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Fostering a Supportive Environment At Work

Shelley E. Taylor
University of California, Los Angeles

Supportive social contacts at work affect job satisfaction and protect against job-induced psychological distress and health risks. Accordingly, interventions to create and improve oppurtunities for supportive social contact are a high priority. Guidelines for the development of such interventions and to whom they should be targeted are described.

What does it mean to foster a supportive work environment? Organizations have struggled with this issue for decades. On the one hand, making the work environment a place that encourages commitment is an important goal, and yet pressures toward cost containment and maximizing productivity can impose some limits on the kinds of interventions that might be undertaken.

In this article, I'll discuss what constitutes a supportive work environment generally, focusing especially on social support at work. Social support is the perception or experience that one is cared about by others, esteemed and valued, and is part of a social network of mutual assistance and obligations (Wills, 1991; Taylor, 2007). Social support can be emotional, instrumental (or practical), and informational, and in the workplace it occurs through social interactions with coworkers and supervisors (House, 1981).

Why should organizations care about social support? Why should they be committed to improving the social environment in the workplace? On the one hand, it's a good thing to do, but it's easy to think of reasons why one might not want to foster social relations any more than is already the case. People who spend their time at work connecting with friends are, virtually by definition, not doing their work. Yet, modest efforts to improve opportunities for social support

Correspondence should be sent to Shelley E. Taylor, Department of Psychology, University of California, Los Angeles, 1285 Franz Hall, Los Angeles, CA 90095-1563. E-mail: taylors@psych.ucla.edu

at work clearly offset any such concerns, as I will show. Moreover, when workers perceive that the work environment is socially supportive, they report that the organization is supportive more generally. The reverse is also true: workers who say they feel supported at work report that their work environment is more socially supportive as well. And, fostering a supportive environment may be less complex and costly than might first appear.

BENEFITS OF A SUPPORTIVE ORGANIZATIONAL ENVIRONMENT

There are a lot of reasons for fostering a supportive work environment. First, and perhaps most obvious, is that workers who feel supported come to work (House, 1981). People who enjoy the work environment, who have at least one friend, preferably several, at work, like their jobs, and thus absenteeism is lower and job satisfaction ratings are higher. Workers' ability to form supportive relationships at work is one of the strongest characteristics of highly productive work places (Gummer, 2001). From an organizational standpoint, this translates not only to a more committed workforce, but into revenue that is not lost to absenteeism and interruptions in work flow.

Workers who experience a supportive environment at work are less likely to make use of costly mental health services (Buunk et al., 1993; Loscocco & Spitze, 1990). Social support at work helps guard against depression and anxiety, which are some of the most common reasons for using mental health services. The effects of social support on mental health complaints may be particularly important for women workers. Women are known to depend on other people for help with managing the stressors in their lives more than men do (e.g., Tamres, Janicki, & Helgeson, 2002), and so women who have an opportunity to develop social relationships at work have an outlet for coping with problems that might otherwise lead to psychological distress.

Social support contributes to physical health and may thereby reduce health care costs. A socially supportive environment has been tied to many specific health benefits. Women with social support at work experience fewer complications during pregnancy and childbirth (Collins et al., 1993). People who report more social contacts are less susceptible to herpes attacks if they have been diagnosed with herpes (VanderPlate, Aral, & Magder, 1988). People who feel supported in their environments are less likely to experience a heart attack and are less likely to experience a repeat heart attack if they have had one (see Taylor, 2008, for a review). People who have social support recover faster from surgeries of various kinds, including coronary artery disease surgery (King et al., 1993; Kulik & Mahler, 1993). People who feel socially supported have better diabetes control (Marteau, Bloch, & Baum, 1987) and if they have been diagnosed with arthritis, report that it is less painful (DeVellis et al., 1986).

Social support also reduces the risk of early mortality. One community study (Berkman & Syme, 1979), for example, followed nearly 7,000 residents over a nine-year period to identify what factors contribute to long life. They found that people who lacked social and community ties were more likely to die of all causes during the follow-up period, compared to those who cultivated or maintained social relationships. In fact, having social contacts predicted 2.8 years increased life expectancy among women and 2.3 years among men. These differences were not explained by disparities in health at the beginning of the study or by health habits.

Indeed, social isolation is one of the major risk factors for early death in both animal and human studies (House, Landis, & Umberson, 1988). People who say that they are lonely, and thus experience a sense of subjective social isolation, are more likely to become ill with a broad array of diseases and are more likely to die early compared to those with social support (Hawkley & Cacioppo, 2007).

The effect of social support on health is as powerful or more powerful than well-established medical predictors of chronic disease and death. For example, social support is more important than blood pressure, lipids, obesity, and physical activity in predicting cardiovascular-related health outcomes, and it is on a par in magnitude with smoking (in the positive direction) (House, Landis, & Umberson, 1988).

WHY IS SOCIAL SUPPORT BENEFICIAL FOR HEALTH?

Why does social support have such strong effects on health? There are several reasons. These benefits occur in part because social relationships help people stave off illness altogether. This might surprise you because so many illnesses have a contagion element. You might imagine that people who have more social relationships would be exposed to a larger germ pool. However, the effects of social support appear to offset whatever increased exposure risk might occur.

Sheldon Cohen and his associates (Cohen et al., 1997), for example, have done some fascinating, if diabolical, studies that demonstrate the importance of social support. They recruited people for a study of colds and flus and intentionally infected them by swabbing the inside of their nasal passages with virus-soaked cotton swabs. They found, as expected, that people who were under a lot of stress were more likely to develop infections than people under less stress, and the colds and flus they developed were more serious as well. However, the people who had more social ties and reported having more social support in their lives were less likely to become ill following exposure to the virus, and, if they did, they recovered more quickly than those with fewer ties.

