

THE BUFFERING EFFECT OF A WORKPLACE COH ON ROLE STRESSORS AND  
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In partial fulfillment of  
the requirements for  
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Master of Science

In

Psychology: Industrial/Organizational

by

Jacquelyn Rose Lenta

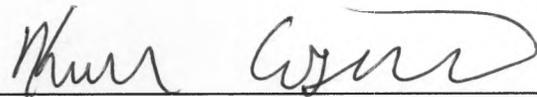
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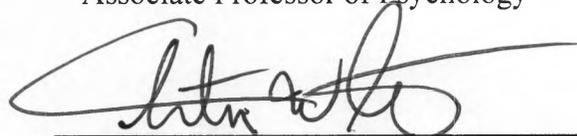
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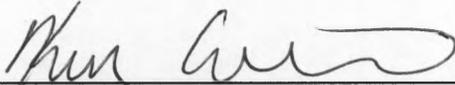
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THE BUFFERING EFFECT OF A WORKPLACE COH ON ROLE STRESSORS AND  
STRAIN

Jacquelyn Rose Lenta  
San Francisco, California  
2018

The correlation between role stressors and strain has been found repeatedly in the workplace stress literature. There has been an increase in companies promoting wellbeing in the workplace, often through wellbeing programs, policies, etc. The current study examines the idea that a workplace culture of health could have a buffering effect on the relationship between the role stressors and strain experienced by employees. As supported by the previous research, the current study suggests that the role stressors of role ambiguity and role conflict are related to strain such as emotional exhaustion and turnover intent. The current study furthered the research by suggesting that a workplace culture of health can have a buffering effect on the relationship between role conflict and emotional exhaustion as well as role conflict and turnover intent. However, the buffering effects of a workplace culture of health on the relationships between role ambiguity and the two measures of strain were not statistically significant and these relationships should be examined further.

I certify that the Abstract is a correct representation of the content of this thesis.

  
\_\_\_\_\_  
Chair, Thesis Committee

May 16, 2018  
Date

## ACKNOWLEDGEMENTS

After working in a corporate wellbeing startup, I was inspired to create a research project in the area of employee wellbeing. Stress is a topic that everyone can resonate with and I hope that my work can further the discussion of workplace stressors and strain. Thank you to my professors for supporting me throughout the program. Thank you to my family, friends, and coworkers who helped me find participants for this research. Thank you my family for supporting me throughout the thesis process, even from afar. Thank you to my intelligent and inspiring classmates who have been the most supportive and positive group of people I could have ever imagined being surrounded by throughout this graduate school experience.

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## **Introduction**

The United States is currently facing a stress epidemic. According to a December 2017 Gallup Poll, 79% of Americans report feeling stress sometimes or frequently during their day (Saad, 2017). Another Gallup Poll found that 66% of people are unsatisfied by the amount of stress caused by their job in 2016 (Newport & Harter, 2016). Although this is a 6% improvement from 2015, there is still work to be done. Stressors and various mental health issues lead to negative outcomes that affect employees personally and professionally, leading to problems at home and in the workplace (Harnois & Gabriel, 2000). Work-related outcomes include things like increased absenteeism, decreased work performance, loss of motivation and commitment, burnout, increased turnover, and suffering relationships between colleagues, to name a few. In a study of over 46,000 U.S. employees, researchers found that healthcare costs were 46% higher for stressed out workers (Goetzel, et al., 1998).

A 2015/2016 Willis Towers Watson survey found that 75% of U.S. employers say stress is their number one workplace health concern. Employers reported that they thought the four biggest reasons for this were lack of work/life balance, inadequate staffing (lacking support, uneven workload), technology that expands availability to after work hours, and excessive amount of organizational change. Employees thought the top four reasons were inadequate staffing (lack of support, uneven workload), low control/high demand jobs, company culture, and unclear or conflicting job expectations.

There are many types of workplace stressors, and researchers are constantly trying to learn new ways to lessen the resulting strain.

### **Stressors vs. Strain**

Two words often used in the workplace stress literature are stressors and strain and it is important to know the difference, as well as how they relate. Stressors are defined as adverse work experiences (Cotton & Hart, 2003) and they are managed with the use of adaptive responses from employees (Jain, 2009). There are many different kinds of stressors such as physical stressors, task related stressors, role stressors, and more.

The current study will work under the stressors and strain approach; the assumption that stress arises when work characteristics contribute to poor psychological and physical health (Cotton & Hart, 2003). Years of research suggests that workplace stressors lead to employee strain. For example, a study of 775 employees in New Zealand found that in situations where there is more pressure to work, where employees feel overloaded, and where managers place stronger demands on personal time, employees are more likely to experience greater dissatisfaction with their jobs, higher strain and fatigue, and greater work-life imbalance (Macky & Boxall, 2008).

Strain manifests in negative psychological and physiological responses to stressors (Cotton & Hart, 2003). A literature review of 14 studies on the relation between work-related psychosocial factors and the development of depression found moderate evidence for a relation between employees' psychological demands from work and the

development of depression (Netterstrom, et al., 2008). A literature review of seven studies about the antecedents of stress-related disorders found strong evidence that high job demands, low job control, low coworker support, low supervisor support, low procedural justice, low relational justice, and a high effort-reward imbalance increases an employee's chances of developing worse scores on the General Health Questionnaire (GHQ) and the Checklist Individual Strength (CIS). The GHQ measures short-term psychiatric disorders in the general population, while the CIS measures physical and mental fatigue--measures of strain.

A concern with stressors and strain studies is that they do not typically take the culture of the workplace into account (Cotton & Hart, 2003). Because of this, there is a general belief that the concept of employee stressors and strain is an employee problem, not an organizational issue. When employee stress and wellbeing is viewed in this way, it affects the way that employee stressors and strain are dealt with. An organization with this common view would believe that the employee's issue is their responsibility; something that the employee must seek help on their own to address. In reality, employee stress is an organizational issue. The physical, emotional, and psychological outcomes that result from workplace stressors impact business outcomes as well as the personal life of employees. If employees are sick their productivity and attendance will suffer. When they are having trouble concentrating or if they are juggling too many projects, they will be more error prone and less time efficient. All of this affects the bottom line and costs the company money.

### **Role Ambiguity and Role Conflict**

The current study will focus specifically on role stressors, defined/measured by two of the most commonly cited, role conflict and role ambiguity. Role conflict is the occurrence of incompatible sets of pressures that need to be satisfied simultaneously and role ambiguity occurs when employees are lacking enough information to carry out their job or are uncertain of what is expected of them (Anton, 2009; Mellor, Moore, and Siong, 2015). Role conflict can occur when an employee is given two assignments that contradict each other. Role ambiguity can occur when an employee does not understand whether or not they are engaging in appropriate or inappropriate work behaviors. Sometimes role ambiguity is actually researched in terms of its positive opposite, role clarity.

The relationship between role clarity and burnout has been supported by most of the research on this topic, however, there are mixed results in the literature around whether or not the same can be said about the relationship between role ambiguity and burnout. For example, in a study of professional truck drivers, researchers wanted to learn about the effect of job stressors and emotional exhaustion on the efforts of a firm to build corporate identification, collective mind, and commitment (Kemp, Kopp, & Kemp, 2013). Participants answered questions about their levels of role ambiguity, role conflict, and emotional exhaustion, which are all common issues faced by truck drivers. The results suggest that role conflict is positively related to emotional exhaustion, but no significant relationship was found between role ambiguity and emotional exhaustion.

However, role conflict and role ambiguity were both negatively and significantly related to drivers' commitment to and identification with their organization.

