

1: Marshaling social support: formats, processes, and effects - Benjamin H. Gottlieb - Google Libri

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A growing body of research has observed that social support is an important factor affecting health and well-being. The current article aims to provide an overview of the theoretical background and evidence base examining the link between social support and health, and will present practical information on how to enhance social support at the workplace. Definitions and key concepts

Definitions Social support is widely-known and well-studied; yet it remains a complex construct in psychological research and practice. There exist several definitions of social support in the literature. Consequently, it is hard to name just one or two. However, the following key elements are common in most definitions: Researchers agree that giving and receiving social support is an interactive process and must be regarded under the concept of reciprocity, which refers to giving support which is positively associated with receiving it [4] [5]. Social support is a widespread, everyday phenomenon. Generally the majority of people report being socially supported in their private lives, but also at the workplace. However, it is important to note this data is only representative of the European context.

Types of social support Social support can be categorised by either the type of social support or by its source. The two following sections aim to discuss these categorisations further. In practice, it is often challenging to clearly distinguish these categories from each other. Typically viewed types of social support include [8]: However, a diverse set of opinions of the number of categories of social support and their defining characteristics currently exist. For example, some researchers only divide social support into two categories: Whereas, other authors have postulated that there exist other types of social support beyond the three aforementioned: Received support is the actual support received in a situation where a person needs help from others. In the literature, received support is considered as retrospective in nature, whilst perceived social support is thought of as being prospective [1]. Thus, an important difference between them lies in the time point. One might conclude that received and perceived supports are closely related. However, studies have found that this is often not the case [11]. One explanation is that received support is also influenced by environmental factors, whereas perceived support is to a greater extent determined by certain personality traits: In research studies typically perceived social support is measured, due to the widespread use of self-report questionnaires. Given the sometimes enormous difference between both types, it is important to keep in mind this may lead to biased results.

Sources of social support Another way of classifying social support is by source. In the working context, typical sources of social support are co-workers, supervisors, and the organisation in general. Support from non-work sources can, to a certain extent, have an impact on health and work outcomes as well [14]. Here support is usually provided informally by spouse or life partner, other family members, friends, neighbours, or formally by professionals outside the workplace e. Background and theoretical models A number of different theoretical models have been proposed to explain the role of social support for example [15] [16] [17]. Although these models differ in content and structure, they can be broadly divided simply into two basic modes of action: In the main effect model, social support has a direct positive influence on health and well-being. The buffering hypothesis states that social support reduces or buffers stress which means it decreases the detrimental effects of stress on health outcomes see Figure 1 [3]. There is supporting evidence to a certain degree for both models, although the moderator effect model has yielded conflicting results. It proposes that job strain is higher in jobs with high demands and low control. However, this model has been criticised for being too simplistic, therefore it was expanded to include a third dimension: The JDC-S theory states that social support can moderate the negative influence of high demands and low control on job strain. Effects of social support on various outcomes Research in regards to social support began in the early s and soon became very popular among the scientific community. Many publications about social support at the workplace go back to the s and s, and interest in this topic area continues to grow. In relation to the workplace setting, outcomes of social support on stress and strain have been a major focus in research. Furthermore, research about social support has been widened to include other outcome variables; for

