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**Role Stress, Social Support, Job Satisfaction**

*Maria Helena de Almeida*

*Assistant professor, Economics School, University of Algarve (Portugal)*

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**ABSTRACT**

Understand to what extent role stress (role's conflict and ambiguity) and social support (from superiors and peers) are related to job satisfaction; and the effect exerted by social support (from superiors and peers), between role stress (role's conflict and ambiguity), and job satisfaction. Health care providers are exposed to such high demands and scarce resources that these professionals face serious psycho-professional risks that can negatively influence their satisfaction with work and as consequence their work performance. With reference to the Demands-Resources Model and Background research. It is a quantitative exploratory study, descriptive and correlational nature with a convenience sample of Portuguese healthcare professionals from private hospitals of five stars was conducted (N= 370). Role's ambiguity and conflict relate to job satisfaction; support (from superiors and peers) relate to job satisfaction; social support (from superiors and peers), moderated the relationship between role ambiguity (but not role conflict) and job satisfaction. Interventions based on the creation of support networks would increase positive attitudes of job satisfaction, paving the way for more effective work.

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**Keywords:**

Role Stress, Social Support, Role Ambiguity, Role Conflict, Superior and Peers Support, Job Satisfaction.

**Introduction**

Job satisfaction is undoubtedly the work attitude that has been studied over time in the field of organizational behavioural investigation (Lu, While, & Barriball, 2012), because it has repercussions on individual performance and consequences on organizational behaviour. As individual factor, job satisfaction is an attitude that corresponds to the degree of tranquillity and well-being perceived by the employee in the confrontation with work (Kadir, Kamariah, & Saleh, 2017). This subjective experience perceived by employee is a powerful harbinger for managers because can positively influence his performance. Contrarily, the reduction of employee's job satisfaction levels can trigger the desire to leave the job and even the profession (Abiodun, Osibanjo, Adeniji, & Iyere-Okojie, 2014).

**Correspondence:**

*halmeida@ualg.pt*

Probably one of the causes responsible for the low level of job satisfaction it's a very demanding work environment. Accordingly *European Foundation for the Improvement of Living and Working Conditions* (Eurofond) data job related-stress is yet (in 2019) the second most frequent health problem after back pain, affecting about 28% of the European workforce. The exposure to these psycho-social risks it's higher in caregivers due their proximity to patients, their particular tasks and the peculiar work environment sometimes difficult to overcome. Demanding work environments characterized by high stressors, produce such negative individual results that employees may end up having Burnout (Karasek & Theorell, 1990) - a syndrome of occupational exhaustion - which has officially entered the *International Classification of Diseases* (ICD) of the World Health Organization (WHO). The adoption of the 11<sup>th</sup> revision of this list, which also includes video games as a mental illness, took place in May 2019 during the 72<sup>nd</sup> WHO meeting in Geneva.

On the other side the work environment can be characterized by having plenty of resources, especially resources of a social nature, in which the company provides social support to the employee, which can have a positive effect on job satisfaction and individual performance, and that can also reduce the damaging effect shaped by job demands. Supportive environments produces positive mental states that trigger work engagement with high levels of vigour, dedication and absorption in which employees can feel more tired but very satisfied with themselves. These two basic assumptions - demands and resources - that professionals can face in confronting work are support by the Demands-Resources Job Model (Bakker & Demerouti, 2013). This Theoretical model helps managers to have an overview of the demands and resources faced by employees whatever profession or jobs. The understanding of this model is very important to all organizations in general but especially relevant in healthcare area, since caregivers are often subjected to high levels of emotional dissatisfaction and exhaustion due to the excess of demands and the scarcity of resources (Boamah, Read & Laschinger, 2017), indispensable to the performance of their daily tasks. This is why managers, through previous knowledge of the level of individual attitudes and behaviours at work, such as job satisfaction and organizational commitment (Trepanier, Fernet, Austin, Forest & Vallerand, 2014) they get the feedback they need to act in terms of policies and practices so that individual and organizational performance do not take unnecessary risks. One of many examples of work-related stress it's role stress. Role stress is considered a job demand and it is conventionally constituted by two dimensions - role's ambiguity and conflict (Rizzo, House & Lirtzman, 1970) that caregivers may be subjected to when interacting permanently with complex and challenging tasks (Ifanti, Gketsios, Naka, Mastrapa, Tsiriga & Petropoulou, 2012) in care, provided sometimes in precarious conditions. Role's ambiguity is characterized by the lack of clarification of objectives, responsibilities and expectations of the worker in the institution, while role's conflict occurs when two or more roles are required simultaneously, incompatible or contradictory to the professional (Rizzo, House & Lirtzman, 1970).

