Chapter One

INTRODUCTION

The purpose of this chapter is to present an overview of theoretical approaches to explaining the concepts of job burnout, job involvement, perceived organizational culture and social support and their interrelationships. Attention will be paid to receiving some of the diverse conceptualizations related to these organizational and social variables for nursing. Discussion of each construct includes origin, theoretical problems and measurement dimensions.

Nursing as a Profession

Nursing profession is considered a very important profession in the society in view of humanism or morality. Nurses have to look after such people as are sick, are tired of their illness and to some extent disappointed. A nurse may not be able to remove the patient’s disease completely but she can certainly give relief in disappointment and sadness arising from the disease. The mental cheerfulness of a nurse will inspire in the minds of the patient also. Nalini Dave opines that “Nursing staff is closely related to the individual than any other hospital personnel. The quality of patient depends on the kind of nursing care available. Thus “nursing is the best humanitarian work.” To quote McClane and Graig, “Nursing is an art which requires a sympathetic heart and willing hands.” The eagerness of the patient to live the life and his enthusiasm for the life are inspired by a nurse.
Nursing in India has become certainly an essential profession and very important and vital to society. There is no doubt that nursing profession is meeting all other criteria except the autonomy in true sense. Nursing profession is a troubled profession. Many stressful conditions for nurses cannot be remedied until the underlying issues are resolved by the profession itself.

Historically, two major themes underlying many unresolved issues are (1) Nursing is involved in the process of professionalization. (2) The status of nursing is directly linked to the status of women in the society.

In professionalization, there are two basic sources of conflict; one is "ideological ambivalence", which is the lack of consensus among nurses on many professional issues. The second source of conflict is the gap between what nurses believe that nursing should be and what actually exists in the practice of nursing.

Nursing as a women's profession, by its very name is a nurturing process. Cleland (1971) states that "there is no doubt in my mind that our most fundamental problem in nursing is that we are the members of a women's occupation." Stromberg (1976) found a significant relationship between sex role identity and the image of nursing among nursing students. Nurses have a strong identification with the role of wife and mother and these basic identifications may conflict with the value systems of the occupational role and produce "identity diffusion, i.e. the failure to integrate the identity as a woman with role identity as a nurse."
As women's have not been expected to provide career advancement, so less opportunities are offered to women for adequate financial rewards, more so it is commonly believed that nursing is a stressful profession. These stresses might come up from factors intrinsic to job, relationship to work, role in the organization, career development, home/work interference.

Most jobs involve at least a degree of stress. They continue to function despite their daily encounters with various stressors, but with overtime, they seem to be down by repeated encounters with stress. Such persons are said to be suffering from burnout.

Bailey (1985) listed nurses as among a group of health professionals who may be regarded as the 'casualties of caring' as there is a growing amount of evidence to suggest that nursing profession can indeed be stressful one i.e. the failure to integrate the identity as a women with role identity as a nurse."

**Job Burnout**

The phenomenon of burnout was first identified by Bradley in 1969, and it was further elaborated by Freudenberger (1974). This construct was mainly based on observation of the extreme psychological strain often experienced by worker in the human service professions such as nurses, police officers, social worker, and school teachers.

In recent year's widespread attention is given to burnout researches from both academic and applied publications and the popular media, along with the very severe consequences of burnout for individuals and their
organizations. We believe that this issue warrants separate consideration from other forms of job-related strain. Maslach (1993), a foremost contributor to the study of burnout, noted that it "is now recognized as an important social and individual's problem." Similarly, Cardes and Daugherty (1993) suggested that there is substantial empirical evidence that job-related burnout carries significant costs for individual well-being and organizational functioning including personal ill health, absenteeism, turnover, and reduced productivity. Hobfoll and Shirom (1993) have also highlighted some of the health-related consequences of excessive strain and burnout, especially cardiovascular and coronary heart disease, drug and alcohol abuse, and accidents.

In recent years, increasing attention has been paid to the phenomenon of burnout in human service professions. The term "Burnout" has become a popular one, and is confused with the concept of occupational stress. However, burnout occurs as a result of chronic job stress (Pines & Aronson, 1981). Burnout appears to be a response to interpersonal stressors on the job in which an overload of contact with people results in changes in attitude and behavior towards them. BOSS is a debilitating psychological condition brought about by unrelieved work stress.

Burnout can be defined as the end result of stress experienced but not properly coped with, resulting in symptoms of exhaustion, irritation, ineffectiveness, discounting of self and others, and problems of health (hypertension, ulcers and heart problems). Maslach (1982) reviewed literature on burnout and concluded that there is no single definition of burnout that is
accepted as standard. However, despite the differences, there are also similarities among various definitions of burnout. First of all, there is general agreement that burnout occurs at an individual level. Second, burnout is an internal psychological experience involving feelings, attitude, motives, and expectations. Third, there is also general agreement that burnout is a negative experience for the individual, in that it concerns problems, distress, discomfort, dysfunction, and/or negative consequences.

Psychologists say job burnouts differ from mid-life crisis that affects many people. Burnout is a specific set of syndrome brought on by severe or chronic stress directly related to the job rather than to personal difficulties such as divorce, death of a spouse, money problem or aging. Burnout more often affects employees who deal extensively with other people on the job.

For that reason, it has become notable in healing and service professions such as medicine, social service and the law. Other vulnerable people are criminal lawyers, policemen, teachers and nurses in medical and mental hospitals, and hospices. Among the people who seem especially vulnerable to burnout are nurses and some specialists think it accounts for the shortage of nurses.

Burnout can occur early in a career. In nursing, erratic hours and little room, except in administration, for professional advancement may contribute to burnout. Relatively low pay may too. Many patients die, if they don’t get observed by nurses, a doctor gets the credit.
All through burnout research has concentrated on the "helping" professions. The suspicion is growing that burnout is more than an isolated occurrence in business. It may occur at a slower pace in the office and factory, psychologists believe, but the end result - lower productivity and high turnover - are the same.

**Burnout: Concepts and Definitions**

In their review of burnout research, Cardes and Dougherty (1993) summarized various conceptualizations of the term including (a) to fail, wear out, become exhausted, (b) a loss of creativity, (c) a loss of commitment for work, (d) an estrangement from clients, co-workers, job, and agency, (e) a response to the chronic stress of making it to the top, and finally (f) a syndrome of inappropriate attitude towards clients and toward self, often associated with uncomfortable physical and emotional symptom. These definitions have common threads but they also carry some differing connotations.

Freudenberger (1974) defines burnout as a state of fatigue or frustration brought about by devotion to an occupation wary of life causes or relationship that failed to produce except reward.

