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You're Not Helping: Unhelpful Workplace Social Support as a Job Stressor

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You're Not Helping: Unhelpful Workplace Social Support as a Job Stressor

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts
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Dedication

This thesis is dedicated to my parents who have supported me (in a helpful way) from day one. Thank you for believing in me and providing endless (helpful) guidance and encouragement throughout my life.

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Thank you to Dr. Paul Spector for providing so much guidance and mentorship. You went above and beyond to enhance my learning throughout the thesis process, and I am very grateful. I would also like to acknowledge Dr. Mike Brannick and Dr. Jennifer Bosson for their helpful suggestions that greatly improved the project. Thank you to Kevin McElligott for gently pushing me and being my accountability partner. Finally, I would like to thank all of the wonderful research assistants who dedicated many, many hours to this project. We made a great team, and you brought so much positive energy and enthusiasm to the process. It meant a lot to me, and I could not have done it without you.

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Abstract

While support is generally a helpful resource for employees, support can also serve as a job stressor. Unhelpful workplace social support (UWSS) is any action taken by a supervisor and/or colleague that is intended to benefit another worker but is perceived as unhelpful or harmful by the recipient. A series of three studies identified types of UWSS, developed a measure of UWSS, and established a nomological network of variables related to UWSS. In Study 1, critical incidents were collected from 116 employees, and a content analysis revealed 11 distinct categories of UWSS. A measure of UWSS was developed in Study 2, and a nomological network of variables related to the construct was examined using responses from 176 employees. Results demonstrate that UWSS is associated with higher negative affect, lower competence-based self-esteem, lower coworker satisfaction, higher work-related burnout, higher organizational frustration, and higher physical symptoms (e.g., headache, nausea, and fatigue) among recipients. Study 3 replicated the findings using data from 496 registered nurses to mitigate the chances of reporting Type 1 errors. Together, the studies demonstrate that unhelpful workplace social support is a meaningful job stressor worthy of further investigation.

Chapter One: Introduction

To date, over 100 studies demonstrate that workplace social support is associated with beneficial psychological and physiological employee outcomes (see Cohen & Wills, 1985; House, 1981; Karasek & Theorell, 1990; Viswesvaran, Sanchez, & Fisher, 1999 for reviews). However, the beneficial effects of workplace social support have not been found consistently across all studies, and some studies demonstrate detrimental effects of workplace social support (see Buunk, 1990 for a review). These counterintuitive findings have led researchers to investigate circumstances in which workplace social support is ineffective at preserving or enhancing employee wellbeing (i.e., unhelpful workplace social support; Beehr, Bowling, & Bennett, 2010; Deelstra et al., 2003). While researchers have begun examining unhelpful workplace social support, the area is largely under-studied in the organizational literature.

The overall goal of this research is to provide meaningful insights into the experience of unhelpful workplace social support. First, the research aims to provide a more holistic understanding of various forms of unhelpful workplace social support. Although some forms of unhelpful workplace social support have been identified in previous literature, many more likely exist. Next, the research aims to provide an overarching categorization scheme to organize research on unhelpful workplace social support. Researchers have long recognized that “[i]n order for any field of science to advance, it is necessary to have an accepted classification scheme for accumulating and categorizing empirical findings,” (Barrick & Mount, 1991, p. 23). Finally, the research aims to develop a measure of unhelpful workplace support and establish a

nomological network of variables that can be used to inform future research on the topic. The remainder of the introduction provides an overview of the current literature on unhelpful workplace social support. The next sections describe the results of three studies to enhance the understanding of unhelpful workplace social support.

Unhelpful Workplace Social Support

Social support refers to “an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the wellbeing of the recipient,” (Shumaker & Brownell, 1984, p.11). Social support can take the form of instrumental support (e.g., physical assistance, tangible materials), emotional support (e.g., empathic understanding, concern), informational support (e.g., knowledge, information), or appraisal support (e.g., affirmation, evaluative feedback; House, 1981). Notably, the definition of social support does not specify the outcome of social support for the recipient. While social support is typically considered to be a beneficial resource, there are numerous instances in which social support does not enhance the wellbeing of the recipient as intended. Unhelpful workplace social support refers to any action taken by a supervisor and/or colleague that is intended to benefit another worker but is perceived as unhelpful or harmful by the recipient.

Unhelpful workplace social support was initially recognized when researchers were studying the beneficial effects of social support at work. Researchers have found that social support can help protect workers from experiencing negative psychological and physiological responses to workplace stressors (i.e., strains; Cohen & Wills, 1985; House, 1981). Meta-analytic evidence suggests that social support reduces strains, mitigates perceived work stressors, and buffers against strains (Viswesvaran et al., 1999). However, not all studies have found beneficial effects of workplace social support, and some studies have found that workplace social support

can exacerbate strain outcomes (e.g., Glaser, Tatum, Nebeker, Sorenson, & Aiello, 1999; Kaufmann & Beehr, 1986).

The counterintuitive findings have been explained a number of ways. Some researchers propose that the findings are attributable to measurement issues such as unmeasured third variables (e.g., stressor severity, employee adjustment; Barrera, 1986; Bolger & Eckenrode, 1991; Gleason, Iida, Bolger, & Shrout, 2003; Seidman, Shrout, & Bolger, 2006). Other researchers suggest that the findings reflect the complex nature of social support effectiveness. Characteristics of the support recipient (e.g., self-esteem, social anxiety, emotional state; Gino & Schweitzer, 2008) have been used to explain why social support is not always helpful. Source congruence provides another possible explanation; perhaps support is unhelpful when it is provided by the same person who is the source of the recipient's stress (Blau, 1981; Beehr, Farmer, Glazer, Gudanowski, & Nair, 2003). Other researchers have suggested that support is sometimes unhelpful because the receipt of support leads to feelings of indebtedness (Gleason et al., 2003; Walster, Berscheid, & Walster, 1973).

While all of the explanations are likely relevant to different observed cases of counterintuitive findings, another explanation is also worthy of investigation: some supportive actions may be unhelpful due to the nature of the support provided. This paper will investigate well-intentioned, supportive actions at work that may be unhelpful due to the nature of the support provided. Workers can improve the nature of the support they provide, so investigation of characteristics of ineffective support has the potential to help achieve beneficial practical change. Given that social support is well-intentioned by definition, workers are likely to be motivated to improve the effectiveness of the support they provide. Thus, the overall goal of

understanding unhelpful workplace social support is to help workers more effectively help each other.

Organizational researchers have studied unhelpful workplace social support among administrative workers and university employees. The studies have shown that unhelpful workplace social support is associated with emotional exhaustion, physical symptoms, negative affect, and lower competence-based self-esteem (Beehr et al., 2010; Deelstra et al., 2003).

Related literature provides further insights into unhelpful workplace social support.

Related Literature

Only a handful of studies have been conducted in organizational literature that focus specifically on understanding the nature of unhelpful workplace social support (Beehr et al., 2010; Deelstra et al., 2003). However, related constructs have been studied extensively in a wide variety of other research areas. A general overview of some related research areas is provided below.

Closely related to literature on unhelpful workplace social support is organizational literature on negative mentoring experiences. Mentorship, though designed to be helpful, sometimes leads to negative protégé outcomes (Eby, McManus, Simon, & Russell, 2000; Scandura, 1998). Negative mentoring experiences have been associated with intentions to leave the mentoring relationship, depressed mood, psychological job withdrawal, turnover intentions, stress, and lower job satisfaction (Eby & Allen, 2002; Eby, Butts, Lockwood, & Simon, 2004). Although similar to unhelpful workplace social support, individual negative mentoring experiences are not always well-intentioned (e.g., mentor neglect, self-absorption, and credit taking), so many negative mentorship experiences would not classify as unhelpful workplace social support.

Similar to negative mentoring experiences in organizational literature, unsupportive social interactions have been studied in medical literature (e.g., Ingram, Jones, Fass, Neidig, & Song, 1999; Siegel, Raveis, & Karus, 1994). Unsupportive social interactions are unhelpful or upsetting actions made by someone in one's social network in response to a stressful medical event. For example, family members may respond with physical avoidance or uneasiness in response to news of a loved one's illness. Alternatively, family members may respond with an overly cheerful outlook or oversolicitous help (Siegel et al., 1994). Unsupportive social interactions have been associated with negative physical and mental health outcomes (Ingram et al., 1999; Siegel et al., 1994).

More directly related to unhelpful workplace social support, *miscarried helping* or *problematic social support* is used to describe instances in which someone tries to provide help to an ill individual, but the help is perceived as non-supportive by the recipient (Revenson, Schiaffino, Majerovitz, & Gibofsky, 1991). In pediatric psychology, miscarried helping from a parent can lead to poor caregiver-child interactions, child health outcomes, and child adjustment over time (e.g., Fales, Essner, Harris, & Palermo, 2014). In health psychology, miscarried helping from family members and friends can inadvertently lead to worse emotional and physical well being in ill adults (e.g., Burg & Seeman, 1994; Matire, Stephens, Druley, & Wojno, 2002). Rheumatoid arthritis patients, breast cancer patients, and acute coronary syndrome patients have reported receiving problematic social support (Figueriredo, Fries, & Ingram, 2004; Revenson et al., 1991).

Unhelpful social support has also been studied in the context of romantic relationships (e.g., Chow & Ruhl, 2017; Gleason et al., 2003). Romantic partners are the most important source of social support for many adults (Carbery & Buhrmester, 1998; Cutrona, 1996), and

social support exchanges are important to partners' emotional wellbeing and relationship functioning (Bradbury, Fincham, & Beach, 2000; Reis, Clark, & Holmes, 2004). Researchers have discovered that receiving inadequate or unsuitable support from a partner in a committed relationship is sometimes associated with negative outcomes, such as increased distress and poor relationship functioning (Barbee & Cunningham, 1995; Bradbury et al., 2000; Gleason et al., 2003).

Benevolent sexism is a relatively new area of research related to unhelpful workplace social support. Benevolent sexism refers to a set of sexist attitudes towards women that tend to elicit presumably prosocial, helping behaviors (e.g., chivalrous behaviors such as opening a woman's door, providing a woman with extra assistance at work; Glick & Fiske, 1996). While many such behaviors are well-intentioned, research has shown that acts stemming from benevolent sexism can have negative implications for women's cognitive performance (Dardenne, Dumont, & Bollier, 2007; Vescio, Gervais, Snyder, & Hoover, 2005), self-image (Calogero & Jost, 2011), and cardiovascular recovery (Salomon, Burgess, & Bosson, 2015). A recent study also found that acts stemming from benevolent sexism are related to lower science, technology, engineering, and mathematics (STEM) major intentions, lower STEM self-efficacy, and lower STEM GPA among women (Kuchynka et al., 2017).

In human communication literature, researchers have studied communicative processes that contribute to the effectiveness of social support (Goldsmith & Fitch, 1997). Researchers have found that well-intentioned social support communicated in an unhelpful manner can result in negative recipient reactions (Goldsmith & Fitch, 1997). For example, advice and guidance can be communicated in a manner that is perceived as dismissive, impolite, or threatening (Goldsmith & MacGeorge, 2000).

The wide variety of research findings demonstrate that unhelpful social support is prevalent in many contexts, and the processes underlying unhelpful social support are worthy of investigation. However, such insights cannot be gained by considering unhelpful social support as a one-dimensional construct. There are numerous forms of unhelpful social support, and many offer unique explanations for failures of attempted help. Drawing from the wide range of aforementioned literature and more, distinct forms of unhelpful social support are described in subsequent sections.

Unsolicited Social Support

Unsolicited social support, sometimes referred to as imposed social support or volunteered social support, is generally defined as support that is provided without asking the recipient if help is wanted or needed. Researchers have long recognized that unsolicited social support can be unhelpful or harmful. For example, Goldsmith and Fitch (1997) conducted a qualitative study showing that advice, especially unsolicited advice, is often perceived as intrusive or “butting in” and is often associated with negative recipient reactions. Based on participants’ qualitative responses, Goldsmith and Fitch concluded that such advice could hinder the recipient’s self-worth and threaten the recipient’s autonomy.

Other research supports the finding that recipients often respond negatively to unsolicited social support. In an experimental study of temporary administrative workers, Deelstra et al. (2003) found that imposed social support can elicit negative reactions, including increased negative affect, reduced competence-based self-esteem, increased heart rate, and decreased respiratory sinus arrhythmia. The researchers found that the outcomes were less negative when the recipient had a high need for support. Similarly, Song and Chen (2014) found a positive

association between receiving unsolicited job leads and depression, but the association was weaker for employees burdened by more economic strain and financial dissatisfaction.

Undesirable effects of unsolicited support have been found in other studies as well. In a qualitative study of hospitalized patients with an acute coronary syndrome, Boutin-Foster (2005) found that patients often perceived unsolicited advice as unhelpful. In a study of age and experiences of support, Smith and Goodnow (1999) found that unsolicited advice was perceived as more unpleasant than pleasant among German participants of all ages, primarily because it implied incompetence. Amy, Aalborg, Lyons, and Keranen (2006) found that obese women are less likely to get gynecological cancer screening tests in part because they do not want to receive unsolicited advice to lose weight.