Generally literature reports that role stress can negatively affect social resources and job attitudes (*i.e.* job satisfaction) responsible for positive individual behaviours at work. In hospital settings where stressors are dominant, workplace stress is negatively associated with job satisfaction (Chu, Hsu, Price & Lee, 2003), among other negative effects that this factor can trigger in an organizational context. The lack of clarity or congruence of roles has negative effects on workers' satisfaction (Belias, Koustelios, Sdrolias & Aspridis, 2015; Palomino & Frezatti, 2016; Kadir, Kamariah & Saleh, 2017), which may compromise their performance in the care provided by caregiver. Ambiguity and role conflict relate negatively and significantly to job satisfaction (Zorlu, 2012; Palomino & Frezatti, 2016; Kadir, Kamariah & Saleh, 2017). The more ambiguous and confused the roles perceived by professionals, the lower the levels of satisfaction they perceive. Alternatively, one of the many factors that can generate satisfaction in the work of caregivers is a supportive environment.

Most likely one of the innumerable factors that may decrease the negative experience of job demands and presumably satisfaction in caregivers could be a supportive environment.

On the other side, Social Support is one of many resources that the organization can offer its employees. Social resources, given by superiors and peers can generate positive attitudes such as job satisfaction responsible for positive individual behaviours at work. Also, likewise role stress, social support has a two dimensional nature – support from superiors and peers– (Karasek & Theorell, 1990). It is an evidence, the relationship of positive association between social support and job satisfaction regardless of the design, the sample, the methodology or the instruments adopted, in the most varied professional contexts (Brown, Pitt-Catsouphes, McNamara & Besen, 2014) and an important antecedent of Work satisfaction (Yuh & Choi, 2017). Collaborators who perceive greater support from peers and superiors tend to feel more satisfied and committed to their work (Orgambidez-Ramos & Almeida, 2017), leading these professionals to want to reciprocate with solidarity and loyalty to the organization. Professionals perceive the support of their supervisors as being a sign of emotional support, recognition, and availability, and respond through commitment, interest, and job satisfaction (Gok & Karaca, 2015; Hämmig, 2017; Pohl & Galletta, 2017). On the other hand, the perception of social support by peer caregivers fosters good interpersonal relationships, makes the work environment more pleasant and enriching, and increases the feeling of job satisfaction and commitment of the employee to the organization (Lambert, Robert & Worley, 2016). However, social resources can have two effects: a direct effect and an indirect effect, respectively. Direct effect since, social support provided by the organization to its employees is a tool that can help them achieve their work goals (Xanthopoulou, Bakker, Demerouti & Schaufeli, 2007), reduces the effort to finish the job and generates job satisfaction (Ru Hsu, 2011); a moderating effect of social support on the relationship between stressors and burnout which, according to their greater or lesser presence, could increase or decrease the relationship between stressors and burnout as well as a damping effect known as "buffering effect" reducing the negative impact of high demands on the execution of the work (Karasek & Theorell, 1990). However, we do not know of earlier studies that have evaluated the moderating effect of social support (from superiors and peers), on the relationship between role stress (role's ambiguity and conflict) and job satisfaction. With reference to the demand-resource model (JD-R) it is our objective to evaluate to what extent a) The stress role - role's ambiguity and conflict (demands) correlate with job satisfaction; b) social support (from superiors and peers) (resources) correlate with job satisfaction; c) and the moderating effect exerted by social support (from superiors and peers), between role stress (role's conflict and ambiguity), and job satisfaction.