Burke and Richardson (1993) have provided a valuable summary of four distinct definitions. The first definition is that offered by Freudenberger and Richelson (1980) who described burnout in terms of chronic fatigue, depression, and frustration, typically engendered by commitment to undertaking that did not realize the person's ambitions and expected rewards.
Although this conceptualization incorporates some of the key elements of the burnout phenomenon, it is problematical because it confounds burnout with variables that are normally considered as distinct from although related to, burnout—especially depression and chronic fatigue. Depression should be differentiated from burnout in that the former refers to a particular psychological condition that should be regarded as a potential outcome of burnout rather than a part of the burnout syndrome itself. Similarly, it is important to differentiate burnout from fatigue. Though some authors (e.g., Shirom, 1989) include physical fatigue as part of the burnout syndrome, the latter clearly encompasses much more than fatigue. Individuals may experience physical (and even cognitive) weariness as a result of being overloaded in their jobs, but in our view that is not equivalent to burnout. As outlined by Hobfoll and Shirom (1993), the medical condition known as chronic fatigue syndrome (CFS) refers to long-term physical exhaustion associated with an imbalance between demands from the environment and a person’s ability to cope with these demands and is characterized by tiredness or lethargy, impairment of one’s activities and performance, and even general depletion of energy resources. These features are shared with, and may be precursors of, burnout as it is operationalized in the stress literature. However, burnout encompasses emotional (as well as physical and cognitive) exhaustion especially that emanating from dealing with “people problems” whereas CFS arise simply from work overload. Furthermore, the medical literature on CFS tends to ascribe this condition to dispositional factors within the person, whereas research findings over the last 20 years have illustrated few
significant personalities on dispositional correlates of burnout (Burke & Richardson 1993)

The second definition of burnout presented by Burke and Richardson (1993) is that of Chemis (1980) who described it as a process of disengagement in response to job related stressors. Imbalance between job demands and available resources leads to an emotional response characterized by anxiety, tension, fatigue, and strain (or exhaustion). This response in turn produce changes in the individual’s attitudes and behaviour including defensive coping (preoccupation with gratifying one’s own needs) and depersonalization (a cynical detachment from clients and their problems).

A third definition of burnout is that proposed by Pines and her colleagues (Pines & Aronson, 1988, Pines, Aronson & Kafry, 1981) who describe it as “a state of physical, emotional and mental exhaustion caused by long-term involvement in situations that are emotionally demanding” (Pines & Aronson, 1988, p 9). Initially, Pines and her colleagues referred to the above as “burnout” when applied to human service workers and as “tedium” when applied to nonservice occupations (Shirom, 1989). However this distinction does not seem entirely appropriate and it is arguable whether the above offers an accurate characteristic of tedium. In their more recent writings, Pines and Aronson did not distinguish between tedium and burnout.

Components of Burnout

In the late 1970s and early 1980s systematic investigations of burnout led to greater commonality in definitions. At that time, Maslach and her
colleagues (Maslach, 1982, Maslach & Jackson, 1981) conceptualized burnout as having three core components: *emotional exhaustion, depersonalization, and lack of personal accomplishment*. Maslach’s model of burnout characterizes emotional exhaustion as a depletion of emotional energy and a feeling that one’s emotional resources are inadequate to deal with physical fatigue and cognitive “weariness”.

The second component of burnout, according to Maslach, is a tendency toward depersonalization of other individuals in the work setting (e.g., clients, patients, or even coworkers) – that is, treatment of them as objects rather than people. Although this may help to reduce intense emotional arousal, which can interfere with functioning in crisis situations, excessive detachment from others can produce a callous and cynical approach to their welfare (Jackson, Schwab, & Schuler, 1986).

Finally, the third component of burnout in Maslach’s formulation is diminished *personal accomplishment*, characterized by a tendency to evaluate one’s behaviour and performance negatively. As a result, the person experiences feelings of incompetence on the job and an inability to achieve performance goals.

The above three components conceptualization is the most widely accepted model of burnout (O’Driscoll & Cooper, 1996) partly at least because Maslach and her associates constructed an easy-to-use questionnaire (The Maslach Burnout Inventory MBI) measure the three dimensions of burnout.
More recently, Maslach and her colleagues (Maslach, Jackson, & Leiter 1996) have developed a definition and measure of burnout that is intended to generalize beyond service human service occupations. This new formulation retains the original emotional exhaustion dimension, although it extends the sources of exhaustion beyond problems with people (especially clients). However, the new characterization substitutes *cynicism* for *depersonalization* and professional *efficacy* for *personal accomplishment*. Whereas *depersonalization* refers specifically to relationships with other people, *cynicism* represents indifference or a “distant” attitude toward work generally, which may (or may not) include people encountered in the context of the job. “Cynicism represents dysfunctional coping in that [it] reduces the energy available for performing work and for developing creative solutions to the problems work presents” (Leiter & Schaufeli, 1996, p. 231). Like depersonalization, cynicism is expected to correlate positively with emotional exhaustion. Finally, professional efficacy is a similar construct to personal accomplishment but has “a broader focus, encompassing both social and nonsocial aspects of occupational accomplishments and explicitly assesses an individual’s expectations of continued effectiveness at work” (Leiter & Schaufeli, 1996, p. 232).

To summarize, the term *burnout* refers to an extreme state of psychological strain and depletion of energy resources arising from prolonged exposure to stressors that exceed the person’s resources to cope, particularly stressors associated with human resource professions, although it may also develop in other occupational groups. According to the prevailing viewpoint...
(e.g., Evans and Fischer 1993, Koeske and Koeske, 1993, Lee and Ashforth 1996), the major component of burnout is emotional exhaustion, and there has been considerable dispute over the rule of Maslach’s two additional dimensions depersonalization (or cynicism) and reduced personal accomplishment (or professional efficacy).

**Effects of Burnout**

A number of relevant studies conducted by a number of researchers indicate following effects of burnout among human professionals in different areas such as:

1. Burnout clearly affects the staff member’s morale and psychological well-being at large.

2. It also seems to affect the quality of care and treatment provided to the clients.

3. High rates of burnout can cause havoc in community performance.

**Pine (1984)** highlighted following important causes of burnout in the light of their personal experiences:

1. Chronic distress is a causal factor in burnout.

2. Burnout is a real person problem.

3. Burnout is a human condition.

4. Burnout is an energy crisis.

5. Burnout affects the whole person.
Other psychologists are also of the opinion that over commitment, excessive dedication and lack of awareness of one's limitations are being caused through burnout.

**Symptoms of Burnout**

There are five important symptoms which are often found in individuals:

1. The individual whose burnout is likely to be very enthusiastic when first entering the organization. One can become emotionally exhausted unless there is first an emotional commitment.

2. This leads to frustration on the part of the individual because important problems are not being solved.

3. Frustration may lead to apathy towards the organization.

4. Eventually the one way an individual may be able to do something about his or her individual burnout is through outside interference. This interference may take the form of counselling or more likely leaving the situation that caused the burnout.