Unsolicited social support has been explained through the lens of the threat-to-self-esteem model (Deelstra et al., 2003). The threat-to-self-esteem model asserts that help contains elements of self-threat and support, and recipient reactions are primarily negative when help is perceived as more threatening than supportive (Fisher, Nadler, & Whitcher-Alagna, 1982). Help may be perceived as threatening when it implies a sense of recipient inferiority and/or conflicts with recipients' self-reliance and independence (Fisher et al., 1982). If unsolicited social support is indeed often perceived as more threatening than supportive, the threat-to-self-esteem model would posit that unsolicited social support would lead to negative affect, unfavorable self-evaluations, and/or negative donor evaluations (Fisher et al., 1982).

Providing further support for the threat-to-self-esteem model as an explanation for negative reactions to unsolicited social support, researchers found that black students who received assumptive support (i.e., unsolicited help provided without indication of need) from a white peer reported lower self-esteem and more depressed affect than white students who

received the same support (Schneider, Major, Luhtanen, & Crocker, 1996). The researchers reason that unsolicited support may provide a greater threat to black students, who are likely more susceptible to threats of inferiority, resulting in more negative reactions to unsolicited social support. In line with the threat-to-self-esteem model, unsolicited social support may be perceived more negatively when the support is perceived as more threatening. Additionally, researchers have found that unsolicited visible support is ineffective or harmful while unsolicited invisible support (i.e., support outside of the recipient's awareness) is helpful (Bolger & Amarel, 2007; Bolger, Zuckerman, & Kessler, 2000). Unsolicited support is likely more threatening when support recipients know it is being provided. Therefore, the findings provide support for the threat-to-self-esteem model as an explanation for failures of reported instances of unsolicited social support.

Unwanted Social Support

Unwanted social support is simply defined as undesired help. Although unwanted social support often overlaps with unsolicited social support, the constructs are not identical. To illustrate, Paik (2014) demonstrates that advice can be wanted and solicited, wanted and unsolicited, or unwanted and unsolicited. Many studies have found that unwanted social support is not always helpful, and it can elicit negative recipient reactions.

The effects of unwanted social support have been studied extensively in the context of medical patients. For example, Reynolds and Perrin (2004) found that unwanted support was associated with poor psychosocial adjustment in women recovering from breast cancer. Dakof and Taylor (1990) found that some cancer patients indicated unwanted practical assistance as a form of unhelpful instrumental support. Glass, Matchar, Belyea, and Feussner (1993) found that several recovering stroke patients complained about unwanted assistance. Patients with an acute

coronary syndrome reported dreading excessive telephone contact and people taking over tasks when their assistance was unwanted (Boutin-Foster, 2005).

Undesirable reactions to unwanted social support have also been demonstrated in other contexts. In a study of support attempts for bereaved individuals, Lehman, Ellard, and Wortman (1986) found that some participants perceived unwanted tangible support as unhelpful. Beehr et al., (2010) found that unwanted supervisor social support was positively associated with emotional exhaustion and negative physical symptoms in university employees, but the relationships were not significant after controlling for job stressors.

Negative reactions to unwanted social support have also been explained using the threat-to-self-esteem model (Beehr et al., 2010). Unwanted social support may be perceived as more threatening than supportive if it is demeaning and/or limits one's autonomy. Paik (2014) conducted a study that further supports the threat-to-self-esteem model as an explanation of reactions to unwanted social support. The researcher compared perceptions of threat among graduate students when advice was wanted and solicited, wanted and unsolicited, or unwanted and unsolicited. The participants perceived advice as significantly more threatening to one's freedom of action when the advice was unwanted and unsolicited. Furthermore, perceived threat mediated the relationship between the type of initial interaction and the evaluation of advice helpfulness. Thus, unwanted social support seems to elicit greater perceptions of threat, which seems to elicit more negative recipient reactions.

Critical Social Support

Many studies across a wide range of disciplines have reported instances in which a support provider gives unhelpful, critical advice or assistance. For example, Dakof and Taylor (1990) found that 20 percent of cancer survivors who were interviewed reported receiving

unhelpful critical social support. Spouses of the interviewed cancer survivors sometimes tried to help by suggesting a more positive outlook or health-related behavior changes that led the cancer victim to feel criticized.

Communication researchers found that interviewees reported experiencing support that insinuated criticism of the recipient's competence (Goldsmith & Fitch, 1997). For example, one interviewee reported an experience in which she was told "you're so *smart*, you ought to get a Ph.D.!" [The interviewee responded,] 'Excuse me, I never thought being smart had *anything* to do with a Ph.D., I think I'm just as smart without one, so why don't you lay off?'" (Goldsmith & Fitch, 1997, p. 463). In such instances, the support was perceived as critical because it challenged the recipient's autonomy and life choices.

In line with previously described forms of unhelpful social support, failures of critical social support can be explained using the threat-to-self-esteem model (Fisher et al., 1982). Critical social support often threatens the recipient's self-esteem, which can cause the recipient to react negatively. Negative recipient reactions may override or eliminate potential beneficial effects of the social support.

Stress-focused Social Support

Stress-focused social support is support that draws increased attention to a stressor in a way that exacerbates the recipient's stress. Although unsolicited, unwanted, and/or critical social support may also be stress-focused, the constructs are not interchangeable. Stress-focused social support is unhelpful primarily because it causes the recipient to experience heightened anxiety and worry associated with a stressor rather than because it threatens one's self-esteem or autonomy.

Several studies have shown that stress-focused social support can be unhelpful or harmful. Some cancer patients reported that spouses who expressed too much worry and pessimism about their cancer were unhelpful (Dakof & Taylor, 1990), likely because the spouses increased attention to the cancer rather than alleviating worry. Similarly, patients with an acute coronary syndrome reported that high expressions of worry and concern from support providers were often unhelpful (Boutin-Foster, 2005). Among grieving individuals, unwanted discussion of the deceased was unhelpful for some individuals (Lehman et al., 1986), likely because it drew increased attention to their loss.

Beehr et al. (2010) found that stressed-focused workplace interactions were generally associated with physical symptoms and emotional exhaustion even when controlling for job stressors among university employees. Their findings suggested that stress-focused social support was potentially more harmful than unwanted social support and social support that led the recipient to feel inadequate.

Failures of stress-focused social support have been explained using social information processing theory (Beehr et al., 2010). The theory asserts that social interactions provide a means of gaining information and forming beliefs (Salancik & Pfeffer, 1978). If a supervisor or colleague emphasizes a workplace stressor while providing social support, the recipient may use that information to form more negative views of the stressor that may increase the recipient's initial stress. The support provider may also legitimize the recipient's initial concerns regarding the stressor, making the stressor seem more concrete and salient to the recipient. Such experiences may be anxiety provoking. In some cases, the recipient may be too preoccupied with anxiety and worry to benefit from the social support.

Mismatched Social Support

While House (1981) proposed four types of social support, the four types are often collapsed into either instrumental support or emotional support. Instrumental support includes tangible resources and/or advice directed at alleviating or solving a problem. Emotional support refers to empathy and emotional validation intended to improve the well-being of the recipient. Sometimes a support recipient desires emotional support but receives instrumental support or vice versa. For example, one medical patient said, ““People talk and give advice when all I want them to do is listen to me,”” (Boutin-Foster, 2005, p. 56).

Failures of mismatched social support can be explained using the stress-support matching hypothesis (Cohen & McKay, 1984; Cutrona & Russell, 1990). The hypothesis is that support is only effective when the form of support matches the demands of the stressor. For example, a worker might be struggling to perform well at work because he is struggling with the loss of a friend or family member. Sharing advice regarding the workers’ sales pitch would not likely be helpful because it would not be relevant to his loss, the stressor. Emotional support would likely be a better match for the stressor.

Unsustainable Social Support

Social support is sometimes unhelpful because it fails to empower the support recipient to be able to effectively cope with a similar problem independently in the future. As a Chinese proverb states, “Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime.” Failing to provide empowering social support can render social support unhelpful as reflected in previous research.

Humanitarian aid is often unhelpful because it provides unsustainable assistance. For example, researchers have studied failures of AIDS-related aid in regions of sub-Saharan Africa

(Swidler & Watkins, 2009). While donors aspire to help such disadvantaged populations, organizations and donors typically fail to provide societies with the tools and resources needed to help them effectively cope independently (Swidler & Watkins, 2009).

In the field of education, researchers have demonstrated the importance of teaching students how to learn rather than solely teaching course content. Strategy instruction is rarely included in school curricula, so students may learn a particular subject or concept without knowing how to effectively learn other subjects or concepts on their own (Applebee, 1984; Kiewra, 2002). The importance of sustainable education has been demonstrated in a variety of educational settings ranging from elementary school to medical school (Norman, 1988).

Partial Social Support

Social support is sometimes unhelpful because it is incomplete or imprecise. For example, Dakof and Taylor (1990) found that physicians and nurses sometimes provide insufficient information to cancer patients. Similarly, Boutin-Foster (2005) documented that many patients with an acute coronary syndrome receive information without means for implementation. For example, one patient said, ““Thanks, for the advice but I know I need to adjust my diet but give me the means with which to do it,”” (Boutin-Foster, 2005, p. 56). In both instances, the support was ineffective because it was incomplete.

Incompetent Social Support

Perhaps the most intuitive form of unhelpful social support is incompetent social support. Dakof and Taylor (1990) found that physicians and nurses sometimes provided technically incompetent medical care. In a qualitative study of negative mentoring experiences, Eby et al. (2000) found that some protégés reported instances in which mentors exhibited interpersonal incompetency or technical incompetency.

Using Previous Literature to Inform Unhelpful Workplace Social Support

Unhelpful workplace social support likely takes many forms similar to those reflected in other research areas. For example, a manager may provide critical social support during a performance review meeting, and a colleague may provide unsustainable social support when taking over a work task. Previous researchers have recognized the benefits of considering a wide range of perspectives when exploring a relatively under-examined research area like unhelpful workplace social support (Eby et al., 2000). Considering diverse perspectives can help researchers stay open to a wide range of possibilities and pave the way for integrative theory-building (Weick, 1989).

Chapter Two

Study 1 – Qualitative Study of Unhelpful Workplace Social Support

To date, the numerous forms of unhelpful social support identified in a variety of contexts have not been consolidated and studied in a work context, and additional forms of unhelpful workplace social support may remain unexamined. To build on previous literature and fill a gap in the literature, an in-depth qualitative study of workers' experiences with unhelpful workplace social support was conducted. The study aimed to: 1) Examine whether or not employees report experiences with the forms of unhelpful support identified in previous literature 2) Identify additional forms of unhelpful social support employees experience at work that have not been identified in previous literature 3) Create a practical, holistic categorization scheme of different forms of unhelpful workplace social support.

Method

The study was conducted using an open-ended, structured questionnaire that asked employees to describe an incident in which they received unhelpful social support at work. Similar research approaches have been used in a variety of qualitative studies to gain insights from critical incidents (e.g., Eby et al., 2000; Gottlieb, 1978; Motowidlo, Packard, & Manning, 1986; Narayanan, Menon, & Spector, 1999; Newton & Keenan, 1985; Parkes, 1984; 1985). The open-ended methodology is especially appropriate for identifying incidents that have not been theoretically or empirically recognized in previous literature. Although the research was largely exploratory in nature, some research questions were specified.

Research Question 1: Do employees receive the forms of unhelpful workplace social support identified in previous literature at work?

Research Question 2: What are some forms of unhelpful workplace social support that are unique to workplaces and/or have not been recognized in the reviewed literature?

Research Question 3: What are the relative frequencies with which employees report different forms of unhelpful workplace social support at work?

Research Question 4: What are categories that best describe workers' experiences with unhelpful workplace social support?

Participants

Responses from 116 individuals with experience working at least 20 hours per week in a current or prior job were analyzed for the qualitative survey study. Participants were recruited from two sources: an American university participant pool (94 participants) and a social media website (22 participants). Participants recruited from the American university participant pool (14 male, 76 female, 1 other, 3 did not report) ranged in age from 18 to 57 ($M = 20.97$, $SD = 4.78$). The majority of the university participants reported working in a service position (44.68%) or a sales or office (18.09%) position. Participants recruited from the social media website (7 male, 13 female, 2 did not report) ranged in age from 21 to 53 ($M = 26.80$, $SD = 6.68$). The most frequently reported occupations held by social media participants were in management, professional, or related occupations (39.66%). The use of two samples was appropriate and desirable because the goal was to sample participants with a range of experiences with unhelpful workplace social support.