example, health, job satisfaction, productivity, or turnover intention. Health The relationship between social support and health has been thoroughly examined over the last three decades and is well documented [23]. It has been demonstrated that lower levels of social support are associated with higher rates of many different diseases: Social support in the workplace is thought to be a very important resource in coping with stress by reducing stressors and strains [1] [19]. A longitudinal study found employees reporting high levels of peer support over a twenty year period had decreased mortality [24] ; however, supervisor support was observed to have no impact. Some studies have observed a positive relationship between social support and well-being [25] [26] ; whilst others have not observed similar findings [27]. Effects are reported in the other direction, too. Several studies imply a connection between the lack of social support and musculoskeletal ill-health [28]. Negative aspects of close relationships seem to worsen physical, mental, and social functioning [29]. Job satisfaction A growing body of evidence indicates that there exists a positive relationship between social support and job satisfaction [30] [31]. However, in other studies mixed results have been reported: In other studies, formal support by the organisation e. Furthermore, only instrumental support seemed to be associated with job satisfaction, but not emotional support [27]. Other organisational outcomes Health and job satisfaction are clearly the best studied outcomes of social support in the working context. However, there are other variables that are related to social support, like productivity, organisational commitment, or turnover intention. A meta-analysis, conducted by Chiaburu and Harrison [15] , found a positive relationship between co-worker support and job performance, job involvement, and organisational commitment among several other outcomes. Studies conducted to examine the influence of social support on productivity found that employees show higher rates of productivity when reporting higher levels of social support at work, especially by their supervisors [14] [25]. Several studies have observed a relationship between social support and turnover intention; more specifically, these studies showed that workers reporting higher levels of social support are less likely to quit or stay absent from work [17] [26]. However, the magnitude of this observed relationship is rather small, and was not found in all studies [30]. Again, it seems like the source of support is crucial, with supervisor support showing greater influence than support from co-workers or the organisation [17] [33] [34]. Firth and colleagues [16] observed an indirect relationship between job stressors role ambiguity, role conflict, work-overload, and work-family conflict and intention to quit, which was mediated by supervisor support. Controversial findings in social support research Despite the large and growing body of research, the aetiological pathways and mechanisms underpinning social support and its respective relationship with various outcomes continue to remain unclear; since, the results of several studies rarely point in the same direction, and often the obtained results yield mixed results. For example, a person needing emotional comfort will not feel better when just being given money. Another explanation for conflicting results could lie in gender or ethnic differences [13]. Women and men tend to use different sources of support. Men receive support mostly by their spouse, while women rely mainly on support by close persons like friends [36] [37]. Although social support is beneficial in relation to many outcomes, its effects are not always positive, but can even be detrimental to the receiver [38]. On the one hand, there is the kind of social support which is well-intentioned but can result in negative outcomes. On the other hand, there is the construct of social undermining, which is not just a lack of social support. Instead, undermining behaviour aims at worsening or damaging another person on purpose. These behaviours imply that social undermining is the complete opposite of social support or constitutes the other end of a continuum between support and undermining. However, researchers argue that both positive and negative aspects come from personal relationships. Researchers have found that the negative impact of social undermining can be even greater than the positive effect of social support [42] [41]. Social undermining is related to the broader issue of bullying and harassment in the workplace. Workplace practices Social support at work can have favourable outcomes both on employees e. This section will have a closer look on how to transfer the findings from research into practice i. However, organisations interested in implementing and enhancing social support must know that this requires some sensitivity. Before starting any measures the organisation should examine if there is a request and need for it by their employees. A positive organisational climate and personal relationships between co-workers, as well as supervisor and employees are needed to create the relevant platform for

implementation. The following section will give some advice on what the individual, supervisors, and organisations can do. Individuals For the individual that wants to increase social support in the workplace, the first step is to create positive relationships to others. Social ties with others should be characterised by mutual appreciation, at least by the absent of antipathy. Further, the individual should be aware of the concept of reciprocity: Another step is to articulate a need of help, which means seeking and asking for help, and appreciating support efforts from others. Taking part in trainings focusing on social support can increase their awareness for the need for support in others, and hence providing support where needed and required. In accordance to the matching hypothesis, supervisors should learn to distinguish whether instrumental support is needed or emotional support is more appropriate. They should also be made aware of their status as a role model; which means that by giving their employees support, they, in turn, also encourage them to provide support to each other. There should be a special focus on groups, teams, and departments, where cooperation is enabled and rewarded. This also includes a transparent management of information and actively involving employees in central decision making processes. Good working conditions, fairness, and rewards also characterise perceived organisational support [43]. According to Sundin and colleagues, the amount of social support at the workplace is not determined by age, gender, personality traits, or educational level of employees, but mostly by organisational factors: These people often hold central duties in a department. They help, listen, and give advice informally, but are not always appropriately noted or appreciated. This important target group should receive special attention, training, and supervision; as well as, receive rewards and appreciation. Conclusions There is wide spread agreement that social support is a crucial resource in the working context with positive effects on health, well-being, and job satisfaction, which employees and organisations can benefit from. Both supervisors and co-workers play important roles in providing support at the workplace, with supervisors presumably having some greater impact. However, these promising and positive findings should be viewed with caution for three reasons. First, results from research studies remain ambiguous. This may be due to different underlying definitions, measures, sources, and types of social support which led to inconsistent results.

2: - Marshaling Social Support Formats, Processes, and Effects by Benjamin H. Gottlieb

The challenge of creating conditions conducive to the expression of solidarity, support and personal change are specifically considered in this volume, which illuminates critical issues in the mobilization of social support and the planning of interventions.