## **Background**

Demands - are characteristics of organizational contexts, in which work requires the professional an additional physical, cognitive and / or emotional effort, coupled with high physical and mental costs (Bakker, ten Brummelhuis, Prins & van der Heijden, 2011), which can lead to Burnout (Karasek & Theorell, 1990). Role stress is traditionally considered a requirement of work, or a job demand that leads to feelings of distress, anxiety, or frustration, resulting in Role Ambiguity (Udulis & Mancuso, 2015) in which a person may lose the clear direction of the role he or she should play in the organization, or may not know how to use techniques, requirements, procedures, and / or methods to begin and finish tasks and activities at work. On the other hand, Role Conflict is perceived and judged by the person, with reference to a set of conditions resulting from the incompatibility between requirements and expectations of the function to perform, which negatively affect their performance (Rizzo, House & Lirtzman, 1979; Bolat, Bolat & Yuksel, 2011). In a context of role conflict the active participation in one role sacrifices another role, as a result, the caregiver feels divided over the possibility of embarking on diverse directions (Tankha, 2006). If the situation is critical, such as in

critically ill patients, role's ambiguity and conflict can have harmful consequences for the caregiver, the organization and the patient. The evidence of the negative and significant relationship between the two, role's conflict and ambiguity, and job satisfaction is categorical (Rizzo, House & Lirtzman, 1970; Tankha, 2006; Papastylianou, Kaila & Polychronopoulos, 2009; Zorlu, 2012; Palomino & Frezatti, 2016; Kadir et al., 2017) demonstrating that the increase of these stressors is associated with a decrease in this positive attitude at work. Resources – According (Xanthopoulou, Bakker, Demerouti & Schaufeli, 2007) “are those physical, social, or organizational aspects of the job that (a) are functional in achieving work-related goals, (b) reduce job demands and the associated physiological and psychological costs, and (c) stimulate personal growth and development” (p.122). Similarly, social resources at work can help caregiver's complete work-related tasks and activities, but also focus all of their motivational and cognitive efforts on a more assertive basis for work performed a more effective way. The abundance of social resources at work can trigger job satisfaction (Fernet & Austin, 2012; Tims, Bakker & Derks, 2013), according to the Demands Control Model which states that people when confronted with work characterized by high demands and scarce resources can experience a lower degree of safety at work. Social support is a resource at work that results from specific interpersonal transactions between the caregiver and two major sources - superiors and peers– (Karasek, & Theorell, 1990). Social support is a relevant resource, which pretends to be a positive and constructive critical reaction of superiors and peers to employees (Van der Klink, Blonk, Schene & van Dijk, 2001) and that negatively correlates with negative individual behaviours such as absenteeism and turnover (Cropanzano, Rupp & Byrne, 2003) demonstrating that when the caregiver perceives that he is respected and valued, and that he has whom to turn to in case of need, he has a positive repercussion on his behaviours at work. Overall, the studies that have been carried out in the context of social support and role stress support the proposition that the low degree of social support provided by the organization relates to high levels of role's ambiguity and conflict (*i.e.* Zhou et al., 2016). That is, the greater the support provided by the supervisor and peers, the lower the levels of role's ambiguity and conflict verified by the employees, subsequently influencing their dedication and productivity. On the other hand, there have been numerous studies and systematic reviews of the literature (Lu H, Barriball, Zhang & While, 2012; Gok & Karaca, 2015, Lambert et al., 2016; Orgambidez-Ramos & Almeida, 2017; Hämmig, 2017; Pohl & Galletta, 2017), which have highlighted not only the significant positive relationship between superior support and co-workers, but also the predictive effect of social support from superiors and peers on job satisfaction.

## **Material and Methods**

### **Data Analysis**

Descriptive statistics (mean, standard deviation, asymmetry and kurtosis) and internal consistency coefficients (Cronbach's Alpha) using the SPSS statistical program, version 21, were used. Correlations between the studied variables (Pearson's coefficients) as well as Hierarchical Multiple Linear regression models examined the extent to which social support (superiors and peers) has a moderating effect on the relationship between role stress (ambiguity and role conflict), and job satisfaction (Pestana & Gageiro, 2010).