Responses from an additional 91 participants were excluded from the analysis because their responses did not address the prompt (58 from the university participant pool, three from

the social media website), or they did not contain enough description to be analyzed (27 from the university participant pool, three from the social media website). An additional 43 responses beyond the 91 were excluded from the analysis because the participants could not recall a relevant experience (38 from the university participant pool, five from the social media website).

Measures

Unhelpful workplace social support. Participants were asked two open-ended questions regarding unhelpful workplace social support. First participants were asked to “Recall a time when you received ineffective/unhelpful support at work (i.e., a time someone tried to help you at work, but the support was not actually helpful). Please describe the incident.” Then the participants were asked, “Why do you think the support you received was ineffective/unhelpful? (i.e., What about the support made it unhelpful?)” Participants were given text entry boxes to provide their responses, and responses to both questions were combined for analysis. Additional questions regarding the participants’ experiences with both helpful and unhelpful social support were reported, but the data was not analyzed for this study.

Demographic questions. Participants were also asked to specify their age, gender, ethnicity, occupation, and job tenure.

Procedure

The data were analyzed using a content analysis approach informed by literature on content analyses (Weber, 1990) as well as research utilizing the analysis (Eby et al., 2000; Motowidlo et al., 1986; Narayanan, et al., 1999; Newton & Keenan, 1985; Parkes, 1984; 1985). Three researchers were involved in the content analysis. Two researchers read the first 20 qualitative responses and independently created possible categories and definitions to capture the data. They also independently categorized each response to one and only one of their categories.

Then the researchers met to discuss the categories they independently developed, and after a long discussion including a third researcher, they reached consensus on the most effective categorization scheme for the initial data.

While creating and discussing the categories, the researchers were instructed to keep four goals in mind to guide the development of a high-quality taxonomy. First, the category definitions should be conceptually clear and precise. Second, the categories should be mutually exclusive so that any one unsupportive action should primarily fit into one and only one category. Third, the categories should be exhaustive so that every experience of unhelpful social support reported by participants should be classifiable. Fourth, the categories should be generalizable to instances other than those specifically reported by the participants.

Once the researchers completed the content analysis process with the initial 20 responses, the three researchers independently categorized 20 additional responses using the previously developed categories. They then modified the existing categories and added new categories when needed. The researchers met to discuss their categories. After another thorough discussion, they reached consensus on the most effective categorization scheme for the first 40 responses (20 responses from the first iteration and 20 responses from the second iteration). After many iterations of the process, the researchers reached consensus on the final overarching taxonomy for the full dataset as well as the categorization of every response. As a final test of the taxonomy, a fourth researcher independently matched all of the responses to the developed categories, and inter-rater agreement on the full dataset was calculated. The overall percentage of agreement was 86.21%, and 100% agreement was reached among all of the researchers after a final discussion between all four researchers.

Results

The final taxonomy consists of 11 types of unhelpful workplace social support: conflicting social support, critical social support, imposing social support, impractical social support, incompatible social support, partial social support, poorly assigned social support, shortsighted social support, stress magnifying social support, uncomfoting social support, and undependable social support. The distinct forms of unhelpful social support identified are displayed in Table 1 with their data-driven definitions, relative frequencies, and example responses.

Research Question 1

Many participants reported experiences with forms of unhelpful support identified in previous literature reviewed in the introduction: unsolicited social support, unwanted social support, critical social support, stress-focused social support, unsustainable social support, partial social support, and incompetent social support. However, some of the category names and definitions were slightly changed from those in the previous literature in order to better capture the data collected for the study. Participants in the current study did not report examples of mismatched social support, but an example in Boutin-Foster (2005) would fit such a category.

Imposing social support. Based on participant responses, the researchers of this study chose to refer to unsolicited social support as imposing social support. The decision was made because participants described imposing social support as forced upon them and unwanted in addition to being unrequested. Thus, the researchers believe the term imposing best captures the experiences of the participants. Based on the data, imposing social support was defined as social support that is unwanted and forced on the recipient in a non-critical manner. Although a conceptual distinction has been made between imposing social support and unwanted social

support in some previous literature (Paik, 2014), the distinction was not apparent in the data. Likely, imposing social support is primarily perceived as unhelpful when it is unwanted.

Notably, the definition excludes instances of critical social support. The decision was made because participants' responses suggest that critical social support is a distinct category, and instances of social support that are both critical and imposing are negatively perceived primarily because they are critical. For example, one participant described an incident of in which, "my manager criticized me [... Then he] offered help for something he heard someone say about me, even though he had never seen it happen (because it never actually happened). [...] It was based upon something untrue, and it fostered feelings of distrust." In that instance, as well as others, the help was likely unsolicited, unwanted, and critical. However, the participant was primarily upset due to receiving help based on unwarranted criticism rather than unsolicited and unwanted help.

Instances of imposing social support are best captured through experiences such as this one: "I was given a chance to show initiative, but my supervisor acted ahead of me when it was not in her job description. [... She over-stepped] bounds rather than allowing me to exhibit initiative." In such instances, social support was unhelpful primarily because it was unwanted and forced on the recipient. The recipient would have been better off if the provider had not imposed herself by "act[ing] ahead" of the recipient.

Critical social support. Many participants reported instances of critical social support similar to those that have been reported in previous literature. Based on the data, critical social support is defined as social support that directly leads the recipient to feel insulted, criticized, and/or attacked. The word "directly" is used to distinguish critical social support from support that inadvertently leads to criticism. For example, one participant reported that a colleague

attempted to complete a job task for her, and the worker was scolded because the task was done incorrectly. Although the support offered by the colleague inadvertently led to criticism, the support itself was not critical, so the instance would not classify as critical social support. Critical social support is well demonstrated in a participant's experience receiving advice. The participant "was already working on the things that were mentioned, and it seemed insulting to be told to do what I was already doing." In that case, the support was unhelpful primarily because it was perceived as critical.

Stress-magnifying social support. Stress-magnifying social support was described in the data similarly to how it has been described in previous literature. In line with definitions of other researchers (Beehr et al., 2010), this study defined stress-focused social support as social support that causes the recipient to focus more on the initial stressor in a way that exacerbates the recipient's stress. The definition includes the phrase "initial stressor" to distinguish stress-focused social support from social support that creates new, additional stressors. For example, one participant said, "[a coworker] was trying hard to help, but I had to fix everything she did." Although the support likely increased the stress of the recipient, it did not cause the recipient to focus more on the initial source of stress. Instead, it caused the recipient to focus on a new source of stress: poor quality work. Therefore, the example does not classify as stress-focused social support.

The following example describes a quintessential incident of stress-focused social support: "[A] colleague asked to help me on a project [...] when I wasn't prepared. He wanted to drill a given topic with me [..., but] I was overwhelmed and reminded by the fact that I was behind and unprepared." In the example, the provider led the recipient to focus more on the

initial stressor: being unprepared. The recipient did not benefit from the support provided because it led her to dwell more on the stressor instead of effectively tackling the stressful situation.

Partial social support. In line with previous research (Boutin-Foster, 2005; Dakof and Taylor, 1990), some participants reported instances of receiving unhelpful partial support. Based on the data, the researchers of this study define partial social support as social support that does not benefit the recipient because it is incomplete, imprecise, or unclear. For example, one participant needed help using some software at work, and “the instructions were vague.” Another participant asked her manager what she needed to do to get promoted, and her manager “[...] gave a very weak answer that was ‘wishy washy’ with no real substance. [The manager] didn’t really give [her] any actions to take that would get [her] to the next level.”

Impractical social support. Many participants reported negative experiences with impractical social support defined as social support that is unreasonable, misinforming, and/or leads the recipient to stray from company policy or general practices. Impractical social support encompasses incompetent social support, which has been identified in previous research (Dakof and Taylor, 1990; Eby et al., 2000). The researchers of this study decided to refer to the category as impractical social support rather than incompetent social support because the word incompetent is typically used to describe people whereas the word impractical is often used to describe solutions. The categories are intended to describe the support provided rather than the support provider; therefore, impractical social support is a more appropriate category name for purposes of the current study.

One participant received impractical social support when a “supervisor tried to listen to [her] concerns, [but] the response was not a reasonable solution. [...] His solution neglected the

[...] hierarchy of the organization and, therefore, wasn't feasible." Another participant was "misled on how to go about doing a specific procedure. [The instruction] wasn't proper protocol, and [he] got in trouble for [following] it." In both examples, the social support was ineffective or harmful because it was impractical.

Shortsighted social support. Similar to instances of unsustainable social support described in previous literature, shortsighted social support is support in which the provider takes over a task without teaching the recipient the skills to complete the task on his/her own in the future. One participant described an incident in which "one of my coworkers showed me how to force-print documents. [The provider] showed me but didn't let me try [...] When I had to force-print for a student later, I couldn't remember how to get to the right window." Another worker specifically stated that support has not been helpful "when coworkers do the task for me. I learn by doing, so it is not helpful to me when someone takes over a task and then tries to explain it later."

Research Question 2

Addressing research question two, many participants reported experiences with forms of unhelpful social support not mentioned or described in previous literature reviewed for this study: conflicting social support, incompatible social support, poorly assigned social support, uncomfortable social support, and undependable social support.

Conflicting social support. Based on participants' responses, conflicting social support is defined as social support in which multiple providers offer differing advice or instructions. Conflicting social support is similar to the construct of role conflict, which encompasses experiences in which the behaviors expected of an individual are inconsistent. Role conflict has been associated with decreased individual satisfaction and decreased organizational effectiveness

(Rizzo, House, Lirtzman, 1970). Conflicting social support describes a specific type of role conflict in which well-intentioned individuals who are trying to be helpful inadvertently propagate role conflict or confusion. For example, one employee who was new to her job said that, “other employees will often give me confusing and conflicting advice on how to attack problems or approach my boss that leaves me [...] confused [...]” Another employee described an instance in which two supervisors tried to help her through a difficult work situation, but the help “was ineffective because I still wasn’t sure what to do. Both of my supervisors were giving me different procedures [...]”

Incompatible social support. Some participants described experiences with incompatible social support, social support in which the provider attempts to work with the recipient to help complete a task, but the provider and recipient work differently and struggle to work cohesively. For example, one employee described an instance in which another employee tried to help him organize a fitting room at work, but “it was ineffective because we both were getting confused since we were placing and doing things differently.” In a similar case, a fast food employee described an experience in which an employee tried to help her prepare drinks, but “it is impossible to [...] make multiple drinks at once with someone else in my area trying to communicate back and forth which drinks she is making and which drinks I am making.”

Poorly assigned social support. Other participants reported instances in which they received poorly assigned social support, social support in which a supervisor assigns an employee to help the recipient complete a task, but the assignment was untimely, unneeded, and/or low-quality. One employee said that his boss has assigned “coworkers not fully prepared for a heavy shift to work with [me when] we needed two more fully experienced workers.” Another employee needed help stacking inventory in a stockroom, and a manager assigned an

employee to help who “was unable to reach the appropriate height for the job. This was going to be a problem from the start of the process.” In those cases, the supervisor’s assignment was unhelpful.

Uncomforting social support. Uncomforting social support is social support in which the provider tries to give emotional support (not advice or tangible assistance), but the recipient does not feel adequately comforted or validated. For example, one worker described working with a coworker who “is just really bad at comforting others, and I feel like I have to give him a pity laugh [when he makes comments to try to make me feel better. It’s] more trouble than if he just didn’t say anything.”

Undependable social support. The final category of unhelpful workplace social support identified in the qualitative study is undependable social support. Undependable social support is social support in which the provider promises and/or attempts to complete a recipient’s task, but the provider does it in an unreliable, delayed, or low-quality manner. One worker received undependable social support when “I asked my coworker to do something for me, and she didn’t do it until I reminded her two or three times.” Another worker described an incident in which “a coworker attempted to help me answer a phone call while I was starting to walk away from my desk. Although their intentions were good, they ended up being very awkward on the phone as this was not within their daily duties.”

Research Questions Three and Four

When investigating research question three, impractical social support, partial social support, and undependable social support were reported most frequently (24.14%, 23.28%, and 18.97% of responses respectively). The findings provide insights into what is most salient to employees. Future research should examine whether or not those forms of unhelpful workplace

social support are the most upsetting to participants, are the most frequently experienced, or are the most consistent with people's schemas of unhelpful workplace social support. The categories are provided in Table 1.

Study 1 Discussion

As an initial means of introducing unhelpful workplace social support (UWSS), a study of critical incidents was conducted to better understand the under-examined area of research. Responses from 116 employees demonstrate that workers can recall a variety of experiences receiving unhelpful workplace support, and the forms of UWSS can be broken into 11 distinct categories. The categories provide a holistic, standardized categorization scheme for studying unhelpful workplace social support.