Another route by which social support improves health and thereby may lower health care costs is through better health habits (Taylor, 2007). It's easy, of course, to imagine ways in which social support could foster poor health habits; for example,

people who go to bars after work and drink together or smoke together aren't doing anything beneficial for their health. But often times, people will play sports together or simply hang out, activities that are inherently stress reducing. Moreover, among the things they talk about are health habits, such as diet. Small groups often bring pressure on those within their group to lose weight, stop smoking, or change a diet in a healthy direction. Indeed, smoking and alcohol abuse are more likely to be problems for the socially isolated than the socially connected (Broman, 1993). Particularly, when one creates a work environment in which not smoking, weight loss, exercise, and other health-conscious habits are part of the organizational culture, then the social support network can reinforce those cultural values and increase the likelihood that a worker will change problematic health behaviors. For example, women for whom exercise has been prescribed for medical problems are less likely to fall off in their practice if they experience social support in a group exercise program (Fraser & Spink, 2002).

This point reflects a larger one, namely, that when work groups or informal groups adopt the norms of the organization's culture, it can reinforce mental and physical health-related outcomes. For example, research has found that absenteeism is heavily influenced by work group beliefs about whether it is okay or not to be absent from work (Geurts, Schaufeli, & Buunk, 1995). In short, a socially supportive environment can underscore other aspects of an organizational culture in ways that may improve workers' mental and physical health and reduce the costs associated with mental and physical health disorders.

BIOLOGICAL PATHWAYS FROM SOCIAL SUPPORT TO HEALTH

Other reasons why social support affects health so strongly are because of its biological impact. It is not my intention to cite a lot of biology, but sometimes findings such as those just noted can be regarded as a bit "magical," and so I want you to see that there are credible, well established biological pathways by which social support has beneficial effects on health. I'm going to start with the most important pathway that concerns the direct effects on biological stress regulatory systems.

When people are under stress, their bodies release epinephrine and norepinephrine which result in sympathetic nervous system arousal. This experience is all too familiar and can involve the feeling of your heart racing, breathlessness, sweating, shaking, and other symptoms that people experience when they are under intense stress. Stress also engages the hypothalamic pituitary adrenocortical (HPA) axis, which involves the release of corticosteroids, including cortisol.

The activation of these systems under stress is important because they mobilize people for direct action against threats. During early human prehistory,

most of the stressors that we encountered were threats that demanded instanta-neous responses, such as skirmishes with other tribes, the attack of a predator, the need to bring down game for food, and natural disasters. A very rapid, intense stress response is beneficial for coping with such threats, because it mobilizes a person for action quickly and shunts biological resources to the areas where they are most needed, for example, permitting enhanced respiration, more rapid flow of blood to the extremities, and other changes beneficial for combating stressors.

The dilemma in our current lives is that most of our stressors do not have these features (McEwen & Lasley, 2002). We don't need to take down big game anymore. No one encounters a saber-toothed tiger on the way to work, and although we may be ambushed by coworkers, rarely does that assume the physi-cal form that it did during early human prehistory. Instead, our stressors are work overload, deadlines, role conflicts, role ambiguity, and other more sedentary, but nonetheless. often intensely stressful experiences.

Despite the fact that our stressors have changed, our biological stress responses have not. The body continues to be mobilized by the sympathetic ner-vous system and the HPA axis in ways that are designed to combat intensely physical stressors. Particularly under conditions of chronic stress, such as long commutes, unsatisfying personal relationships, or grinding strain at work, stress systems may be chronically engaged, and over time the risks to health are substantial. Health psychologists, neuroscientists, and medical researchers have documented the increased risk that chronic stress exerts on such prevalent disor-ders as obesity, diabetes, heart disease, infectious disorders, and some cancers (McEwen & Lasley, 2002). Chronic stress also aggravates immune-related disorders, such as allergies, autoimmune disease, and rheumatoid arthritis, and it consistently confers and aggravates risk for cardiovascular disorders, such as hypertension.

Why is a supportive environment helpful in combating these adverse effects of stress? First, people are less likely to appraise potentially stressful events as threatening if they are in a supportive environment. Rather, they are more likely to interpret events as challenging and can then muster the resources to address the stress. It is easy to envision this in your own life. Often, challenges that seem insurmountable when you're trying to accomplish them alone can seem much easier to manage following a word of encouragement and advice. Under circum-stances in which people experience social support, most challenges seem more tractable than they may seem when accomplished in a socially stressful environ-ment. So, part of the benefits of social support operate at the appraisal level, namely that people are less likely to appraise events as stressful.

A second way in which a socially supportive environment affects stress responses is by keeping biological stress responses low. Not all stressors can be beneficially appraised even in a socially supportive environment. Things happen

that have to be dealt with quickly, and often those demands are threatening. People who feel socially supported, however, typically experience less physiological and neuroendocrine arousal than those who experience less social support. Yes, the sympathetic nervous system is engaged, and yes, their cortisol levels go up, but not as much as occurs for people who go through the same events with less social support. Over time, the lesser toll that this physiological engagement takes on biological stress regulatory systems has payoffs in the form of fewer health complaints and a lower likelihood of experiencing chronic diseases (McEwen, 1998). Instead of being compromised by ongoing or recurring engagement, the biological stress systems maintain their resilience, and so biological recovery from stressful events is more rapid, and promote other signs of healthier stress systems.

There may be other biological benefits to social support as well. Research has consistently tied socially supportive interactions to the release of oxytocin, and oxytocin has antistress properties (Taylor, 2002). Oxytocin reduces sympathetic and HPA axis arousal, engenders a sense of calm, reduces anxiety, and generally has beneficial effects on meeting the inevitable challenges that the work environment confers. Oxytocin is released in response to many stressors and is believed to act as an impetus to social contact. Such a mechanism would have been highly protective in early human prehistory because it would have alerted people under threat to a need to affiliate with others quickly for joint protection. Let me give you a contemporary example that illustrates this point. Following 9/11, New York City reported a very substantial increase in attendance at bars. Of interest, however, was the fact that drinking per capita did not increase. People were apparently not going to bars because they had a greater need to consume alcohol, but because they had a greater need to be with other people, and the bars provided them with a social venue. The fact that we continue to experience an impetus toward social contact during stressful times is one of the more protective aspects of the stress responses engendered during early human prehistory.