### **Design and Sample**

It is a quantitative exploratory study, descriptive and correlational nature (Fortin, 2009), based on self-answers and at the same time. To overcome the information based on self-answers and raised at the same time we wanted to know if a common variance associated with the method could influence the relationships between the variables studied a Variance Method Common (MVC) (Podsakoff, Mackenzie & Podsakoff, 2012) was conducted. A convenience sample consisting of doctors, nurses,

medical assistants and health technicians, with a total of 370 professionals ( $\pm 50\%$  of the population) of five-star private hospitals in southern Portugal, was conducted. These participants have a mean age of 33.49 years ( $SD = 8.96$ ), are predominantly female (71.40%). The vast majority (82.7%) work in the profession and in the hospital they choose to work, for more than a year (75.7%) and full-time (80.8%).

### **Procedure**

The information was collected in March 2018 through a questionnaire survey. The study began with an application for authorization to hospital ethics committees, which authorized the study. The questionnaires were applied individually to the health professionals who approved and wanted to participate in this study. Each participant signed a term expressing their informed consent to participate in this research, and received questionnaires in independent envelopes in order to ensure anonymity and confidentiality at all stages of the process.

### **Instruments**

Job Satisfaction - was evaluated with the Job Satisfaction Scale (JSS), which was produced by Lima, Vala and Monteiro (1994) which has 8 items that evaluate job satisfaction from 1 "Totally disagree" and 7 "Fully agree".

Role Stress –was evaluated with the Role Stress Scale (RSS) created by Rizzo, House and Lirtzman (1970), with two sub-dimensions, Role Ambiguity (5 items) and Role Conflict (6 items), in a total of 11 items that assess role stress, on a likert scale of 7 points (1 - Disagree totally at 7 - totally agree).

Social support– It was evaluated through the Job Content Questionnaire (JCQ) by Karasek and Theorell (1990), with the two subscales, supervisor support (4 items) and peer support (4 items), comprising 8 items assessing social support on a scale which ranges from 1 "I completely disagree" to 4 "I totally agree."

### **Results**

#### **Preliminar Analysis**

Firstly, hypotheses of non-linearity, non-normality, multi-collinearity and heteroscedasticity were tested to evaluate any possibility of violation of normality. In the end, no violations were identified.

Secondly, in order to know if a common variance associated with the method could influence any relationship between the variables an exploratory factor analysis was conducted with Principal Components method and varimax rotation, forcing the extraction of a single factor from all variables studied. The results showed a single factor that explains less than 50% (32.67%) of the common variance, confirming that no factor studied is apparent. Although these results do not exclude the possibility of the common variance of the method, they suggest that the common variance in the present study is not a reason for apprehension, so it is unlikely that there will be confusion in the interpretations of the results.

#### **Descriptive statistics, correlations and Regression analyses**

Table 1 shows the descriptive statistics (mean, standard deviation, skewness, and kurtosis) and the correlations (Pearson's coefficient) of all variables studied, as well as reliability coefficients (Cronbach's alpha) of the respondents. In order to evaluate the direct relationship of variables, role's ambiguity and conflict, and social support (from superiors and peers), with job satisfaction, correlation coefficients were calculated as well as several regression analyses were performed (Table 1).

**Table 1.** Descriptive statistics, correlations scale, reliabilities of the variables and regression analyses for the antecedents (role ambiguity and role conflict, superior and peers support) on job satisfaction. (N=370)

Variables						Job Satisfaction	
	1	2	3	4	5	$\beta$	$\Delta R^2$
1. Role Ambiguity	(.81)					-.063	0.39
2. Role Conflict	0.33**	(.85)				-0.45	0.20
3. Social Support from supervisor	-0.48**	-0.38**	(.92)			0.58	0.34
4. Social Support from peers	-0.38**	-0.32**	0.36**	(.84)		0.43	0.19
5. Job Satisfaction	-0.63**	-0.45**	0.58**	0.43**	(.88)		
Mean	3.45	3.32	3.41	3.40	4.60		
Standard Deviation	.037	.064	.035	.029	.056		
Skewness	3,81	.045	-0.80	-0.59	-.031		
Kurtosis	.061	-0.65	0.35	-0.23	-0.31		