Chapter Three

Study 2 – Development of the Unhelpful Workplace Social Support Scale

The purpose of Study 2 was to use the findings from the literature review and Study 1 to develop a comprehensive research-driven measure of unhelpful workplace social support that can be used to enhance future research on the topic. Previous research on unhelpful workplace social support has relied on experimental designs or general measures of the availability of social support (Beehr et al., 2010; Deelstra et al., 2003). A measure of unhelpful workplace social support with known psychometric properties and established nomological network would allow researchers to take advantage of more varied research designs to better understand the construct. Continued use of a single valid measure would also allow researchers to more easily and effectively study and accumulate research findings on unhelpful workplace social support.

In order to provide a concrete conceptualization for the scale, unhelpful workplace social support was defined as any action taken by a worker that is intended to benefit another worker but is perceived as unhelpful or harmful by the recipient. The unhelpful workplace social support scale (UWSSS) is intended to measure the frequency with which workers receive different forms of unhelpful social support from their coworkers at work.

Three points should be clarified regarding the conceptualization of unhelpful workplace social support. First, the UWSSS focuses on the receipt of unhelpful support from coworkers. Future versions of the scale may expand to include unhelpful workplace support from supervisors and clients. Second, unhelpful workplace social support refers to *behaviors* of providers, so the scale focuses on measuring behaviors. This distinguishes the scale from many

other measures of social support. For example, the social support scale developed by Caplan, Cobb, French, Van Harrison, and Pinneasu (1975) asks participants questions such as “How easy is it to talk with your coworkers?” By focusing on behaviors, the UWSSS can help inform recommendations for behavioral change.

Third, while the UWSSS focuses on behaviors, there is an inherent evaluative component to unhelpful workplace social support because the recipient must perceive the provider’s behaviors as unhelpful or harmful. Some actions taken by a coworker may be perceived as helpful to one worker and unhelpful to another worker. For example, a coworker may provide shortsighted social support by taking over a task without teaching the worker the skills necessary to complete the task on his/her own. Some workers may be happy to have their work done for them while other workers may become frustrated that they were not guided to become more autonomous. Previous research shows that perceptions of support are often more important than the receipt of support (Jayaratne, Himle, & Chess, 1988; Wethington & Kessler, 1986). Therefore, the UWSSS is intended to consider recipient perceptions while focusing on behaviors that could be modified to enhance the effectiveness of workplace social support.

With the aforementioned goals in mind, an initial set of items was developed. The proposed scale items reflect the categories of unhelpful workplace social support identified in the pilot study, which align with previous research on the construct and related constructs. The proposed scale was tested for criterion-related validity by examining the relationship between the scale and other related constructs. Internal consistency reliability and model fit were also examined as described in later sections.

Nomological Network Associated with Unhelpful Workplace Social Support

A nomological network of constructs related to unhelpful workplace social support was

examined. The network provides evidence of meaningful relationships between unhelpful workplace social support and related variables that helps advance understanding of the construct and helps place the construct in the grand scheme of organizational literature. The nomological network also provides criterion-related and discriminant validity evidence for the UWSSS (Cronbach & Meehl, 1995).

Criterion-related Validity

Researchers have utilized the threat-to-self-esteem model as an explanation for reactions to unhelpful workplace social support (Deelstra et al., 2003). The model posits that support that is perceived by the recipient as more threatening than supportive leads to negative affect, unfavorable self-evaluations, and/or negative donor evaluations (Fisher et al., 1982). Based on previous literature and qualitative responses from participants in Study 1, unhelpful social support is often threatening to the support recipient. In line with the threat-to-self esteem model, the following hypotheses were proposed:

Hypothesis 1: Unhelpful workplace social support is positively associated with recipient negative affect.

Hypothesis 2: Unhelpful workplace social support is negatively associated with recipient competence-based self-esteem.

Hypothesis 3: Unhelpful workplace social support is negatively associated with coworker satisfaction.

In addition to strains suggested by the threat-to-self-esteem model, unhelpful workplace social support has been associated with work-related emotional exhaustion and physical symptoms (Beehr et al., 2010). Replicating previous findings, the researchers of this study hypothesized that:

Hypothesis 4: Unhelpful workplace social support is positively associated with work-related burnout.

Hypothesis 5: Unhelpful workplace social support is positively associated with physical symptoms.

Additionally, the literature review and qualitative findings suggest that many forms of unhelpful workplace social support impede the recipients' ability to accomplish work tasks. Part of the frustration-aggression theory specifies that people become frustrated when their goals are impeded or blocked (Dollard, Miller, Doob, Mowrer, & Sears, 1939). Therefore, it was hypothesized that:

Hypothesis 6: Unhelpful workplace social support is positively associated with organizational frustration.

Discriminant Validity

Demonstration of the distinctiveness of a construct provides construct validity evidence (Campbell & Fiske, 1959). The relationship between unhelpful workplace social support and helpful workplace social support was examined to see whether or not unhelpful workplace social support is simply a lack of helpful workplace social support. In order to test for discriminant validity, it was hypothesized that:

Hypothesis 7: Unhelpful workplace social support is a unique predictor of recipient outcomes above and beyond helpful workplace social support.

In an effort to examine a potential third variable explanation, a final hypothesis was proposed to examine whether or not the associations between UWSS and strain outcomes are attributable to the current mood of the participants taking the survey.

Hypothesis 8: Unhelpful workplace social support is a unique predictor of recipient outcomes above and beyond mood.

Method

UWSSS Item Development

A large pool of items was generated for the UWSSS with the intent of reducing it down to a shorter scale after further development. The taxonomy of unhelpful workplace social support developed in Study 1 provided a framework for item generation, and the original narrative responses from Study 1 were used to generate scale items. Generating the items from qualitative responses ensured that the items reflect actual experiences reported by a diverse sample of employees. Other items were drawn from the unsupportive social interactions inventory, which is intended to measure unsupportive actions provided by others in response to a stressful event (USII; Ingram, Betz, Mindes, Schmitt, & Smith, 2001). Some of the items reflect categories of unhelpful social support identified in Study 1, and they could be rewritten for a workplace context. For example, one item from the USII seems to measure imposing social support. It asks participants how often people in their social network “did things for me that I wanted to do and could have done myself.”

Four to six items were developed to measure each category of unhelpful workplace social support, resulting in an initial 51-item scale with 10 subscales. An example critical support item is “My coworkers criticize me while trying to help me tackle work problems.” Imposing support was measured with items such as “My coworkers provide unwanted guidance when I don’t ask for it.” Items used to measure impractical support include “My coworkers provide impractical advice.” Similar items were developed to measure incompatible support, partial support, shortsighted support, stress-magnifying support, uncomfortable support, undependable support,

and conflicting support. The poorly assigned subscale was not included because it only applies to supervisor support rather than coworker support. The full list of initial items is provided in Appendix A.

Participants

Data were collected from 176 full-time employees (71 female, 105 male) working in a variety of occupations recruited from Amazon Mechanical Turk (MTurk; Buhrmester, Kwang, & Gosling, 2011). Participants ranged in age from 20 to 63 ($M = 34.27$, $SD = 8.62$), and the majority of participants were white (142 participants). Participants held a wide variety of occupations, including engineers, teachers, nurses, servers, and sales representatives. The yearly salaries of participants ranged from less than \$25,000 to over \$100,000, with a median income between \$25,000 and \$49,999. Participants were compensated \$2.80 for their participation. To help ensure that we received high quality responses, data were only analyzed from participants who responded appropriately to an attention check item. The item stated, "Please select somewhat agree to demonstrate that you are reading the items." Five participants failed to respond appropriately to the item.

Materials

Unhelpful workplace social support. Unhelpful workplace social support was measured using the scale created in this study. The resulting scale contains 28 items measuring seven subscales. The items are provided in Appendix B. Participants responded to the items on a six-point scale (1 = never, 6 = very frequently). The overall scale and subscales demonstrated high internal consistency reliability ($\alpha = .88 - .94$).

Negative affect. Negative affect was measured using the 10-item negative emotion subscale of the Job-related Affective Well-being Scale (JAWS; Spector, 2007). Participants

were asked to indicate the extent to which their job generally makes them feel emotions such as angry, anxious, and frightened. They responded on a five-point scale (1 = never, 5 = extremely often). The scale demonstrated high internal consistency reliability ($\alpha = .91$).

Mood. State affect was measured using eight negative mood items taken from Mohr et al. (2005). Participants were asked to indicate the extent to which they feel negative emotions such as angry and sad at the present moment. They responded on a five-point scale (1 = very slightly or not at all, 5 = extremely). The scale demonstrated high internal consistency reliability ($\alpha = .93$).

Competence-based self-esteem. Competence-based self-esteem was measured using six items measuring job competence developed by Warr (1990). An example item is “I can do my job well.” Participants responded on a seven-point scale (1 = strongly disagree, 7 = strongly agree). The scale demonstrated high internal consistency reliability ($\alpha = .80$).

Coworker satisfaction. Coworker satisfaction was measured using the four-item coworker subscale of the Job Satisfaction Survey (JSS; Spector, 1994). An example item is “I like the people that I work with.” Participants responded on a six-point scale (1 = disagree very much, 6 = agree very much). The scale demonstrated high internal consistency reliability ($\alpha = .80$).

Burnout. Participants completed the seven-item work-related burnout subscale of the Copenhagen Burnout Inventory (CBI; Kristensen, Borritz, Villadsen, & Christensen, 2005). An example item is “Do you feel burnt out because of your work?” Participants responded on a five-point scale (1 = never, 5 = always). The scale demonstrated high internal consistency reliability ($\alpha = .91$).

Physical symptoms. Physical symptoms were measured using the 13-item Physical Symptoms Inventory (PSI; Spector & Jex, 1998). Participants were asked to report the frequency with which they experience a variety of physical symptoms such as an upset stomach or nausea, a backache, or trouble sleeping. They responded on a five-point scale (1 = not at all, 5 = several times per day).

Organizational frustration. Participants completed a slightly modified version of the three-item organizational frustration scale (Peters, O'Connor, & Rudolf, 1980). An example item is "Trying to get my job done is a very frustrating experience." Participants responded on a seven-point scale (1 = strongly disagree, 7 = strongly agree). The scale demonstrated high internal consistency reliability ($\alpha = .74$).

Helpful workplace social support. Helpful workplace social support was measured with a four-item social support scale created by Caplan, Cobb, French, Van Harrison, and Pinneasu (1975). The scale can be used to measure social support provided by an immediate supervisor, other people at work, and friends/family. For this study, social support from coworkers was measured. An example item is "How much do your coworkers go out of their way to do things to make your work life easier for you?" Participants responded on a four-point scale (1 = not at all, 4 = very much). The scale demonstrated high internal consistency reliability ($\alpha = .78$).

Results

To examine the initial set of 51 scale items (see Appendix A), exploratory factor analyses and an item reliability analysis were conducted. An EFA was conducted on all of the initial scale items using the common factor model in SPSS 24. The scree plot showed points of inflection at two and five factors, and Eigenvalues were greater than one with up to six factors. The two,

three, four, five, and six factor solutions were extracted using an oblique rotation to allow the factors to correlate. The three-factor solution showed the cleanest factor structure according to the rotated pattern matrix. At least four items loaded onto each factor with loadings above 0.6, and only six of the 51 items demonstrated cross-loadings above 0.3. The three factors could conceptually be described as critical social support, imposing social support, and incompetent social support.

In an effort to further clean the factor structure, the six items with cross-loadings above 0.3 were removed, and another EFA fixed to three factors was conducted without the items. Once those items were removed, an additional item had a cross-loading above 0.3, and many items had loadings below 0.6. Those items were removed, and another EFA fixed to three factors was conducted. Once the additional items were removed, more items had cross-loadings above 0.3, and more items had loadings below 0.6, suggesting that 3-factors was not a robust, stable factor structure for the data. Because the initial number of dimensions suggested by the scree plot did not lead to a strong solution, and the scale was formed based on 10 dimensions identified in Study 1, the researchers decided to work backwards to reduce the scale as much as possible while still obtaining a robust, interpretable solution.

A 10-factor solution was performed next. Ten factors representing the 10 factors from Study 1 emerged. However, the six impractical support items had factor loadings below 0.4. Those six items were removed, and a 9-factor solution was attempted next. A 9-factor solution did not converge, so an 8-factor solution was extracted. The undependable and incompatible items combined to form a single factor, but the incompatible items had factor loadings below 0.6. They were removed, and the analysis was re-run. At that stage, the factor structure was relatively clean, but researchers recognized a threat of over factoring, so a 7-factor solution was

performed. The uncomfortable and stress-magnifying items combined to form a single factor, but the stress-magnifying items had cross-loadings and/or loadings below 0.6. They were removed. An additional nine items with loadings below 0.6 and/or cross-loadings above 0.3 were removed to develop a clean 7-factor solution. All of the remaining 28 items had loadings of at least 0.5 on their respective factors, and no items had cross-loadings above 0.3. The seven factors represent critical, imposing, partial, shortsighted, uncomfortable, undependable, and conflicting social support. The factor loadings and communalities based on principal axis factoring analysis with an oblique rotation are presented in Table 2.