**Stages of Burnout**

Venninga and Spradley (1981) have identified five distinct stages of burnout:

1. Honeymoon stage

2. Fuel shortage stage

3. Chronic symptom stage
4 Crisis stage

5 Hitting the wall stage

*Honeymoon Stage In* the honeymoon stage there is a euphoric feeling of encounter with the new job. There is excitement, enthusiasm, pride and challenge. Dysfunctional features emerge in two ways. First, the energy reserves are gradually depleted in coping with the demands of a challenging environment. Second, habits and strategies for coping with stress are formed in this stage which is often not useful in coping with later challenges.

*Fuel Shortage Stage In* this stage, there is a vague feeling of loss, fatigue, and confusion. The symptoms are job dissatisfaction, inefficiency, fatigue, and sleep disturbances leading to escape activities such as increased eating, drinking, smoking. Future difficulties are signalled at this stage.

*Chronic Symptom Stage* This physiological symptoms become more pronounced and demand attention and help at this stage. Common symptoms are chronic exhaustion, physical illness, anger, and depression. A sense of fatigue and exhaustion overtakes the individuals.

*Crisis Stage When* When these feelings and physiological symptoms persist over a period of time, the individual enters the stage of crisis. One feels oppressed, there is heightened pessimism and self-doubting tendency dominates. One also develops an escape mentality. Peptic ulcers, tension, headaches, chronic backaches, high blood pressure, and difficulty in sleeping are some of the better-known symptoms of this stage. They may become acute.
**Hitting The Wall Stage**  This stage of BOSS is characterized by total exhaustion of one’s adaptation energy which may mark the end of one’s professional career. While recovery from this stage may elude some, others may be resourceful enough to tide over the crisis.

**Consequences of Burnout**

Paine (1982) has observed the consequence of high level of job stress, personal frustration, and inadequate coping skills are probably increasing. BOSS is a debilitating psychological condition brought about by unrelieved work stress. Four types of consequences can arise from it:

1. Depletion of energy reserves
2. Lowered resistance to illness
3. Increased dissatisfaction and pessimism, and
4. Increased absenteeism and inefficiency at work.

Pines and Aronson (1988) said that BOSS is one of the extreme consequences of consistent job stress. Burnout, in fact, has three dimensions, namely, physical, emotional, and mental. Physical exhaustion is one component of burnout. Individuals who are burnout report intense weariness, often combined with an inability to sleep. In addition, symptoms of low energy, chronic fatigue, and weakness are common. The second component of burnout is emotional exhaustion. In this stage, the burnout employee manifests feelings of depression, helplessness, and hopelessness. Satisfaction with job and life in general is reduced. The third dimension of burnout is mental...
exhaustion, the affected employee shows negative attitude towards work, clients, and fellow-workers. There is a dehumanizing aspect of these attitudes, where burnout workers fail to respond to the feeling of others. The negative attitude and dehumanizing tendency may spill over to family and friends.

**Characteristics of Burnout**

Burnout is a stress-induced problem common among members of various professions such as teaching, social work, employee relations, nursing, and law enforcement. This does not involve a specific feeling or attitude. Physiological outcomes anchored to a specific point in time. Rather, burnout is a condition that occurs over time and is characterized by emotional exhaustion and a combination of negative attitude.

**Attitudinal Characteristics of Burnout**

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Description</th>
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<tbody>
<tr>
<td>Fatalism</td>
<td>A feeling that you lack control over your work</td>
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<tr>
<td>Boredom</td>
<td>A lack of interest doing over job</td>
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<tr>
<td>Discontent</td>
<td>A sense of being unhappy with your job</td>
</tr>
<tr>
<td>Cynicism</td>
<td>A tendency to undervalue the concept of your job and the awards received</td>
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<tr>
<td>Inadequacy</td>
<td>A feeling of not being able to meet your objective</td>
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<tr>
<td>Overwork</td>
<td>A feeling of having too much to do and not enough time to complete it</td>
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Nastiness  A tendency to do hide or unpleasant to your coworkers

Dissatisfaction  A feeling that you are not feeling justly rewarded your efforts

Escape  A desire to give up and get away from it

The percentage of burnout is likely higher today to promote better understanding of this important stress outcome. Now we turn our attention to a model of the burnout process and highlight relevant research and techniques for its prevention.

There are two paths of burnout. As figure illustrates, these two paths have a cumulative effect. The first route is direct outgrowth of the occupational stress that we just discussed.

That is, traditional work-related stressors produce stress, which leads to attitudinal and behavioral symptoms that may contribute to burnout. Burnout does not automatically occur as a result of stress and occasionally symptoms of burnout. Instead, burnouts develop in phase and ultimately take
place when symptoms become so severe that an individual gives up trying to perform effectively

Burnout develops in phase. There is likely to have been identified from depersonalize to feeling of lack of personal accomplishment to emotional exhaustion

- Burnout can be accurately measured

- The extent to which a job requires an individual to intensely work with others is highly related to burnout

- Burnout is significantly associated with a lack of feedback. Low job satisfaction, desire to quit ones job, impairment of interpersonal relationship with family and friends, insomnia, absenteeism and taking more rest breaks at work

- Burnout significantly predicted individual’s thoughts about quitting more next breaks at work

- Burnout significantly predicted individuals throughout about quitting and actual job leaving

Nurses as being related to human service profession is therefore to be particularly susceptible to burnout. The responsibilities of women especially in our culture is a very traditional one they are expected to look after the home life ranging from cooking, cleaning to child rearing. Therefore, most of the women in jobs have to integrate professional and personal life i.e., home life because the women who work outside the home often add more duties and
responsibilities as they have to deal with demands of job and family when there is an incompatibility of demands between our home and work roles the result is some degree of home work stress (Greenhaus & Benful, 1985) Many are essentially holding two jobs i.e., they carry the total or major responsibilities for traditional home making and also full time job when demands with in the family clash with work responsibilities the home work stress is likely to spillover to other spheres of life

Nurses are human services workers and professionals that belong to care-giving environment and this is the only profession dominated so heavily by women They have also very few opportunities for career development having low wages and are over worked They are mostly given extra duties which are not part of their job they are also over burdened during emergencies at intensive care units and operation tables etc

There are situations in which a nurse has to cater the work of about ten doctors (Iqbal, 1998) The nurses have no authority even a medical officer and a junior most doctors can easily changed a head nurse even if she is senior to her, but the Chief Nurse cannot hire or fire on attendant of the ward However women and nurses, irrespective of their salary structure, societal image / perceptions, status, law of authority and opportunities for career advancement, belongs to care-giving profession as they have to deal with patients

Therefore, burnout is particularly relevant variable to consider when examining nurses As we are considering the burnout and home work, stress in women nurses It is believed to be useful to consider the organizational
sources of social support in reducing their impact, as well as buffering or moderating the effect of home work stress (stresses) or burnout because organization sources of social support has been identified as a resource that reduces or eliminated the negative impact of stress.

The dominant social support hypothesis has been that it buffers the impact of stressors in manifestations of strain. The coworkers and administration are in optimal position to provide support because of their understanding of the stressors inherent in the workplace. Individuals who lack organizational sources of social support are vulnerable of the effects of stress and burnout.