\*\*All coefficients are significant at  $p < 0.001$

Values in parentheses are cronbach's alpha

As expected the demands, role's ambiguity ( $r=-0.63$ ,  $R^2$  change=0.39,  $\beta=-0.63$ ,  $p<0.001$ ) and conflict ( $r=-0.45$ ,  $R^2$  change=-0.20,  $\beta=-0.45$ ,  $p<0.001$ ), negatively correlated with job satisfaction, confirming the premise that high levels of demands in the workplace are associated with negative individual results, in this case, with low levels of employee satisfaction (see Table 1). According to our forecast, the social support (resources) provided by the superiors ( $r=-0.58$ ,  $p<.001$ ) and peers ( $r=-0.43$ ,  $p<.001$ ) were associated with job satisfaction (Table 1).

After controlling the influence of role's ambiguity and conflict (demands), social support from superiors ( $R^2$  change=0.34,  $\beta= 0.58$ ,  $p<.001$ ) and peers ( $R^2$  change=0.19,  $\beta=0.43$ ,  $p<.001$ ) produced a significant amount of variance explained in job satisfaction. These results corroborate the assumptions that after having controlled the effect of the demands, high degree of social support of superiors and peers can produce high satisfaction at work. Additionally, social support from supervisor record a higher beta value ( $\beta=0.58$ ,  $p<.001$ ) than peers support ( $\beta=0.43$ ,  $p<.001$ ) (table 2), suggesting that the support from the superiors has a higher impact on job satisfaction than the impact coming from the peers.

### Moderator Effect

To test whether there is a possible moderating effect of social support, from superiors and peers, on the negative relationship between demands (role's ambiguity and conflict) and results (job satisfaction) a moderated regression analyses was conducted. For the purpose of moderate regression testing, first demands (role's ambiguity and conflict) were introduced into a first block. Second, the moderators (superiors support and peers support) were entered in a second block, and only then the interaction between each of variables and demands was entered in the third block (Baron & Kenny, 1986). If we consider the social support from superiors as the moderator, the role played by the ambiguity-superior support interaction was responsible for a significant amount of the job satisfaction variance ( $R^2$  change=.008,  $\beta =-0.40$ ,  $p=.014$ ), but not for role conflict ( $R^2$  change=.000,  $\beta =-0.00$ ,  $p=.989$ ) at Step 3 (Table 2).

**Table 2.** Summary of regression analyses for the interaction effects between the demand role ambiguity and superior support, peers support and both, on job satisfaction (N=370).

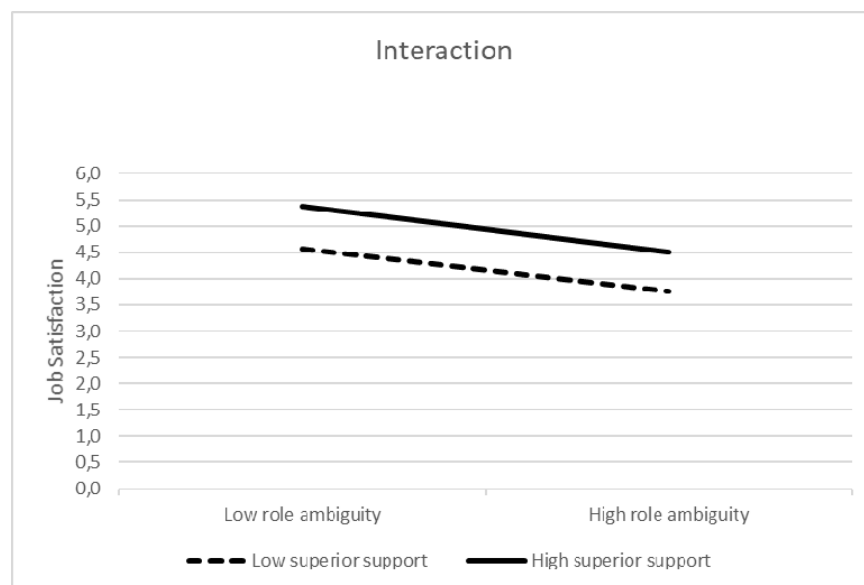
Job Satisfaction	$\beta$	$\Delta R^2$	F <sub>change</sub>
<i>Support from superiors</i>			
Step 1: Role ambiguity	-0.63	0.393	238.654, p=.000
Step 2: Superior Support	-0.36	0.102	74.510, p=.000
Step 3: Role ambiguity x superior support interaction	-0.40	0.008	6.115, p=.014
Total R <sup>2</sup>		0.503	
<i>Support from peers</i>			
Step 1: Role ambiguity	-0.63	0.393	238.654, p=.000
Step 2: Peers Support	0.23	0.044	28.480, p=.000
Step 3: Role ambiguity x peers support interaction	-0.60	0.009	6.075, p=.000
Total R <sup>2</sup>		0.446	
<i>Support from both (superiors and peers)</i>			
Step 1: Role ambiguity	0.63	0.393	238.654, p=.000
Step 2: Superior support and Peers Support	0.33	0.123	46.325, p=.000
Step 3: Role ambiguity x (superior support and peers support) interaction	-0.31	0.005	4.189, p=.041
<b>Total R<sup>2</sup></b>		<b>0.521</b>	