In another study, 545 employees from a Canadian general hospital responded to questionnaires about their perceived high-involvement work practices (HIWPs) on job demands (role conflict, role overload, and role ambiguity) and burnout (emotional exhaustion and depersonalization) (Kilroy, Bosak, & Chenevert, 2016). The results suggested that HIWPs were significantly and negatively related to job demands and burnout and that role conflict and role overload are positively related to emotional exhaustion and depersonalization. Once again, role ambiguity was not a strong predictor of emotional exhaustion.

In another study, researchers wanted to know which job demands (role ambiguity, role conflict, role overload) or work resources (training, rewards, supervisory support, and service technology) were most closely associated with the three major components of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) (Yavas & Babakus, 2011). Data were collected from 530 full-time front-line employees working in 50 branches of a large bank in New Zealand. The participants responded to a burnout measure, and scales measuring role ambiguity, role conflict, and role overload that were sent out over their company's intranet. The results suggest that although role ambiguity, role overload, and role conflict are all related to emotional exhaustion, role conflict and role overload have a stronger correlation and role ambiguity is more related to reduced personal accomplishment. Increases in employee perceptions of availability of

training, supervisory support, and service technology reduce employees' emotional exhaustion, depersonalization, and feelings of inability in accomplishing work goals.

It is possible that role conflict is more often related to emotional exhaustion because it takes more mental energy to deal with conflicting tasks. Employees may end up doing more work in order to complete both of the conflicting tasks or correcting their work after a first attempt. This takes more time and energy that may lead to employee strain and burnout. Although most people have aversive reactions to conflict, there are many people who have great tolerance for ambiguity. Many people have coping mechanisms for ambiguity and are able to navigate an environment of the unknown better than an environment of conflicting instructions.

However, in other studies both role conflict and role ambiguity are found to be related to burnout. With the goal of learning more about the sources and consequences of work stress on nurses' adequacy, productivity, and efficiency, researchers reviewed studies on work stress for nurses (Moustaka & Constantinidis, 2010). They found that many role-based factors including, role ambiguity and role conflict, are linked to stress. Stress was linked to reduced efficiency, decreased capacity to perform, a lack of concern for organization and colleagues. Although this study focused on nurses, it would be unreasonable to believe that nursing is the only occupation where these relationships can be found. Research on stress in various occupations should be done and the results should be used to improve the workplace for employees in all industries.

The social services industry is known as a high-stress industry (Travis, Lizano, & Barak, 2016). One longitudinal study focused on the differential impact of job stressors (work-family conflict, role conflict, and role ambiguity) and burnout on employee disengagement. Researchers asked 362 front line social workers or social work supervisors working in large urban public child welfare organizations about job stressors, burnout, and disengagement on three different occasions with 6 months between each. Work-family conflict and role conflict had positive predictive relationships with burnout, but role ambiguity had no relationship with burnout. None of the three stressors were related to the depersonalization factor of burnout, which was unexpected by the researchers. However, all three stressors were related to emotional exhaustion which makes them indirectly related to depersonalization since emotional exhaustion and depersonalization are related. Role conflict, role ambiguity, and work-family conflict were all related to exit-seeking behaviors indirectly through burnout. Emotional exhaustion is an indirect threat to engagement.

Another industry known for having a highly stressful work environment with high absenteeism and turnover rates is the call center industry (Mellor, Moore, and Siong, 2015). Researchers wanted to know how common stressors in other industries (role ambiguity, role conflict, role overload, and work-family conflict) as well as industry specific stressors (performance monitoring, job design, and job opportunities) were related to burnout, somatic symptoms and turnover intent. Researchers asked 126 call center representatives from 11 Australian call centers to complete questionnaires about

all of these factors. Their findings suggest that every common stressor and every industry-specific stressor are significantly and independently related to burnout, somatic symptoms, and turnover intent.

Researchers hypothesized that a three-way interactive effect of role conflict, role ambiguity, and control coping would impact emotional exhaustion (Hornung, Lampert, & Glaser, 2016). They believed that when employees experienced high role conflict and role ambiguity, they would experience less emotional exhaustion when control coping was high compared to when it was low. They also thought that when employees experienced high role conflict and role ambiguity, they would experience more emotional exhaustion when support coping was high compared to when it was low. To test this, 948 members of the government tax administration branch of a German federal state completed a questionnaire with measures regarding role stressors, coping, and burnout. Both of the researchers hypotheses were affirmed by the study, emphasizing the importance of both support and coping for employees facing role stressors. When a workplace provides supportive managers and coworkers, and has programs in place to help employees learn to cope with stress, it would be reasonable to assume that employees would experience less emotional exhaustion.

Researchers were curious to understand how job stress determines employee attitudes towards work and how these attitudes result in behavior that is dysfunctional for the organizations (Anton, 2009). Questionnaires with scales measuring role conflict, role ambiguity, job satisfaction, affective commitment, intention to leave, absenteeism, and

performance were completed by 261 employees who worked for either a bus company or a water supply company in Spain. The results suggest that when employees are facing high role conflict and high role ambiguity, it affects their attitudes and behavior at work. This research emphasizes the importance of mental health in a field where the main focus is typically on physical health. It is reasonable to assume that the mental health of all types of employees can affect their work behaviors and attitudes.

### **Turnover Intention**

Turnover intention is known to be highly correlated with actual turnover (Mellor, Moore, and Siong, 2015) and is commonly used in research to understand what makes employees quit their jobs. This is important to study because when companies have high turnover, they have to spend additional time and money recruiting and training new hires. Keeping turnover low saves a company time and money. Researchers have been studying turnover intention for decades with the hope that they can identify antecedents for companies to build organizational culture and interventions around.

There are three different types of organizational commitment; affective, normative, and continuance (Jain, Giga, & Cooper, 2009). Affective commitment is an employee's emotional attachment and identification with an organization. Continuance commitment is based on the cost that an employee associates with leaving an organization. Normative commitment refers to how obligated an employee feels to remain with an organization. Researchers hypothesized that wellbeing would be positively related to affective and normative commitment, but negatively related to

continuance commitment. They thought that WLOC would have a moderating effect on the relationship between wellbeing and organizational commitment. All of their hypotheses were supported in their analyses.

One study wanted to understand the relationship between ethical work climate, perceived organizational support, and nurses' organizational commitment, job satisfaction, and turnover intention (Hashish, 2017). Researchers studied 500 nurses at inpatient care units at three major hospitals. Participants responded to various surveys including the ethical climate questionnaire, a survey of perceived organizational support, an organizational commitment questionnaire, an index of job satisfaction, and an intention to turnover scale. Researchers found positive significant correlations between nurses' perception of overall ethical work climate and each of perceived organizational support, commitment, as well as job satisfaction. Significant negative correlations were found between nurses' turnover intention and each of these variables. A regression analysis showed that about 33 percent of the explained variance of turnover intention is accounted by ethical work climate, organizational support, organizational commitment, and job satisfaction. These variables all independently and significantly contributed in the prediction of turnover intention. The researchers recommended implementing processes that would foster and enhance ethical and supportive work climates as well as job-related benefits since they were found to be significant factors in increasing nurses' commitment and satisfaction and decreasing their turnover intention.

Turnover intent is studied in many industries, but one industry that experiences a lot of turnover is the food service industry. Researchers wanted to understand the interrelationships among employee's emotional labor, emotional dissonance, job stress, and turnover intent in the food service industry (Jung & Yoon, 2014). To do this, they created their own scale that measured emotional labor, emotional dissonance, job stress, and turnover intent with seven-point Likert scales and pilot tested it with 50 family-style chain restaurant employees. Then they surveyed 338 family-style chain restaurant employees using the scale. Results of the survey indicated that employees' job stress was positively associated with turnover intention.