When people experience less stress at work, the benefits for performance can be manifold. People who feel less stressed and more supported make better decisions and cope more effectively because they are not overwhelmed by stress. Social support may be particularly beneficial for helping people to manage job demands that are not easily modified through organizational structures or change. When workers have someone with whom they can share job-related concerns, such as a friend or a supervisor, they may be better able to deal with otherwise distressing aspects of their jobs, such as role ambiguity and role conflict. When roles have to be flexible, tasks change, there is too much work to do, or different organizational roles create demands that conflict with each other, a social outlet may solve problems that formal organizational change cannot do as quickly (Quick, Quick, Nelson, & Hurrell, 1997). Hospitals are a good example of this point. Although each worker in a hospital, whether physician, nurse, or orderly, has a defined role with clear responsibilities, emergencies often abruptly change

what needs to be done. Crises are typically socially negotiated, rather than governed strictly by the hospital hierarchy (e.g., Strauss, Schatzman, Bucher, Erlich, & Sarshim, 1963). People pull in who is handy and whom they trust. Good social relationships make this ad hoc process run more smoothly.

Thus, the benefits of a socially supportive environment are multiple in nature. A socially supportive environment enables people to appraise potentially stressful events as less stressful. People react with less physiological engagement in a socially supportive environment and thus experience fewer biological costs, and they cope more effectively with work stress and make better decisions. As such, the cumulative adverse effects of stress are lower among people in socially supportive environments, and so the payoffs for both the individual and the organization are immediate and long-term.

CREATING A SUPPORTIVE WORKPLACE

What can be done to improve social support at work? An overarching point to reinforce is that when workers are satisfied with their working conditions generally, they report more social support at work, and workers who experience more social support at work report that their working conditions are better (e.g., Marcelissen et al., 1988). This reciprocal relationship means that not only should we attend to factors that may promote social support at work, but we should also attend to factors that increase work satisfaction, because the two perceptions affect each other (Stinglhamber & Vandenberghe, 2004). What this often translates to is reducing the experience of stress at work.

Work Stress

A guiding framework for studying stress in the workplace has been the job strain model, which examines both the demands made on workers and the degree to which they perceive control over the tasks they need to perform. First developed by Robert Karasek in 1979 (Karasek et al., 1981), the job strain model maintains that the combination of job decision latitude (decision authority and skill discretion)—or as others have put it, control—and workload demands influences how one's job is experienced (Karasek et al., 1981).

Figure 1 shows how these two factors influence the work experience. High strain jobs are those with high demands, but low decision latitude, that is, little opportunity to make the decisions about the tasks that need to be done or exactly how those tasks will be done. Low strain jobs are those with low demands and high decision latitude. Active jobs are those with high demands and high decision latitude, and passive jobs are those with low demands and low decision latitude.

Job Demands

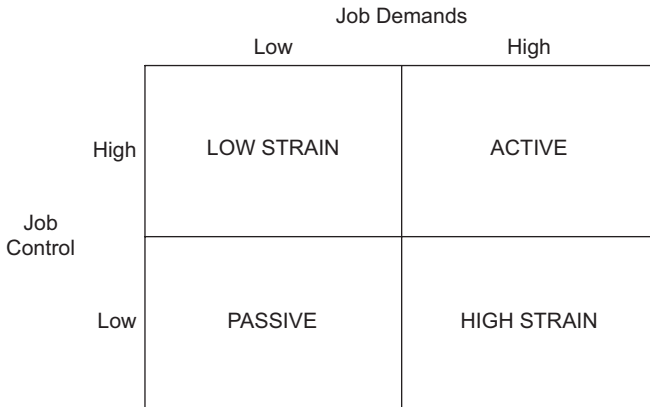|	Low	High
High	LOW STRAIN	ACTIVE
Low	PASSIVE	HIGH STRAIN

Job Control

FIGURE 1 The job strain (job demands-control) model.

Research on the adverse effects of the work environment has focused primarily on two types of jobs. Low latitude/low demand jobs, or passive jobs, often involve an inability to solve problems, make judgments, or tackle challenges on one's own, and thus can breed disaffection in the workplace. But, not surprisingly, high strain jobs are the ones related to the highest levels of physical health complaints and evidence of psychological distress. Psychological distress typically assumes the form of anxiety, depression, or exhaustion, and physical symptoms are often expressed as absenteeism. By contrast, in job circumstances in which control over decision alternatives and skills exists, people have opportunities for active learning and participation in their work, which can act as buffers against stress. Considerable research has suggested the usefulness of thinking about jobs in these ways, not the least of which is because these characteristics predict important health outcomes, such as cardiovascular disease (e.g., Steptoe et al., 2003).

Sometimes, though, high strains are intrinsic to the nature of a job. How can social support help? Recently, it has become clear that social support is a critical moderating factor for understanding the impact of demands and control. For example, people who have high strain jobs or high demand jobs experience fewer of the risks that might be associated with high demands if they are in a socially supportive workplace environment (Landsbergis et al., 1992). High perceived social support at work is associated with higher levels of job satisfaction and less anger at coworkers (Fitzgerald et al., 2003). Emotional support from significant people in one's work life can diminish the otherwise harmful effects of job demands and deprivations (House & Wells, 1978; LaRocco, House, & French, 1980). Supervisor support appears to be particularly important in this regard—a point that I'll return to shortly (Loscocco & Spitze, 1990). Thus, experiencing the

work environment as socially supportive can reduce what could otherwise be adverse effects of high strain or high demand jobs.