Once the dimensionality was determined through the exploratory factor analyses, an item reliability analysis was conducted. All of the subscales demonstrated high internal consistency reliability ($\alpha = .88 - .94$). Out of the 28 items, only one item would increase the internal consistency reliability of its respective subscale if deleted. The item was retained because the cost of losing breadth seemed greater than the benefit of gaining 0.01 internal consistency reliability. The item reliability analysis is depicted in Table 2.

The subscale scores were averaged to create a general unhelpful workplace social support score to examine the study hypotheses. The general measure demonstrated high internal consistency reliability ($\alpha = .91$). Supporting hypotheses one through six, unhelpful workplace social support was significantly associated with higher negative affect ($r = .63$), lower competence-based self-esteem ($r = -.57$), lower coworker satisfaction ($r = -.61$), higher work-related burnout ($r = .52$), higher organizational frustration ($r = .47$), and higher physical symptoms ($r = .57$). When examining the subfacets of unhelpful workplace social support, partial social support was most strongly correlated with negative affect ($r = .62$), uncomfortable social support was most strongly correlated with physical symptoms ($r = .57$), and conflicting

social support was most strongly correlated with work-related burnout ($r = .56$) and organizational frustration ($r = .48$). Critical social support had the strongest negative association with competence-based self-esteem ($r = -.53$), and conflicting social support had the strongest negative association with coworker satisfaction ($r = -.55$). A correlation matrix including all study variables is presented in Table 3.

In order to further investigate the relationships between the UWSS subscales and strains, each criterion was regressed on the seven forms of UWSS to examine which contributed incremental predictability. Imposing social support, partial social support, and uncomfortable social support explained significant variance in negative affect ($\beta = -.18, \beta = .34, \beta = .28, ps < .05$). Given that the correlation between imposing social support and UWSS was positive, the negative beta weight reflects suppression effects. Critical social support, shortsighted social support, and uncomfortable social support explained significant variance in competence-based self-esteem ($\beta = -.26, \beta = -.21, \beta = -.20, ps < .05$). Critical social support, imposing social support, and conflicting social support explained significant variance in coworker satisfaction ($\beta = -.23, \beta = -.18, \beta = -.31, ps < .05$). Shortsighted social support and conflicting social support explained significant variance in work-related burnout ($\beta = -.19, \beta = .43, ps < .05$). Because the correlation between shortsighted social support and UWSS was positive, the negative beta weight reflects suppression effects. Partial social support, uncomfortable social support, and conflicting social support explained significant variance in physical symptoms ($\beta = .24, \beta = .42, \beta = .26, ps < .05$). Conflicting social support explained significant variance in organizational frustration ($\beta = .29, p < .05$). Results of the regression analyses are displayed in Table 4.

Correlation analyses were conducted to examine the relationship between unhelpful workplace social support and helpful workplace social support. A moderate, negative

association was observed between unhelpful workplace social support and helpful workplace social support ($r = -.45$), suggesting that unhelpful workplace social support is not simply a lack of helpful social support. The relationships between the UWSS subscales and helpful workplace social support were also modest: critical social support ($r = -.36$), imposing social support ($r = -.29$), partial social support ($r = -.43$), undependable social support ($r = -.39$), shortsighted social support ($r = -.32$), uncomfoting social support ($r = -.43$), and conflicting social support ($r = -.37$).

Hierarchical regression analyses were conducted to examine the hypotheses that the relationships between unhelpful workplace social support and strain outcomes cannot be attributed to helpful social support or mood. Each of the strain outcomes were regressed on unhelpful workplace social support in Model 1. UWSS explained a significant amount of variance in each of the outcomes: negative affect ($\beta = .63, R^2 = .40, p < .05$), competence-based self-esteem ($\beta = -.57, R^2 = .32, p < .05$), coworker satisfaction ($\beta = .61, R^2 = .37, p < .05$), work-related burnout ($\beta = .52, R^2 = .28, p < .05$), organizational frustration ($\beta = .47, R^2 = .22, p < .05$), and physical symptoms ($\beta = .57, R^2 = .33, p < .05$). Each of the strain outcomes were regressed on unhelpful workplace social support, helpful workplace social support, and mood in Model 2. Unhelpful workplace social support remained a significant predictor of each of the outcomes: negative affect ($\beta = .35, p < .05$), competence-based self-esteem ($\beta = -.25, p < .05$), coworker satisfaction ($\beta = -.40, p < .05$), work-related burnout ($\beta = .33, p < .05$), organizational frustration ($\beta = .33, p < .05$), and physical symptoms ($\beta = .33, p < .05$). The findings support hypotheses seven and eight. Results of the hierarchical regression analyses are displayed in Table 5.

Study 2 Discussion

Study 2 used the results of Study 1 to develop a measure of unhelpful workplace social support and establish a nomological network of variables associated with the construct. An exploratory factor analysis suggested a 7-factor scale, and an item reliability analysis supported high internal consistency reliability of the overall scale and scale dimensions. As hypothesized, unhelpful workplace social support was associated with higher negative affect, lower competence-based self-esteem, lower coworker satisfaction, higher burnout, higher organizational frustration, and higher physical symptoms (headaches, nausea, fatigue, etc.). The associations remained significant even after controlling for helpful workplace social support and mood. The findings support UWSS as a meaningful workplace stressor.

Chapter Four

Study 3 – Replication of Nomological Network

Study 3 served to confirm model fit and internal consistency reliability of the unhelpful workplace social support scale (UWSSS) as well as to replicate the nomological net of variables associated with the construct. The third study was primarily intended to mitigate the chances of reporting Type 1 errors.

Method

Participants and Procedure

Participants consisted of 496 registered nurses (41 male, 452 female, 3 non-binary) working at least 30 hours per week in the United States. Nursing is an especially high stress occupation (e.g., Duquette, Kérowc, Sandhu, & Beaudet, 1994), and nurses frequently interact and assist each other. Therefore, nurses may serve as an especially relevant occupation to examine unhelpful workplace social support. A survey was sent to potential participants through their email addresses, which were obtained from a large publically available list of Florida licensed healthcare providers. Approximately 100,000 emails were sent out requesting voluntary participation, and 496 participants completed the entire survey. The high nonresponse rate is likely a result of inaccurate or incorrect email addresses, unseen/unopened emails, occupation changes, and nurse retirement. Many undeliverable email notices were received (approximately 1,100), and many former nurses sent reply emails informing researchers of their occupation changes and retirement (approximately 100). According to the email distribution platform (Qualtrics), the completion rate was 45 percent of those who opened the survey.

Participants ranged in age from 22 to 78 ($M = 51, SD = 11.42$), and the majority of participants were white (418 participants). Participants held a wide variety of nursing positions, including bedside registered nurses, inpatient ARNPs, charge nurses, Chief CRNAs, directors of nursing, etc. The yearly salaries of participants ranged from less than \$25,000 to over \$200,000, with a median income between \$75,000 and \$99,999. To help ensure that we received high quality responses, data were only analyzed from participants who responded appropriately to an attention check item. The item asked participants to “Please select somewhat agree to demonstrate that you are reading the items.” Fifty-eight nurses failed to respond to the item appropriately.

Measures

Unhelpful workplace social support, negative affect, mood, competence-based self-esteem, coworker satisfaction, burnout, physical symptoms, organizational frustration, and helpful workplace social support were measured using the same scales as those used in Study 2. Each of the scales demonstrated high internal consistency reliability in the new sample (see Table 5).

Results

A confirmatory factor analysis (CFA) was conducted to test the hypothesized measurement model of unhelpful workplace social support. Although the χ^2 measure of fit was statistically significant [$\chi^2(329) = 885.02, p < .05$], the descriptive measures indicated good model fit. The Non-Normed Fit Index (NNFI) and the Comparative Fit Index (CFI) were at or higher than .95 as recommended by Hu and Bentler (1998; NNFI = .96, CFI = .96). The root mean square error of approximation (RMSEA) and the standardized root mean residual (SRMR) were also lower than the .06 and .08 cutoffs recommended by Hu and Bentler (1998; RMSEA =

.06, SRMR = .04). All of the measured variable indicators had standardized loadings of at least 0.6 on their corresponding factors (.61 to .96). An alternative 1-factor model was also examined to compare with the a priori 7-factor model. The alternative model fit the data significantly worse than the 7-factor model [$\Delta x^2(21) = 5456.90, p < .05$] providing additional construct validity support for the measure.

Items on each of the seven factors were averaged to create scale scores. Internal consistency reliability analysis using Cronbach's alpha demonstrated that all reliability estimates were above the recommended cutoff of .70: critical social support ($\alpha = .90$), imposing social support ($\alpha = .88$), partial social support ($\alpha = .93$), undependable social support ($\alpha = .93$), short sighted social support ($\alpha = .95$), uncomfortable social support ($\alpha = .92$), and conflicting social support ($\alpha = .97$). The scale subscale scores were then averaged to create a general unhelpful workplace social support score, which also demonstrated high internal consistency reliability ($\alpha = .91$).

Replicating the results of Study 2, unhelpful workplace social support was significantly associated with higher negative affect ($r = .54$), lower competence-based self-esteem ($r = -.33$), lower coworker satisfaction ($r = -.55$), higher work-related burnout ($r = .50$), higher organizational frustration ($r = .51$), and higher physical symptoms ($r = .42$). When examining the subfacets of unhelpful workplace social support, partial social support was most strongly correlated with negative affect ($r = .52$) and organizational frustration ($r = .50$). Uncomfortable social support was most strongly correlated with work-related burnout ($r = .47$) and physical symptoms ($r = .38$). Shortsighted social support had the strongest negative association with competence-based self-esteem ($r = -.37$). Partial, undependable, and conflicting social support

had the strongest negative associations with coworker satisfaction ($r = -.48$). Correlations among all of the study variables are depicted in Table 6.

In order to further investigate the relationships between the UWSS subscales and strains, each criterion was regressed on the seven forms of UWSS to examine which contributed incremental predictability. Critical social support, partial social support, and uncomfoting social support explained significant variance in negative affect ($\beta = .15, \beta = .23, \beta = .17, ps < .05$). Critical social support, imposing social support, partial social support, undependable social support, shortsighted social support, and uncomfoting social support explained significant variance in competence-based self-esteem ($\beta = -.14, \beta = .17, \beta = -.21, \beta = .20, \beta = -.35, \beta = -.20, ps < .05$). Critical social support, undependable social support, and uncomfoting social support explained significant variance in coworker satisfaction ($\beta = -.18, \beta = -.19, \beta = -.14, ps < .05$). Critical social support, partial social support, undependable social support, and uncomfoting social support explained significant variance in work-related burnout ($\beta = .10, \beta = .16, \beta = .21, \beta = .20, ps < .05$). Critical social support and shortsighted social support explained significant variance in physical symptoms ($\beta = .16, \beta = .15, ps < .05$). Partial social support, undependable social support, and uncomfoting social support explained significant variance in organizational frustration ($\beta = .25, \beta = .18, \beta = .15, ps < .05$). The regression results are displayed in Table 7.

Hierarchical regression analyses replicated the findings that the relationships between unhelpful workplace social support and strain outcomes cannot be attributed to helpful social support or mood. Each of the strain outcomes were regressed on unhelpful workplace social support in Model 1. UWSS explained a significant amount of variance in each of the outcomes: negative affect ($\beta = .55, R^2 = .30, p < .05$), competence-based self-esteem ($\beta = -.33, R^2 = .11, p$

< .05), coworker satisfaction ($\beta = -.55$, $R^2 = .31$, $p < .05$), work-related burnout ($\beta = .50$, $R^2 = .25$, $p < .05$), organizational frustration ($\beta = .51$, $R^2 = .26$, $p < .05$), and physical symptoms ($\beta = .42$, $R^2 = .18$, $p < .05$). Each of the strain outcomes were regressed on unhelpful workplace social support, helpful workplace social support, and mood in Model 2. Unhelpful workplace social support remained a significant predictor of each of the outcomes: negative affect ($\beta = .27$, $p < .05$), competence-based self-esteem ($\beta = -.15$, $p < .05$), coworker satisfaction ($\beta = -.23$, $p < .05$), work-related burnout ($\beta = .26$, $p < .05$), organizational frustration ($\beta = .30$, $p < .05$), and physical symptoms ($\beta = .14$, $p < .05$). Results of the hierarchical regression analyses are displayed in Table 8.

Study 3 Discussion

Study 3 replicated the findings of Study 2 in a nursing sample. Data collected from 496 registered nurses confirmed the model fit and internal consistency reliability of the unhelpful workplace social support scale (UWSSS). The results also replicated that finding that unhelpful workplace social support is associated with numerous strain outcomes, including higher negative affect, lower competence-based self-esteem, lower coworker satisfaction, higher burnout, higher organizational frustration, and greater physical symptoms (e.g., headaches, nausea, and fatigue). The findings provide further support UWSS as a meaningful new workplace stressor, and they support the unhelpful workplace social support scale (UWSSS) as a strong measure of the construct.

