ABSTRACT

Substance abuse counselors from across the country were surveyed about their engagement in giving help to other employees and the organization and receiving help from other employees and the organization. As expected, perceived organizational support was related to well-being, showing that employees’ perceptions of receiving help from the organization relate to well-being. Receiving help from employees, in the form of coworker support, was not related to health or well-being. Giving help to employees and the organization, in the form of organizational citizenship behaviors directed at individuals and at the organization, were not related to health or well-being. Finally, gender was not a statistically significant moderator of any of the proposed relationships. Implications for theory and for practice as well as suggestions for future research are discussed.

INDEX WORDS: Health, Well-being, Reciprocity, Perceived organizational support, Coworker support, Gender, Organizational citizenship behaviors
GIVING AND RECEIVING TO COWORKERS AND TO ORGANIZATIONS

by

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CHAPTER 1

INTRODUCTION

Purpose of the Study

When asked to stop and reflect on the very best things in life, many individuals find that important people in their lives come to mind (Klinger, 1977). Friends and family often predominate our thinking when we consider close interpersonal relationships. One type of relationship that individuals value, but has received less attention in the literature, is their relationship with other people at work, including co-workers, supervisors, subordinates, and customers (Ragins & Dutton, 2007). Indeed, when we stop to think about what we value in our workplace, many of us probably think of a person or a group of people.

Relationships play a critical role in health and well-being (Berscheid & Reis, 1998; House, Landis & Umberson, 1988). However, despite the established link between relationships and health in non-work domains, little research has been conducted within the field of occupational health psychology to investigate the association between work relationships and employee health. Furthermore, although positive relationships appear to be good for health and well-being, researchers are still debating whether it is the giving or the receiving that occurs in relationships that leads to positive health-related outcome variables (Brown, Nesse, Vinokur, & Smith, 2003).

The purpose of the current study is to address this gap in the literature by examining how giving and receiving at work relate to health and well-being. Two types of relationships are examined; the relationships employees have with their coworkers and organizations. Thus, giving to and receiving from coworkers and organizations is examined in relation to employee health and well-being. Additionally, because gender roles are an important factor to consider
when studying helping behavior (Eagly & Crowley, 1986), employee gender is considered as a moderator between giving vs. receiving and employee health and well-being.

**Occupational Health Psychology and Positive Psychology**

In recent years, there has been an increase of interest in employee health and well-being. “Leaders, executives, and scholars of all forms of organization desire healthy, vital, vibrant people working within an effective and productive organizational environment to fulfill their missions, hence, the importance of healthy people in healthy work environments” (Quick, 1999, p. 83). Sauter and Hurrell (1999) suggest that the emergence of the occupational health psychology field was a result of a) increases in stress-related psychological disorders, b) recognition that psychosocial factors affect occupational safety and health problems, and c) evidence that changes in the workplace can relate to health and safety problems. Occupational health psychology is concerned with promoting the quality of life, safety, health, and well-being of employees and their work life.

Primary areas of study found in occupational health psychology include issues related to the work environment (e.g., safety, feeling a sense of control at work), individual-level variables (e.g., workaholism), and work-family life (Quick, 1999). One trend that becomes apparent when reading about the field of occupational health psychology is that there is a focus on reducing the negative effects that work can have on individual employees. For example, in a 1999 review of health and well-being in the workplace (Danna & Griffin), the proposed antecedents of health and well-being are the health and safety hazards found in the work setting, Type A and locus of control personality traits, and occupational stress. Note that all three of the major categories of antecedents of employee health and well-being are threats that should be lowered. There is no mention of a positive antecedent that organizations might want to consider providing more of to
their employees. The tendency to focus on reducing the negative is a logical bias that the field has, given that the tradition of occupational health psychology emerged out of a need to reduce the “psychopathology associated with industrial organization” (Quick, 1999, p. 83). Nelson and Simmons (2003) point out that the World Health Organization (1988) defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Despite this focus on a more holistic view of health and on well-being, or happiness, the field of occupational health psychology as well as the broader medical community has been slow to move away from its roots, and continues to focus more on freedom of illness as opposed to promotion of wellness. Researchers in occupational health psychology have recognized this bias towards “fixing” employees, and have suggested that future research in occupational health psychology should examine positive outcomes. For example, rather than viewing stress as an entirely negative state of mind, Cooper (2005) proposes that it is important to also understand eustress, the positive stress response linked to adaptive outcome variables, such as hope, engagement, and well-being.

This switch from focusing on reducing the negative to increasing the positive may be due, in part, to the emergence of positive psychology (Seligman & Csikszentmihalyi, 2000), which stresses the importance of understanding positive experiences (i.e., positive states of mind), positive traits, positive organizations, and the ways in which positivity can act as a buffer against maladaptive outcomes (Seligman, 2002). The positive psychology movement has inspired similar movements in the organizational sciences. Recently, Cameron, Dutton, and Quinn (2003) have taken the ideas of positive psychology and described how these theories can be applied to the study of organizational behavior, calling this new approach positive organizational scholarship. Luthans (2002) has proposed a similar field, positive organizational...
behavior, which distinguishes itself from positive organizational scholarship with its emphasis on performance improvement and state-like constructs.

Already, there have been numerous key findings to emerge from the field of positive psychology. Researchers have shown that understanding what makes something good is very different from understanding what makes something not bad (Reis & Gable, 2003). This is especially important when understanding health and well-being, as physical and mental health and physical and mental illness are not opposite ends of the same continuum. In fact, although well-being and depression are negatively correlated, there is only 25% shared variance between the two (Keyes, 2003). Furthermore, factor analytic studies have supported two factors related to mental illness and mental health, rather than one factor comprised of the two. Keyes (2003) suggests that our best understanding of health comes from not only understanding what causes and absence of disease, but also what causes individuals to thrive. Indeed one of the primary reasons researchers have called for a positive psychology movement was their realization that, although we know a great deal about dysfunction, we know very little about thriving (Seligman & Csikszentmihalyi, 2000). Thus, although the field of occupational health psychology has discovered much about alleviating stress and hazards in the workplace, less research has been conducted with the goal of understanding what relates to employee thriving, particularly in the form of health and well-being.

When looking at the positive psychology literature, it is quickly apparent that one of the most important factors for optimal health and well-being is close, interpersonal positive relationships (Heaphy & Dutton, 2008; Reis & Gable, 2003). Thus, it seems likely that relationships at work may also be a key component for optimal health. Following suggestions by
organizational scholars to study positive relationships at work (Ragins & Dutton, 2007), I propose that work relationships are a key component of employee health and well-being.

**Relationships and Health and Well-Being**

Relationships are defined as the reoccurring interactions between two people where one person’s behavior takes into account the other person’s behavior (Berscheid, 1999; Hinde, 1979). Berscheid and Peplau (1983) describe the three main disciplines from which our understanding of relationships has evolved. From a sociological perspective, structural functionalism (Parsons & Bales, 1955), social exchange theory (Blau, 1964; Homans, 1961), symbolic interactionism (Blumer, 1969), and a conflict perspective (Coser, 1954) have been the dominant approaches. Family therapy approaches, including sequential analysis research by Gottman (1979) and family systems therapy (Kantor & Lehr, 1975) have investigated interaction and conflict among family members and couples. Finally, developmental and social psychology has perspectives have contributed to our understanding of relationships through areas of study such as caretaking and interpersonal attraction (Bell, 1968; Huston & Levinger, 1978).