Researchers wanted to understand how employee wellbeing impacts organizational commitment and whether a work locus of control (WLOC) has a moderating effect on that relationship (Jain, Giga, & Cooper, 2009). They asked 250 middle level executives from four scooter manufacturing organizations in India to respond to questionnaires about WLOC, wellbeing, and organizational commitment. Internal and external locus of control are commonly referenced in the literature as something that plays a role in coping with stress. Someone with an internal locus of control believes that outcomes in life are controlled by their own actions, whereas someone with an external locus of control believes that outcomes in life are due to external forces (other people, luck, fate). Locus of control is correlated with various work outcomes.

There are a decreasing number of qualified nursing faculty available, so it is important to understand the predictors of turnover and find ways to prevent them from leaving (Gormley & Kennerly, 2011). To do this, 316 full-time, doctorally prepared nurse faculty members from various institutions classified as Doctoral/Research Universities-Extensive by the Carnegie Council on Policy Studies in Higher Education completed a questionnaire with scales measuring role ambiguity, role conflict, organizational commitment, organizational climate, nurse faculty work role, and turnover intention. The results suggest that all of the independent variables predict turnover intention, however, a logistic regression analysis found that organizational climate intimacy and disengagement, affective and continuous organizational commitment, and role ambiguity were the strongest predictors.

When there is a low turnover of employees, companies save the money that would be spent on recruiting and training new employees. Knowing this, researchers studied how different job stressor factors (coworker support, supervisor support, job autonomy, role conflict, role ambiguity, role overload, and fairness of reward) are related to turnover intention. Two hundred fifty-five employees from Taiwanese banks took a survey made up of various scales that measured all of the different job factors as well as turnover intention. The results indicated that employees with higher levels of job stressors are more likely to think about leaving compared to employees with less job stressors. This role of workplace stressors on turnover intention is important in our culture where

employees are highly stressed and where companies are trying to find ways to reduce turnover and save money.

Based on the employee stress and turnover intent literature, the current study focuses on turnover intent as an important behavioral measure of strain. The turnover intent literature supports the first two hypotheses of the current study. A positive relationship between role stressors and turnover intent has been replicated in many studies so it is safe to assume similar relationship will be found in this study.

*Hypothesis 1: Role ambiguity will be positively correlated with turnover intention.*

*Hypothesis 2: Role conflict will be positively correlated with turnover intention.*

### **Emotional Exhaustion**

Burnout is defined by three factors: emotional exhaustion, depersonalization, and personal accomplishment (Maslach & Jackson, 1986). Maslach's Burnout Inventory (MBI) is commonly used as a measure of burnout and the scale is often adapted to only include one or two factors depending on the interests of the researcher. Emotional exhaustion is focused on in the current study. When emotional resources are depleted, workers are unable to work at the same psychological level of which they were previously capable. Initially, burnout was researched in professions where employees were customer facing or had to interact with people for large portions of their day, such as healthcare, social services, and criminal justice. Quickly, researchers began looking at

burnout in other industries as well and now the MBI is commonly used to assess burnout in employees of any occupation (Maslach, Jackson, & Leiter, 1997).

In a study of 562 teachers working in 79 primary education state schools in Greece, researchers assessed different issues associated with levels of teachers' burnout (Papastylianou, Kaila, & Polychronopoulos, 2009). Researchers were specifically interested in depression, role conflict, and role ambiguity. The participants completed questionnaires on these areas and the burnout factor of emotional exhaustion was found to have the strongest significant positive correlation with the factors that make up the Scale of Depression (CES-D) and the Degree of Role Conflict (Rizzo, et al., 1970).

In order to examine the impact of antecedents and consequences of job burnout on turnover intentions, 368 junior accountants working in public accounting firms completed questionnaires with scales that measured role ambiguity, role conflict, job-related tension, and burnout (Chong & Monroe, 2015). The results suggest that employees are more likely to experience burnout during their first 1-2 years on the job. They also found that turnover was more common among employees who were more dissatisfied and uncommitted. Role ambiguity and role conflict lead to higher levels of perceived job-related tension because they are experiencing a lack of control and a lack of information. This type of environment causes employees to exert more energy than expected. Because of this, role ambiguity and role conflict both lead to burnout.

In order to understand how various nursing-specific job demands impact nurses' burnout and to examine whether burnout has a role in their job commitment and intention

to turnover, questionnaires were completed by 862 nurses working in 24 different public and private hospitals across 6 cities in India (Kar & Suar, 2014). Results suggest that role conflict, role ambiguity, workload, work-home conflict, shift work attitudes, job complexity, physical environment, and organizational politics are all positively associated with emotional exhaustion. In addition, emotional exhaustion and depersonalization were found to lead to turnover intentions.

Based on the employee stress and burnout literature, the current study focuses on emotional exhaustion as an important emotional measure of strain. The literature in this area supports the first two hypotheses of the current study. A positive relationship between role stressors and burnout/emotional exhaustion has been replicated in many studies so it is safe to assume similar relationship will be found in this study.

*Hypothesis 3: Role ambiguity will be positively correlated with emotional exhaustion.*

*Hypothesis 4: Role conflict will be positively correlated with emotional exhaustion.*

### **Culture of Health**

The current study uses a holistic, multi-factor definition of culture of health in order to encompass the complexities of this phenomenon. This definition of a workplace culture of health includes both environmental support and workplace culture. Environmental support includes support from leadership, health supportive policies, and wellness programs. Workplace culture includes manager and coworkers.

A literature review of 40 studies (34 association studies and 6 intervention studies) found many key work factors associated with psychological ill health and sickness absence in employees (Michie & Williams, 2003). These factors include long hours worked, work overload and pressure, lack of control over work, lack of participation in decision making, poor social support, and unclear management and work role. These were related to outcomes such as emotional exhaustion, poor mental health, psychological distress, depression, anxiety, and sickness absence. When different interventions were applied, the most successful ones were training and organizational approaches that improved the culture of the workplace. The findings of this literature review suggest that many or all of the work related variables that lead to ill health can be changed. Many intervention studies have shown these effects.

### **Overall Climate, Culture, and Norms**

Workplace culture or climate is a complex idea that encompasses many aspects of a workplace. The culture of an organization sets the tone for what is expected, what is appropriate, and what is normal. The overall culture influences the way employees solve problems, their levels of stress, and the way they interact with one another. The current study specifically focuses on a workplace culture of health and the way that wellbeing is manifested in different dimensions of an organization.

Psychosocial safety climate (PSC) is defined as shared perceptions of organizational policies, practices, and procedures for the protection of worker psychological health and safety, that stem largely from management practices (Law, et

al., 2011, p. 1782). In order to study the PSC of organizations, researchers analyzed findings from the Australian Workplace Barometer Project, which is made up of 220 employees from 30 organizations. Results suggest that organizational PSC is negatively related to workplace bullying and harassment, and because of that relationship, PSC is also negatively related to psychological health problems. This study also suggests that organizational PSC is positively related to job resources, and because of that relationship, PSC has a positive effect on work engagement. The findings of this study illustrate the importance of a workplace climate on both psychological health and engagement of employees.

The members of the UK Armed Forces are in a profession where they have frequent exposure to intense combat that can lead to mental health consequences like PTSD and other mental disorders (Jones, et al., 2012). In order to learn about the potential mitigating effects of cohesion, morale, and leadership, 1,431 members of the UK Armed Forces completed a self-report survey regarding these measures. Members who reported higher levels of unit cohesion, morale, and perceived good leadership, were less likely to display any negative psychological health consequences. These independent variables could be carried into most organizations and it could be possible that they would have the same effect on mental health. The shift from a culture of physical safety to overall physical, emotional, and psychological wellbeing is currently in process and this transition is bound to have a great impact on the wellbeing of employees going forward.