This study investigated the difference between women nurses of private and government hospitals on burnout, and examined the relationship between job burnout and perceived organizational culture and social support.

**Job Involvement**

Since the advent of the concept of Job Involvement in 1965 it has gained much importance in establishing link between productivity and employee’s needs and quality of working life. The concept of “job involvement” has attracted the interest and attention of psychologists, managers and supervisors. Job involvement refers to the degree to which a person is identified psychologically with his/her work, on the importance of work in the total self image. Besides the situational variables the past socialization process experienced by the individual, in specific socioeconomic and cultural milieu influence job involvement (Reddy & Rajasekhar, 1991).
Job-related attitudes often play a key role in shaping behaviour in organizations. These job-related attitudes tap positive or negative evaluation that employees hold about aspects of their work environment. There are two important job-related attitudes. The prosperity of an organization depends to some extent on job satisfaction and job involvement. Throughout the literature, many different terms have been used to describe job involvement, such as central life interest, work-role involvement, occupational involvement and intrinsic motivation, etc.

**Meaning and Definitions of Job Involvement**

Different interpretations of job involvement can be broadly categorized into two ways. The first series of definitions seem to be linked with the concept of self-esteem. Individuals have been described as job involved if they are important to us and their life interest. Rubin (1956) perceived performance as central to their self-esteem (Gunn, Veroff, & Field, 1960). Vroom (1962) describes a person as ego-involved in a job by the level of performance.

According to Katz and Kahn (1966), job involvement is a moderator variable of satisfaction and performance. Weissenberg and Gruenfeld (1968) think of it as a quasi indication of motivation.

Patchen (1970) considered job involvement as a convenient label summarizing several characteristics that make the job more important and potentially more satisfying to the individual. Lawler and Hall (1970) defined job involvement “as the degree to which a person is psychologically identified with his work or the importance of work in his total self image.” Wollack,
Goodale, Wijtmg, and Smith (1971) consider job involvement as a partial operationalisation of the protestant ethic.

Lodahl (1964) himself had realized that during the process of socialization certain work values are injected into the self of the individual that remains dynamically active even at the later stage in the form of employees reactions and attitudes towards job.

In the words of Lodahl and Kejner (1965) "Job involvement is the internalization of value about the goodness of work, the importance of work in the worth of the person, and perhaps it thus measure the case with which the person can be further socialized by an organization."

Lodahl and Kejner (1965), Manheim. (1975) and Schwartz and Smith (1972) all seem to have a common core of meaning in that, they describe highly job involved person is one for whom work is very important part of life, and is one who is affected very much personally by his whole job satisfaction, work, co-workers, company etc. On the other hand, the low job involved worker makes his living off the job, work is not an important part of his identity, and not greatly affected by the kind of work he does or how well he does it. Job involvement indicates the extent of people's identification with as ego investment in the job. Job involved people spend more time on job and turn out better performance. Challenging job which has skilled variety influences employees to get involved with their jobs. Similarly, people with high need for achievement and high work ethic feel involved in jobs. A job involved person is not necessarily happy with his
studies imply that job involvement can be considered as an important measure of organizational effectiveness.

Ansari (1988) has realized the importance of socio-cultural aspects in influencing the behavior of job involvement. The values which are internalized by the individuals during the course of socialization are the major outcomes of socio-environmental influences. If there is a positive impact of these aspects then individual gets committed and job involved.

**Correlates of Job Involvement**

Aggarwal (1980) reported some behavioral correlates of job involvement. Job involved person is regular, punctual, absents himself only after giving prior notice, perfectionist about his work, technically sound, innovative, adheres to rules and regulations and mindful of company’s interest. He is a willing worker and he neither keeps his work pending nor incomplete. The characteristics of person who have low involvement are just opposite.

After the pioneering work of Lodahl and Kejner (1965) a good number of studies have been made by the researchers to explore the components, correlates and behavioral consequences of job involvement. During the last decade a substantial amount of research on the problem of job involvement has been carried out also by the psychologists in India. However, a very few attempts have been made to examine the relationship between job related stress and job involvement. These attempts to
empirically document the relationship between the two variables were initiated in the 1970s with modest success (Hammer & Tusi, 1974, Beehr. Walsh, & Talur, 1976, Madhu & Hargopal, 1980).

In the early stage, job involvement was considered as one of the components of job satisfaction. But the later researches established that job involvement is a separate and independent construct, though it is positively related with job satisfaction in most of the cases. Lawler and Hall (1970) and Cumming and Bigelow (1976) also reported positive correlation between job involvement and job satisfaction.

Abel-Halim and Ahmad (1982) examined the moderating effect of social support on the relation of role stress with intrinsic job satisfaction and job involvement. The results indicated that there exists a negative relationship between role stress and job involvement. It was also noted that social support markedly moderates the adverse effect of role stress on job involvement.

In an extensive study, Srivastava (1990) examined the relationship between occupational stress and job involvement of the employees working in public and private sector organizations.

Causes of Job Involvement

Bass (1965) viewed that job involvement is determined by the presence of six conditions such as:

1. A greater opportunity of making job decision
2 The feeling that one is making important contribution to organization

3 An experience of personal success

4 Personal achievement

5 Self-determination and

6 Personal autonomy in matters of setting one's own work pace

Lewis and Franklin (1944) demonstrated that individuals become involved in their work even in the artificial context of a laboratory. Since that time, empirical investigations of ego involvement in the job have appeared in the psychological literature with increasing frequency. Although the construct have been measured in a variety of ways

Rabinowitz and Hall (1977) suggested that progress has been made in our quest to understand workers who are psychologically involved in their jobs. After describing the “conceptual confusion and proliferation of terms” that have plagued definitions of job involvement, these reviewers identified two classes of definitions that guided past researches

(a) Job involvement as a performance, self-esteem, contingency and

(b) Job involvement as a component of self-image

Further Rabinowitz and Hall (1977) specified three theoretical perspectives

(a) Job involvement as an individual difference variable

(b) Job involvement as a function of the situation and
(c) Job involvement as an individual situation interaction

The conclusions which are based primarily on reported bivariate correlations. They are as follows:

1. Job involvement is related to three classes of working variables: personal characteristics, situational characteristics, and work outcomes. No one class of variables shows clearly stronger relationship in job involvement than any other.

2. Job involvement is quite stable.

3. Much of the variance in job involvement remains unexplained.

4. The data are more constant with the "importance of work" definition of job involvement than with the "extent to which performance affects self-esteem" definition.

5. Job involvement seems to be a "feedback variable", both a cause and an effect of job behaviour.

6. Personal and situational variables have independent effects on involvement.

7. Situational variables seem to have more effect on the attitudes of low job involved persons than on highly job involved person.

As Rabinowitz and Hall acknowledged, multivariate studies are necessary for investigating such relationship.