In the work domain, social exchange theory (Blau, 1964; Homans, 1961) is the predominant approach to understanding relationships (Cropanzano & Mitchell, 2005; Ragins & Dutton, 2007). Indeed, social exchange theory is “among the most influential conceptual paradigms for understanding workplace behavior” (Cropanzano & Mitchell, 2005, p. 874). Social exchange theory assumes that individuals develop, maintain, and leave relationships depending on the level of perceived costs and benefits associated with the relationship (Homans, 1961; Lovaglia, Skvoretz, Willer, & Markovsky, 1995). In other words, individuals will remain in relationships and continue to give resources as long as their expectation of receiving resources is maintained (Emerson, 1976). Individuals in social exchange relationships have an
understanding that there is the expectation of reciprocity in the relationship. This norm of reciprocity, the belief that one should help and not injure a person who has given help (Gouldner, 1960), causes an individual who has been given a resource to feel compelled to give back an unspecified resource in order to balance out the exchange process (Emerson, 1976). Social exchange relationships have the capacity to “evolve over time into trusting, loyal, and mutual commitments” (Cropanzano & Mitchell, 2005, p. 875). Social exchange theory has been used to understand numerous workplace phenomena, including leader-member exchange (Graen & Scandura, 1987), perceived organizational support (Eisenberger, Huntington, & Hutchison, 1986), psychological contracts (Rousseau, 1995) and organizational justice (Greenberg, 1987).

Although social exchange theory has been applied in numerous types of relationships and has been used as a theoretical framework for understanding many different employees attitudes, behaviors, and cognitions, one area where social exchange theory and organizational scholars’ understanding of relationships, in general, has been lacking is in the field of occupational health.

Researchers in other domains, however, have demonstrated the importance of relationships for health and well-being (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). These findings have emerged primarily out of biological and health sciences, marital research, and caregiving. Overall this stream of research indicates that having social relationships rivals many other well-known predictors of optimal health, including avoidance of smoking, eating a healthy diet, and exercising (Cacioppo & Patrick, 2008). In fact, “the importance of social relationships with respect to one’s health can hardly be overestimated” (Väänänen, Buunk, Kivimäki, Pentti, & Vahtera, 2005, p. 176). Social relationships are linked to fewer incidents of sickness and a lower likelihood of dying prematurely (Cohen & Herbert, 1996; Eng, Rimm, Fitzmaurice, & Kawachi, 2002; House et al., 1988). Individuals who perceive high levels of social support tend
to be protected from the pathogenic effects of negative events (Cohen & Wills, 1985) and have improved immune functioning (O’Leary, 1990). Social relationships are important for well-being, as well. Diener and Seligman (2002) reported that “very happy people” differed from the average and very unhappy people who they surveyed primarily in terms of their social lives. While the different groups did not differ on the amount of money they had, positive and negative events they had experienced, objective physical attractiveness, or time spent exercising or attending religious activities, they did differ in terms of the quality of their interpersonal relationships. Very happy people spent the least amount of time alone and the most time socializing, and were rated very highly by themselves and by others on a scale assessing the participants’ quality of relationships.

Recently Heaphy and Dutton (2008) reviewed the literature on social interactions and health, and discussed implications for the workplace. They propose that positive social relationships at work directly affect health by increasing physiological resourcefulness, which is a term that refers to an increase in functioning of the cardiovascular, immune, and neuroendocrine systems of the body that allows the body to recover more quickly and to adapt more easily to challenges. Finding from the review suggest that positive social relationships\(^1\) are related to lower cardiovascular reactivity, healthy immune responses and hormone patterns, and healthier responses to stress. The authors conclude that “people’s subjective experience of their connections with others has immediate, enduring, and consequential effects on their bodies” (Heaphy & Dutton, 2008, p. 138). Similarly, individuals’ experiences at work may relate to

\(^1\) Note that there is also an abundance of research on dysfunctional social relationships and the negative outcomes that can result from these interactions. The current study focuses on positive social interactions, which involved social relationships that are beneficial to both individuals in the relationship.
overall well-being. Danna and Griffin (1999) note that social relationships appear to reduce stress, which is a primary antecedent of well-being at work. Furthermore, they note that experiences at work oftentimes spill over into non-work domains. A critical point, however, is that despite an abundance of evidence suggesting that relationships at work should be related to physiological functioning (Cohen & Herbert, 1996) and well-being, there has been little empirical evidence demonstrating whether or not work relationships are directly related to health. This is notable because, although workplace relationships can be high-quality interactions, they also differ from intimate relationships in that they are more instrumental, less discretionary, and shorter in duration (Duck, 2007). Thus, although there is an abundance of theory and research that suggests work relationships may be important for employee health and well-being, because most of this research has been conducted on relationships individuals have with close friends and family, it is important to examine if these findings generalize to relationships that individuals have with others at work.

**Receiving and Health and Well-Being**

Interestingly, although the relationship between social relationships and health is clear, researchers do not agree upon the reasons why social relationships are related to health. The majority of research examining relationships and health has focused on the benefits individuals get when receiving help from others (Brown et al., 2003), also referred to as social support. Social support is defined as another individual’s actions that are helpful or intended to be helpful (Sarason, Sarason, & Pierce, 1990). Typically, social support is conceptualized as the functions an individual receives from other individuals at work that serve, for example, emotional or instrumental needs (Deelstra, Peeters, Zijlstra, Schaufeli, Stroebe, & Doornen, 2003). Types of
behaviors that would be considered forms of social support include talking about problems and receiving advice from other employees.

Social support is believed to be related to health and well-being for two different reasons. First, social support may have a direct effect on reducing strains by calming the person (Ganster, Fusilier, & Mayes, 1986). Second, it may be because of the buffering effect social support has, whereby social support lessens the strain that employees feel at work due to various work-related stressors (i.e., characteristics of the work environment that negatively affect employees; Seers, McGee, Serey, & Graen, 1983). Indeed, most studies have found that social support is positively related to health and well-being (Viswesvaran, Sanchez, & Fisher, 1999). Although the buffering effects of social support were once the most prevalent approach used for understanding the social support and stress relationship (Ganster et al., 1986), more recent research has shown that these findings are less straightforward than initially thought (Beehr, 1995). In response to the inconsistent findings, Viswesvaran et al. (1999) recommended that more attention be given to the types of social support.

Receiving help from coworkers is called **coworker support** and refers to the helpful functions provided by coworkers, such as emotional and instrumental support (Deelstra et al., 2003). Receiving help from coworkers has been linked to numerous positive outcome variables, including health and well-being (Terry, Nielsen, & Perchard, 1993). For example, Viswesvaran et al. (1999) conducted a meta-analysis demonstrating that social support relates to strains, such as burnout and job dissatisfaction, and to stressors, such as role conflict and work overload.

Finally, employees can feel supported by the organization. **Perceived organizational support** refers to the extent to which employees feel that the organization cares about their well-being and values their contributions (Eisenberger et al., 1986). Thus, perceived organizational
support reflects what the employee is receiving from his or her relationship with the
organization. There is preliminary evidence suggesting that perceived organizational support
relates to health and well-being. For example, Byrne and Hochwarter (2006) found that
perceived organizational support acted as a buffer for employees coping with high levels of
chronic pain to explain work-related outcomes such as effectiveness, work intensity, and
supervisor ratings of task performance. Replicating previous research, I predict that:

Hypothesis 1: Coworker support and perceived organizational support will be related to
health and well-being