Significant coefficients:  $p < 0.05$

Very significant coefficients:  $p < 0.01$

The results are revealing of the moderating effect exerted by the support given by superiors in the relationship between role ambiguity and job satisfaction (F change=6.115,  $p=.014$ ), but not between role conflict and job satisfaction (F change=0.000,  $p=.989$ ).

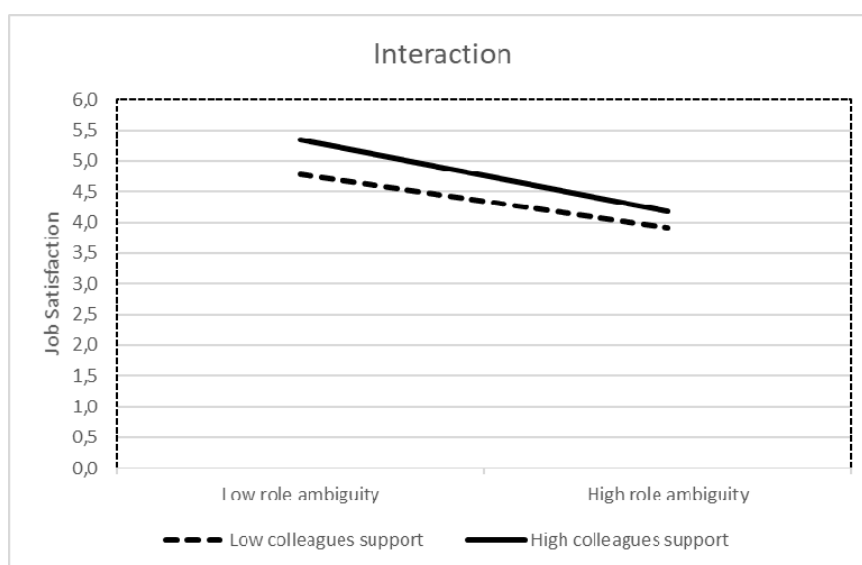
Specifically, participants who have a high degree of support from superiors have higher levels of job satisfaction compared to those with low levels of superior support, regardless the amount of role ambiguity experienced (Figure 1). When superiors support is low and role ambiguity is low, job satisfaction is higher (M = 4.56, SD= 0.85), compared to high role ambiguity (M = 3.77, SD= 0.89). When superior support is high and role ambiguity is low the job satisfaction is the highest (M = 5.37, SD= 0.79), comparing with the high role ambiguity (M = 4.50, SD= 0.94) (Figure 1).



**Figure 1.** Summary of interaction effects between role ambiguity and superior support on job satisfaction.

If we consider the social support of peers as a possible moderator, the interaction of role ambiguity explains a significant variation in job satisfaction ( $R^2$  change=.009,  $\beta$  =,-0.60,  $p$ =.014), but not the role conflict on job satisfaction ( $R^2$  change=.000,  $\beta$  =-0.04,  $p$ =.876) at Step 3 (Table 2).