Rabinowitz, Hall, and Goodale (1977) used stepwise multiple regression analysis to determine whether job involvement variance can
better be explained by combination of individual variables (age, ability to leave the organization, relevant education, and perceived perception in decision making) or a combination of organizational variables (participatory leadership, role ambiguity, and task repetitiveness). Both combinations accounted for about the same amount of job involvement variance (approximately 33%). Schuler also stated that the inclusion of additional individual (seniority, education level, relevant work experience, and authoritarianism) and organizational (task independence, organization level, and role conflict) indicator able resulted only in trivalent increase in the percentage of job involvement variance explained less than 2%.

The concept of job involvement seems to have been assigned to the rank of "extremely useful but loosely defines" higher order construct along with such other as alienation, anomie, and culture. As the number of job involvement researchers has grown, so have the variety of definitions of the concept or functions of it. Despite the potential importance of job involvement as a concept, it has been inadequately defined, poorly measured and subjected to a very limited number of investigations. The concept of job involvement should prove useful to many industrial and organizational psychologists and to the social science practitioners in industry if it is clearly defined and if a tool for measuring it can be developed.

Organizational Culture

Organizational Culture has emerged as one of the crucial and important concepts in the field of organizational behaviour and human
The term “culture” has a variety of meanings. It bears meaning synonymous with terms such as cultivated “educated” or “sophisticated” which refer to civilized or cultured. The scientific meaning of culture refers to the total pattern of beliefs, values and the norms of a society that governs behaviour most appropriate in particular groups.

Organizational culture refers to a system of shared meaning held by members that distinguishes the organization from, other organizations. This system of shared meaning is, on closer examination, a set of key characteristics that the organization values. Research has suggested that there are seven primary characteristics, in aggregate, capture the essence of an organization’s culture.

1. **Innovation and Risk Taking** – The degree to which employers are encouraged to be innovative and take risk.

2. **Attention to detail** – The degree to which employees are expected to exhibit precision, analysis and take risk.

3. **Outcomes Orientation** – The degree to which manager focuses on results or outcomes rather than on the techniques and process used to achieve these outcomes.

4. **People Orientation** – The degree to which management take decisions into consideration the effect of outcomes on people within the organization.
5 Team Orientation – The degree to which work activities are organized around teams rather than individuals

6 Aggressiveness – The degree to which people are aggressive and competitive rather than easy going

7 Stability – The degree to which organizational activities emphasize maintaining the status quo in contrast to growth

Each of these characteristics exists on a continuum from low to high. Appraising the organization on these seven characteristics then gives a composite picture of the standing that members have about the organization, how things are done, and the way members are supposed to behave.

Robbins (1994) describes the fact that there are ten primary characteristics that in a nutshell capture the essence of an organizational culture. These characteristics have been highlighted by him that follows – member identity, group emphasis, people focus, unit integration, control risk tolerance, reward criteria, conflict tolerance, means end orientation and open system. Robbins had derived these characteristics from the work of Hofstede et al (1990) and O’Reilly III (1991). Similarly Luthans (1995) has also highlighted the important characteristics of organizational culture. These are behavioral observed regularities, norms, dominant values, philosophy, rules and organizational climate. In the light of these characteristics it is imperative to point out that organizational culture is a pattern of basic assumption that are taught to new personnel or employees as the way to perceive, think and act in the situation they are confronted with.
What Does Culture Do?

Organizational Culture certainly affects the working employees. In this section, we reviewed carefully the functions that culture performs and assess whether culture can be a liability or asset for an organization.

Organizational culture is one of the framework or part of the environment. Though culture, as derived from Anthropology, has been defined in so many ways and therefore, it includes a variety of factors.

Organizational culture is a set of assumptions that the members of an organization share in common. Such assumptions may be in the form of internally oriented characteristics like belief, values, attitudes, feelings, personality types and so on known as abstract elements of the culture, or externally oriented characteristics like products, buildings, dresses, etc known as material elements of the culture. Sathe (1985) has exemplified some common things to demonstrate the components of organizational culture:

- Shared things (e.g., the way people dress)
- Shared saying (e.g., Let's go down to work)
- Shared actions (e.g., service-oriented approach)
- Shared feeling (e.g., hard work is not rewarded here)

Every organization, being a social entity, develops with it a cultural system with some unique modes of behavior. These unique modes distinguish an organization from others.
Definitions and Concept

Culture is one of the most important aspects of the identity of any organization. Organizational culture can be defined in the following ways:

Every organization has its own culture rules and regulations. An organization culture conveys important assumptions and norms governing values, activities, and goals. It tells employees how things are done and what's important. Organizations have customs, traditions, practices, and socialization processes that endure over long periods of time and that influence the attitudes and behaviors of their members.

Schein (1985) in his pioneering work defines culture as a set of fundamental "assumptions" and "beliefs" about reality that are shared by a group of individuals and are working towards a common purpose. Schein (1990) defined organizational culture as "(a) a pattern of basic assumptions, (b) invented, discovered, or developed by a given group, (c) as it learns to cope with its problems of external adaptation and integration, (d) that has worked well enough to be considered valid and therefore, (e) is to be taught to new members as the (f) correct way to perceive, think, and feel in relation to those problems."

According to Sinha (1990) "Culture provides a comprehensive framework for understanding the various facets of work behavior." In 1992, Martin defined organizational culture and enumerated that individuals come into contact with organizations, dress norms, stories people tell about what goes on, the organization's formal rules and procedures, and its former codes of
behaviours, rituals, tasks, pay systems, jargon and jokes only understood by insiders, and so on are some of the manifestations of organizational culture. She further added that when cultural members interpret the meanings of these manifestations, their perceptions, memories, beliefs, experiences and values usually vary. So, interpretations of culture will vary depending upon the situations and the perception of employees towards these conditions and situations.

According to Robbins (2000) "Culture refers to a system of shared meaning held by the members that distinguishes organization from other organizations."

According to Heinz and Koontz (2001) "culture is the general pattern of behaviour shared, belief and values that members have in common, culture can be inferred from what people say, do, think within an organizational setting."

Organizational culture represents a common perception shared by the organizational members. Individuals with different backgrounds or at different levels in the organization lead to describe the organization's culture in similar terms. Culture creates the wide ranging context in which organizations operate. It provides the complex social system of laws, values and customs in which organizational behaviour occurs.