Giving and Health and Well-Being

Interestingly, some researchers suggest that the positive health outcomes related to
relationships have to do with giving as well as receiving in relationships. Research emerging
from biology and neuroscience domains supports the idea that giving, as well as receiving, is
good. Cooperation and helping behavior do not easily fit in to the biological paradigm of
evolution. Evolution refers to the idea that the inherited traits of a population change across
generations. Not all individuals in a population can survive. Those individuals with heritable
traits that are the most adaptive to the environment are more likely to survive and pass on their
genes. This process is referred to as natural selection, and is the reason traits that are adaptive for
the population are passed on to the next generation. One important implication of natural
selection is that there is fierce competition between individuals, meaning that only selfish
behavior should be rewarded. Despite this, cooperation can be found in many different types of
populations, including of course, human beings. The way in which cooperation fits into the
natural selection paradigm has been a central concern for evolutionary biologists for quite some
time.
Wilson and Wilson (1996) propose that natural selection operates at both the individual level and at the group level, an area of study referred to as multilevel selection theory. At the individual level, natural selection favors individuals who neither harm others nor help others (Nowak, 2006). Conversely, at the group level, cooperation leads to the most successful groups, in that groups whose individual members cooperate with one another have better reproductive potential than groups who are less cooperative. In other words, “we humans are at the top of the food chain because we are the species most adept at behaving generously while also accruing the benefits of competition” (Cacioppo & Patrick, 2008, p. 62). Thus, natural selection operates at both the individual and the group level. Because of the competing forces of competition found at the individual level, but cooperation found at the group level, specific mechanisms need to be operating within a group in order for cooperative behavior to emerge. Nowak (2006) described in the journal *Science* specific mechanisms by which cooperation evolved, including kin selection, direct reciprocity, and indirect reciprocity. Kin selection refers to the idea that altruistic behaviors directed at relatives may serve to affect the inherited heritable traits across generations. In particular, kin selection suggests that individuals may engage in behaviors that serve to help the reproductive success of their relatives, even if this behavior threatens the individuals’ own survival or reproductive potential. Thus, the theory of kin selection explains altruistic behavior in terms of reproductive success: although an individual may lose his or her direct ability to reproduce in extreme cases of altruism, because the individual is acting altruistically towards individuals who share some of the same genes, the individual can still be reproductively successful through the relative who benefited from the altruistic behavior.

Workplace relationships, however, typically occur between nonrelatives. Several mechanisms have been proposed to explain cooperation among individuals who are not related.
These include direct and indirect reciprocity, and both rely on the idea that cooperative behaviors depend on the possibility of future beneficial interactions, much like social exchange theory. 

Direct reciprocity refers to the idea that helping others will be supported by the theory of natural selection as long as these helping behaviors are reciprocated at some point in the future. Indeed, computer simulations have shown that the best strategy for Prisoner Dilemma encounters is when an individual cooperates on the first encounter, but then repeats whatever the other player has done on the previous encounter (Axelrod, 1984), a strategy known as “tit-for-tat.” Critics of direct reciprocity were quick to notice that there are often situations where direct reciprocity does not occur (e.g., donating to charity) but where helping behaviors still occur. The idea of indirect reciprocity can be used to explain these situations. Indirect reciprocity refers to the idea that individuals who choose to be cooperative can be observed and judged by others. These individuals who observe the cooperative person may tell others about the cooperative behavior, which may lead to the cooperative person gaining a good reputation. Because altruism operating among nonrelatives depends on the possibility of receiving help in the future, having a reputation for being cooperative may cause a person to indirectly receive more help from others. In other words, the reputation that helpers gain by helping someone may increase the likelihood that they will receive help from others in the future. Indeed, studies show that individuals and groups who have a positive reputation for helping tend to receive more help due to their positive reputation (Milinski, Semmann, & Krambeck, 2002).

It follows, then, that employees who choose to give to others may gain a good reputation at work for being cooperative. Because of their good reputation for being cooperative, other employees may choose to engage in exchange interactions with them more often than they do with employees who have lesser reputations. There are two implications that could result from
First, employees with a good reputation for being cooperative may have more social connections at work than other employees. Second, these social relationships may be of a higher-quality nature due to the frequency of exchanges that occurs. Because giving to others may lead to more high-quality social interactions, it seems likely that giving to others at work may be related to health and well-being. Furthermore, when an individual gives to another, it may be seen as indicative of a high quality relationship (Brown & Brown, 2006; Clark & Mills, 1979). In other words, helping others creates intimacy and trust within relationships (Liang, Krause, & Bennett, 2001). Thus, when employees give to help to others at work, they may be improving the quantity and quality of their social relationships, which may lead to improved health and well-being. As Cacioppo and Patrick (2006, p. 266) state:

> Of course vast economic, political, and cultural forces are also at play, but ultimately human beings shape their environment through individual, iterative behaviors. As a free agent within such a system, each of us has a certain degree of power, though our individual actions to continuously adjust the social environment toward something slightly better or something slightly worse. Simply driving to work, you have the option of extending courtesy or road rage. And sooner or later you, or your spouse, or your children, will encounter the same fellow citizens who have been either goaded by your anger or inspired to their own acts of generosity by the example of your beneficence.

Helping others relates to greater mental health benefits, such as increased well-being, life satisfaction, and happiness, as well as physical health benefits, such as reduced mortality rates (see Post, 2005 for a review). Research conducted in the caregiving domain has found that giving help to others tends to be mentally and physically beneficial for the caregivers (Krause, 1986; Silverstein, Chen, & Heller, 1996). Engagement in volunteering activities also appears to be related to well-being. Newman, Vasudev, and Onawola (1985) demonstrated that volunteering is related to life satisfaction, self-esteem, and mental health. More recently, Wheeler, Gorey, and Greenblatt (1998) demonstrated via meta-analysis that volunteer activities were related to well-
being at .25. In a quasi-experimental design, in which some participants received an intervention to encourage helping behaviors, researchers found that individuals who received the helping intervention had higher levels of well-being as a result (Midlarsky & Kahana, 1994). There also appear to be physical benefits related to giving to others. For example, Brown et al. (2003) found that the effects of receiving help from others on mortality rates became null after taking into consideration giving help. Research on volunteering suggests that helping others by being involved with volunteer activities is linked to lower mortality rates (Moen, Dempster-McClain, & Williams, 1989).

In the literature, the most prevalent form of giving at work is referred to as organizational citizenship behaviors (OCBs). OCBs are defined as extra-role performance behaviors that support the organization’s social and psychological environment, yet are not found in the employee’s formal job description (Borman & Motowidlo, 1993; Organ, 1988, 1997). Researchers have proposed two categories of OCBs, **OCBI-behaviors**, which are behaviors that benefit individuals at work thereby benefiting the organization indirectly, and **OCBO-behaviors**, which are behaviors that benefit the organization and thereby benefit the organization indirectly (Williams & Anderson, 1991). Examples of OCB-Is are helping other employees, demonstrating good sportsmanship, and volunteering to take on additional tasks. Some specific behaviors that exemplify OCB-Os are providing notice when one cannot come into work and willfully following informal rules at the organization. A review of the literature indicates that there is no published research showing the benefits that employees receive from giving help to their co-workers or to the organization. However, theory suggests that individuals who give help to others at work should feel good about themselves and should have a positive reputation for helping
others, which may lead to strong social networks. Therefore, engaging in organizational
citizenship behaviors may be related to health and well-being.

Hypothesis 2: Organizational citizenship behaviors directed at the individual and at the
organization will be related to health and well-being

The Interactive Effects of Giving and Receiving

Although there has been a great deal of support suggesting that giving and receiving
affect health and well-being directly, there are also theories that suggest that giving and receiving
are interactive, and that their effect on health and well-being are determined by the balance or
imbalance of giving vs. receiving. Research conducted in the caregiving domain has found that
while receiving help from others and giving help to others tends to be beneficial (Krause, 1986;
Silverstein et al., 1996), it appears as though giving more than receiving yields optimal benefits
in close relationships (Liang et al., 2001; Väänänen et al., 2005). These findings support the
esteem enhancement theory (Batson, 1998).

Esteem enhancement (Batson, 1998) suggests that providing support to someone who
needs it increases self-esteem (Brown & Smart, 1991), and therefore predicts that giving more
than receiving should lead to the greatest positive outcomes, such as well-being. This perspective
is based on the assumption that when individuals assess themselves, they use others as a referent.
Therefore, when individuals give resources to others, they feel good because they recognize, on
some level, that they have copious resources to give. Batson notes that the Kwakiutl Indians of
the American Northwest exemplify this behavior by engaging in a ritual where two individuals
give back and forth to one another, until one person shamefully runs out of resources to give.
Clark and Mills (1993) also provide rationale for why helping should make others feel good, and
note that helping another individual without the expectation of receiving something in return or
because of feeling obliged may provide individuals with a sense of security (Liang et al., 2001). Additionally, helping others may make the helper feel optimistic and important because helping is usually respected by others (Väänänen et al., 2005). Thus, giving more than receiving may be related to improved esteem because individuals feeling good for having the extra resources to give away to others with whom they have close relationships.