### **Coworkers and Social Support**

Social support is a well-known buffer of many relationships in the social sciences. Numerous studies suggest that social support in the workplace can positively influence the mental health of employees in jobs with high strain (Harvey, et al., 2014, p. 16). Low social support is cited in the literature as a predictor for common mental disorders (Stansfeld & Candy, 2006). Coworkers and social support are an important aspect of an organizational culture as it is impossible to have a culture without people.

A review of over 70 studies concerning employees' general belief that their work organization values their contribution and cares about their wellbeing revealed that fairness, supervisor support, organizational rewards, and favorable job conditions were associated with perceived organizational support (Rhoades & Eisenberger, 2002). Perceived organizational support was related to positive employee outcomes such as job satisfaction, as well as positive organizational outcomes, such as affective commitment, performance, and lessened withdrawal behavior. Social support allows an outlet for employees who experience strain. They can ask for help, vent about their worries or complaints, or use social support in a number of ways to lessen strain. When an employee goes through challenging times at work, having someone there can help employees feel like they are not alone and give them a healthy outlet for negative feelings, minimizing strain.

### **Managers**

Managers are another important aspect of culture because they are one of the main communicators of a culture and both directly and indirectly teach employees how to behave and what is expected of them within the organization. It could be easily assumed that managers could play a large role in workplace stress, but researchers have studied this idea to be sure.

In order to examine the implications of top management spillover and work-family climate for lower-level managerial employees' commitment and retention in an organization, researchers studied 526 department managers from 37 different hotels across the United States (O'Neill, et al., 2009). This study used structured phone surveys with coded response categories to collect data. Their findings suggest significant associations between work-family climate and both organizational commitment and turnover intent when analyzed both between and within hotels. The findings of this study emphasize the importance of managerial support for work-life balance which is important as work-life balance plays a role in employee stress. Other researchers have found that work-family conflict (which is often caused by a lack of work-life balance) is a significant predictor of turnover (Yun, Hwang, & Lynch, 2015). When managers support a work-life balance, employees do not experience as much strain as they would if their managers did not support it.

When a manager is understanding when an employee needs to miss work for a doctors appointment or leave early one afternoon to deal with a family emergency, the employee knows that it is okay to have a life outside of work. When employees know

that a manager is not going to get angry or punish them for taking time for personal things, they do not have to spend the extra energy worrying about what could happen and they can truly focus on their family or whatever personal needs they have. This would lessen strain and improve employee feelings of work-life balance.

### **Leadership**

Although there are many ways that the culture of an organization can impact employee wellbeing, leadership is an important one. A literature review by Cotton and Hart (2003) found that interventions focused on improving the quality of leadership and people management practices (i.e. organizational climate) were more successful than interventions aimed at reducing employee withdrawal behaviors that target the reduction of workplace stressors. This means that it is more important to develop a supportive organizational climate in which employees can better manage their work, rather than attempt to change an employee's operational work demands. From the perspective of the company as a whole and thinking about long-term results, something that affects the entire organization might be more beneficial than focusing on individual needs. The literature review also exposed the finding that organizational development programs focusing on improving the quality of leadership practices and organizational climate are more impactful in reducing workers compensation premiums than traditional occupational health and safety risk management approaches.

Researchers examined the effects of leadership on organizational climate, employee psychological capital, commitment, and wellbeing in religious and non-profit

organizations (McMurray, Pirola-Merlo, Sarros, & Islam, 2010). For the first phase of the data collection, a small sample of 18 participants took part in focus group discussions. In a second phase, 43 employees completed the transformational leadership scale (TLS), the organizational climate questionnaire (OCQ), the positive and negative affect scale (PANAS), and an organizational commitment scale. The results suggest that when immediate supervisors have a more transformational leadership style, employee ratings of organizational climate, wellbeing, employee commitment, and psychological capital are all better compared to employees with immediate supervisors with a less transformational style. This study emphasizes the importance of leadership tendencies on wellbeing and other employee outcomes.

Other researchers were also interested in the relationship between transformational leadership and employee wellbeing and believed that this relationship would be mediated by how much the employees trusted leadership (Kelloway, Turner, Barling, & Loughlin, 2012). They studied this relationship by having 436 field workers at a Canadian telecommunications company rate their first line supervisors on the 20-item Multifactorial Leadership Questionnaire (MLQ 5X; Bass & Avolio, 1997), a four-item trust in leadership scale based off of Cook and Wall's (1980) six-item scale, and the 12-item General Health Questionnaire (GHQ; Goldberg, 1972). The results suggest that trust in the leader fully mediated the positive relationship between perceptions of managers' transformational leadership and employee psychological wellbeing. The researchers felt that a second part of this study should be added in order to take into account transactional

leadership along with transformational. A survey including the MLQ, McAllister's (1995) trust in leadership scale, the Job-Related Affective Well-Being Scale (Van Katwyk, Fox, Spector, & Kelloway, 2000), three items (Brown & Keeping, 2005) about liking of the leader, and the extraversion, neuroticism, and conscientiousness subscales of the NEO Five-Factor Inventory (Costa & McCrae, 1992) was taken by 269 participants. This study found that transactional leadership is negatively related to trust, which is the opposite of what is found of the relationship between transformational leadership and trust. The second part of the study also highlights the importance of taking both personality and likeability of the leader into account as influences on employee wellbeing.

Leadership styles are complex and have been studied for decades, but the current study focuses on the way that leaders show their support for employee wellbeing and lead by example, overtly practicing wellbeing in their own life as well. It would make sense that when employees work for a company where leadership truly illustrates the importance of wellbeing, they would want to improve their own wellbeing. This means that the employee is surrounded by people who want him or her to be mentally and physically healthy and is given the time to do so. When the leadership of a company is comprised of workaholics who respond to emails at three in the morning and never make time for their families, that trickles down to all of them employees because expectations are set. The opposite happens when leadership truly illustrates the importance of

wellbeing. Healthy expectations are set and everyone involved with the company reaps the benefits.

### **Policies and Programs**

Various studies have found that different policies and programs emphasizing work-life balance and/or a supportive work climate increase employee job satisfaction and motivation and decrease employee stress (O'Neill, et al., 2009).

Many companies have special family-friendly policies in order to be sensitive to the needs of their employees with families. Researchers, Grover and Crooker (1995), wanted to know how these family-friendly policies affect the organizational attachment of employees with children as well as employees without children. The researchers used a 1991 General Social Survey of 745 randomly selected U.S. employees and assessed the impact of different policies, such as parental leave, flexible schedules, and child care assistance on organizational attachment. The study found that when employees have access to policies like these, they have less intention to quit their jobs and they have more organizational commitment. The most unique finding of this study was that it did not matter whether or not the employees directly benefited from these policies, it just mattered that the policies were available. The results support the idea that when companies offer employees different types of assistance like this, the employees see it as the organization showing how much they care about their employees. The study shows less support for the idea that people are more attached to companies who offer policies that impact them directly.

The fundamental interaction hypothesis says that a high level of job demands will lead to psychological distress and that this relationship will be offset when there are high job resources (Dollard, Tuckey, & Dormann, 2012). Researchers believed that this interaction depends on the organizational context in that high levels of PSC will enable the same use of resources to reduce demands. To study this, 319 police officers from 23 police stations took part in a longitudinal survey where they responded to the same survey at two points in time, 14 months apart. The results suggest that high emotional resources moderation the positive relationship between emotional demands and change in workgroup distress, but only when there were high levels of group PSC. A productive climate/culture facilitates the resources employees need to do their jobs.