Organizational culture is the set of assumptions, beliefs, values and norms that are shared by organization members. It represents a key element of the work environment in which employees perform their job. This idea of
an organizational culture is somewhat intangible for we cannot see it or touch it but it is present and pervasive like air in a room Because it is a dynamic system concept culture is also affected by almost everything that occurs within an organization Culture helps stimulate employee enthusiasm for their task Culture, attract attention convey a vision and typically honour high producing and creative individual hero’s

The various terms used in the context of organizational culture are values, ethics, beliefs, ethos, climate, and environment Ethics refers to normative aspects to what is socially desirable Values and beliefs affect attitude formation and then produce norms

**Attitudes = Beliefs × Values**

Values and beliefs are the core, while attitudes are the next layer, followed by norms or behaviour When these get institutionalized or when they accumulate and integrate we have a social phenomena (Pareek, 1997)

According to Pareek (1997). the culture-related concepts can also be seen as multi-level concepts The core (first level) is the values, which give a distinct identity to a group This is the ethos of the group *The Random House Dictionary* defines ethos as “the fundamental character or spirit of a culture

The second level concept is climate, which can be defined as the perceived attributes of an organization and its subsystem as reflected in the way it deals with its members, groups and issues
The third level concept related to atmosphere, the effect of climate. The Random House Dictionary defines atmosphere as a “distinct quality” and environment as “affecting the existence or development of someone or something.” The concept of atmosphere can be proposed as one related to the effect of the climate.

Culture can be thought of as having three levels. The tangible aspects of a culture—things you can see, hear, smell, taste or touch—is artifacts or manifestations of underlying values and assumptions that a group of people share. The structure of these elements is like that of an iceberg. Artifacts are what you can see but what you can see is only a small fraction of what is there and what you cannot see—the values and assumptions are what can sink your ship if you mistakenly run into them.

Organizational culture is broadly conceptualized as an internal variable. As an internal variable, it has been defined numerous times by a number of researchers, basically to suit their research interests and objectives. It has also been described as a set of assumptions (Schein, 1986), beliefs and norms of behavior (Pettingrew, 1979), rituals and ceremonies (Detal & Kenedy, 1982, Trice & Beyer, 1984) shared managerial practices (Hofstede, 1998), ideologies and beliefs (Bate, 1984, Brown, 1998, Pascle & Athos, 1981) shared values (O’Reilly et al., 1991, Posner & Schmidt, 1992, Sheridan, 1992), myths (Myer & Rowan, 1977), symbols (Dandridye et al., 1980). Some of the earliest references to the concept of culture as an internal organization variable are also found in the literature given by some other researchers (e.g., Harrison, 1972).
Functions of the Organizational Culture

Organization functions within the cultural system of the society in which it is located (Longenecker & Pringle 1981) The way the organization functions is affected not only by the powers of managers but also by underlying cultural forces. The culture regulates the way in which organizational members perform their work and even the way in which managers build relations and exercise power. Organizational culture is a product of leadership styles, organizational policies, practices, systems, traditions, conventions etc. Over a period of time, these aspects become a way of life in an organization. The sum total of all these components constitute organization's culture (Bate, 1984).

Organizational culture has been significantly important from the very beginning of the breakthrough of the approaches of organizational behaviour which is evident from the writings of Morey and Luthans (1987) who stated that "the culture has been a mainstay in the field of anthropology from its beginning and even was given attention in the early development of organizational behaviour."

Culture performs several functions within an organization. First, it has a boundary-defined role. That is, it creates distinctions between one organization and another. Second, it conveys a sense of identity for organization members. Third, culture facilitates the generation of commitment to something larger than one's individual self-interest. Fourth, it advances social system stability. Culture is the social glue that helps hold the organization together by
providing appropriate standards for what employees should say and do

**Finally culture serves as a sense making and control mechanism that guides and shapes the attitude and behaviour of the employees.** Culture defines the rules of the game

**Culture as a liability**

We are treating culture in a nonjudgmental manner. We have not said that it is good or bad, only that it exists. Many of its functions, as outlined here are viable for both the organization and the employee. Culture enhances organizational commitment and increase the consistency of employee behaviour. These are clearly benefits to an organization. From an employee’s standpoint, culture is valuable because it reduces ambiguity. It tells employees how things are done and what’s important. But we shouldn’t ignore the potentially dysfunctional culture especially of a strong culture.

Culture is a liability when the shared values do not agree with those that will further enhance the organization’s effectiveness. This situation is most likely to occur when the organization’s environment is dynamic. When the environment is undergoing rapid change, the organizations entrenched Culture may no longer be appropriate. Consistency of behaviour is an asset to an organization in a stable environment. It may, however, burden the organization and hinder its ability to respond to change in the environment.

**Strong versus Weak Cultures**
It has become increasingly popular to differentiate between strong and weak cultures. A strong culture is characterized by the organization’s core values being both intensively held and widely shared. The more members who accept the core values and the greater their commitment to these values, the stronger the culture is. Consistent with this definition, a strong culture will have a greater influence on the behaviour of its members because the high degree of sharedness and intensity creates an internal climate of high behavioural control. For example, Seattle-based Nordstrom has developed one of the stronger service cultures in the retailing industry.

A strong culture demonstrates high agreement among members about what the organization stands for. Such unanimity of purpose builds cohesiveness, loyalty and organization commitment. These qualities that culture perform and assess whether culture can be a liability for an organization.

The content and strength of a culture influences organization’s ethical climate and the ethical behaviour of its members. A strong organizational culture will exert more influence on employees than a weak one. If the culture is strong and supports high ethical standards, it should have a very powerful and positive influence on employee’s behaviour.

Although, studies on organizational culture have been increasing but there is no agreement on the concept and definition of culture. It is because of the complex socio-environmental networking. Culture related concepts (climate, environment, atmosphere, ethos etc.) have been used interchangeably, although an attempt has been made to delineate some of
them. Culture can be defined as the cumulative beliefs, values, and assumptions, underlying the interaction with nature and important phenomena (e.g., collectively, environment, context, time, biological differences, power, etc.). Culture is reflected in the artifacts-rituals, design of space, furniture, and ways of dealing with various phenomena. Distribution and concentration of power may be one basis of classifying culture. From this angle, organizational culture can be of four types: feudal, bureaucratic, technocratic, and entrepreneurial or organic.

SOCIAL SUPPORT

Brief History

The belief in the potential of social support to decrease stress and enhance coping has been widely supported in both the professional and lay literature. During the past three decades, no other coping resource has received such widespread attention. In fact, two reviews of stress and coping research in Nursing Literature from 1980 to 1990 (Artinian, 1993b) and from 1991 to 1995 (Ruiz Bueno & Underwood, in press) are worth mentioning.

The prevalence of both lay and professional support groups for all manner of health and social challenges attests to an inherent belief in the positive difference. This factor can make often, however, research findings appear equivocal. Explanations frequently on lack of consistent conceptualizations use of different measurement tools, often without sufficient psychometric strength, and lack of clarity about the theoretical underpinnings and the role that social support plays (Artinian, 1993b, Stewart and Tilden,
Major tools to measure social support are compared, and research in nursing and related disciplines is reviewed.

The attention to the role of social integration in health and well-being began as early as 1897 with Durkeheim's (1938, 1897/1951) study linking suicide rates to decreased social ties. As a result of increasing industrialization and urbanization in the 1920s, attention was drawn to the negative effects of disruption of social networks and the loss of social integration (McKenzie, 1926, Park & Burgess, 1926, Thomas & Znaniecki, 1920).