Let me give you some specific examples of the benefits that can be seen with a socially supportive workplace. Traffic enforcement agents are a good group for studying interpersonal stressors because their jobs routinely involve negative interpersonal interactions with others. Motorists insult, threaten, and curse at them for issuing summonses, for example. Yet social support is protective against the stress that these interactions might otherwise cause. A study showed that when traffic agents experienced social support from coworkers and supervisors on a day-to-day basis, they had lower blood pressure and a reduced likelihood of hypertension (Karlin, Brondolo, & Schwartz, 2003). These findings fit with other studies that also indicate lower blood pressure, fewer heart-related complaints, and a lower incidence of coronary heart disease in supportive work environments.

Social support at work can protect against the role conflicts that almost inevitably occur when people have multiple responsibilities at work or are dividing responsibilities between work and home. For example, some surprising findings come from studies of women who combine work responsibilities with marriage and motherhood. Researchers initially assumed that this group would be especially stressed-out because they have so many responsibilities both at work and at home (Eckenrode & Gore, 1990; Repetti, Matthews, & Waldron, 1989). Accordingly, for years, working mothers were studied as a model of multiple sources of stress. To the astonishment of researchers, evidence emerged that, as long as there was some help at home (Rosenfield, 1992), these women were actually better off, especially from a mental health standpoint, than women who did not have these multiple responsibilities (Barnett, Davidson, & Marshall, 1991; Kessler & McRae, 1982; Verbrugge, 1983; Waldron, Weiss, & Hughes, 1998). Why? An important factor is that these women have multiple sources of satisfaction in their lives, each of which can buffer against setbacks. When work is highly stressful, home life can act as a buffer against the distress that might have occurred, and when things are stressful at home, a socially supportive workplace can act as a buffer (Linville, 1985). Thus, the opportunity for supportive contact with coworkers in the workplace, especially other women, appears to be an important source of social support for working mothers that helps them cope with the stressors of multiple roles.

INTERVENTIONS TO ENHANCE SUPPORT AT WORK

In the following sections, I will focus on what kinds of interventions foster the perception of social support in the workplace. I'll start with kinds of social support at work are most important. Then I'll turn to the kinds of

supportive interventions that can be done for different types of jobs. Then I'll focus especially on the kinds of workers who may benefit from social support interventions.

More than 100 studies as of 2002 have been conducted making use of social support interventions in various settings (Hogan, Linden, & Najarian, 2002). The evidence clearly indicates that social support interventions can be helpful to people managing stressors. There is not yet enough evidence to conclude exactly what types of social support interventions work for which kinds of stressful environments, but there are some generalizations that can be drawn.

A first important point is that it's possible to get too heavy-handed in improving workplace opportunities for social support. In the mid-1960s, I worked at a mental hospital at which a T-group intervention was implemented. Workers at the hospital were brought together in small groups and encouraged to share their feelings. Many did, but often not to the good. For example, in one group, an occupational therapist was verbally attacked by group members for trying to cure the mentally ill by teaching them to make clay bowls and lanyards. The hurt feelings that persisted long after this misguided effort to build camaraderie had failed took a toll on work relationships that persisted for years, undermining morale and commitment.

Social support at work doesn't mean having to help workers develop an extensive network of close friends or creating groups with whom workers can share intimacies (Peeters, Buunk, & Schaufeli, 1995). One lesson that has been learned from the few interventions that have been done is how surprisingly little needs to be done to produce fairly substantial increases in feelings of support (Ganster & Murphy, 2000).

Physical Space

A first type of intervention is the physical plant itself; that is, how spaces are organized and whether they are organized in such a way as to foster relationships. People know what makes them happy, and if you create places and opportunities for social interaction, workers will often make their own social support. But without informal lounges, workout facilities, cafeterias, and other gathering places, workers can't create the kinds of experiences that make the social aspects of their work lives better.

Work Groups

Creating work groups can increase perceptions of social support. Just perceiving oneself to be part of a workgroup can be an important source of social support (Arneson & Ekberg, 2005). The feeling that everybody is behind the group goals can help lead to a sense of empowerment. For example, one study (Jackson,

1983) created a social participation intervention for a hospital, which consisted of helping workers form work groups to discuss departmental activities on a weekly basis. This fairly modest intervention produced lower levels of self-reported emotional strain at both 6-month and 9-month follow-up. Although relatively little change in actual control came about as a result of the intervention, perceptions of control at work changed substantially. Although this intervention may not provide a model for all work situations, it is revealing in showing how modest an intervention can be and yet still achieve quite strong effects.

Another intervention focused on improving the work team climate by training human service workers in coping techniques for dealing with job-related stressors and in how to use available organizational resources to manage job demands. This intervention reduced physical symptoms and symptoms of depression among those most at risk for leaving their jobs, and the program was also effective in increasing the amount of perceived supervisor support received on the job (Heaney, Price, & Rafferty, 1995).

Supervisor Support

Research on social support at work has focused most heavily on whether one has coworkers with whom one can interact, discuss problems, share stories, and otherwise enjoy their company. However, considerable research now makes it clear that social support from a supervisor can be as important as support from coworkers for helping people manage the demands of their jobs. Supervisor social support is associated with lower risk factors for cardiovascular disease for both men and women (Karlin, Brondolo, & Schwartz, 2003; Davis et al., 1995). For example, one study (Stinglhamber & Vandenberghe, 2003; 2004) examined perceptions of social support from coworkers and supervisors and related social support to workday ambulatory blood pressure and heart rate, both throughout the workday and during particularly high stress periods. Workplace support from both supervisor and coworkers was associated with lower blood pressure at both time points. In addition, people who perceived that they had support from their supervisor reported more satisfying job conditions and more emotional commitment to the organization. Perceived support from the supervisor was also related to lower turnover in the organization. Supportive, as opposed to more heavy-handed, contacts with supervisors is generally tied to greater job satisfaction (Koslowsky, Schwarzwald, & Ashuri, 2001). Moreover, on the other side, conflict with one's supervisor is one of the primary predictors of absenteeism (Geurts et al., 1995).

