & Thyness, 1991).

A potential limitation is these of self-report measures that makes the data vulnerable for biasness and social desirability. The study was limited to only organizational sources of social support, it would be more appropriate in future research to include the personal sources of social support like support from family, friends and significant others. More comprehensive picture can be found by incorporating these dual sources of support. Thus, future research is necessary, to consider joint effects of several moderators. No negative tasks of the buffering hypotheses are provided, if social support is measured at a single point of time. And a lot of psychologists, including Thoits (1982), are in favour of a longitudinal design for such investigations.

Beside all this, results confirmed the buffering role of social support between organizational role stressors and dual outcomes. The results indicated that colleagues and administrative support significantly reduced the impact of role ambiguity on depersonalization and emotional exhaustion dimension of burnout. Supervisory support significantly moderated between resource inadequacy and job outcomes. The study is useful in the sense that its ultimate findings have a lot of grounds for practical and theoretical implications. To a large extent, the previous research on paramedics is supported by this research.

Conclusion

The underlying assumptions regarding the buffering role of social support received from organizational sources is proved in the current inquiry. Differences were recognised while investigating the association between support present at workplace and the prediction of job satisfaction and work-related psychological influence on either psychological outcome, whereas social support received from supervisors demonstrated strong association with job satisfaction. Significant positive association between supervisors support and job satisfaction were observed. Likewise supervisory, colleague and the administration support have different relations with burnout. Thus the key role of social support as buffer against stress (Cohen & Wills, 1985) is not hidden.

References

- Anis-ul-Haque, A., & Khan, S., (2001). Burnout and organizational sources of social support in human service professionals: a comparison of women doctors and nurses. *Journal of Indian Academy of Applied Psychology*, 27, 57-66.
- Anis-ul-Haque, M., & Sohail, T., (1997). Stress, social support and burnout in nurses. *Pakistan Journal of Psychological Research*, 12, 770-86.
- Bair, J. P., & Greenspan, B.K. (1986) Teams: Team-work training for interns, resi-dents, and nurses. *Hospital and Community Psychiatry* 1986; 37(6):633-5.
- Beehr, T. A. (1995). *Psychological stress in the workplace*. London: Rutledge.
- Beehr, T. A., & Drexler, J. A. (1986). Social support, autonomy, and hierarchical level as moderators of the role characteristics-outcome relationship. *Journal of Occupational Behaviour*, 7, 207-214.
- Beehr, T. A., Jex, S. M., Stacy, B. A., & Murray, M.A. (2000). Work stressors and co-worker support as predictors of individual strain and job performance. *Journal of Organizational Behaviour*, 21, 391-405.
- Chiriboga, D. A., & Bailey, J. (1986). Stress and burnout among critical care and medical surgical nurses: A comparative study. *Critical care and medical surgical nurses: Critical care nursing Quarterly*, 9, 84-92.
- Cochinwala, S., & Imam, A. (1987). Anxiety and job satisfaction. *Pakistan Journal of Psychology*, 18, 9-16.
- Cohen, S., & Hoberman, H. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology*, 13, 99-125.
- Cohen, S., & Wills, T. (1985). Stress, social support and buffering hypothesis. *Psychological Bulletin*, 92, 257-310.
- Curtona, C. E., & Russell, D. W. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 319-361). New York: Willey.
- Eisenberger, R., Huntington, R., Hutchinson, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500-507.