The concept of social support began to receive major attention in the 1970s, principally through the work of Antonovsky (1974, 1979), Caplan (1974), Cassel (1974, 1976), Cobb (1976), Kaplan, Cassel & Gore, 1974, and Weiss (1974) and as they began to examine factors that could ameliorate the effects of negative life events.

In the 1980s, many researchers turned their attention towards the conceptualization of social support and examination of the aspects that made a difference in coping with stress.

Kahn and Autonucci (1980) were particularly interested in the role of social networks, whereas House (1981) examined the role of social support in coping with work stress and the saliency of various forms of support. Wortman (1984) was also interested in the components of social support that made a difference, particularly in coping with stressors such as cancer patients (Dunkel-Schetter & Wortman, 1982).
An inherent belief in the efficacy of support groups rather than a strong research base spurred their proliferation by both professionals and the public throughout the 1980s – a trend that has continued. Some researchers have examined the role of support groups more systematically for naturally occurring events such as bereavement (Stroebe, Stroebe, Abakoumkin, & Schurt, 1996) and unnatural events such as rape (Coates & Winston, 1983).

Although nursing scientists were also interested in the potential of social support to promote postoperative recovery (Eisler, Wolfer & Diers, 1972) and coping with birth complications (Nuckolls, Cassel, & Kaplan, 1972), it was not until the 1980s that programs of research began, most notably with Brandt and Weinert (Brandt and Weinert, 1981; Weinert, 1984, 1988, Weinert & Brandt, 1987), Norbeck (Norbeck & Anderson, 1989), and Tilden (1983, 1984; Tilden & Gaylen, 1987), leading to the development of instrument to measure social support. In the 1990s Artinian (1991, 1992, 1993a), Graydon (Graydon & Ross, 1995) and Stewart (Hirth & Stewart, 1994; Stewart, Hart, & Mann, 1995; Stewart, Ritchi, McGrath, Thompson & Bruce, 1994) evidenced sustained research in the area of social support. The majority of researches, however, incorporated social support as a critical variable in isolated studies examining the health outcomes (Coffman, Levitt & Deets, 1990; Ferketich & Mercer, 1990; Mc Nett, 1987; Yarcheski & Mohan, 1989).

Jalowiec (1993) included social support as a component of her studies that focused on the development of an instrument to assess coping, she suggested that the type of support used might affects the outcomes. Other
researchers began to examine the type of support needed in different situations and how needs might change during the course of an illness Nyamathi (1987) for example found that emotional support is needed in dealing with the diagnosis of chronic illness whereas more tangible help is important as the illness progressed

According to Vaux (1988) social support has been viewed as a meta construct composed by many theoretical sub construct Cobb (1976) observe people with social support believes that they are loved and cared for esteemed, valued and a part of social network Kahn (1979), Kahn and Autonucci (1980) believes that seems to be a multidimensional construct which not only represents social relationship of the recipient but also his self-esteem in their own social order as if he is capable of mastering the environment

Types of Social Support

Cohen and Mckay (1984), Cohen and Willis (1985), Cutrona and Russell (1990) House (1984), Schafer et al. (1981), Wells (1984) have suggested that there are five types of social support. They are

1. Emotional Support
2. Esteem Support
3. Tangible or instrumental support and functional support
4. Informational support
5. Network support or structural support
Emotional Support It involves the expression of sympathy, caring and concern toward the person. It provides the person with a sense of comfort, reassurance, belongingness, and of being loved in terms of stress.

Esteem Support Esteem support occurs through people's expression of positive regard for the person, encouragement, and agreement with the individual's ideas or feelings, and positive comparison of the person with others such as people who are less able or worse off. This kind of support builds the individual's feeling of self-worth, competence, and of being valued. It is especially useful during the appraisal of stress such as when the person assesses whether the demands exceed her or his personal resources.

Tangible or Instrumental Support or Functional Support This type of support involves direct assistance, as when people give the person money or help at the times of stress.

Informational Support Informational support includes giving advice, directions, suggestions, or feedback about how the person is doing. For example, a person who is ill might get information from family or a physician on how to treat the illness.

Network Support or Structural Support It provides a feeling of membership in a group of people who share interests and social activities. In the recent literature, social support has been classified into two different categories.

1. Perceived Support: It generally refers to the psychological sense of support derived feeling loved, valued, and part of a network or reliable and
trusted social relationship (Gottlieb 1985). It is more stable over time because it is not context dependent.

2. Received Support: It represents concrete instance of helping derived from one's social network. With this help in provisions usually being categorized as emotional support, instrumental support, appraisal support, and informational support (House & Kahn, 1985). Authors have used the term "inacted" support in the place of received support (Barrera, 1986; Tardy, 1985).

The types of support a person received and needs depend on the stressful events. For example, instrumental or structural support may be more important for people who are seriously ill.

Weiss (1974) specified six dimensions: attachment, social integration, nurturance, reassurance of worth, and reliable alliance with kin. Early on, Gottlieb (1978) added elements of physical intervention to the conceptualization of social support.

Kahn (1979) and Kahn and Autonucci (1980) delineated three forms of social support: aid (direct assistance—things, money, and information), affects (expression of caring, respect, and love), and affirmation (acknowledgement of the appropriateness or rightness of acts or statements). Norbeck (1981, 1984) used these dimensions in her research.

Wortman (1984) and Underwood (1986) added the form of listening. Barrera (1986) extended the work of Gottlieb and proposed conceptualization that incorporated six elements with notable similarities those of House (1981): material aid, physical assistance, intimate interaction, guidance, feedback, and...
social participation. Hinds and Moyer (1997) identified three forms of social support: being there (physically, emotionally, and spiritually), giving help, and giving information and advice. These findings help deductively derived conceptualizations.

Sources of Support

There is evidence that differences in the benefit of social support are perceived on the basis of categories of provider (Carveth & Gottlieb, 1979, Dunkel-Schetter, 1981, Lederman, Lederman, Work & Mc Cann, 1979, Underwood, 1986). Sources of support, however, may be viewed differentially with respect to the forms of support they are able to provide. Support from family and friends may be valued, but they may not be the best resources for information needed to facilitate effective coping in a given situation. Therefore, professional sources may at times play a more prominent role. The degree to which professional support is valued, sought out, and used may also be a function of culture. For example, middle class Euro/Caucasian American child-bearing women frequently turn to professional and semi-professional sources of support dealing with the challenges of childbearing (Underwood, 1986), whereas Latinos may prefer family and lay sources of support.