However, it is important to keep in mind that relationships in the workplace differ from close, interpersonal relationships. In particular, when understanding helping behavior from a biological perspective, the motivation to help others with whom we are related is very different from our motivation to help others with whom we are not related. In close relationships, kin selection is the explanatory mechanism for altruism, and suggests that we are willing to invest resources in our relatives because of the shared genetic component. In work relationships, however, it is more likely that direct reciprocity or indirect reciprocity is the explanation for helping behavior, suggesting that receiving help, either from the individual who was helped or someone else in the organization, is an important component of giving help. Because individuals at work tend to be nonrelatives and employees are not motivated to help other employees due to shared genetic components, it does not seem likely that esteem enhancement theory would be supported in the workplace. Instead, direct reciprocity and indirect reciprocity are quite similar to social exchange theory, the most predominant theory for understanding work relationships (Cropanzano & Mitchell, 2005). From these perspectives, the focus is on the exchange of resources, rather than giving for the sake of giving. Thus, for work relationships, the way in which giving relates to health and well-being may depend on how much employees are receiving, suggesting that it is necessary to look at the interaction of giving and receiving to best understand how giving and receiving relate to health and well-being. In other words, in work
relationships, giving more than receiving should not be related to health and well-being because the relationships are based on exchange; therefore, a balance of giving and receiving should be related to health and well-being.

Further support for the importance of employees feeling reciprocity in their relationships at work comes from equity theory. Equity theory (Walster, Walster, & Berscheid, 1978) proposes that individuals strive to balance giving and receiving in relationships. From an equity perspective, similar amounts of giving and receiving should lead to health and well-being. Rook (1987) suggests that when individuals are giving more than receiving, they may feel resentful and that there is an unfair balance. When individuals are receiving more than giving, they may feel guilty. Thus, in relationships where there is a norm of exchange, such as work relationships, a balance of giving and receiving leads to health and well-being. Because research examining close relationships has found that the interaction of giving and receiving (i.e., giving more than receiving leads to optimal health and well-being) is important to consider when giving and receiving lead to health and well-being, it is also important to see if the interaction of giving and receiving matters in workplace relationships. However, because workplace relationships are more likely to operate by exchange norms, it seems likely that when employees are engaging in high levels of both giving and receiving, they will have optimal levels of health and well-being. As such, I propose:

*Hypothesis 3*: Coworker support and perceived organizational support will interact with organizational citizenship behaviors directed at the individual and at the organization as predictors of health and well-being such that health and well-being will be highest when coworker support and perceived organizational support are high and organizational citizenship behaviors directed at the individual and at the organization are also high
Gender Differences

When considering the effects of helping behavior, it is important to consider the influence of gender roles. Gender stereotypes include viewing males as being more competitive and achievement oriented, or agentic, whereas female gender stereotypes involve being nurturing and socially oriented, or communal (Eagly & Mladinic, 1989; Eagly & Steffen, 1984). Social expectations of women include characteristics such as empathy, warmth, and compassion, whereas social expectations of men include characteristics such as competence, assertiveness, and independence (Beehr, Farmer, Glazer, Gudanowski, & Nair, 2003; Bem, 1974). Although it is important to note that actual differences in behavior between men and women tend to be quite small (Deaux, 1984), research suggests that, in general, women tend to experience higher levels of health than men and men tend to experience higher levels of well-being than women (Jick & Mitz, 1985).

Because of the different gender roles and expectations for helping behavior, giving help at work may have differential effects on health and well-being males and females. For example, Cross and Madson (1997) suggest that women are more likely to utilize and maintain an interdependent self-construal, which means that women tend to define themselves based on their relationships, group memberships, and ability to maintain good relations with others. “These individuals may seek to maintain harmony in close relationships or to verify their beliefs that they are caring, nurturing, or relational” (Cross & Madson, 1997, p. 13).

Because asking for help is more representative of a female gender role than a male gender role (Eagly & Crowley, 1986), Greenglass and Burke (1988) propose that women may benefit more than men from receiving support at work. On the other hand, because asking for help contrasts with the male gender role of being competitive and achievement oriented, men
may feel distress when receiving support from others. Thus, although receiving social support appears in many cases to be positively related to health and well-being, the distress that men feel from receiving help, which is inconsistent with the male gender role, may seek to lessen the relationship between receiving support and health and well-being. In other words, women may be able to utilize support more efficiently than men. Research has supported this idea. For example, Beehr et al. (2003) found that individuals with a more feminine gender role reacted more positively to social support, indicated by their lower reported levels of job dissatisfaction and psychological strain. In alignment with Greenglass and Burke’s (1988) rationale, I propose that:

*Hypothesis 4:* The relationship between coworker support and perceived organizational support and health and well-being will be moderated by gender such that women will report higher levels of health and well-being than men when receiving support from their coworkers and organizations.

Research on close, personal relationships suggests that women also tend to reap more benefits from giving (Väänänen et al., 2005). These finding align with Greenglass and Burke’s (1988) theory that when males and females engage in helping behaviors that align with their respective gender roles, they experience less distress. Thus, because giving to others is a central part of female gender prescriptions, it seems likely that females benefit more than males from giving. For males, on the other hand, the forms of helping behavior that tend to be found in organizations do not align with male gender roles. For example, helping behaviors in organizations tend to focus on actions such as helping a co-worker get caught up on work or showing an individual how to do something. These tend to align better with the female role of being communally-oriented and nurturing. Acts of chivalry tend to exemplify male helping
behavior, but chivalrous behaviors are not considered a predominant factor of helping behaviors at work (Podsakoff & MacKenzie, 1997).

Another important point to consider is that males and females tend to respond to stressful situations differently. When facing stress, women tend to respond in a “tend-and-befriend” manner, whereas men tend to respond in a “fight-or-flight” manner (Taylor, Cousino, Lewis, Gruenewald, Guung, & Updegraff, 2000). Specifically, women tend to proactively build social relationships and care for others, especially investing in social groups where there could be an exchange of resources and responsibilities. In other words, when women are in stressful situations, they tend to give in order to help manage the situation. Because managing stress may be an important component of optimal health and well-being, it seems that women who reach out to help others may be successfully buffering the negative health and well-being effects that stress can have on individuals. Indeed, research conducted on close, personal relationships suggests that women who give more tend to reap more positive health and well-being outcomes. Thus, because giving to others aligns more closely with the female gender role and because women tend to reach out to others in order to manage stress, I propose:

Hypothesis 5: The relationship between organizational citizenship behaviors directed at the individual and at the organization and health and well-being will be moderated by gender such that women will report higher levels of health and well-being than men when engaging in organizational citizenship behaviors.

Finally, it is important to consider the interaction of giving and receiving at work when considering how gender might relate to health and well-being. The health benefits of the balance of giving and receiving may depend on gender. Although equity theory suggests that a balance of giving and receiving is ideal for work relationships (e.g., Rook, 1987), there is some evidence
suggesting that these findings may depend on gender. Indeed, research has shown that, in close, personal relationships, men tend to have higher levels of health and well-being when receiving more than giving, whereas women tend to have higher levels of health and well-being when giving more than receiving (Väänänen et al., 2005). Väänänen et al. (2005) explained these findings in terms of gender roles. Because women are expected to be more communal and nurturing, women may have lower levels of health and well-being when they do not feel as though they are engaging in enough altruistic helping behaviors. In other words, when women are receiving more than they are giving, they feel distress because these behaviors do not align with the female gender role. Because the male gender role does not specify that men should be especially nurturing, this imbalance does not cause distress to males.