- French, J.R.P., Jr., Caplan, R.D., Harrison, R.V. (1982). The mechanism of job stress and strain. New York: Wiley.
- Freudenberger HJ. (1980). Staff burnout *Social issues*; 30(1):159-85
Garden City, N.Y.: Anchor Press;
- Gray-Toft, P., & Anderson, J. G. (1981). Stress among hospital nursing staff: Its causes and effects. *Social Science & Medicine*, 15, 639-647.
- Greenglass J. E. R. (2002). Work stress, coping and social support: Implications for women's occupational; wellbeing. In D. L. Nelson & R. J. Burke (Eds.), *Gender, work stress and health* (pp. 85-96). Washington, DC: *American Psychological Association*.
- Hackman, J. R., & Oldham, G. R. (1975). Development of the Job diagnostic survey. *Journal of Applied Psychology*, 60, 159-170.
- Hanif, R. (2004). Teacher Stress, Job Performance, and Self-Efficacy of Woman School Teachers. A dissertation For The Degree of Philosophy In Psychology, National Instituted of Psychology, Quid-i-Azam University, Islamabad.
- Hang-yue, N., Foley, S., Loi, R. (2005). Work role stressors and turnover intentions: a study of professional clergy in Hong Kong [Electronic Version]. *International Journal of Human Resource Management* 16, 11, 2133-2146.
- Himle, D. P., Jayaratne, S., & Thyness, P. A. (1991). Buffering effects of four social support on burnout among social workers. *Social Work Research & Abstracts*, 27
- House, J. S. (1981). *Work stress and social support*. Reading, MA: Addison – Wesley.
- Javed, M., & Shapiro, C. M. (1992). Social Support, functioning symptomatology. *The Pakistan Journal of Clinical Psychiatry*, 2, 97-105.
- Katz, D., & Kahn, R. (1978). *The Social Psychology of Organizations*. New York: Wiley.
- Kessler, R. C., & McLeod, J. D. (1985). Social support and mental health in community samples. In S. Cohen, & S. L. Syme (Eds.), *Social support and mental health in community samples* (pp. 219_/240). San Diego, CA: Academic Press.
- Kirmeyer, S. L., & Dougherty, T. W. (1988). Work load, tension and coping: moderating effect of supervisor support. *Personnel Psychology*, 41, 125-139.
- Kong, D. X., Wertheimer, A. I., & Myers, M. J. (1994). Effect of social support on role stress and organizational commitment: Test of

- three theoretical Models. *Journal of pharmaceutical Marketing and Management*, 9, 93-116.
- Lambert, V., Lambert, C., & Ito., M. (2001). Workplace stereos ways of coping and demographic Characteristics as Predictors of physical and mental health of Japanese hospital nurses. *International Journal of Nurses Studies*, 41, 85-97.
- Lazarus, R. S., & Folkman, (1984). *Stress, Appraisal and coping*, New York: Springer-Verlag; *Leadership: The cutting edge*. Carbondale. IL: Southern Illinois University.
- Leiter, M. P. (1988). Commitment as function of stress reactions among nurses. A model of psychological evaluation of work settings. *Canadian Journal of Community Mental Health*, 7, 117-133.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory Manual* (3rd ed.). Palo Alto CA Consulting Psychologists Press.
- Mowday, R. T., Porter, L. W., & Steers, R. M. (1979). The Measurements of organizational commitment. *Journal of Vocational Behavior*, 14, 224-247.
- Naheed, S., Rehman, G., & Shah, S. A. (2000). Attitude of Pakistani School teachers towards their profession and their psychological well-being. *Pakistan Journal of Psychological Research*, 15, 39-55.
- Pareek, U. (1983). *Role Stress Scale*. Ahmedabad: Naveen Publications.
- Saeed, T., Anis-ul-Haq, M., & Sabeeh, S. M. (2007). Job insecurity and consequences, a comparative study: Contract and permanent employees. *Conference proceedings, Global Conference on business and finance research* (PP 83-87), Texas, USA.
- Shah, A.A., Kaur, R., & Haque, A. (1992). Work Values and organizational commitment in public and private sector industries. *Pakistan Journal of Psychological Research*, 7, 41-51.
- Thoits, P. A. (2006). Life stress, social support, and psychological vulnerability: Epidemiological considerations. *Journal of Community Psychology*, 10(4), 341-362. DOI: 10.1002/1520-6629(198210)10:4<341
- Viswesvaran, C., Sanchez, J. I., & Fisher, J. (1999). The role of social support in the process of work stress: A meta-analysis. *Journal of Vocational Behaviour*, 54, 314-334.
- Wharton, A. (1999). The psychosocial consequences of emotional labor. In R. J. Steinberg, & D. M. Figart (Eds.), *Emotional labor in service economy* (pp. 38-45), *The Annals of the American Academy of Political and Social Science*, 561