Work-family conflicts are common and problematic in many industries. In order to study whether there might be ways to minimize this type of conflict, researchers studied 608 employees before and after the Results-ONLY Work Environment (ROWE) intervention was put in place (Kelly, Moen, & Tranby, 2011). The ROWE initiative was originally developed internally and used by employees at the Best Buy headquarters. The ROWE initiative is a culture shift in which flexibility around when and where employees work is the norm. The whole idea is that employees can “do whatever they want, whenever they want, as long as the work gets done” (pg. 269). This is a flexible culture that allows employees to work when and where they feel most productive, while allowing them the time and flexibility to take care of the other responsibilities in their lives. This intervention provides many opportunities for open communication between employees

and managers so they can discuss what is working well and/or how things need to change. There is a restructuring of management practices and norms that eventually creates this new flexible, results-oriented culture. For the purposes of this study, researchers used participants from an organization that was already planning on using this intervention. The white-collar workers who participated in this study first completed a survey before they started training on this new intervention and then completed the same survey six months after the start of the intervention. The seven-item survey was created by the researchers and based off of pre-existing scales that measure work-family conflict, stress and energy depletion, work-family fit, work-schedule fit, and schedule control. The results suggest that workplace initiatives like the ROWE positively affect work-life balance, mostly by increasing employees' control over their schedule. When companies are willing to be flexible with policies and allow employees to work the way they know best, it has the ability to reduce stress, decreasing problems at work and in the personal lives of employees.

There are many different wellbeing-focused programs and policies that could be put in place at different companies based on the wants and needs of employees and management. These types of support help hold management and employees accountable for their behaviors. For example, if part of the yearly manager feedback has a section on how well they managed work-life balance, their own wellbeing, and the wellbeing of their direct reports, this would motivate them to emphasize these things over the year, especially if the results of the feedback were tied to raise/promotion opportunities.

### **Measuring Workplace Culture of Health**

A workplace culture of health refers to a collective phenomenon of company culture toward health where commonly researched factors (e.g. leadership, coworker support, policies, etc.) are combined. There is a lack of research in the area of connecting workplace cultures of health and improvements in employee behavior, health risks, costs, productivity, and other job-related metrics (Aldana, Anderson, Adams, et al., 2012). This is due to many factors including how difficult it is to draw cause and effect relationships when multiple interventions are used in one, there aren't usually start and end dates, and there are a lack of measurement tools in this area. In order to approach this problem, a Culture of Health Questionnaire (Marzec, 2016) was created and fine-tuned over the past few years and the most recent version of this scale was used in the current study (*see Appendix A*).

The culture of health scale used in the current study is based on the social-ecological model of influencing behavior and focuses on a broad change in the workplace environment (Kwon, Marzec, & Edington, 2015). This scale is also based off the population-based approach, meaning that by creating a supportive physical environment and a supportive culture, it is possible to affect health behaviors and improve health outcomes for the entire population. The scale takes into account policies, programs, coworkers, managers, company leadership, and norms. An example of a policy is a no smoking policy at the office. An example of a program is on-site fitness class offerings.

For the purposes of the current study the Personal section from the original culture of health scale was removed. The current study was focused on the culture and environment of health surrounding the employees and the Personal section seemed more like specific outcome variables which were not in the scope of this study.

The scale used to measure workplace culture of health touches on many areas of wellbeing such as smoking and exercise, along with stress. The socio-ecological view of wellbeing suggests that all of these factors are intertwined, and validates suggesting that a culture of health could have a moderating effect on the relationships mentioned in the first four hypotheses. A culture of health promotes an environment with less role ambiguity and less role conflict, as well as an environment where employees are supported and have the appropriate resources to mitigate emotional exhaustion and turnover intent.

*Hypothesis 5: A workplace culture of health will moderate the relationship between role ambiguity and turnover intent, specifically, a strong culture of health will weaken the relationship.*

*Hypothesis 6: A workplace culture of health will moderate the relationship between role conflict and turnover intent, specifically, a strong culture of health will weaken the relationship.*

*Hypothesis 7: A workplace culture of health will moderate the relationship between role ambiguity and emotional exhaustion, specifically, a strong culture of health will weaken the relationship.*

*Hypothesis 8: A workplace culture of health will moderate the relationship between role conflict and emotional exhaustion, specifically, a strong culture of health will weaken the relationship.*

## **Method**

### **Participants**

There were a total of 332 respondents to the current study. After taking out those who gave the same answer for every question, had not been working in their position for at least six months, did not complete the survey, or did not pass the attention check, there were 217 participants left in this study (age range 20 – 64 years old,  $M = 53.12$ ,  $SD = 11.95$ , 24% male, 76% female). Participants worked in various different industries such as healthcare, education, finance, and technical services. The participants have been working in their current position anywhere from six months to 37 years ( $M = 4.96$  years,  $SD = 6.86$  years). In order to participate, participants had to be at least 18 years old. They had to be fluent in English because this scale has only been validated and used in the English language. They must work and live in the United States to avoid any major cultural differences. They had to have been at their current company for at least six months at the date of participation so that they understood the dynamics of their company culture well enough and got a sense of the norms. Participants completed the survey on *Qualtrics*, an online survey provider. The survey link was shared on social media sites (e.g. Facebook, LinkedIn, Twitter) as well as emailed and text messaged out to potential participants. Most of the survey sharing was done by the primary researcher, however,

her colleagues helped share the link with their networks as well. Participants were not given any compensation for their participation.

### **Measures**

*Role Ambiguity and Role Conflict.* Role Ambiguity and Role Conflict were considered the role stressors in the current study. Both are commonly used stressors in the literature. Both role stressors were measured using Bowling, et al. (2017) (*see Appendix B*). This includes individual role ambiguity and role conflict scales which are comprised six-items each with a seven-point Likert scale measuring how much the participant agrees or disagrees with the statement (strongly disagree to strongly agree). An example of an item on the role ambiguity scale is, "I am not sure what is expected of me at work." The role ambiguity scale and the role conflict scale yielded internal consistency reliabilities of 0.91 and 0.85, respectively.

*Turnover Intent and Emotional Exhaustion.* In order to consider both emotional and behavioral aspects of strain, the current study measured strain as turnover intent and emotional exhaustion. Turnover intent was measured using one item: "How often have you considered quitting your current job?" (Spector, Dwyer, & Jex, 1988). Participants rated this on a seven-point Likert scale measuring prevalence (never to everyday). Emotional exhaustion was measured with the emotional exhaustion section of the Maslach (1997) burnout scale. This section of the scale has six items, each measured with a seven-point Likert scale measuring prevalence (never to everyday) (*see Appendix C*). This scale yielded an internal consistency reliability of 0.89.

*Culture of Health*. The Culture of Health Questionnaire: Workplace Version (Marzec, 2016) was used to measure the moderating variable, culture of health. This questionnaire is broken into two factors, environmental and culture. Environmental is made up of three categories, Leadership (6 items), Policies (7 items), Programs (49 possible questions). The leadership section of the scale yielded an internal consistency reliability of 0.94. The policies section of the scale yielded an internal consistency reliability of 0.81. There were two programs sections. The first consisted of four questions that, like all other sections of the Culture of Health Questionnaire, were measured with seven-point Likert scales ranking how much the participant agreed with the statement provided (strongly agree to strongly disagree). The first programs section of the scale yielded an internal consistency reliability of 0.81. The second programs section had possible answers, "Yes," "No," and "I don't know." This section had skip logic. Each of the nine questions had four follow-up questions, which participants only had to answer if they responded "yes" to the starting question. For example, one question asks, "Do you have health screening at your workplace?" If the participant responded "No" or "I don't know," they would move directly to the next question. If the participant responded "Yes," they would be asked, "Do you have easy access?" "Have you participated?" "Have they been useful?" and "Have they helped you achieve a health goal?" Participants had to select either "Yes" or "No" for each of the follow-up questions. All "Yes" responses were counted as one and all "No" and "I don't know" responses counted as zero.

The culture factor was made up of two sections, Manager (five items) and Coworkers (18 items). The manager scale yielded an internal consistency reliability of 0.89. The coworkers scale yielded an internal consistency reliability of 0.83. The complete culture section yielded an internal consistency reliability of 0.87.