An interesting question is whether or not the interaction of giving and receiving with health and well-being is moderated by gender in workplace relationships. Because exchange norms are found in workplace relationships, it seems unlikely that the positive health and well-being benefits found when women give more than they receive and when men receive more than they give would generalize to workplace relationships. However, it does seem as though the interaction of giving and receiving may differ depending on gender. Specifically, because relationships are such an important component of the female gender role (Cross & Madson, 1997), it may be that females have higher levels of health and well-being when they are involved in relationships that are characterized by high giving and high receiving. Because relationships are less important to the male gender role, high levels of giving and receiving may be less important for health and well-being reported by males. As such, I hypothesize a 3-way interaction:
Hypothesis 6: The interactive effect of coworker support and perceived organizational support vs. engaging in organizational citizenship behaviors directed at individuals and organizations on health and well-being will be moderated by gender, such that women will experience higher levels of health and well-being when both are high, whereas men will experience higher levels of health and well-being when both are similar, but not necessarily high.
CHAPTER 2

METHOD

Procedure

Participants for the present study were recruited as part of a larger nationwide study of the substance abuse treatment workforce, focusing on substance abuse counselors and clinical supervisors. The response rate was 74% for counselors and 92% for supervisors, which left 663 counselors and 224 supervisors. Although the current study focused on counselor perspectives, clinical supervisors provided ratings of the counselors’ organizational citizenship behaviors at work. Most of the 27 participating treatment centers had multiple physical locations, and researchers traveled to a total of 87 different physical locations over the course of several months to collect data. Data were collected throughout the continental United States, and over a third of the sample came from the western region of the United States (i.e., California, Colorado, and Oregon). Most of the participating treatment centers were accredited, non-profit entities.

Researchers used paper and pencil surveys to collect the data and surveys were completed during normal business hours in a session proctored by a member of the research team. Informed consent was obtained from all participants and a monetary incentive was offered to the participating treatment center to off-set the time needed to collect data during business hours.

Measures

Coworker support. The 3-item reliable alliance subscale from Cutona and Russell’s (1987) coworker support scale was used to assess how much employees received from their coworkers. A sample item from this scale is “I can depend on my co-workers to help me if I need it.” A Likert response scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) was
used and the coefficient alpha in the current sample was .90.

Perceived organizational support. Eisenberger, Cummings, Armeli, and Lynch’s (1997) 8-item short measure of POS, which measures the extent to which individuals feel as though their organization cares about them, was used to assess receiving from the organization. An example item is “My organization cares about my opinions.” A Likert response scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) was used and the coefficient alpha in the current sample was .91.

Organizational citizenship behaviors - Individual. Williams and Anderson’s (1991) 7-item measure of organizational citizenship behaviors directed at individuals in the organization, which is also thought of as a measure of altruism, was used to assess giving to coworkers. Supervisors provided ratings of the counselors, and an example item is that counselor, “helps others who have heavy workloads.” A Likert response scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) was used and the coefficient alpha in the current sample was .87.

Organizational citizenship behaviors - Organization. Williams and Anderson’s (1991) 7-item measure of organizational citizenship behaviors directed at the organization was used to assess giving to the organization. Supervisors provided ratings of the counselors, and an example item is that the employee, “adheres to informal rules devised to maintain order.” A Likert response scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) was used and the coefficient alpha in the current sample was .85.

Health. Overall health was assessed using Smith, Kendall, & Hulin’s (1969) 9-item General Health Satisfaction scale. A sample item is “I am in excellent health.” A Likert response scale range from 1 (Strongly Disagree) to 5 (Strongly Agree) was used and the coefficient
alpha in the current sample was .83.

**Well-being.** Life satisfaction was measured using a 5-item scale developed by Diener, Emmons, Sarsen, & Griffin (1985). An example item is “I am satisfied with my life.” The coefficient alpha was .81. A Likert response scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*) was used for all three scales.

**Data Preparation**

Frequency distributions were used to screen data for outliers. Identified outliers were checked against the original surveys and fixed where appropriate. Comparisons of correlation matrices of the variables reported by counselors showed that using listwise deletion resulted in a sample size of 622 counselors. Because using listwise deletion resulted in very few subjects being removed from the sample (36 counselors), it is an appropriate method for dealing with missing data in the proposed study (Cohen, Cohen, West, & Aiken, 2003). When including the variables that were reported by supervisors (i.e., organizational citizenship behaviors), this number dropped to 408 counselors. The reason for this discrepancy is that supervisors oftentimes had many counselors under their direction. In order to prevent the supervisors from becoming fatigued from completing too many surveys about their counselors, supervisors were instructed to complete no more than three surveys on their counselors. Researchers randomly selected three surveys for clinical supervisors to complete. For example an employee who supervised seven counselors would only fill out three surveys for three of their employees. This data collection approach resulted in some counselors having data missing completely at random. When data are missing completely at random, it is acceptable to use listwise deletion (Enders, 2001).
Participants

Of the 408 counselors, 61.3% were Caucasian, 17.9% were Black, 13.2% were Hispanic, .2% were American Indian, .7% were Asian, and 2.5% were Multi-racial. Females comprise 64.2% of the sample. The modal level of education was a Masters or professional degree (48.3%) followed by a college degree (12.3%). The average age of study participants was 44.4 years, and 44% were personally in substance abuse recovery. Fifty-five percent of the surveyed substance abuse counselors had licensure or certification in substance abuse counseling.

In addition to the self-reported data gathered from the counselors, ratings of the counselors’ engagement in organizational citizenship behaviors were also available from each of the counselor’s supervisors. Of the 224 supervisors who completed surveys, 76.6% were Caucasian, 8.9% were Black, 4.9% were Hispanic, .9 were American Indian, 1.3% were Asian, and 1.3% were Multi-racial. Females comprise 54.0% of the sample. The modal level of education was a Masters or professional degree (51.3%) followed by a college degree (13.8%). The average age of study participants was 47.3 years, and 33% were personally in substance abuse recovery. Sixty-five percent of the surveyed substance abuse counselors had licensure or certification in substance abuse.

Analysis Plan

I used hierarchical regression to test my hypotheses. Hierarchical regression is an appropriate data analytic technique to use to test research questions that involve testing interactions that involve both categorical and continuous variables (Cohen, Cohen, West, & Aiken, 2003; MacCallum, Zhang, Preacher, & Rucker, 2002; Pedhazur, 1982). Although other methods, such as structural equation modeling, can be used to test models that include just one
interaction term, regression analyses are the best technique for analyzing models that include multiple interaction terms, as simulation studies have not yet been conducted on structural equation models including multiple interaction terms (Dimitruk, Schermelleh-Engel, Kelava, & Moosbrugger, 2007). I followed recommendations by Cohen, Cohen, West, and Aiken (2003) for testing main and interactive effects. In particular, I followed their advice to center continuous variables and using centered variables for calculating interaction terms. Failure to center continuous variables can lead to ambiguous interpretation, as the scale of the dependent variable may be inaccurate when interpreting interactions.

I ran two regression analyses to test my hypotheses. For each analysis, the first step of the regression analysis incorporated control variables. Because race may be related to health and well-being (Stock, Okun, Haring, & Witter, 1985), race was controlled. Age was also controlled, as health problems are related to age, and well-being appears to increase with age (Diener et al., 1999). Next, I entered the main effects of giving, receiving, and gender to test Hypothesis 1 and Hypothesis 2. Note that five variables were entered in the second step: coworker support, perceived organizational support, organizational citizenship behaviors directed at individuals, organizational citizenship behaviors directed at organizations, and gender. Gender is a dichotomous variable and therefore will be dummy-coded (0 = male, 1 = female).

Support for these hypotheses, and for all subsequent hypotheses, will be shown if I find a significant ($p < .05$) overall model, practically significant $R^2$ for the model, a significant beta-weight associated with the giving or receiving variables, and notable semi-partial coefficients ($sr^2$), which provide an index of effect size for each main effect. In the third step, I will enter in the cross product terms giving $\times$ receiving, giving $\times$ gender and receiving $\times$ gender, and will again check for a statistically significant change in $F$ test for the model, $R^2$ values, statistically
significant beta-weights, and semi-partial coefficients. Six interaction terms will be entered at this step: giving to coworkers x receiving from coworkers, giving to the organization x receiving from the organization, giving to coworkers x gender, receiving from coworkers x gender, giving to the organization x gender, and receiving from the organization x gender. If I find statistically and practically significant interactions, I will plot the interactions in Excel to ease with interpretation. Finally, in the fourth step, I will enter the giving x receiving x gender interaction to test Hypothesis 6 by entering in the giving to coworkers x receiving from coworkers x gender and giving to the organization x receiving from the organization x gender interaction terms.