The results show that, peers support moderates the relationship between role ambiguity and job satisfaction, but not between role conflict and job satisfaction. More specifically, When peers support is high and role ambiguity is low, job satisfaction is the highest ( $M = 5.35$ ,  $SD = 0.81$ ) compared to high role ambiguity ( $M = 4.19$ ,  $SD = 0.99$ ) (Figure 2); when peers support is low and role ambiguity is low, job satisfaction is highest ( $M = 4.77$ ,  $SD = 0.91$ ), comparing with high ambiguity ( $M = 3.90$ ,  $SD = 0.94$ ) (Figure 2).



**Figure 2.** Summary of interaction effects between role ambiguity and peers support on job satisfaction.

We can also observe that the difference between the means, low peers support ( $M = 3.90$ ) and high peers support ( $M = 4.19$ ) was not as prominent ( $\bar{x} - \bar{x} = 0.29$ ) (Figure 2) as the difference of averages between low superior support ( $M = 3.77$ ) and high superior support ( $M = 4.50$ ) which was more prominent ( $\bar{x} - \bar{x} = 0.73$ ) (Figure 1), this suggests that autonomous motivation and the internalization by employees of norms and procedures related to job satisfaction depend mainly on the behaviours of their superiors than on their peers.

If we explore both, the social support of superiors and peers, as possible moderators, the role ambiguity interaction term accounted for a significant amount of variance in job satisfaction ( $R^2$  change=.005,  $\beta$  =-0.31,  $p$ =.041) and the interaction of role conflict was not responsible for a significant amount of variation in job satisfaction ( $R^2$  change=.000,  $\beta$  =-0.00,  $p$ =.996) at Step 3.

The results show that both, social support from superior and peers, moderate the relationship between role ambiguity and job satisfaction, but not between role conflict and job satisfaction. When the two moderators, support of superiors and peers are considered together the explained variance of role ambiguity in job satisfaction is higher (52.1%) than when superior support (50.3%) and peer support (44.6%) are considered independently.

## Discussion

Role's ambiguity and conflict are considered as stressors or demands at work that lead to negative outcomes (Beehr & Glazer, 2005). However, we also know that some of these negative outcomes can be minimized if the institution provides adequate resources, including social support from superiors

and peers. According to the demands-resources model (Karasek & Theorell, 1990) the purpose was to evaluate the extent to which role stress (role conflict and ambiguity) and social support (peer support) are related to job satisfaction; and whether the social support from superiors and peers has a moderating effect on stressors, ambiguity and conflict of roles, and job satisfaction.

The first step a) role's ambiguity and conflict (demands) correlate with job satisfaction, was confirmed. The results showing that high levels of ambiguity and role conflict are related to low levels of job satisfaction are consistent with previous research (*i.e.* Palomino & Frezatti, 2016; Kadir, Kamariah & Saleh, 2017), which shows that the increase in the stress on the role to be performed is associated with the increase of attitudes in the work, of dissatisfaction. Role's ambiguity and conflict originate in lack of communication or in flaws in their process, culminating in disagreements and tensions in the work environment that result in a drop in motivation, satisfaction and productivity. It is therefore important that these organizations adopt strategies to encourage their employees to seek clarification, to present their views through communication and exposition of ideas, and to discuss core values. Through Communication Forums between employees and superiors and the execution of Training and Coaching Programs, it is possible to discuss issues related to patients and other problems that aim to reduce the role ambiguity in the care and attention given to the patient. These strategies aim to make health care providers aware of the need to change the paradigm to better understand how to deal with health problems; it also aims to establish greater reliance on health care providers to deal with patients who are people with health problems; finally, results in a climate of greater well-being.