Stress Management

Drawing on the point that a satisfying work environment generally increases perceived social support, stress management training can be helpful for

increasing perceived social support at work. Stress management training typically includes individually-oriented, relaxation-based techniques and cognitive-behavioral skills training (Ganster & Murphy, 2000). Workers typically like stress management interventions, and these interventions often involve little disruption of organizational structure and function. They can be individualized to the needs of particular workers, and they are easy to evaluate in terms of their success.

Programs such as these are associated with consistent improvements in psychological functioning (Ganster & Murphy, 2000). Workers report less psychological distress after stress management training and often fewer physical complaints as well. Essentially, then, stress management represents a low risk, relatively low cost option for increasing perceptions of support.

Social Skills Training

Interventions to train people in social skills may be needed, that is, training people how to talk with and get along with others. This can be especially important for a worker or a supervisor who has high technical expertise, but perhaps little in the way of people skills. Such programs may include helping people develop clear guidelines for what appropriate social behavior is in the workplace, even focusing on behaviors as simple as greeting people and smiling. Coaching an employee through what may be difficult or awkward situations, such as how to communicate that instructions are not clear or that a task was not done correctly, may be needed. Role-playing another person's experiences or behavioral rehearsal prior to encountering difficult social interactions can improve social skills. Practice in how to ask for help, apologize to others, accept the consequences of one's behavior, and coordinate one's behavior with others' contributions are typically emphasized. Positive feedback for improvement in social skills, of course, is vital. Although such interventions will never turn a recluse into an extrovert, often only modest improvements in social skills may be needed to reduce the sense of isolation experienced by that worker or to ameliorate the adverse effects that the social isolate or socially awkward worker has on coworkers.

Increasing Perceptions of Social Support

Perceived social support shows uniform benefits with respect to psychological and physical symptoms. Although perceived support may be in part a dispositional characteristic, that is, an ingrained tendency to construe support as available, it also has environmental inputs. Helping people to construe the environment as supportive thus represents a potential intervention tactic.

Workers are more likely to feel socially supported at work when they experience the organizational culture as a supportive one. This point reflects my earlier

remarks about the reciprocal relationship between support at work generally and social support in particular. When workers feel that their needs are being watched out for, they perceive and may even create opportunities for social support. What kinds of factors influence the perception that the work environment is supportive? What one needs to feel supported varies greatly by industry, status in an organization, gender or minority status, type of job—and thus, no one answer addresses the needs of each group. Some work settings in which expectations for work commitment are very high may require more major interventions.

For example, a fast moving industry like high tech often expects an 80 hour work week from professionals, high face time, and the ability to respond fast and willingly to changed job descriptions, new tasks, and a change in an overall agenda. Because so much of life is spent in the work environment, access to good food, exercise opportunities, showering and changing facilities, and in some cases, dry cleaners or concierge services to arrange babysitting, plumbing fixes, and other emergencies that come up at home, are important. From these kinds of interventions, workers infer that they are valued and they feel supported. Employment in law, big accounting firms, and high prestige universities also requires fast track, high status job holders to be available on the order of 60 or more hours a week. Many of the same supports that one sees in the high tech industries work for these industries as well. Among fast track careerists, young mothers and dual career couples are under special strain. Flexible hours, technology for working at home, the expectation of less face time at work, paid parental leaves, and sick care arrangements all have the potential to smooth over some of the regularly experienced strains. Such interventions foster a feeling of being supported at work.

WHO NEEDS SOCIAL SUPPORT INTERVENTIONS?

With the exception of this last point, so far I've focused primarily on relatively modest interventions that can be widely implemented in an organization. There are, however, certain groups or certain working conditions that may require more active intervention. These include newcomers who don't yet have friends in the workplace or understand all the complexities of their work roles, people at risk for burnout in the organization, social isolates, and solo women and minority group members. These people or groups may especially benefit from socially supportive interventions in the workplace.

Social support is especially important for newcomer adjustment to an organization. One investigation (Nelson & Quick, 1991) looked at the impact of ten sources of potential social support on newcomers' reactions to their new work environment. These included a formal orientation to the group, offsite training sessions, having a buddy or senior worker, having a secretary or support staff,

opportunities for business trips, opportunities for daily interactions with peers, supervisor or mentor support, and social and recreational activities. The researchers measured reports of psychological distress, satisfaction with work, intention to stay or leave, and supervisors' assessment of newcomers' performance. All of these social and job support activities provided benefits, but the most important were offsite training sessions, business trips, and opportunities for supportive relationships within the work organization (Nelson & Quick, 1991).

Social support interventions may be important for workers at risk for burnout. Burnout is a risk for anyone who works continually with needy people (Maslach, 2003); for example, social workers, government workers who work with people, hospital or hospice workers, and even educators. Burnout occurs when people are required to provide services to people who may ultimately not be helped by those efforts. The frustrations can be enormous. Signs of burnout include emotional exhaustion and a feeling that one lacks efficacy at one's job. People who are suffering from burnout show an increasingly cynical and seemingly callous attitude toward those whom they serve and can thus be identified by these characteristics.

The risks of burnout are substantial. Burnout has been tied to absenteeism, high job turnover, lengthy breaks during working hours, and the infectious effects of demoralization on others (Parker & Kulik, 1995). Burned-out workers are also likely to suffer from insomnia, substance abuse, and stress-related disorders. People with burnout show elevated cortisol levels, among other signs that their stress systems are overactive.