Vaux and Harrison (1985) noted that social support varied across subgroups of the population. To date, the socio-cultural and socioeconomic influences on preferred sources of support have received insufficient attention. Conceptualization of social support that incorporate the dimension of network more frequently reflect their structural as opposed to functional properties.
Effects of Social Support

The main effect of social support proposes that there is a direct relationship between social support and outcomes variables such as well-being. The main effects of social support have been supported in many studies. For example, Hatchett, Friend, Symister and Wadhva (1997) studied 42 end-stage renal disease patients. The inventory of socially supportive behaviours (Barrera, Sandler & Ramsay, 1981) was used to measure the exchange of four forms of social support (emotional, instrumental, appraisal and informal). They found that increased perceived social support from family correlated with decreased hopelessness ($r = -0.25$, $p < 0.05$). Increased perceived social support from the medical staff was correlated with increases in optimism ($r = 0.27$, $p < 0.05$).

Social Support: Health and Well-being

Researches have proposed two theories – the “buffering and direct effect” hypothesis to explain the influence of social support on health and well-being. Studies have found evidence consistent with both theories (Cohen & Wills, 1985, Thoits, 1982, Wartman & Dunkel-Schetter, 1987).

Buffering Hypothesis. According to this hypothesis, social support affects health by protecting the person against these negative effects of high stress. This hypothesis states that protective function is effective only when the person encounters a strong stressor under low stress conditions, little or no buffering occurs. Cohen and Wills (1985) suggested that there are at least two ways of the buffering process. One way involves the process of cognitive
appraisal. When people encounter a strong stressor, such as a major financial crisis, those individuals with high social support may expect that someone they know can and will help such as by providing the needed money going advice on how to get it. As a result they judge that they can meet the demands and decide that the situation is not very stressful. Social support can buffer the effects of stress by modifying people's to a stressor after they have appraised the situation as stressful. For example, people with high social support might have someone to provide a solution to the problem, convince them that the problem is not very important, or cheer them on to "look on the bright side or count their blessing." People with little social support are much less likely to have any of these advantages to the negative impact of the stress is greater for them than those with high level of support.

**Direct Effect Hypothesis** This hypothesis maintains that social support is beneficial to health and well-being regardless of the amount of stress people experience. According to this hypothesis, the beneficial effects of social support are similar under high and low stressor intensities. There is several ways by which direct effects may work (Cohen and Wills, 1985, Wortman & Dunkel-Schetter, 1987). For instance, people with high level of social support may have a greater sense of belongingness and self-esteem than those with little support. The positive effects of this hypothesis could be beneficial to health independently of stress experiences, such as making individuals more resistant to infection. High level of support may also encourage people to lead more healthful lifestyles than low social support people.
people may feel that others care about them and need them. They do exercise, eat well and seek medical attention before a problem becomes serious.

Observation in a variety of settings led to the idea that social support (a) contributes to positive adjustment and personal development and increased well-being in general (Brenda et al., 1980; Cohen & Wills, 1985) and (b) provides a buffer against the psychological consequences of exposure to stressful life events (Cohen & Syme, 1985; Cohen & Wills, 1985; Kessler & Mcleod, 1985).

Researchers in the area of social support have found common themes related to the perception of outcomes of interaction between people. In this view, there are five outcomes constituting social support:

1) The perception of a positive emotion towards oneself from another,

2) Encouragement by another person to express one's beliefs or feelings in a non-threatening environment

3) Having one person agree with one's beliefs or feelings

4) The receipt of needed good services and

5) Confirmation that others will be there when needed. The perception of social support services, an important function, is maintaining a positive sense of well-being by enabling one to cope with and adapt to stress. It has been shown to have a positive effect on physical as well as on mental health.

Social support can influence our health by making us less likely to experience negative emotions (Cohen, 1988). A strong social support network...
promotes positive mood and emotions, enhance self-esteem, and increases feelings of personal control. Relationships are the basis of social support. One of the main sources of happiness and mental and physical health. Berkman and Syme (1979) found that the presence of intimate ties with friends and relatives are strongly related to low mortality rates and people who lacked community ties had considerably higher death rates than people with extensive social contacts. However, they also found that deficits in family's friendship ties were more strongly related to mortality than were deficits in more general community ties. Implicit in such findings gives the idea that intimate type of relationship (such as with friends and family) were the greatest sources of support.

**Research in Nurses**

Social support researchers have tended to focus on patients or population groups coping with identified problems. The assessment of modifiers and mediators of burnout among nurses is one area in which there is considerable research focused on professionals as they carry out their roles. Daquette, Keroua, Sandhu, and Beaudet (1994) conducted a thorough review of the literature in relation to burnout among nurses. They located eight studies that focused on the influence of social support (Constable & Russell, 1986, Dick, 1986, Duxbury, Armstrong, Drew & Henly, 1984, Haley, 1986, Hare, Pratt, & Andrews, 1988, Mallett, 1988, Mickschel, 1984, Paredes, 1982). It was found that these studies used a consistent measure of burnout, the Maslach Burnout index developed by Maslach and Jackson (1981). The same was not true for social support.
different tool were used. All studies consistently found a negative relationship between social support and burnout.

Ihlenfeld (1996) examined the level of support that staff nurse (N=24), nursing faculty (N=107) and home health nurses (N=128) received from their administrators within the staff nurses. Faculty members reported receiving little support from their Deans or Chairpersons but did not state that they wanted more support. In all these studies, significant negative relationship was found. The consistency of such findings suggest that it may be very cost-effective nursing administrators to give conscious attention to provision of support decrease burnout increased among staff.

Need of the Present Study

A major assumption in most of the burnout literature is that burnout emerges predominately in care giving and/or people-oriented roles, such as nursing, social work, teaching and policing. The present study investigated burnout in relation to perceived organizational culture and social support among nurses of private and government hospitals.

Despite researchers' interest in personality, attitudinal and behavioural correlates of burnout and job involvement, the predominant research focus has been on job-related and organizational factors, particularly because their relationship with burnout and job involvement may be more directly assessed and because of the more obvious implications for interventions to reduce burnout levels and increased job involvement. Empirical research on the relationship
between job burnout and perceived organizational culture and relationship between job involvement and perceived organizational culture did not exist.

In view of the unprecedented pace of social and organizational change, the dearth of studies available in India on job involvement, the investigator has endeavoured to study the job involvement in relation to perceived organizational culture and social support among nurses of private and government hospitals. Need of the present study emerged also from the realization of the fact that job involvement depends much upon the organizational culture and social support network of the organization and employees. Job involvement of the nurses is a motivating force in relation to patients and doctors. Therefore the present investigator feels that there is a need for complete understanding of the job involvement and its correlates.

Another observation was that the rapid socio-cultural changes and pressures from organizations and family enhance the level of job burnout of nurses. Thus, in the present study an endeavour has been made to examine the relation of job burnout with perceived organizational culture and social support. The concept of job burnout is still unexplored. Hence, in the present investigation, an attempt in this direction has been made.

In the present study, the sample under study was nurses from the private and government hospitals. This deliberate choice for the nurses was made mainly because, in any type of hospital, the responsibility of caring of the patients much depends on the nurses.