Perhaps the most important fact is this: Nearly all the stress-related factors in our lives can be modified. We begin with a little help from our friends. Social support One of the best antidotes for stress is social support: Research shows that people who encounter major life stresses, such as the loss of a spouse or job, come through the ordeal more easily if they have an effective network of friends or family for social support. First, socioemotional support gives you the message that you are loved, cared for, esteemed and connected to other people in a network of communication and mutual obligation. Anyone with whom you have a significant relationship can be part of your social support network in time of need. Much research points to the power of social support in moderating vulnerability to a variety of stressful situations. Health psychologist Shelley Taylor and her colleagues at UCLA have studied the effectiveness of different types of social support given to cancer patients. They found that the effects of the helpfulness depended on who the helper was. In that case, inappropriate social support may become intrusive and not helpful in the long run. On the other hand, a close other who is not supportive may leave you in greater stress than if you were alone. For example, the symptoms of depression are more likely to increase for a married person who cannot communicate well with his or her spouse than for another subject without a spouse. People belong to many organizations neighborhood, religious, extended family that can identify those who require support and channel resources to them. In times of crisis, when a catastrophe strikes a community, both individual and collective efforts are necessary to save lives. Taking care of those who need help is an extension of self-protection motives: Our social relationships increase the support we all have available, both to give and receive. Relaxation training and biofeedback Another approach to coping with stress involves relaxation and leisure. One way around this problem relies on a technique called biofeedback to help people whose internal biological responses have surged out of control. Biofeedback devices measure a variety of physical responses, such as muscle tone, perspiration, skin temperature and brain waves. With this feedback, subjects can learn relaxation techniques and see how they affect their physical responses. How effective is biofeedback in learning to control stress? Despite some early, overblown claims for its effectiveness, biofeedback has not proved to be the cure-all that some hoped it would be. More realistically, it may be helpful as one component of a multidimensional therapy package 16 17 through which people learn to relax in the face of stress. Optimistic thinking An optimist sees the glass as half full, while the pessimist sees it as half empty. The optimist sees opportunity, where the pessimist sees potential disaster. The optimist enjoys the smooth sailing, as the pessimist sees only a calm before the storm. Which approach has the advantage under stress? This approach to life has three general characteristics: It attributes an unpleasant experience to specific causes rather than global problems: Specifically, he advises those who feel depressed or helpless to acquire an optimistic outlook by talking to themselves. This self-therapy, says Seligman, should concentrate on the meaning and causes of personal setbacks. A psychotherapy technique, known as cognitive restructuring, is based on the constructive reappraisal of stressors. The approach recognizes two especially important factors in determining how people perceive stress: Cognitive restructuring is especially suitable for people who are having problems with chronic stress. In general, the work on optimistic thinking and cognitive restructuring attests to the power of the mind to promote health and well-being. Consequently, optimistic people have fewer physical symptoms of illness, recover more quickly from certain disorders, are generally healthier and live longer than pessimists do. If you are anxious about being shy at a social function you must attend, think about finding someone who is more shy than you and reducing his or her social anxiety by starting a conversation. You can learn to reappraise stressors by engaging the creative skills you already possess and by imagining and planning your life in more positive, constructive ways. In a famous book, *The Anatomy of an Illness*, 21 Norman Cousins described his refusal to succumb to the orthodox routine of hospital treatment for a grave form of rheumatoid arthritis. He objected to the regimen

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of painkilling and tranquilizing drugs and the bland hospital diet. Instead, with the help of a sympathetic physician, Cousins checked himself out of the hospital and into happier surroundings: In their place, he substituted large doses of vitamin C and a nearly continuous diet of oldCandid Camera tapes, Marx Brothers films and other favorite comedies. Remarkably, he not only survived, but he reversed many of his symptoms. Cousins credited his success to taking control over his environment and his illness and to replacing toxic negative emotions with healthful laughter. He concluded that laughter helps renew the adrenal glands, which can become exhausted from fighting disease. Weber and Robert Lee Johnson. Social networks and human survival. University Press of New England. What is helpful from whom? Emotional overinvolvement and miscarried helping. Rates and risks for depression. The structure of human chaos. Research, training and clinical roles. Reflections on healing and rejuvenation. Strategies to Reduce Anxiety and Stress. Retrieved on November 14, , from https:

3: Marshalling Social Support: A "Care-Getting" Model for Persons Living with Cancer.

Marshalling support refers to actions taken by patients to mobilize available social resources (Greene, Jackson, & Neighbors,). Receipt of responsive care is viewed as a function of both social resources available to patients and their propensity to disclose problems and ask for help (Charmaz,).

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" Emotional support from friends and family is an important, if not the most important, resource people rely on in times of stress and emotional hurt " (Jones, , p.).

8: Social Support at Work - OSHWiki

Since social support is a key component of cessation [] and participation in an online social network may yield important benefits for cessation, it is important to investigate how to.

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