Chapter Six Discussion

While workplace social support is typically a beneficial job resource, workplace social support can also serve as a job stressor. Unhelpful workplace social support (UWSS) is defined as any action taken by a supervisor and/or colleague that is intended to enhance another worker's wellbeing but is perceived as unhelpful or harmful by the recipient. A series of three studies helped to identify types of UWSS, develop a measure of UWSS, and establish a nomological network of variables related to UWSS. Together, the studies demonstrate that unhelpful workplace social support is a meaningful job stressor worthy of further investigation.

In Study 1, responses from 116 employees provided real-life examples of unhelpful workplace social support. The responses demonstrated that workers encounter instances receiving unhelpful workplace social support, and a content analysis revealed 11 distinct forms of unhelpful workplace social support. Many of the participants expressed distress resulting from the receipt of UWSS, suggesting that UWSS may be a workplace stressor. Study 2 confirmed that UWSS from a coworker is associated with numerous strain outcomes, including higher negative affect, lower competence-based self-esteem, lower coworker satisfaction, higher work-related burnout, higher organizational frustration, and higher physical symptoms. The associations remained significant even after controlling for helpful workplace social support and mood. The variable relationships were replicated in Study 3 as well as the model fit and internal consistency reliability of the unhelpful workplace social support scale (UWSSS).

This is the first known research to create a holistic categorization scheme of unhelpful workplace social support, develop a measure of unhelpful workplace social support, and demonstrate a nomological network of variables associated with unhelpful workplace social support. This research paves the way for other researchers to study the construct using an accepted classification scheme for accumulating and categorizing empirical findings. The research also provides a measure of unhelpful workplace social support with strong psychometric properties to aid future research.

One noteworthy takeaway from this research is that unhelpful workplace social support often appears to be more strongly related to strain outcomes than helpful workplace social support. Put differently, the costs of unhelpful workplace social support often appear greater than the benefits of helpful workplace social support on employee wellbeing. For example, the relationship between unhelpful workplace social support and negative affect ($r_{\text{Study 2}} = .63$, $r_{\text{Study 3}} = .54$) was significantly stronger than the relationship between helpful workplace social support and negative affect ($r_{\text{Study 2}} = -.50$, $r_{\text{Study 3}} = -.45$) in both Study 2 and Study 3, $z(173) = 2.13$, $p < .05$, $z(493) = 2.67$, $p < .05$. This pattern of relationships held across two different samples and five strain outcomes: negative affect, competence-based self-esteem, work-related burnout, physical symptoms, and organizational frustration. The correlation differences were significant in five of 12 cases (see Table 9). Helpful workplace social support was only more strongly related to coworker satisfaction. The findings support the merits of studying unhelpful workplace social support in addition to helpful workplace social support.

Limitations

This research has several strengths and limitations. Many of the participants in Study 1 were employees taking classes at an American university, and participants in Study 2 were

employees recruited from Amazon Mechanical Turk. Some researchers have expressed concern that findings utilizing such samples may not generalize to other samples of employees (see Highhouse, 2009 for a review). However, the goal of the studies was to examine a general research question: Is unhelpful workplace social support a meaningful workplace stressor? Any sample of workers for which the research question is intended to generalize is appropriate for examining the question, including employees taking classes and Amazon Mechanical Turk workers. In a chapter on the importance (rather the unimportance) of samples, Highhouse (2009) claims, “a theory about occupational satisfaction and commitment might apply to nurses, coaches, priests, or professional skateboarders. Any one of these samples is appropriate for testing the theory” (p. 264). Additionally, by utilizing three very different samples of employees, researchers have greater confidence in the generalizability of implications of unhelpful workplace social support.

The studies relied on self-report measures. Though objective measures are sometimes preferred over self-report measures, the variables of interest in this research are likely best measured with self-reports. Unhelpful workplace social support is subjective by definition because the support recipient must perceive the support as unhelpful and/or harmful. In favor of a subjective support measure, previous research has found that recipient perceptions of support are more relevant to recipient outcomes than objective evaluations of received support (Wethington & Kessler, 1986). The strain measures included in the study are also likely best measured with self-reports. Negative affect, self-esteem, coworker satisfaction, burnout, and organizational frustration are personal experiences that likely cannot be well-assessed observationally or physiologically. While some physical symptoms can be assessed with physiological measures, a holistic assessment of physical symptoms, including headaches,

fatigue, and nausea would be difficult to gauge with physiological measures, especially over a three-month period. Some previous research has found that the receipt of imposing social support is associated with a subsequent increase in heartrate and a decrease in respiratory sinus arrhythmia (Deelstra et al., 2003). Taken together, the findings of Deelstra et al., 2003 and this research suggest that unhelpful workplace social support may have physiological implications.

Although the use of self-report measures is likely merited, there is threat of common method bias. Recent literature on common method bias suggests that researchers should be concerned with “extraneous and unintended systematic influences on a measured variable, some of which might be shared with other measured variables (CMV) and some of which is not (UMV)” (Spector, Rosen, Richardson, Williams, & Johnson, 2017, p. 2). One potential common method variance source applicable to this study was mood. Perhaps participants report receiving unhelpful workplace social support and report experiencing strain outcomes because they are angry or otherwise upset. Examining the support-strain relationships after controlling for mood helped to rule out mood as a common method variance source in this research. However, further research on other sources of method variance that may impact the measurement of variables used in this study would greatly inform this and other research. That being said, common method variance should not be assumed simply because the research is cross-sectional self-report (Conway & Lance, 2010; Spector, 2006).

Conclusion

Overall, this research provides evidence for social support as a meaningful job stressor. Future research should continue to examine the effects of unhelpful workplace social support as well as identify practical solutions to combat the stressor. Such knowledge would have

important implications for employees who desire to be helpful while providing support and employees who desire to be helped while receiving support.

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Table 1. Categorization of Unhelpful Workplace Social Support

Category	Frequency	Definition	Example Response
Conflicting social support	2% (2)	Social support in which multiple providers offer differing advice or instructions	"[...] other employees will often give me confusing and conflicting advice on how to attack problems or approach my boss [...]"
Critical social support	9% (11)	Social support that directly leads the recipient to feel insulted, criticized, and/or attacked	"[I] was given advice on how to perform better. I was already doing the things that were mentioned, and it seemed insulting to be told to do what I was already doing."
Imposing social support	6% (7)	Social support that is unwanted and forced on the recipient in a non-critical manner	"I was given a chance to show initiative, but my supervisor acted ahead of me when it was not in her job description. It was stepping over bounds rather than allowing me to exhibit initiative."
Impractical social support	24% (28)	Social support that is unreasonable, misinforming, and/or leads the recipient to stray from company policy or general practices	"I had an incident with a supervisor, and while the supervisor tried to listen to my concerns, the response was not a reasonable solution. [His response] was unhelpful because while my supervisor thought the solution would work [...], it neglected the hierarchy of the organization and therefore wasn't feasible"
Incompatible social support	7% (8)	Social support in which the provider attempts to work with the recipient to help complete a task, but the provider and recipient work differently and struggle to work cohesively	"[Help] was ineffective because we both were getting confused since we were placing and doing things differently."
Partial social support	23% (27)	Social support that does not benefit the recipient because it is incomplete, imprecise, or unclear	"The instructions were vague."
Poorly assigned social support	3% (3)	Social support in which a supervisor assigns an employee to help the recipient complete a task, but the assignment was untimely, unneeded, and/or low-quality	"[My manager assigned] coworkers not fully prepared for a heavy shift to work with me when we needed two more fully experienced workers."
Shortsighted social support	3% (4)	Social support in which the provider takes over a task without teaching the recipient the skills to complete the task on his/her own in the future	"I was working, and I could not figure something out [...] Instead of helping me figure it out, someone just took over for me. I didn't find it helpful because I would have rather learned and figured it out with their help [...]"
Stress magnifying social support	3% (3)	Social support that causes the recipient to focus more on the initial stressor in a way that exacerbates the recipient's stress	"[A] colleague asked to help me on a project [...] when I wasn't prepared. He wanted to drill a given topic with me [...], but] I was overwhelmed and reminded by the fact that I was behind and unprepared."
Uncomforting social support	1% (1)	Social support in which the provider tries to give emotional support (not advice or tangible assistance), but the recipient does not feel adequately comforted or validated	"[I receive unhelpful support] whenever my coworker comments on a tough situation, and the comment is annoying and useless to the situation. [He] is just really bad at comforting others, and I feel like I have to give him a pity laugh. Basically, [it's] more trouble than if he just didn't say anything."
Undependable social support	19% (22)	Social support in which the provider promises and/or attempts to complete a recipient's task, but the provider does it in an unreliable, delayed, or low-quality manner	"A coworker attempted to help me answer a phone call while I was starting to walk away from my desk. Although their intentions were good, they ended up being very awkward on the phone as this was not within their daily duties."

Table 2. Principal Axis Factoring Analysis and Item Reliability Analysis for the UWSSS

Scale Item (See Appendix B)	Factor Loading	Communality	Item-Total Correlation	Cronbach's Alpha with Item Removed	Cronbach's Alpha
Critical					.91
1	.82	.80	.83	.88	
2	.72	.71	.78	.90	
3	.83	.84	.86	.87	
4	.80	.71	.78	.90	
Imposing					.88
1	.56	.54	.66	.89	
2	.78	.79	.79	.84	
3	.71	.76	.78	.84	
4	.63	.75	.77	.84	
Partial					.90
1	-.50	.67	.75	.89	
2	-.85	.79	.79	.87	
3	-.75	.77	.82	.86	
4	-.53	.69	.76	.88	
Undependable					.91
1	.61	.54	.67	.89	
2	.59	.64	.75	.86	
3	.67	.73	.79	.85	
4	.95	.90	.86	.83	
Shortsighted					.92
1	.79	.74	.79	.91	
2	.82	.82	.84	.89	
3	.61	.79	.81	.90	
4	.74	.80	.84	.89	
Uncomforting					.90
1	.59	.75	.80	.85	
2	.73	.83	.83	.83	
3	.50	.73	.77	.88	
Conflicting					.94
1	.68	.76	.83	.93	
2	.67	.75	.80	.93	
3	.73	.77	.84	.92	
4	.64	.70	.81	.93	
5	.83	.88	.89	.91	

Table 3. Descriptive Statistics and Correlations Among Study 2 Variables

	<i>M</i>	<i>SD</i>	1	1a	1b	1c	1d	1e	1f	1g	2	3	4	5	6	7	8	9
1. UWSS	2.13	0.89	(.91)															
1a. Critical	1.50	0.91	.71	(.91)														
1b. Imposing	2.37	1.10	.79	.50	(.88)													
1c. Partial	2.29	1.14	.86	.56	.60	(.90)												
1d. Undependable	2.26	1.10	.82	.45	.54	.69	(.89)											
1e. Shortsighted	2.22	1.14	.80	.51	.66	.61	.53	(.92)										
1f. Uncomforting	1.93	1.10	.83	.61	.57	.64	.67	.57	(.90)									
1g. Conflicting	2.32	1.17	.86	.46	.60	.73	.75	.62	.66	(.94)								
2. Negative Affect	1.95	0.76	.63	.49	.36	.62	.52	.42	.60	.57	(.91)							
3. Mood	1.28	0.60	.56	.56	.38	.46	.37	.43	.55	.44	.59	(.93)						
4. Self-esteem	5.50	1.00	-.57	-.53	-.39	-.48	-.41	-.48	-.52	-.42	-.59	-.60	(.80)					
5. Coworker Sat	4.93	0.96	-.61	-.50	-.50	-.46	-.48	-.44	-.54	-.55	-.56	-.37	.50	(.80)				
6. Burnout	2.46	0.85	.52	.32	.38	.48	.47	.30	.45	.56	.75	.39	-.56	-.59	(.91)			
7. Symptoms	1.70	0.67	.57	.34	.35	.53	.43	.47	.57	.55	.65	.63	-.47	-.39	.53	(.91)		
8. Frustration	3.12	1.52	.47	.28	.32	.43	.39	.29	.44	.48	.68	.31	-.47	-.60	.76	.43	(.82)	
9. Helpful Support	3.13	0.59	-.45	-.36	-.29	-.43	-.39	-.32	-.43	-.37	-.50	-.35	.47	.67	-.49	-.30	-.42	(.78)

Note. All correlations are significant at a .01 alpha level; UWSS = unhelpful workplace social support from coworkers; Self-esteem = competence-based self-esteem; Coworker Sat = coworker satisfaction; Burnout = work-related burnout; Symptoms = Physical symptoms; Frustration = Organizational frustration; Helpful support = Workplace social support from coworkers; Cronbach's alpha is listed in parentheses

Table 4. Multiple Regressions of UWSS Subscales Predicting Study 2 Criterion Variables