Social support can protect against individual burnout and ameliorate it when it has occurred (van Dierendonck, Schaufeli, & Buunk, 1998). Support from colleagues and supervisor is especially protective against burnout, and people who have access to social resources can more easily deal with the environmental demands that often otherwise lead to burnout. Several types of interventions have been used to avoid burnout or help people cope with it. Stress-management interventions, which have already been discussed, are one way of controlling the feelings of burnout. Bringing people with burnout together with others who have experienced a rejuvenation following symptoms of burnout can be helpful. People who have few symptoms of burnout usually turn to others for help at the beginning, and so institutionalizing this kind of supportive buffer against full-blown burnout may be an important way to guard against greater costs (Moos & Schaefer, 1987; Shinn et al., 1984). Support groups for workers under intense stress, or opportunities to meet informally with others to talk about job strains, can be helpful as well (Duxbury et al., 1984).

Most people have at least modest, socially supportive networks at work and develop them on their own, and so it is interesting to focus on people who do not have social support and ask why. These isolates may be people who do not possess social skills; they may be going through a brief period during which support is absent; or they may be people who are not particularly inclined

towards social activity or social support. Because social isolation is a risk factor for mental and physical health disorders, some effort to identify and ascertain the causes of social isolation in the workplace may be needed. Creating a work environment where workers feel free to tell a supervisor when a coworker is going through a hard time, or creating enough regular contact between supervisors and workers to ascertain when there may be a case of temporary or long-term social isolation can be helpful. As noted, social skills training may be especially beneficial for workers in this category.

A fourth group that may have some special needs are minority employees and women in predominantly male work environments. As work by Alice Eagly (Cejka & Eagly, 1999), Rosabeth Kanter (1985), and Susan Fiske (2006), among others, has shown, opportunities for mentoring relationships with a supervisor who understands the particular situation the solo or minority group member faces, and who can give hard-nosed practical advice as well as emotional support, represents an important type of intervention. This is one way in which people who are in the majority in a work organization can recognize and address the particular strains that minorities or solos experience.

WHAT TO WATCH OUT FOR

Sometimes efforts to provide social support fail. For example, when a person is aware that another person is intentionally providing social support, that fact may undermine self-esteem, embarrass the person, create a sense of obligation, or otherwise have effects opposite to those intended (Bolger, Zuckerman, & Kessler, 2000). Invisible support, or support that is provided to a person without that person being aware that he or she is receiving it, may do more to improve wellbeing than efforts at support that are more obvious. This is consistent with the point I made earlier; namely, that often very minimal changes, such as alterations in the physical environment or the creation of work groups, can allow people to spontaneously create socially supportive activities.

Negative social relationships at work require attention. Negative interactions are more impactful on mental and physical health than are positive social interactions (Rook, 1984; Pagel et al., 1987). Accordingly, acting swiftly on, or finding ways to reduce negative interactions at work, may be as important a priority for organizations as promoting opportunities for social support. Transferring a problematic employee, or finding ways to keep two warring workers apart by separating work tasks or physical locations, may be needed.

Different kinds of social support are needed from different people (Peeters et al., 1995). Emotional support is most valuable when it comes from friends and family, but informational or instrumental support is more helpful when it comes from

experts, such as a supervisor or knowledgeable coworkers. When each person provides the wrong kind of support, the socially supportive efforts may backfire. This underscores the fact that trying to provide opportunities for closeness and intimacy at work may be less important than just giving people a chance to meet as a workgroup or to just hang out. If they want closer contact and want to exchange emotionally significant information, they'll do it, usually with one or two close friends. But social support efforts can misfire if workplace interventions attempt to foster emotional disclosure inappropriately. What people need most in the workplace is enough supervisor and coworker contact and communication so that they can sort out problems, especially those related to role conflict, role ambiguity, and role overload, and create opportunities to nurture their personal contacts with other workers.

Because emotional support and disclosure is typically more appreciated when it comes from close friends or family, efforts to provide emotional support at work should be indirect. For example, providing opportunities to develop friendships in the workplace (Hogan et al., 2002), and providing opportunities to bring friends and family into the workplace through informal get-togethers, helps to build emotional support into the workplace environment.

CONCLUSIONS

Social support is vital to organizational effectiveness. Organizations may have shied away from trying to improve social support in the workplace because of fears that interventions would be costly, time-consuming, unsuccessful, or even silly. Yet, as I've tried to show, surprisingly modest interventions, especially when targeted to those who need them, may be very successful. Modest changes in the physical environment, the creation of work groups, building in opportunities for supervisor support, stress management training, and social skills training have all demonstrated success in increasing perceived social support. More directive interventions may be needed for newcomers, workers in high burnout situations, minorities, social isolates, or others who lack social skills. Negative relationships between coworkers must also be addressed. Opportunities for sharing information and obtaining/providing feedback are more critical than providing opportunities for emotional sharing, which workers often create on their own. When the organization is seen as having workers' interests at heart, perceived social support is higher.

Social support is not just a nice thing to have. It is an ethical thing to provide. Its effects are manifold. It protects against poor health, mental health problems, job dissatisfaction, and absenteeism. People with social support live longer. The workplace is a significant environment for most adults, and making it a supportive one should be a high workplace priority.

REFERENCES

Arneson, H., & Ekberg, K. (2005). Evaluation of empowerment processes in a workplace health promotion intervention based on learning in Sweden. *Health Promotion International, 20,* 351–359.

Barnett, R. C., Davidson, H., & Marshall, N. L. (1991). Physical symptoms and the interplay of work and family roles. *Health Psychology, 10,* 94–101.

Berkman, L. F., & Syme, S. L. (1979). Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents. *American Journal of Epidemiology, 109,* 186–204.