A mean was found for each section of the culture of health scale and then the means were combined to create a total culture of health score. This total culture of health score was tested in the moderation analyses reported.

In survey research, participants can become inattentive and put forth less effort, therefore resulting in inflated correlations (Huang, Liu, & Bowling, 2014). The attention check that was built into the culture of health scale was used to identify participants who were not putting forth enough effort or attention to accurately read and respond to items appropriately. The attention check in the current study asked participants to select disagree. The results from those who did not do so were removed and not counted towards the results.

### **Procedure**

Participants were given the opportunity to take part in the current study through a link they received via email or social media. When they clicked on the link, it took them to the *Qualtrics* survey where they were required to agree to the consent form and verify that they met all the requirements before going forward. Then, participants were asked to complete a demographics questionnaire. Then they were asked to think about the past six months in their role and answer questions about role ambiguity, role conflict, various

dimensions of workplace culture of health, followed by emotional exhaustion and turnover intention. Once they were done, they read the debriefing form in order to better understand the purposes of the research and were thanked for their participation.

### **Analyses**

Role ambiguity, role conflict, and emotional exhaustion were each calculated by creating a relative mean score for each participant. The turnover intent scale only had one item so the numerical answer from that was used in the analyses. The various relationships between the role stressors and strain outcomes were analyzed using correlation in *SPSS*.

The means for each factor in the culture of health scale were combined to find the average. That number was used to represent each participant's culture of health score in the analyses. The four moderation effects were tested with multiple regression analyses in *SPSS*. The regression analyses each included two steps to find out how much each interaction variable explained in the relationship between each role stressor and each measure of strain.

## **Results**

### **Stressors and Strain**

The descriptive statistics, correlations, and internal consistency reliabilities for all of the study variables are reported in Table 1. According to correlation analyses, role ambiguity was positively associated with both turnover intent ( $r = 0.362, p < 0.01$ ) and emotional fatigue ( $r = 0.422, p < 0.01$ ), supporting Hypothesis 1 and Hypothesis 3.

According to additional correlation analyses, role conflict was positively associated with both turnover intent ( $r = 0.394, p < 0.01$ ) and emotional exhaustion ( $r = 0.474, p < 0.01$ ), supporting Hypothesis 2 and Hypothesis 4. In all four cases, role stressors are positively correlated with strain outcomes.

### **COH as a Moderating Variable**

Regression analyses were used to test for interactive effects of a workplace culture of health and role stressors (measured with role ambiguity and role conflict) on the outcome variables of strain (measured with turnover intent and emotional exhaustion). All regression output was reported in Table 2. The regression analyses did not support Hypothesis 5 or Hypothesis 7. A workplace culture of health did not have a statistically significant moderating effect on the relationship between role ambiguity and turnover intent ( $R^2$  change = 0.003,  $p = 0.326$ ) (see *Figure 1*), nor the relationship between role ambiguity and emotional exhaustion ( $R^2$  change = 0.003,  $p = 0.332$ ) (see *Figure 2*). An  $R^2$  change of .003 means that the interaction term explained .3% additional variance after accounting for the main effects. However, the high p-values for both of these moderation effects were too high to be considered statistically significant.

Figure 1 shows that when there is a better workplace culture of health, employees experience less turnover intent, compared to when employees have a worse workplace culture of health. A workplace culture of health acts as a buffer, lessening the strain of turnover intent employees experience when experiencing role ambiguity. However, even

when role ambiguity is low, a workplace culture of health still minimizes the turnover intent experienced by employees.

Figure 2 shows that when there is a better workplace culture of health, employees experience less turnover intent, compared to when employees have a worse workplace culture of health. A workplace culture of health acts as a buffer, lessening the strain of turnover intent employees experience when experiencing role conflict. However, even when role conflict is low, a workplace culture of health still minimizes the turnover intent experienced by employees.

However, the regression analyses did support Hypothesis 6 and Hypothesis 8. A workplace culture of health had a statistically significant moderating effect on the relationship between role conflict and turnover intent ( $R^2$  change = 0.031,  $p < 0.05$ ) (see *Figure 3*), as well as the relationship between role conflict and emotional exhaustion ( $R^2$  change = 0.012,  $p < 0.05$ ) (see *Figure 4*). An  $R^2$  change of .031 means that the interaction term explained 3.1% additional variance after accounting for the main effects and the low p-value of 0.002 suggests statistical significance. An  $R^2$  change of .012 means that the interaction term explained 1.2% additional variance after accounting for the main effects and the low p-value of 0.034 suggests statistical significance.

Figure 3 shows that when there is a better workplace culture of health, employees experience less emotional exhaustion, compared to when employees have a worse workplace culture of health. A workplace culture of health acts as a buffer, lessening the strain of emotional exhaustion employees feel when experiencing role ambiguity.

However, even when role ambiguity is low, a workplace culture of health still minimizes the emotional exhaustion felt by employees.

Figure 4 shows that when there is a better workplace culture of health, employees experience less emotional exhaustion, compared to when employees have a worse workplace culture of health. A workplace culture of health acts as a buffer, lessening the strain of emotional exhaustion employees feel when experiencing role conflict. However, even when role conflict is low, a workplace culture of health still minimizes the emotional exhaustion felt by employees.

### **Discussion**

Like much of the previous research on role stressors and strain, the current study replicated the findings that role ambiguity and role conflict are both positively related to turnover intent and emotional exhaustion. When employees experience more role ambiguity and/or role conflict, they are more likely to experience higher levels of emotional exhaustion and are more likely to consider leaving the company. People can experience stressors in any area of life, but due to the investment of time and energy that is poured into a career, work can be a large source of stressors for many. Many companies are recognizing this and implementing new policies and programs to support employee wellbeing.

If employees are experiencing high amounts of role stressors, will adding a new program be enough to help them experience real changes in their wellbeing? Like any change process, it is important for new wellbeing policies and programs to be supported

by the managers, leadership, norms, and over all culture and physical environment. The same idea goes for simply having a manager who supports wellbeing; there needs to be policies and procedures in place for the manager to support and use to help employees and coworkers. Many leaders of organizations say that wellbeing is an important value of their company. However, saying that and actually having the culture to prove it are two different things. In order to make a positive impact on employee wellbeing, a company must incorporate an entire culture of health, not just have a leadership team who says wellbeing is important.

The moderating variable of workplace culture of health explained more of the variance in the relationship between role conflict and the outcome variables of turnover intent and emotional exhaustion, whereas it did not play as large or as significant of a role in the relationships where role ambiguity was the examined stressor. This could have occurred because role conflict may take more time and energy than role ambiguity. Some people work well in ambiguous situations where they are not sure what to do because they are able to choose something and work on it. With role conflict, there is wasted time in trying to figure out the correct thing to do and then there is more wasted time when re-doing the things that may have not been done correctly in the first place. With role conflict there may be more wasted time and back and forth conversations with managers or other coworkers which could induce higher strain than role ambiguity. This study should be replicated with more representative samples to discover whether these results are representative across the country, genders, and industries.

Studying stressors and strain in the workplace is important as most adults spend most of their lives at work. If a culture of health can act as a buffer in the relationship between stressors and strain, more companies should focus on promoting wellbeing initiatives and changing the norms at their companies to have a greater focus on wellbeing. A culture of health was negatively correlated with role ambiguity, role conflict, turnover intent, and emotional exhaustion. This suggests that promoting a culture of health could improve the workplace for both employees and employers.

#### **Limitations and Future Research**

A limitation of the current study includes the way the Culture of Health questionnaire is structured and scored. The scale has many different sections with different answer types, this makes it difficult to create a reliable and valid score. For example, some of the sections had response options of “Yes,” “No”, and “I don’t know,” or just “Yes,” or “No,” while others were seven-point Likert scales from “Strongly agree” to “Strongly disagree.” When there are sections with different amounts of possible answers that are asking for different types of measurement (yes or no versus level agreeability), they cannot be accurately compared.