Results

Before running the primary analyses, confirmatory factor analyses (CFAs) were conducted on the variables to confirm their factor structure. Two CFAs were conducted, one on the dependent variables and one on the independent variables. First, LISREL 8.7 was used to test the dependent variables, health satisfaction and satisfaction with life, and multiple fit indices were used to evaluate the fit of the model data (Hu & Bentler, 1998; Hu & Bentler, 1999; Lance & Vandenberg, 2001). Specifically, I examined the $\chi^2$ goodness-of-fit test, the standardized root mean squared residual (SRMSR), root mean square error of approximation (RMSEA), the Tucker-Lewis index (TLI), and the comparative fit index (CFI). Hu and Bentler (1998; 1999) suggest that good model fit is indicated by a $\chi^2 > .05$, SRMSR < .08, and TLI and CFI < .95. Other researchers (e.g., Fan & Sivo, 2005; Yuan, 2005), however, have concerns with Hu and Bentler’s approach to assessing model fit, and caution researchers about overgeneralizing Hu and Bentler’s findings, as the criteria for assessing model fit is still an empirical question (Marsh, Hau, & Wen, 2005). Health satisfaction and satisfaction with life were allowed to correlate with one another. The model was found to fit the data ($\chi^2[19] = 81.11, p < .01$, SRMSR = .036, TLI =
.96, CFI = .98) according to the stringent cut-off criteria proposed by Hu and Bentler (1998; 1999).

Second, LISREL 8.7 was used to test the factor structure of the four independent variables, coworker support, perceived organizational support, organizational citizenship behaviors directed at the individual, and organizational citizenship behaviors directed at the organization. In particular, it is important to establish that organizational citizenship behaviors directed at individuals are distinct from organizational citizenship behaviors directed at the organization, as some research has suggested that these construct are best represented as one, general factor (Hoffman, Blair, Meriac, & Woehr, 2008), whereas other research has suggested two distinct factors (Williams & Anderson, 1991). Similar to the CFA conducted on the DVs, a measurement model was specified such that the four independent variables were allowed to correlate with one another, but no associations between the variables were imposed. Although the four-factor model did not meet the stringent criteria for good model fit proposed by Hu and Bentler (1998; 1999), the fit indices indicate that the four-factor model provided an adequate fit to the data (see Table 1).

Before championing the four-factor model, it is important to test alternative models. The three factor – OCB model evaluated coworker support, perceived organizational support, and a factor that had items from organizational citizenship behaviors directed at individuals and organizational citizenship behaviors directed at the organization loading on a general organizational citizenship behaviors factor. The three factor – support model evaluated organizational citizenship behaviors directed at individuals, organizational citizenship behaviors directed at the organization, and a factor that had coworker support and perceived organizational
support items loading on an overall support factor. The two factor model evaluated a general organizational citizenship behaviors factor and a general support factor. Confirmatory factor analyses and significant chi-square difference tests (see Table 1) show that none of the three alternative models fit the data better than the four-factor model (Yuan, 2005). These findings provide evidence for the distinctiveness of the four independent variables: coworker support, perceived organizational support, organizational citizenship behaviors directed at the individual, and organizational citizenship behaviors directed at the organization.

Means, standard deviations, and correlations for the variables are shown in Table 2. Coworker support and perceived organizational support were positively correlated, indicating that receiving support from individual coworkers and from the organization are related. Similarly, engaging in organizational citizenship behaviors directed towards individuals and engaging in organizational citizenship behaviors directed towards organizations were related to one another. Interestingly, perceived organizational support was related to both forms of organizational citizenship behavior, suggesting that there may be some reciprocity occurring between employees and their organizations, such that employees who perceive their organizations to be supportive may reciprocate by engaging in helping behaviors directed towards the organization and towards individual coworkers. Interestingly, this same relationship was not found for coworker support. In other works, employees who perceive their peers to be supportive do not necessarily engage in more organizational citizenship behaviors, either directed at the organization or at individuals. Although correlations provide interesting information about how variables are related to one another, it is important to control for other variables before drawing conclusions and to examine the unique relationship each variable has with health and well-being. Thus, I used hierarchical regression analyses to test my hypotheses.
Hypothesis 1, that receiving support from coworkers and the organization would be related to health and well-being, was partially supported (see Tables 3 and 4). Perceived organizational support was positively related to well-being ($\beta = .14, p < .05, \eta^2 = .03$), but coworker support was not. Neither perceived organizational support nor coworker support were related to health. Hypothesis 2, giving support to coworkers and the organization is related to health and well-being, was not supported (see Tables 3 and 4).

Hypothesis 3 stated that health and well-being will be highest when coworker support and perceived organizational support are high and organizational citizenship behaviors directed at the individual and at the organization are also high. The $F_\Delta$ statistics for the models were not statistically significant when the interaction terms were added into the models (see Tables 3 and 4), showing that Hypothesis 3 was not supported.

Hypotheses 4 and 5 suggested that gender may be an important moderator. Neither Hypothesis 4, women will report higher levels of health and well-being than men when receiving support from their coworkers and organizations, nor Hypothesis 5, women will report higher levels of health and well-being than men when engaging in organizational citizenship behaviors, were supported. Finally, Hypothesis 6, women will experience higher levels of health and well-being when both are high, whereas men will experience higher levels of health and well-being when both are similar, but not necessarily high, was not supported in the current study.
CHAPTER 3
DISCUSSION

Overview

The current study contributes to the literature in three important ways. First, this study shows that perceptions of organizational support are related to well-being in the workplace. Second, findings from this study suggest that giving, in the form of organizational citizenship behaviors, may not be related to employees’ health and well-being. Finally, this study shows that gender may not play much of a role in understanding giving and receiving in the workplace. These three findings are discussed below, along with future research suggestions and limitations.

Perceived Organizational Support and Well-Being

The first goal of the current study was to examine the relationship between receiving help and health and well-being. Perceived organizational support was used to operationalize receiving help from the organization, and coworker support was used to operationalize receiving help from employees. Perceived organizational support was related to well-being, but coworker support was not.

Perceived organizational support refers to the belief employees have that their organization cares about their well-being and values their work (Eisenberger et al., 1986). Perceived organizational support represents one form of social support that employees can perceive in the workplace. As such, perceived organizational support was expected to be related to health and well-being due to the reduction of stress that occurs when employees feel as though they have support at work (Viswesvaran et al., 1999). Results indicated that employee’s beliefs that their organization cares about them are in fact related to well-being. This is an especially notable finding, as well-being was operationalized as satisfaction with one’s life, suggesting that
organizations who communicate their cares and concerns about their employees' well-being are not only related to employees’ job-specific attitudes, but are potentially related to employees’ broader beliefs about their satisfaction with life, in general. Other areas of organizational sciences, such as work-family, have also identified that attitudes and emotions at work can spillover into other domains, such as family life (Eby, Maher, & Butts, in press), and results from the current study suggest that satisfaction with life may be an important variable to investigate in future research. Coupled with past research that has demonstrated the ameliorating effect perceived organizational support can have on chronic pain (Byrne & Hochwarter, 2006), perceived organizational support may be an important variable for understanding employee health and well-being.

It was interesting to find the perceived organizational support was related to well-being, but that coworker support was not, as much of the literature on well-being has emphasized the importance of interpersonal relationships for happiness. In particular, Diener and Seligman (2002) found that having a close person in one’s life was one of the most important predictors of happiness. In the case of perceived organizational support, employees form beliefs about how much the organization cares about them from important organizational agents, such as supervisors. As such, it would be expected that coworker support, which is an assessment of the relationship that an employee has with other individuals at work, would be a stronger predictor of well-being than perceived organizational support, which is an assessment of the relationship that an employee has with an entity.