Bolger, N., Zuckerman, A., & Kessler, R. C. (2000). Invisible support and adjustment to stress. *Journal of Personality and Social Psychology, 79,* 953–961.

Broman, C. L. (1993). Social relationships and health-related behavior. *Journal of Behavioral Medicine, 16,* 335–350.

Buunk, B. P., Doosje, B. J., Jans, L. G. J. M., & Hopstaken, L. E. M. (1993). Perceived reciprocity, social support, and stress at work: The role of exchange and communal orientation. *Journal of Personality and Social Psychology, 65,* 801–811.

Cejka, M. A., & Eagly, A. H. (1999). Gender-stereotypic images of occupations correspond to the sex segregation of employment. *Personality and Social Psychology Bulletin, 25*, 413–423.

Cohen, S., Doyle, W. J., Skoner, D. P., Rabin, B. S., & Gwaltney, J. M., Jr. (1997). Social ties and susceptibility to the common cold. *Journal of the American Medical Association, 277,* 1940–1944.

Collins, N. L., Dunkel Schetter, C., Lobel, M., & Scrimshaw, S. C. M. (1993). Social support in pregnancy: Psychosocial correlates of birth outcomes and post-partum depression. *Journal of Personality and Social Psychology, 65*, 1243–158.

Davis, M. C., Matthews, K. A., Meilahn, E. N., & Kiss, J. E. (1995). Are job characteristics related to fibrinogen levels in middle-aged women? *Health Psychology, 14,* 310–318.

DeVellis, R. F., DeVellis, B. M., Sauter, S. V. H., & Cohen, J. L. (1986). Predictors of pain and functioning in arthritis. *Health Education Research, 1,* 61–67.

Duxbury, M. L., Armstrong, G. D., Drew, D. J., & Henly, S. J. (1984). Head nurse leadership style with staff nurse burnout and job satisfaction in neonatal intensive care units. *Nursing Research, 33,* 97–101.

Eckenrode, J., & Gore, S. (1990). *Stress between work and family.* New York: Springer-Verlag.

Fiske, S. T. (2006). Stereotypes in the litigation of work/life conflict. *Women's Rights Law Reporter, 27,* 47—49.

Fitzgerald, S. T., Haythornthwaite, J. A., Suchday, S., & Ewart, C. K. (2003). Anger in young black and white workers: Effects of job control, dissatisfaction, and support. *Journal of Behavioral Medicine, 26,* 283–296.

Fraser, S. N., & Spink, K. S. (2002). Examining the role of social support and group cohesion in exercise compliance. *Journal of Behavioral Medicine, 25,* 233–249.

Ganster, D. C., & Murphy, L. R. (2000). Workplace interventions to prevent stress-related illness: Lessons from research and practice. In C. L. Cooper and E. A. Locke, (Eds.). *Industrial and organizational psychology: Linking theory with practice* (pp. 34–51). Oxford: Blackwell.

Geurts, S. A., Schaufeli, W. B., & Buunk, B. P. (1995). Social comparison, inequity, and absenteeism among bus drivers. In J. M. Peiró, F. Prieto, J. L. Meliá, and L. Oto (Eds.). *Work and organizational psychology: European contributions of the nineties* (pp. 33–45). Oxford, UK: Lawrence Erlbaum.

Gummer, B. (2001). Peer relationships in organizations: Mutual assistance, employees with disabilities, and distributive justice. *Administration in Social Work, 25,* 85–103

Hawkley, L. C., & Cacioppo, J. T. (2007). Aging and loneliness: Downhill quickly? *Current Directions in Psychological Science, 16,* 187–191.

Heaney, C. A., Price, R. H., & Rafferty, J. (1995). Increasing coping resources at work: A field experiment to increase social support, improve work team functioning, and enhance employee mental health. *Journal of Organizational Behavior, 16,* 335–352.

Hogan, B. E., Linden, W., & Najarian, B. (2002). Social support interventions: Do they work? *Clinical Psychology Review, 22,* 381–440.

House, J. A. (1981). *Work stress and social support.* Reading, MA: Addison-Wesley.

House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science, 241*, 540–545.

House, J. S., & Wells, J. A. (1978). Occupational stress, social support, and health. In A. A McLean, G. Black, and M. Colligan (Eds.), *Reducing Occupational Stress: Proceedings of a Conference, Department of Health, Education, and Welfare (Publication No. 78–140)* (pp. 8–29). Washington, DC: National Institute of Occupational Health and Safety.

Jackson, S. E. (1983). Participation in decision making as a strategy for reducing job-related strain. *Journal of Applied Psychology, 68,* 3–19.

Kanter, R. M. (1985). Mastering change: The skills we need. In L. Moore (Ed.). *Not as far as you think: The realities of working women* (pp. 181–194). Lexington, MA: Lexington Books.

Karasek, R., Baker, D., Marxer, F., Ahlbom, A., & Theorell, T. (1981). Job decision latitude, job demands, and cardiovascular disease: A prospective study of Swedish men. *American Journal of Public Health, 71,* 694–705.

Karlin, W. A., Brondolo, E., & Schwartz, J. (2003). Workplace social support and ambulatory cardiovascular activity in New York City traffic agents. *Psychosomatic Medicine, 65,* 167–176.

Kessler, R. C., & McRae, J. A. (1982). The effect of wives' employment on the mental health of married men and women. *American Sociological Review, 47,* 216–227.

King, K. B., Reis, H. T., Porter, L. A., & Norsen, L. H. (1993). Social support and long-term recovery from coronary artery surgery: Effects on patients and spouses. *Health Psychology, 12*, 56–63.

Koslowsky, M., Schwarzwald, J., & Ashuri, S. (2001). On the relationship between subordinates' compliance to power sources and organizational attitudes. *Applied Psychology: An International Review, 50,* 455–476.