DV	Critical			Imposing			Partial			Undependable			Shortsighted			Uncomforting			Conflicting		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
NA	.11	.06	.13	-.12	.06	-.18*	.23	.06	.34*	<.01	.06	.01	-.02	.06	-.02	.20	.06	.28*	.13	.07	.19
<i>R</i> ²																					.48
<i>F</i>																					22.07*
Self-Esteem	-.29	.09	-.26*	.05	.08	.05	-.11	.09	-.13	-.02	.09	-.02	-.18	.08	-.21*	-.18	.09	-.20*	.04	.09	.04
<i>R</i> ²																					.38
<i>F</i>																					14.45*
Satisfaction	-.25	.08	-.23*	-.16	.08	-.18*	.09	.08	.10	-.03	.09	-.03	.04	.07	.04	-.14	.08	-.16	-.26	.09	-.31*
<i>R</i> ²																					.41
<i>F</i>																					16.94*
Burnout	.02	.08	.02	.06	.07	.08	.10	.08	.13	.02	.08	.03	-.14	.07	-.19*	.10	.08	.13	.31	.08	.43*
<i>R</i> ²																					.35
<i>F</i>																					12.79*
Symptoms	-.08	.06	-.11	-.10	.05	-.16	.14	.06	.24*	-.10	.06	-.16	.10	.05	.17	.26	.06	.42*	.15	.06	.26*
<i>R</i> ²																					.42
<i>F</i>																					17.56*
Frustration	.14	.17	.08	.04	.15	.02	.07	.17	.05	.02	.17	.01	-.10	.15	-.07	.17	.16	.12	.40	.17	.29*
<i>R</i> ²																					.19
<i>F</i>																					5.73*

Note. SE = standard error of *B*; NA = negative affect; Self-esteem = competence-based self-esteem; Satisfaction = satisfaction with coworkers; Burnout = work-related burnout; Frustration = organizational frustration; Symptoms = undesirable physical symptoms (headaches, fatigue, nausea, etc.); * significant at a .05 alpha level

Table 5. UWSS, Mood, and Helpful Support Predicting Study 2 Criterion Variables

Variables	Model 1			Model 2		
	B	SE B	β	B	SE B	β
DV: Negative Affect						
UWSS	.54	.05	.63*	.30	.06	.35*
Mood				.41	.08	.32*
HWSS				-.29	.06	-.23*
R^2		.40			.52	
F for ΔR^2		113.80*			22.28*	
DV: Competence-based Self-esteem						
UWSS	-.64	.07	-.57*	-.29	.08	-.25*
Mood				-.64	.11	-.38*
HWSS				.38	.11	-.23*
R^2		.32			.48	
F for ΔR^2		82.43*			25.78*	
DV: Coworker Satisfaction						
UWSS	-.66	.07	-.61*	-.43	.07	-.40*
Mood				.05	.10	.03
HWSS				.81	.09	.50*
R^2		.37			.57	
F for ΔR^2		103.25*			39.91*	
DV: Work-related Burnout						
UWSS	.50	.06	.52*	.32	.08	.33*
Mood				.14	.11	.10
HWSS				-.43	.10	-.30*
R^2		.28			.36	
F for ΔR^2		65.97*			11.27*	
DV: Physical Symptoms						
UWSS	.43	.05	.57*	.25	.05	.33*
Mood				.50	.08	.45*
HWSS				.01	.07	.01
R^2		.33			.47	
F for ΔR^2		84.78*			22.30*	
DV: Organizational Frustration						
UWSS	.80	.12	.47*	.56	.14	.33*
Mood				.11	.20	.04
HWSS				-.66	.19	-.26*
R^2		.22			.27	
F for ΔR^2		48.29*			6.66*	

Note. UWSS = unhelpful workplace social support; HWSS = helpful workplace social support

Table 6. Descriptive Statistics and Correlations Among Study 3 Variables

	<i>M</i>	<i>SD</i>	1	1a	1b	1c	1d	1e	1f	1g	2	3	4	5	6	7	8	9
1. UWSS	2.13	0.91	(.91)															
1a. Critical	1.57	0.91	.72	(.90)														
1b. Imposing	2.19	1.06	.73	.45	(.88)													
1c. Partial	2.40	1.19	.88	.60	.56	(.93)												
1d. Undependable	2.51	1.18	.83	.47	.48	.72	(.93)											
1e. Shortsighted	1.98	1.09	.73	.43	.57	.54	.49	(.95)										
1f. Uncomforting	2.02	1.18	.84	.59	.49	.68	.71	.51	(.92)									
1g. Conflicting	2.27	1.25	.88	.58	.56	.77	.71	.57	.71	(.97)								
2. Negative Affect	2.22	0.75	.54	.44	.29	.52	.47	.37	.49	.46	(.90)							
3. Mood	1.28	0.51	.46	.41	.23	.41	.39	.38	.42	.34	.61	(.88)						
4. Self-esteem	5.56	0.86	-.33	-.30	-.16	-.30	-.18	-.37	-.30	-.24	-.52	-.47	(.71)					
5. Coworker Sat	4.20	0.75	-.55	-.42	-.33	-.48	-.48	-.38	-.47	-.48	-.47	-.41	.26	(.73)				
6. Burnout	2.99	0.81	.50	.38	.30	.45	.46	.34	.47	.40	.75	.49	-.47	-.38	(.91)			
7. Symptoms	1.96	0.66	.42	.35	.25	.37	.36	.33	.38	.33	.57	.58	-.30	-.32	.59	(.86)		
8. Frustration	3.91	1.68	.51	.38	.28	.50	.48	.30	.47	.45	.62	.42	-.46	-.40	.73	.43	(.84)	
9. Helpful Support	3.20	0.71	-.60	-.53	-.28	-.54	-.57	-.32	-.58	-.53	-.45	-.37	.22	.65	-.44	-.36	-.46	(.85)

Note. UWSS = unhelpful workplace social support from coworkers; Self-esteem = competence-based self-esteem; Burnout = work-related burnout; Frustration = Organizational frustration; Helpful support = Workplace social support from coworkers; All correlations are significant at a .01 alpha level

Table 7. Multiple Regressions of UWSS Subscales Predicting Study 3 Criterion Variables

DV	Critical			Imposing			Partial			Undependable			Shortsighted			Uncomforting			Conflicting			
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β	
NA	.12	.04	.15*	-.17	.04	-.10	.15	.04	.23*	.07	.04	.11	.06	.03	.09	.11	.04	.17*	<.01	.04	<.01	
R^2																						.33
F																						33.89*
Self-Esteem	-.13	.05	-.14*	.14	.04	.17*	-.15	.05	-.21*	.15	.05	.20*	-.28	.04	-.35*	-.15	.05	-.20*	.07	.05	.10	
R^2																						.21
F																						18.41*
Satisfaction	-.18	.06	-.18*	-.01	.04	-.02	-.10	.05	-.14	-.15	.05	-.19*	.01	.05	.01	-.10	.05	-.14*	-.05	.05	-.07	
R^2																						.33
F																						24.37*
Burnout	.09	.05	.10*	-.02	.04	-.02	.10	.05	.16*	.14	.04	.21*	.06	.04	.08	.14	.04	.20*	-.07	.05	-.10	
R^2																						.28
F																						26.80*
Symptoms	.12	.04	.16*	-.02	.03	-.04	.06	.04	.11	.07	.04	.12	.09	.03	.15*	.07	.04	.13	-.05	.04	-.09	
R^2																						.20
F																						17.30*
Frustration	.16	.09	.08	-.11	.08	-.07	.35	.10	.25*	.25	.09	.18*	<.01	.08	<.01	.21	.09	.15*	.02	.09	.02	
R^2																						.30
F																						29.70*

Note. SE = standard error of B; NA = negative affect; Self-esteem = competence-based self-esteem; Satisfaction = satisfaction with coworkers; Burnout = work-related burnout; Frustration = organizational frustration; Symptoms = undesirable physical symptoms (headaches, fatigue, nausea, etc.); * significant at a .05 alpha level

Table 8. UWSS, Mood, and Helpful Support Predicting Study 3 Criterion Variables

Variables	Model 1			Model 2		
	B	SE B	β	B	SE B	β
DV: Negative Affect						
UWSS	.46	.03	.55*	.23	.04	.27*
Mood				.65	.05	.45*
HWSS				-.12	.04	-.12*
R^2		.30			.48	
F for ΔR^2		210.53*			82.47*	
DV: Competence-based Self-esteem						
UWSS	-.31	.04	-.33*	-.15	.05	-.15*
Mood				-.69	.08	-.41*
HWSS				-.02	.06	-.02
R^2		.11			.24	
F for ΔR^2		58.54*			41.60*	
DV: Coworker Satisfaction						
UWSS	-.54	.04	-.55*	-.23	.05	-.23*
Mood				-.34	.08	-.18*
HWSS				.60	.06	.47*
R^2		.31			.51	
F for ΔR^2		154.45*			70.35*	
DV: Work-related Burnout						
UWSS	.45	.04	.50*	.23	.04	.26*
Mood				.50	.07	.32*
HWSS				-.18	.05	-.16*
R^2		.25			.36	
F for ΔR^2		163.66*			40.07*	
DV: Physical Symptoms						
UWSS	.31	.03	.42*	.11	.03	.14*
Mood				.63	.05	.48*
HWSS				-.09	.04	-.10*
R^2		.18			.38	
F for ΔR^2		105.54*			78.34*	
DV: Organizational Frustration						
UWSS	.95	.07	.51*	.55	.09	.30*
Mood				.68	.14	.21*
HWSS				-.49	.11	-.21*
R^2		.26			.33	
F for ΔR^2		174.87*			25.45*	

Note. UWSS = unhelpful workplace social support; HWSS = helpful workplace social support

Table 9. Differences in Correlations by Support Type (Helpful versus Unhelpful)

Variables	$r_{UWSS \times DV}$	$r_{HWSS \times DV}$	$r_{UWSS \times HWSS}$	N	z
DV: NA					
Study 2	.63	-.50	-.45	176	2.13*
Study 3	.54	-.45	-.60	496	2.67*
DV: Self-esteem					
Study 2	-.57	.47	-.45	176	1.56
Study 3	-.33	.22	-.60	496	2.87*
DV: Coworker Sat					
Study 2	-.61	.67	-.45	176	-1.09
Study 3	-.55	.65	-.60	496	-3.31*
DV Burnout					
Study 2	.52	-.49	-.45	176	0.46
Study 3	.50	-.44	-.60	496	1.74
DV: Symptoms					
Study 2	.57	-.30	-.45	176	3.98*
Study 3	.42	-.36	-.60	496	1.65
DV: Frustration					
Study 2	.47	-.42	-.45	176	0.73
Study 3	.51	-.46	-.60	496	1.47

Note. NA = negative affect; UWSS = unhelpful workplace social support; HWSS = helpful workplace social support; Self-esteem = competence-based self-esteem; *significant at alpha = .05

Appendices

Appendix A: Unhelpful Workplace Social Support Scale

Please keep your immediate supervisor in mind when answering the next set of questions. Please read each statement and select how frequently you experience each situation.

A 6-point frequency scale will be used (Never, Very Rarely, Rarely, Occasionally, Frequently, Very Frequently)

*Final scale items

Critical Social Support Items

My coworkers...

1. Imply that I'm incompetent when trying to help me complete a task.*
2. Insult me when providing advice.*
3. Criticize me while trying to help me tackle work problems.*
4. Insult me when trying to help me improve my work.*

Imposing Social Support Items

My coworkers...

1. Try to help by completing tasks for me that I want to do myself.*
2. Provide unwanted guidance when I don't ask for it.*
3. Get too involved in my work when trying to be helpful.*
4. Help me when I don't want help.*

Impractical Social Support Items

My coworkers...

1. Give me unreasonable solutions to my work problems.
2. Misinform me when providing advice.
3. Advise me to break company policy to make my job easier for me.
4. Provide impractical advice.
5. Show me how to do things incorrectly.
6. Unintentionally lead me astray when I ask for help.

Incompatible Social Support Items

My coworkers...

1. Work in ways that are too different from mine when helping me.
2. Get in my way when trying to help me complete a task.
3. Disrupt my work method when helping me complete a work task.
4. Are unhelpful when working with me to complete a task because our approaches are incompatible.

Partial Social Support Items

My coworkers...

1. Provide unclear feedback when trying to help me.

2. Give me imprecise suggestions at work.*
3. Don't give me enough information when trying to help me.*
4. Provide vague solutions to my work problems.*
5. Provide advice that leaves me with more questions than answers.*

Shortsighted Social Support Items

My coworkers...

1. Complete tasks for me instead of providing step-by-step instructions when I seek guidance.*
2. Try to help me by taking over tasks when I wish they would teach me how to do the tasks instead.*
3. Take over my tasks when I'm struggling without teaching me the skills to complete the tasks myself.*
4. Make it difficult for me to learn because he/she does things for me when I need help instead of teaching me how to do them.
5. Do my tasks for me rather than training me to do them.*

Stress Magnifying Social Support Items

My coworkers...