The current study only examines the opinions of one employee from an organization, rather than surveying a larger sample of the population at one company. This relies on one person’s honesty and accurate interpretation of their company. If this study were replicated for use in one organization, it would be important to include participants from all different areas, teams, and skill levels to get a more accurate

depiction of the company's culture of health and the relationship the culture of health has on employee role stressors and strain.

Convenience sampling was used to find participants and collect data for this study. This might suggest an unrepresentative sample of employees when compared with the demographics of the general working population in the United States. Most of the respondents were female and most worked white-collar jobs. Future studies should try to find a more representative sample including more males and a greater mix of white collar and blue-collar workers. Finding more blue-collar worker participants would be particularly interesting because it would include jobs where physical environment and safety plays a larger role. This could lead to a more pronounced moderating effect because if a culture of health informs employees about how to keep safe and provides them with the facilities and environment to do so, they would most likely experience less strain when faced with various role stressors. Since employees in industries that are more customer or service focused are more prone to burnout and turnover, it would be interesting to just study these and compare them to industries that are not customer or service focused. A workplace culture of health make be a stronger buffer in these types of jobs.

The current study did not take culture into effect. It would be interesting to examine this study in different countries as well as between collectivist versus individualist cultures. Although there are some differences in the norms of workplaces across the United States, even more differences would be found if employees from across

the world were considered in this study. This would also allow for more variability between responses and a chance to compare extremes in each category.

It would be interesting to consider other stressors (e.g. role overload, interpersonal conflict) and/or other measures of strain (e.g. anxiety, depression, productivity) in future studies. If a culture of health could be shown to buffer the relationship between workplace stressors and mental health disorders or measures of work outcomes, companies would be even more motivated to focus on wellbeing at work.

### **Practical Implications**

The current study replicated previous findings that suggest that the role stressors of role ambiguity and role conflict are positively related to strain measures like emotional exhaustion and turnover intent. The new contribution was that a workplace culture of health could have a buffering effect on the relationship between certain role stressors and strain. This growing field of research is likely to have an incredible impact on the way that companies run and how much time, money, and energy is spent focusing on employee wellbeing. The more researchers find about how a culture of health can improve the employee experience, promote positive job outcomes, and save companies money, the more companies will start to implement new programs and policies. This may even lead to a shift of mindset in more traditional organizations once they see the success that more progressive companies are having implementing this new way of thinking.

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## Tables

Table 1.  
*Correlations and descriptive statistics for the study variables*

Variable	Mean	SD	1	2	3	4	5	6	7	8
Role Stressors										
1. Role Ambiguity	2.89	1.40	1							
2. Role Conflict	4.07	1.34	.305**	1						
Strain										
3. EE	3.11	0.96	.422**	.474**	1					
4. Turnover Intent	2.84	1.57	.362**	.394**	.701**	1				
Moderator										
5. COH	4.25	0.98	-.333**	-.311**	-.564**	-.506**	1			
Demographics										
6. Age	35.12	11.95	-.114	-.054	-.206**	-.060	.109	1		
7. Gender	1.76	0.43	.072	-.052	.129	.058	-.078	-.208**	1	
8. Length in role	4.96	6.86	-.158*	.094	-.016	.016	.070	.616**	-.216**	1

Note. \*  $p < 0.05$ ; \*\*  $p < 0.01$

Table 2.  
*The moderating effect of a workplace COH on role stressors and strain*

Criterion	Ordered Predictors	$\beta$	$R^2$ change	Total $R^2$
Turnover Intent	1. Culture of Health	-.317*	.300*	.294
	Role Ambiguity	.466		
Turnover Intent	2. COH x Role Ambiguity	-.240	.003	.303
	1. Culture of Health	.122	.320*	.313
Turnover Intent	Role Conflict	1.016*		
	2. COH x Role Conflict	-.803*	.031*	.341
Emotional Exhaustion	1. Culture of Health	-.586*	.383*	.377
	Role Ambiguity	.044		
Emotional Exhaustion	2. COH x Role Ambiguity	.223	.003	.377
	1. Culture of Health	-.119	.419*	.414
Emotional Exhaustion	Role Conflict	.805*		
	2. COH x Role Conflict	-.505*	.012*	.431

Note. \*  $p < 0.05$

## Figures

## Role Ambiguity and Turnover Intent

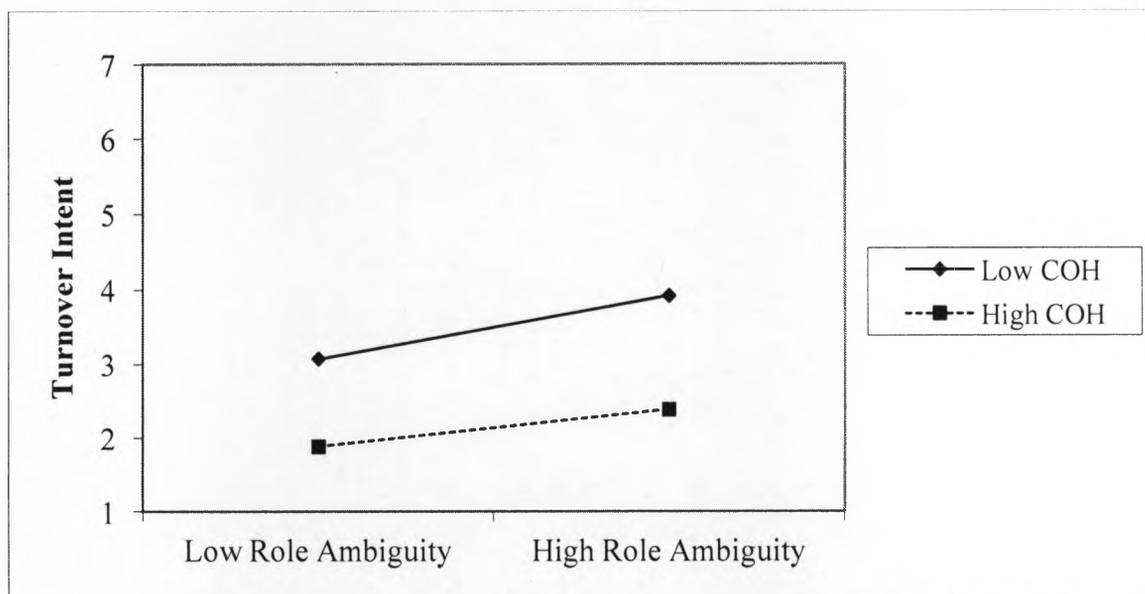


Figure 1. The moderating effect of a workplace culture of health on the relationship between role ambiguity and turnover intent.