One explanation for this unexpected finding is the nature of the relationship that is being examined in the two measures of support. The reliable alliance subscale of coworker support that was used for this study asks participants to rate how reliable the participant’s coworkers are,
whereas the perceived organizational support scale that was used asks participants to rate how much they believe their organization cares about them. Thus, the coworker support assessment measures how much employees can count on their coworkers in worst case scenario situations, whereas perceived organizational support represents a more global belief of feeling cared about. It may be that in order for receiving support to be related to well-being, individuals need to perceive that they are receiving support in a range of situations, not just bad situations. In fact, these findings align with Reis and Gable’s (2003) summary of the relationship literature, which shows that positive interactions in relationships, in addition to fewer negative interactions in relationships, are important for well-being. For example, sharing a partner’s good fortune (i.e., a positive interaction) is predictive of relationship well-being above and beyond patience with a partner’s bad behavior (i.e., a bad interaction).

Although researchers in organizational behavior have long known that social support is important for health and well-being, the reason why is still unknown (Brown et al., 2003). Researchers believe that it is because of the support individuals received to help alleviate stress, and have demonstrated this empirically (Viswesvaran et al., 1999). An important point in this line of research, however, is that researchers often use negative health variables, such as stress and burnout, as a proxy for positive health variables, such as well-being. Reis and Gable (2003) argue that the explanatory variables for understanding positive outcomes, such as well-being, may be different from the variable for understanding negative outcomes, such as stress. Following this rationale, the current study provides reason for researchers to start taking a closer look at the valence of the outcome variables under investigation. Future research could examine if there are different variables that predict occupational health outcomes, such as stress, burnout, and well-being. It could be that the antecedents of stress, burnout, and well-being are quite
different. The relationship between social support and health may have different mediators, depending on the valence of the depending variables. For example, having reliable and dependable coworkers may be important for feeling less stressed, whereas having close friends at work may be important for feeling happy at work. As such, one area for future research is to examine how feeling cared about, generally, by co-workers relates to health and well-being. A more global assessment of feeling cared about might lead to results that were similar to perceived organizational support. Studies such as this could provide more information about what types of relationships (e.g., few high-quality vs. numerous superficial) lead to improved health and well-being.

**Organizational Citizenship Behaviors and Health and Well-Being**

The second goal of the current study was to examine the relationship between both giving and well-being and health. Neither organizational citizenship behaviors directed towards individuals nor towards the organization were related to health or well-being. It was expected that, based on indirect reciprocity (Axelrod, 1984), employees who helped other individuals and the organization may gain a reputation for being cooperative. Furthermore, a goal of the current study was to examine the interactive effects of giving and receiving. Batson’s (1998) esteem enhancement theory proposes that individuals who give more than they receive should report high levels of health and well-being because they recognize that they are in a position to be giving resources, which makes them feel good about themselves. As social exchange theory is the most predominant approach to understanding relationships in the workplace (Cropanzano & Mitchell, 2005), it was expected that employees would report the highest levels of health and well-being when giving and receiving were both high.
The current study did not find support for these theories. One explanation is the population that was being studied—substance abuse counselors. Service workers, such as substance abuse counselors, tend to experience burnout as a result of their emotionally demanding interactions at work (Maslach & Jackson, 1981). In particular, substance abuse counselors spend a great deal of time on their job counseling individuals who are overcoming substance dependencies, developing client treatment plans, and reviewing client progress (O*Net, 2003). Thus, substance abuse counselors spend most of their day helping others. Additionally, substance abuse counselors are often faced with large caseloads. It seems possible, then, that engaging in organizational citizenship behaviors may not be an important behavior for substance abuse counselor health and well-being because these counselors are engaging in many helping behaviors just to accomplish basic job tasks. They may not have the time or energy to engage in extra helping behaviors. In other words, they may not reap the health-related benefits that come with feeling good from helping others when engaging in organizational citizenship behaviors because they engage in so many interpersonal interactions with their clients that involve giving help.

It may be that engaging in organizational citizenship behaviors is beneficial depending on the nature of the job, such that employees who are already in helping positions may not benefit as much as employees who are in less helping-oriented fields. Future research should examine other working populations. For example, in technical jobs, such as computer engineering, employees spend more time modifying equipment, analyzing information, and testing systems than interacting with other employees or with customers (O*Net, 2003). Under the assumption that individuals have a need to belong (Baumeister & Leary, 1995), employees who have few opportunities to interact with others may benefit more from engaging in helping behaviors than
other employees, such as substance abuse counselors, who spend the majority of their day engaging in interpersonal interactions. Although there is variability among individuals and a selection bias that occurs, as individuals choose helping vs. non-helping careers based on personal preferences, it is important to acknowledge that even individuals who choose occupations involving less contact with individuals still require strong, stable interpersonal relationships (Baumeister & Leary, 1995). Reaching out to others provides more opportunities to form these relationships, thus making it more likely that those employees in these fields who engage in organizational citizenship behaviors might be more likely to experience health-related benefits than those in service occupations.

Finally, when examining how beneficial organizational citizenship behaviors are to employees, it may be interesting to examine the difference between self vs. other perspectives on helping behavior. Measures of organizational citizenship behaviors, provided by supervisors, were used in the current study. While using supervisor ratings of counselors’ organizational citizenship behaviors was a strength of the study in some ways, such as by reducing common method bias, in some ways it may have been a limitation. Most research has shown that perceptions of helping are predictive of health and well-being, rather than actual helping behavior (Liang et al., 2001). This may be an important distinction, as individuals may have very different views on how much they are helping others, even when they are helping the same amount. Huseman, Hatfield, and Miles’ (1987) work on helping behavior classifies individuals into three groups: entitleds, benevolents, and equity sensitives, and provides empirical evidence for the three groups viewing their helping behaviors very differently. For example, entitleds prefer situations where they are receiving, benevolent prefer situations where they are giving, and equity sensitives prefer situations where they are equally giving and receiving. Thus,
engaging in the same behavior, as observed by a supervisor, may mean very different things to different types of individuals. It is possible, for example, that supervisor ratings of the counselors’ organizational citizenship behaviors were actually perceived very differently by individual counselors. For example, two counselors who both received high organizational citizenship ratings from their supervisors may or may not perceive their behaviors to be helping the organization. This possibility is supported by Morrison’s (1994) research on organizational citizenship behaviors, which demonstrated that employees often are unsure of whether their work behavior is task performance or an organizational citizenship behavior. Thus, it may be that measuring helping behavior from the individual’s perspective, rather than another rater’s observation, may be a key issue for assessing the health-related benefits of giving and receiving. Future research should examine perceptions of helping behavior.

Gender and the Relationship between Giving and Receiving and Health and Well-Being

The third goal of this study was to examine the role that gender played when looking at giving and receiving and their relationship to health and well-being. Both asking for help and giving help to others (except in the form of chivalry) tend to be representative of female gender roles (Cross & Madson, 1997), and so it was expected that both giving and receiving help would be more strongly related to health and well-being for women than for men. The current study did not find any evidence to support these hypotheses. Although gender is believed to be an important factor for understanding helping behavior (Eagly & Crowley, 1986), this assumption is not always supported in the literature (Ng & Sorensen, 2008).

One possible explanation for the lack of empirical evidence supporting theories that gender should be related to helping behavior is the difference between biological sex and gender roles. Deaux (1984) shows that studies that look just at biological sex often find small effects
across phenomena such as social influence and nonverbal communication. Yet when phenomena are examined using an individual’s perception of his or her own gender, in terms of masculinity, femininity, and androgyne, the effects found are much larger. In other words, when just looking at categories of males and females, there is little difference between males and females on behavior, but when examining gender as an individual difference that is a continuous variable ranging from masculine to androgynous to feminine, more differences emerge. Thus, it may be that biological sex, like has been demonstrated in many other domains of study, is not strongly related to giving and receiving, but individuals’ own perceptions of their gender roles may prove to be an important factor. Supporting this possibility, Beehr et al. (2003) found that individuals who scored more highly on femininity on the Bem Sex Role Inventory (Bem, 1974) reacted more positively to social support than individuals who did not score as highly.