1. Make me feel more pressure while trying to lower my stress.
2. Remind me of my worries in a stressful way while trying to help me.
3. Intensify my concerns while trying to help me.
4. Lead me to dwell more on my work problems when trying to help me.

Uncomforting Social Support Items

My coworkers...

1. Are uncomfortable when trying to make me feel better.*
2. Make me feel worse when trying to improve my mood.*
3. Invalidate my feelings when trying to be comforting.
4. Are not helpful when trying to comfort me.*
5. Misunderstand me when trying to be supportive.

Undependable Social Support Items

My coworkers...

1. Do not follow through after offering to complete a task for me.*
2. Do things wrong when completing a work task for me.*
3. Take too long to help after promising to complete a task for me.*
4. Are unable to complete a task for me after promising to do it.*
5. Do a poor job when taking over a work task for me.

Conflicting Social Support Items

My coworkers...

1. Make it difficult to complete tasks by providing suggestions that conflict with advice from other employees
2. Slow me down by suggesting I do things that go against what other people have advised
3. Offer advice that isn't helpful because it clashes with other advice I have received at work.
4. Leave me unsure of what to do by giving recommendations that contrast with previous instructions
5. Advise courses of action that aren't helpful because they conflict with previous advice I've received.

Appendix B: Recruitment Email

Dear (First Name, Last Name):

I am a researcher at the University of South Florida examining nurses' experiences with receiving help from others at work. As a nurse, I imagine you receive a lot of help that is well-intentioned, some of which is actually helpful and some of which is unhelpful. The overall goal of the study is to gain insights into failures of helping behaviors that can be used to inform researchers and organizations about ways to make workplace help more beneficial.

If you would be willing to contribute to this research by volunteering to share some of your experiences, please follow the survey link below. The survey should take less than 30 minutes to complete. In order to participate, you must be 18 or older, and you must have experience working at least 20 hours per week in a current healthcare provider position.

https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Fusf.az1.qualtrics.com%2F&token=8BmXyFgcFr1GsjKI40kENWYoDmC9CuBz3xDa6hshs7A%3Djfe/form/SV_2oFIpwGm5DxYV4V

Your insights are greatly appreciated. Thank you for your time!

Respectfully,

Cheryl Gray
Industrial Organizational Psychology
4202 E. Fowler Ave., PCD 4118G
Tampa, FL 33620

Follow this link to the Survey:

[Take the Survey](https://proxy.qualtrics.com/proxy/?url=https%3A%2F%2Fusf.az1.qualtrics.com%2F&token=8BmXyFgcFr1GsjKI40kENWYoDmC9CuBz3xDa6hshs7A%3Djfe/form/SV_2oFIpwGm5DxYV4V)

Or copy and paste the URL below into your internet browser:

https://usf.az1.qualtrics.com/jfe/form/SV_9v6nloajleWtrHT?Q_DL=9pHXbyJlbbqwDaZ_9v6nloajleWtrHT_MLR_P_3IY9wUNGKENdu8l&Q_CHL=email

Appendix C: Full Survey

Informed Consent to Participate in Research

Information to Consider Before Taking Part in this Research Study Pro # 00033828

Researchers at the University of South Florida (USF) study many topics. To do this, we need the help of people who agree to take part in a research study. This form tells you about this research study. We are asking you to take part in a research study that is called: Unhelpful Workplace Social Support. The person who is in charge of this research study is Cheryl Gray. This person is called the Principal Investigator. She is being guided in this research by Paul Spector.

Purpose of the Study

The purpose of this study is to gain a heightened understanding of employees' experiences with unhelpful social support in the workplace.

Why are you being asked to take part?

We are asking you to take part in this research study because

- You are at least 18 years old.
- You are a full-time employee (30+ hours per week).
- You are in nursing position.
- You generally interact with your coworkers at least once a week in your current job.
- You are in the United States.

Study Procedures

If you take part in this study, you will be asked to fill out an online survey. The survey will be composed of scales measuring social support in the workplace.

The entire study should take approximately 15 minutes for the participant.

Alternatives / Voluntary Participation / Withdrawal

You have the alternative to choose not to participate in this research study.

You should only take part in this study if you want to volunteer; you are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

Benefits and Risks

We are unsure if you will receive any benefits by taking part in this research study. This research is considered to be minimal risk.

Compensation

Participation in this study will not result in compensation. Participation is solely voluntary.

Privacy and Confidentiality

We must keep your study records as confidential as possible. It is possible, although unlikely, that unauthorized individuals could gain access to your responses because you are responding online.

Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are: the Principal Investigator, the research team, the advising professor, and the University of South Florida Institutional Review Board (IRB).

It is possible, although unlikely, that unauthorized individuals could gain access to your responses. Confidentiality will be maintained to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet. However, your participation in this online survey involves risks similar to a person's everyday use of the Internet. If you complete and submit an anonymous survey and later request your data be withdrawn, this may or may not be possible as the researcher may be unable to extract anonymous data from the database.

Contact Information

If you have any questions about your rights as a research participant, please contact the USF IRB at (813) 974-5638 or contact by email at RSCH-IRB@usf.edu. If you have questions regarding the research, please contact the Principal Investigator at cgray14@mail.usf.edu.

We may publish what we learn from this study. If we do, we will not let anyone know your name. We will not publish anything else that would let people know who you are. You can print a copy of this consent form for your records.

I freely give my consent to take part in this study. I understand that by proceeding with this survey that I am agreeing to take part in research, and I am 18 years of age or older.

Are you at least 18 years old?

Yes

No

Do you currently work in a nursing position?

Yes

No

Do you work at least 30 hours per week in a current job?

Yes

No

Do you interact with your coworker(s) at least once every workday in your current job?

Yes

No

Approximately what percentage of the coworkers you interact with every workday are female?

▼ 0 ... 100

	Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
How often do your coworkers help you at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please keep your coworkers in mind when answering the next set of questions. Please read each statement and select how frequently you experience each situation.

MY COWORKERS....

	Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Imply that I'm incompetent when trying to help me complete a task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insult me when providing advice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criticize me while trying to help me tackle work problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insult me when trying to help me improve my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY COWORKERS....

	Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Try to help by completing tasks for me that I want to do myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide unwanted guidance when I don't ask for it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get too involved in my work when trying to be helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me when I don't want help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY COWORKERS....

	Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Give me imprecise suggestions at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't give me enough information when trying to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide vague solutions to my work problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide advice that leaves me with more questions than answers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY COWORKERS....

	Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Do not follow through after offering to complete a task for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do things wrong when completing a work task for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take too long to help after promising to complete a task for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are unable to complete a task for me after promising to do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY COWORKERS....

	Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Complete tasks for me instead of providing step-by-step instructions when I seek guidance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to help me by taking over tasks when I wish they would teach me how to do the tasks instead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take over my tasks when I'm struggling without teaching me the skills to complete the tasks myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do my tasks for me rather than showing me how to do them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY COWORKERS....

	Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Are uncomfortable when trying to make me feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make me feel worse when trying to improve my mood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are not helpful when trying to comfort me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MY COWORKERS....

	Never	Very Rarely	Rarely	Occasionally	Frequently	Very Frequently
Make it difficult to complete tasks by providing suggestions that conflict with advice from other employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow me down by suggesting I do things that go against what other people have advised.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer advice that isn't helpful because it clashes with other advice I have received at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave me unsure of what to do by giving recommendations that contrast with previous instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advise courses of action that aren't helpful because they conflict with previous advice I've received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer these questions about your coworkers.

	Not at all	A little	Somewhat	Very much
How much do your coworkers go out of their way to do things to make your work life easier for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How easy is it to talk to your coworkers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much can you rely on your coworkers when things get tough at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How likely are your coworkers willing to listen to your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
I like the people I work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find I have to work harder at my job because of the incompetence of people I work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy my coworkers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is too much bickering and fighting at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select how strongly you agree or disagree with the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am satisfied with the amount of help I receive at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The people I work with do a poor job of helping me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel unsupported at my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am given the help I need at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support I receive at work is insufficient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The people I work with provide me with high quality support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Agree	Strongly agree
Trying to get my job done is a frustrating experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being frustrated comes with my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I experience very little frustration on my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please select somewhat agree to demonstrate that you are reading the items.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select the answer that most accurately describes your feelings regarding your current job.

	Never	Seldom	Sometimes	Often	Always
Do you feel burnt out because of your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your work frustrate you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your work emotionally exhausting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have enough energy for family and friends during leisure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that every working hour is tiring for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you exhausted in the morning at the thought of another day at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel worn out at the end of the working day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I can do my job well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes think I am not very competent at my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can deal with just about any problem in my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find my job quite difficult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am better than most people at tackling job difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my job I often have trouble coping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the amount to which any part of your job (e.g., the work, coworkers, supervisor, clients, pay) has made you feel that emotion in the **past 30 days**.

	Never	Rarely	Sometimes	Quite often	Extremely often
My job made me feel angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job made me feel anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job made me feel bored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job made me feel depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job made me feel discouraged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job made me feel disgusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job made me feel fatigued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job made me feel frightened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job made me feel furious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job made me feel gloomy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select the response that most accurately reflects your workplace experiences at your current job.

	Never	Rarely	Sometimes	Quite often	Very often
How often do you get into arguments with others at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do other people yell at you at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are people rude to you at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do other people do nasty things to you at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Less than once per month or never	Once or twice per month	Once or twice per week	Once or twice per day	Several times per day
How often does your job require you to work very fast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does your job require you to work very hard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does your job leave you with little time to get things done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often is there a great deal to be done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have to do more work than you can do well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you find it difficult or impossible to do your job because of ... ?

	Less than once per month or never	Once or twice per month	Once or twice per week	Once or twice per day	Several times per day
Poor equipment or supplies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational rules and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of equipment or supplies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interruptions by other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of necessary information about what to do or how to do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflicting job demands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate help from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorrect instructions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the past month, how often have you experienced each of the following symptoms?

	Not at all	Once or twice in total	Once or twice per week	Once or twice per day	Several times per day
An upset stomach or nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A backache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ringing in the ears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acid indigestion or heartburn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach cramps (Not menstrual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiredness or fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye strain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate to what extent you feel this way **right now**, that is, **at the present moment**.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jittery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dejected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your gender?

- Male
- Female
- Other _____

What is your current age?

Please select from the dropdown menu

▼ 18 ... 100

What is your race?

- White
- Black or African American
- Hispanic/Latino
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other

What is your job title? Please also provide a brief description.

What is your approximate yearly salary at your current place(s) of employment?

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 - \$500,000
- More than \$500,000

Appendix D: IRB Approval Letter 1



RESEARCH INTEGRITY AND COMPLIANCE
Institutional Review Boards, FWA No. 00001669
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799
(813) 974-5638 • FAX (813) 974-7091

July 26, 2017

Cheryl Gray Psychology Tampa, FL 33613

RE: **Exempt Certification**

IRB#: Pro00031600

Title: Qualitative Study of Social Support

Dear Ms. Gray:

On 7/26/2017, the Institutional Review Board (IRB) determined that your research meets criteria for exemption from the federal regulations as outlined by 45CFR46.101(b):

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:
(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

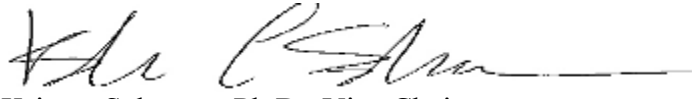
As the principal investigator for this study, it is your responsibility to ensure that this research is conducted as outlined in your application and consistent with the ethical principles outlined in the Belmont Report and with USF HRPP policies and procedures.

Please note, as per USF HRPP Policy, once the Exempt determination is made, the application is closed in ARC. Any proposed or anticipated changes to the study design that was previously declared exempt from IRB review must be submitted to the IRB as a new study prior to initiation of the change. However, administrative changes, including changes in research personnel, do not warrant an amendment or new application.

Given the determination of exemption, this application is being closed in ARC. This does not limit your ability to conduct your research project.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,



Kristen Salomon, Ph.D., Vice Chairperson
USF Institutional Review Board

Appendix E: IRB Approval Letter 2



RESEARCH INTEGRITY AND COMPLIANCE
Institutional Review Boards, FWA No. 00001669
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799
(813) 974-5638 • FAX (813) 974-7091

October 16, 2017

Cheryl Gray Psychology Tampa, FL 33613

RE: **Exempt Certification** IRB#: Pro00032630
Title: Dark Side of Social Support

Dear Ms. Gray:

On 10/15/2017, the Institutional Review Board (IRB) determined that your research meets criteria for exemption from the federal regulations as outlined by 45CFR46.101(b):

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:
(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

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any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Mark Ruiz', is positioned above the typed name.

Mark Ruiz, PhD, Vice Chairperson
USF Institutional Review Board