## Role Conflict and Turnover Intent

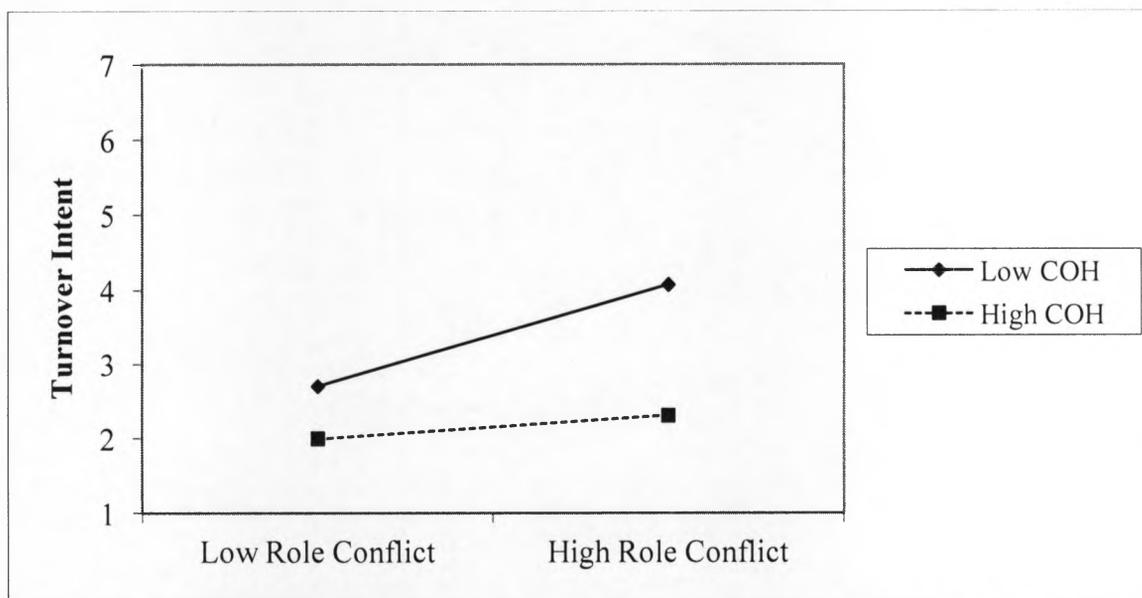


Figure 2. The moderating effect of a workplace culture of health on the relationship between role conflict and turnover intent.

## Role Ambiguity and Emotional Exhaustion

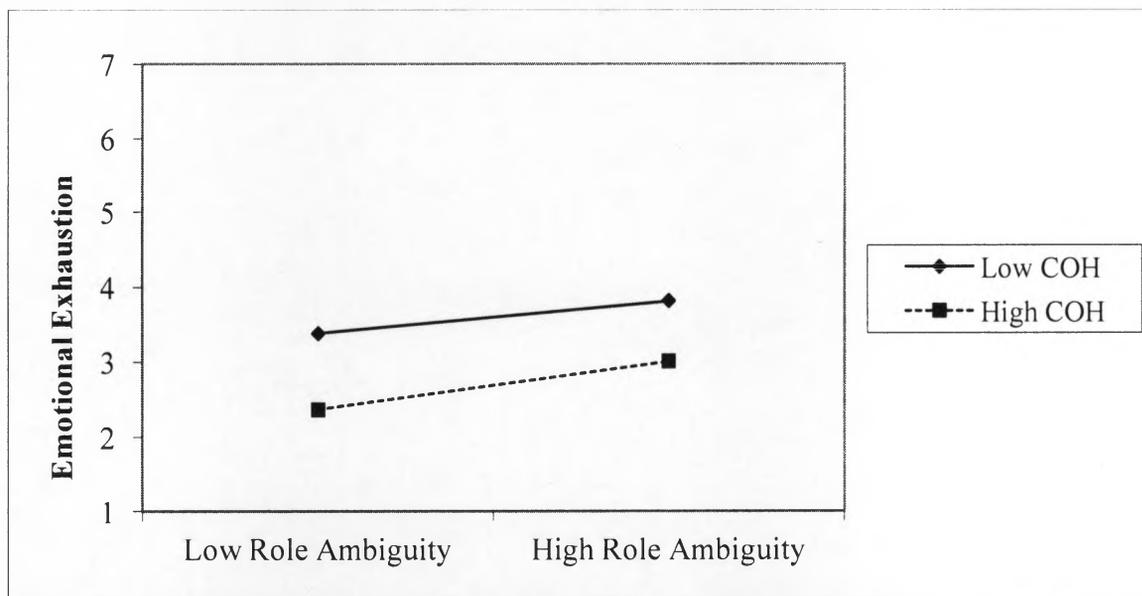


Figure 3. The moderating effect of a workplace culture of health on the relationship between role ambiguity and emotional exhaustion.

## Role Conflict and Emotional Exhaustion

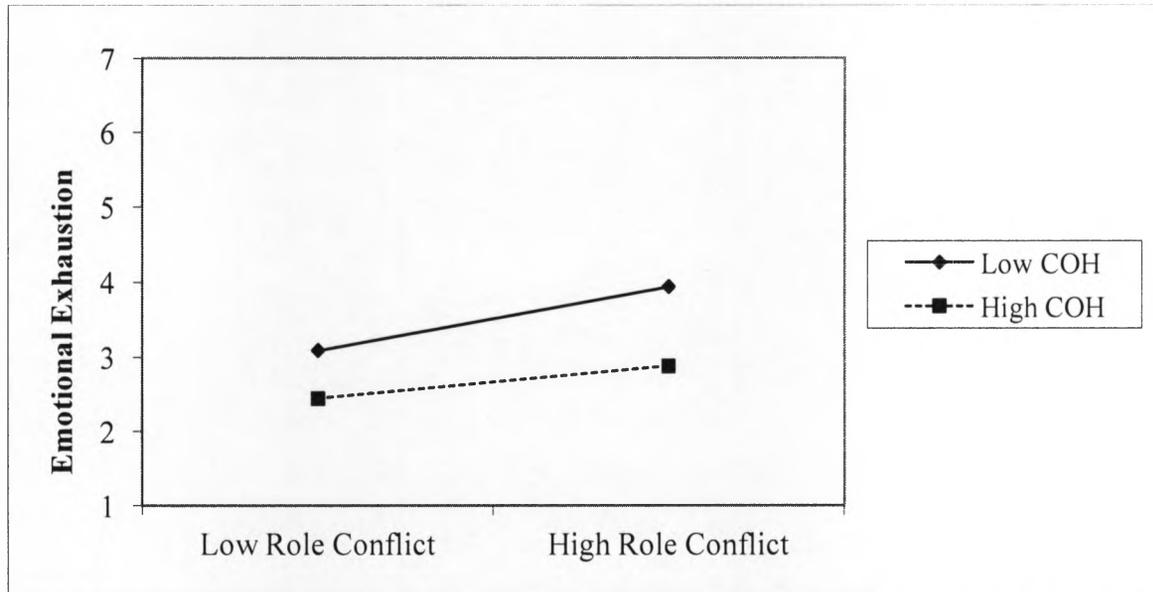


Figure 4. The moderating effect of a workplace culture of health on the relationship between role conflict and emotional exhaustion.









This section will ask you about the wellness programs or services offered by your workplace. Please think about the last 6 months when answering the following questions.

Does your workplace offer a health assessment questionnaire?

- Yes
- No
- Don't know

Do you have easy access?

- Yes
- No

Have you participated?

- Yes
- No

Has it been useful?

- Yes
- No

Has it helped you achieve a health goal?

- Yes
- No

Does your workplace offer health screenings? (this may include height and weight, blood pressure or blood tests, etc.)

- Yes
- No
- Don't know

Does your workplace offer health coaching? (might be in person, on the telephone, or through the web)

- Yes
- No
- Don't know

Does your workplace offer information on the benefits of a healthy lifestyle? (WHY to quit smoking, exercise, etc.)

- Yes
- No
- Don't know

Does your workplace offer training in the skills needed to change a health behavior? (HOW to quit smoking, how to eat better, how to manage stress, etc.)

- Yes
- No
- Don't know

Does your workplace offer opportunities to BE physically active? (e.g. walking groups, stretching, fitness classes, gym, etc.)

- Yes
- No
- Don't know

Does your workplace offer opportunities to BE healthy in other ways? (e.g. nutritious food, meditation, support groups, etc.)

- Yes
- No
- Don't know

Does your workplace offer incentives for participating in health and wellness programs?

- Yes
- No
- Don't know

Does your workplace offer incentives for meeting a health standard or achieving a health goal?

- Yes
- No
- Don't know