Future research should examine individuals’ perceptions of their gender rather than just assessing biological sex. Furthermore, Deaux (1984) points out that differences between males and females at work are often small. For example, self-evaluations, aspirations, and opinions about the work environment were similar among male and female blue collar workers. But Deaux notes that we do in fact observe differences among males and females at work, despite these similarities in attitudes. An explanation for this discrepancy is that, although males and females may have similar attitudes, due to the situation, males and females may choose to behave in different ways. As such, it is important for future research to consider the work environment when examining gender differences, and to give thoughtful consideration for the reasons males and females may be engaging in different behaviors.
Limitations and Concluding Remarks

Although this study had a number of strengths, including multi-source data and a large sample size, it was not without limitations. One limitation is that the data were cross-sectional, meaning that causal inferences cannot be made. Although perceived organizational support was related to well-being, it is possible that employees who report higher levels of well-being perceive their organizations to be supportive, rather than vice-versa. This is an important area for future research. Conducting a latent growth model using giving and receiving at time one to predict health and well-being across time would be a particularly helpful methodology.

Another limitation is common method bias. Although supervisors provided ratings of counselors’ organizational citizenship behaviors, counselors reported coworker support and perceived organizational support, as well as health and well-being. As such, the relationships between coworker support and perceived organizational support with health and well-being may be artificially inflated (Podsakoff, MacKenzie, & Podsakoff, 2003).

Finally, although the purpose of this study was to take an initial step into examining the relationship between giving and receiving and health, it may be that some theoretically-meaningful variables were left out of the analyses. First, it seems possible that individuals who are feeling high levels of burnout or stress at work would be less likely to reap health-related benefits from helping others, and may actually become even more stressed out by giving help to others. It may also be important to assess family support. Research suggests that individuals may have a certain capacity for social relationships, such that an individual may tend to rely on a certain number of supportive individuals at any one time (Baumeister & Leary, 1995). Perhaps individuals who perceive that they have lower family support would benefit more from engaging in helping behaviors than individuals who perceive high family support.
In addition to including mediators and moderators in future research, another interesting area for future research is examining other dependent variables. Aside from performance ratings (Bergeron, 2007), limited research has been conducted on the benefits individuals gain when engaging in organizational citizenship behaviors, as traditionally organizational citizenship behaviors are viewed as an outcome of other variables, such as job satisfaction and organizational commitment. It could be, however, that the positive reputation employees gain when engaging in organizational citizenship behaviors, is linked to forms of career success, such as social networking and career satisfaction.

In conclusion, this study found some support for the relationship between receiving help from the organization and well-being, but did not support the idea that giving help is important for health and well-being. This begs the question - why help? The current study was designed to test the possibility that helping is actually good for the helper, but this idea was not supported. Although this project did not show what health-related benefits the helper receives, by no means is the conclusion of this study that helping is not important. As Cacioppio and Patrick (2008) state:

More and more the scientific findings align with the most basic ethical teaching of the most enduring systems of belief, what we call the Golden Rule. It may be that variations on the command ‘Do unto others as you would have them do unto you’ appear in so many different traditions- from the Tao of ancient China, to the law of Moses, to the Sermon on the Mount, to the coldly rational philosophy of Emmanuel Kant- because that command was, in a sense, written by the hand of natural selection (p, 268)

We are fundamentally social animals (Baumeister & Leary, 1995; Berscheid & Reis, 1998) and relationships are essential for our well-being. Researchers are just beginning to address the
importance that our work relationships may have on our lives (Ragins & Dutton, 2007). The fact that work relationships affect our health and well-being is practically indisputable (Heaphy & Dutton, 2008), and there are many opportunities for discovering how and why for future studies.
Table 1

Tests of Alternative Models for Independent Variables

<table>
<thead>
<tr>
<th>Model</th>
<th>df</th>
<th>Δ df</th>
<th>$\chi^2$</th>
<th>Δ$\chi^2$</th>
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<th>TLI</th>
<th>RMSEA</th>
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<td>3. Three Factor - Support</td>
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<td>2783.83*</td>
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<td>.85</td>
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Note. * $p < .01$. The Four Factor model evaluated coworker support, perceived organizational support (POS), organizational citizenship behaviors directed at individuals (OCB-I) and organizational citizenship behaviors directed at the organization (OCB-O) separately. The Three Factor – OCB model evaluated coworker support, POS, and a factor that had items from OCB-I and OCB-O loading on a general OCB factor. The Three Factor – Support model evaluated OCB-I, OCB-O, and a factor that had coworker support and POS items loading on an overall Support factor. The Two Factor model evaluated a general OCB factor and a general Support factor.
Table 2

*Means, Standard Deviations, and Zero-order Correlations*

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<th>1</th>
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<th>6</th>
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*Note.* *p* < .01. Race was coded as 0 = Minority, 1 = White and Gender was coded as 0 = Male, 1 = Female. *N* is 408.
Table 3

*Summary of Multiple Regression Analyses Completed on Health*

<table>
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<th>β</th>
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$R^2$ at each step

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<tr>
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$F$ at each step

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<th>Step 4</th>
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*Note. POS = Perceived organizational support, CoSup = Coworker Support, OCBI = Organizational citizenship behaviors directed at individuals, OCBO = Organizational citizenship behaviors directed at the organization*
Table 4

Summary of Multiple Regression Analyses Completed on Well-being

<table>
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<tr>
<th>Independent Variable</th>
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<th>Step 2 β</th>
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<th>Step 3 β</th>
<th>sr²</th>
<th>Step 4 β</th>
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<td>&lt;.01</td>
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</table>

Note. POS = Perceived organizational support, CoSup = Coworker Support, OCBI = Organizational citizenship behaviors directed at individuals, OCBO = Organizational citizenship behaviors directed at the organization.
REFERENCES


APPENDIX A

SURVEY ITEMS

*indicates a reverse-scored item

**Reliable Alliance Subscale of Co-worker Support**
I can depend on my co-workers to help me if I really need it.
If something went wrong, my co-workers would come to my assistance.
I can count on my co-workers in an emergency.

**Perceived Organizational Support**
My organization cares about my opinions.
My organization really cares about my well-being.
My organization strongly considers my goals and values.
Help is available from my organization when I have a problem.
My organization would forgive an honest mistake on my part.
If given the opportunity, my organization would take advantage of me. *
My organization shows very little concern for me.*
My organization is willing to help me if I need a special favor.

**Organizational Citizenship Behaviors – Individual**
This counselor…
Helps others who have been absent.
Helps others who have heavy workloads.
Assists me with my work (when not asked).
Takes time to listen to co-workers’ problems and worries.
Goes out of the way to help new employees.
Takes a personal interest in other employees.
Passes along information to co-workers.

**Organizational Citizenship Behaviors – Organization**
This counselor…
Has above average attendance at work.
Takes undeserved breaks. *
Spends a great deal of time on personal phone conversations. *
Complains about insignificant things at work.*
Conserves and protects organizational property.
Adheres to informal rules devised to maintain order.

**General Health Satisfaction**
I have a lot of minor ailments. *
I need little or no medical care.
I feel tired all the time. *
I must be careful what I do. *
I am in excellent health.
My health is failing. *
I never felt better.
I am in poor health. *
I am in better health condition that most people my age.

**Positive Affect**
How you typically feel on a daily basis…
Interested
Excited
Strong
Enthusiastic
Proud
Alert
Inspired
Determined
Attentive
Active

**Negative Affect**
How you typically feel on a daily basis…
Distressed
Upset
Guilty
Scared
Hostile
Irritable
Ashamed
Nervous
Jittery
Afraid

**Life Satisfaction**
In most ways my life is close to ideal.
The conditions of my life are excellent.
I am satisfied with my life.
So far I have gotten the important things I want from life.
If I could live my life over, I would change almost nothing.