Kulik, J. A., & Mahler, H. I. M. (1993). Emotional support as a moderator of adjustment and compliance after coronary artery bypass surgery: A longitudinal study. *Journal of Behavioral Medicine, 16,* 45–64.

Landsbergis, P. A., Schnall, P. L., Deitz, D., Friedman, R., & Pickering, T. (1992). The patterning of psychological attributes and distress by "job strain" and social support in a sample of working men. *Journal of Behavioral Medicine, 15,* 379–414.

LaRocco, J. M., House, J. S., & French, J. R. (1980). Social support, occupational stress, and health. *Journal of Health and Social Behavior, 21,* 202–218.

Linville, P. W. (1985). Self-complexity and affective extremity: Don't put all of your eggs in one cognitive basket. *Social Cognition, 3,* 94–120.

Loscocco, K. A., & Spitze, G. (1990). Working conditions, social support, and the well-being of female and male factory workers. *Journal of Health and Social Behavior, 31,* 313–327.

Marcelissen, F. H., Winnubst, J. A., Buunk, B., & de Wolff, C. J. (1988). Social support and occupational stress: A causal analysis. *Social Science and Medicine, 26,* 365–373.

Maslach, C. (2003). Job burnout: New directions in research and intervention. *Current Directions, 12,* 189–192.

Marteau, T. M., Bloch, S., & Baum, J. D. (1987). Family life and diabetic control. *Journal of Child Psychology and Psychiatry, 28*, 823–833.

McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *The New England Journal of Medicine, 338,* 171–179.

McEwen, B. S., & Lasley, E. N. (2002). *The end of stress as we know it.* Washington, DC: Dana Press.

Moos, R. H., & Schaefer, J. A. (1987). Evaluating health care work settings: A holistic conceptual framework. *Psychology and Health, 1,* 97–122.

Nelson, D. L., & Quick, J. C. (1991). Social support and newcomer adjustment in organizations: Attachment theory at work? *Journal of Organizational Behavior, 12,* 543–554.

Pagel, M. D., Erdly, W. W., & Becker, J. (1987). Social networks: We get by with (and in spite of) a little help from our friends. *Journal of Personality and Social Psychology, 53*, 793–804.

Parker, P. A., & Kulik, J. A. (1995). Burnout, self- and supervisor-rated job performance, and absenteeism among nurses. *Journal of Behavioral Medicine, 18,* 581–600.

Peeters, M. C. W., Buunk, B. P., Schaufeli, W. B. (1995). Social interactions, stressful events, and negative affect at work: A micro-analytic approach. *European Journal of Social Psychology, 12,* 391–401.

Quick, J. C., Quick, J. D., Nelson, D. L., & Hurrell, J. J. (1997). *Preventative stress management in organizations.* Washington, DC, US: American Psychological Association.

Repetti, R. L., Matthews, K. A., & Waldron, I. (1989). Employment and women's health: Effects of paid employment on women's mental and physical health. *American Psychologist, 44,* 1394–1401.

Rook, K. S. (1984). The negative side of social interaction: Impact on psychological well-being. *Journal of Personality and Social Psychology, 46,* 1097–1108.

Rosenfield, S. (1992). The costs of sharing: Wives' employment and husbands' mental health. *Journal of Health and Social Behavior, 33,* 213–225.

Shinn, M., Rosario, M., Morch, H., & Chestnut, D. E. (1984). Coping with job stress and burnout in the human services. *Journal of Personality and Social Psychology, 46,* 864–876.

Steptoe, A., Kunz-Ebrecht, S., Owen, N., Feldman, P. J., Rumley, A., Lowe, G. D. O., & Marmot, M. (2003). Influence of socioeconomic status and job control on plasma fibrinogen responses to acute mental stress. *Psychosomatic Medicine, 65,* 137–144.

Stinglhamber, F., & Vandenberghe, C. (2003). Organizations and supervisors as sources of support and targets of commitment: A longitudinal study. *Journal of Organizational Behavior, 24,* 251–270.

Stinglhamber, F., & Vandenberghe, C. (2004). Favorable job conditions and perceived support: The role of organizations and supervisors. *Journal of Applied Social Psychology, 34,* 1470–1493.

Strauss, A., Schatzman, L., Bucher, R., Erlich, D., & Sarshim, M. (1963). The hospital and its negotiated social order. In E. Freidson (Ed.), *The hospital in modern society* (pp. 147–169). New York: Free Press.

Tamres, L., Janicki, D., & Helgeson, V. S. (2002). Sex differences in coping behavior: A meta-analytic review. *Personality and Social Psychology Review, 6,* 2–30

Taylor, S. E. (2002). *The tending instinct: How nurturing is essential to who we are and how we live.* New York: Holt.

Taylor, S. E. (2007). Social support. In H. S. Friedman and R. C. Silver (Eds.). *Foundations of Health Psychology* (pp.145–171). New York: Oxford University Press.

Taylor, S. E. (2008). *Health Psychology* (7th ed.). New York: McGraw-Hill.

VanderPlate, C., Aral, S. O., & Magder, L. (1988). The relationship among genital herpes simplex virus, stress, and social support. *Health Psychology, 7,* 159–168.

van Dierendonck, D., Schaufeli, W. B., & Buunk, B. P. (1998). The evaluation of an individual burnout intervention program: The role of inequity and social support. *Journal of Applied Psychology, 83,* 392–407.

Verbrugge, L. M. (1983). Multiple roles and physical health of women and men. *Journal of Health and Social Behavior, 24,* 16–30.

Waldron, I., Weiss, C. C., & Hughes, M. E. (1998). Interacting effects of multiple roles on women's health. *Journal of Health and Social Behavior, 39,* 216–236.

Wills, T. A. (1991). Social support and interpersonal relationships. *Review of Personality and Social Psychology, 12,* 265–289.