The second step was to know to what extent b) social support from superiors and peers (resources) related to job satisfaction was also confirmed, since in the present study, the increase of perceived social support is associated to the increase of attitudes in the work, of satisfaction, even after controlling for the effect of stressors (role's ambiguity and conflict). The JD-R model supports this result, since it argues that the existence of resources can help people cope with high demands at work (Bakker & Demerouti, 2013), reduce burnout and foster engagement. Studies in this field (Fernet, Austin & Vallerand, 2012; Lambert, 2016; Hämmig, 2017) support this result, showing that the support of superiors and peers are resources that can help achieve high job satisfaction. The relationship of health professionals with their superiors and peers is therefore a critical factor of job satisfaction. These organizations should focus on the Training of Supervisors to enable them to support and foster autonomy and competence in their subordinates. It is also crucial that health institutions develop strategies that focus on the Training of Caregivers to encourage them to focus, direct and monitor the autonomy and competence of their peers. The protective support provided by the superiors promotes self-esteem and confidence in health care providers who, when they perceive the benefits received, tend to correspond with positive attitudes and behaviours at work. The quality of the caregiver's relationship with co-workers is also a high satisfaction with the overall work experience, due to the inclusion system generated.

It has also been shown that support provided by superiors has a higher impact on job satisfaction than support from co-workers (peers), suggesting that self-motivation of employees and the internalization of work-related norms and procedures are more dependent of superiors than co-workers. While the relationship with peers seems to be more cooperative in nature, resulting in a sense of mutual cooperation with expectations of return, supervision is unquestionably one of the factors most related to job satisfaction. The supervisor is perceived by the employee as representing the company as a whole and therefore the worker's feelings towards his supervisor are usually similar to his or her feelings towards the company. This result has important implications for health institutions in general and even more for those of five stars. These institutions should create individualized Coaching and Training Programs to better prepare superiors in their supervisory role.

These programs can be more or less extensive, lasting for months or weeks, and be dynamized in person or only through web / telephone.

With regard to the last step of knowing c) the possible moderating effect exerted by the social support (of the superiors and peers) in the relation between the demands (role's ambiguity and conflict) and the satisfaction in the work, the results only showed the moderating effect of the role ambiguity but not in the role conflict: 1) when superior support is low and role ambiguity is low, job satisfaction is higher, compared to high role ambiguity. When the superior support is high and the role ambiguity is low the job satisfaction is the highest, compared to the high role ambiguity; 2) peer support moderates the relationship between role ambiguity and job satisfaction: when peers support is low and role ambiguity is low, job satisfaction is higher, compared to high ambiguity. When peers support is high and role ambiguity is low job satisfaction is the highest compared to high role ambiguity; 3) both, superior and peer support moderates the relationship between role ambiguity and job satisfaction, but not in the role conflict. In sum, the greater or lesser perceived social support increases and decreases the effect of role ambiguity on job satisfaction. These results confirm and extend the research that has been carried out in the context of the moderating effect of social support in assisting health professionals, who try incessantly to combat daily high levels of stress at work.

## Conclusion

The results of this study can be a fundamental tool for hospital institutions to sensitize them that the desirable functioning of hospital institutions results not only from a material context but also from a supportive structure and quality of interpersonal relationships established in them. Social support is a protective shield against the occurrence of stressful events, which has the capacity to minimize the experience of these negative events, experienced by health care providers. Social support can positively influence the health of individuals since it ultimately aims to adjust and adapt health care providers to their social environment in the hospital institution. Social support in the organization is a relevant resource that can be easily provided to healthcare professionals and can be developed to optimize positive individual behaviours that are supportive of productivity. The present study has some limitations like instead of focused on causal-related variables was based on associated-related variables, however, supported by a theoretical model and also by several empirical evidences demonstrated by other investigations. Another limitation was given by the information based on self-responses and at the same time. Although these results do not exclude the possibility of the common variance in the present study is not a reason for concerns so it's unlikely that there will be confusion in the interpretations of the results. There are, however, some limitations that suggest new clues to research, namely the possibility of doing research using a longitudinal approach to explore better, over time, how support affects job satisfaction and how job satisfaction, in turn, affects subsequent individual behaviours, to help align the attitudes to the behaviours of the caregivers. It would be interesting to study these relationships in different types of professions that not only in the context of health to clarify the role of the demands and resources of work. Finally, the inclusion of new variables of a personal nature (e.g, self-efficacy and motivation) could help to understand the psychological processes underlying these demands and resources inherent to work under the Demands and Resources Model.

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