



Depressive symptoms and the salience of job satisfaction over the life course of professionals[☆]



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ABSTRACT

Despite growing interest in the relationship between job satisfaction and well-being, little is known about *how* job satisfaction and mental health may vary with age or stage of career. The professions, in particular, represent somewhat of a black box. Rewards associated with being a professional include prestige, autonomy, high income, heavy responsibilities, long working hours, and tight deadlines. Are professional jobs healthy jobs? The purpose of this paper is to investigate how mental health trajectories of legal professionals are a function of job satisfaction and how this relationship varies over stages of the life course. We apply a life course perspective and incorporate theories of work-family interface, role identity, and job-demands control. Using growth curve models with longitudinal panel data tracking the careers and lives of lawyers, we find declines in the trajectories of depressive symptoms over the life course. Job satisfaction is salient to trajectories of depressive symptoms, with pronounced effects during the early career years. We also find that mental health is improved by authority and control in the workplace as well as by marriage/cohabitation. These processes are observed to differ for men and women during the early career to periods of midlife.

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1. Introduction

Professionals are largely seen as a distinguished class of workers who serve public needs and enjoy considerable prestige and job autonomy. Unlike non-professional workers, professionals are largely shielded from the physical, monotonous or unpleasant work conditions (Chan, Anstey, Windsor, & Luszcz, 2011; Gorman 2015). Yet, does the work of professionals necessarily result in better mental health? Research in the sociology of work exploring

health outcomes emphasizes that jobs with high demands and low control are linked to stress and other health problems, while jobs with low demands and high control or high demands and high control (i.e., active involvement) are “healthier jobs” (Karasek & Theorell, 1990; Siegrist et al., 2004). High status professions are characterized by active work involvement and yet high levels of work involvement are also found to negatively affect job satisfaction and mental health and to interfere with personal lives (Fischer & Sousa-Pouza, 2009).

We examine how mental health trajectories for a sample of legal professionals are a function of job satisfaction and how this relationship varies over the life course. Similar to physicians and engineers, lawyers are members of a high status profession with advanced educational and professional certification requirements. Lawyers enjoy considerable prestige and their work is characterized by expert knowledge, autonomy, a normative orientation toward serving others, and high financial rewards (Gorman & Sandefur, 2011). At the same time, law is a demanding career, involving long hours, frequent tight deadlines, and pressure to recruit new clients. In recent years, the legal profession has also

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faced increased competition, both within the profession and externally from other professions seeking to expand their services, and rising performance demands that have brought issues of job satisfaction, mental health and overall well-being to the fore (Beauregard & Henry, 2009).

It is tempting to attribute problems of mental health and overall well-being to the personalities of individuals drawn into the professions. However, research demonstrates that the nature of high status jobs and an individual's relationships over the life course are in fact more salient factors (Wheaton & Reid, 2008). Yet, while research points to significant effects of work demands, organizational context and family life on mental health and well-being more generally, there exists little empirical research that explores the effects of job satisfaction on mental health (i.e., depressive symptoms) and how this relationship varies over the life span of high status professionals.¹

We employ a life course perspective (Elder et al., 2003), with the overarching assumption that trajectories of depressive symptoms vary by age and that these age-related variations are sensitive to the influence of work characteristics, personal disposition and family circumstances during critical career and life developmental phases (Walsemann et al., 2009). This approach offers new insight toward understanding sources of change across careers, with impacts on mental health. Moen and Roehling (2005), for example, document divergent career patterns for men and women, particularly as they become parents. Changing demands and resources associated with different stages of career and the life course may be highly relevant to individuals' mental health (Rubin & Brody, 2011). For instance, personal relationships and family involvements may offer important resources that protect against job dissatisfaction (Salami, 2010) and buffer against feelings of depression.

To better understand the trajectories of depressive symptoms among professionals, we address the following questions: (1) How do depressive symptoms change over the course of professionals' working lives? (2) Do professionals' trajectories of depressive symptoms change over the life course with respect to job satisfaction? (3) How do work characteristics (i.e., career commitment, workplace authority), personal disposition (i.e., sense of control), and socio-demographic characteristics (i.e., gender, marital status, and young children at home) shape the trajectory of depressive symptoms?

This study is among the first to examine the relationship between job satisfaction and depression over the life course of professionals. Greatly lacking in the literature on professionals is research that involves longitudinal data, tracking professionals' work and life contexts across time (Boz, Martínez-Corts, & Munduate, 2016; Moen, Fan, & Kelly, 2013). We collected unique occupational and life history data from three waves of a longitudinal panel study administered between 1991 and 2006. We use growth curve models to examine life course trajectories of depressive symptoms among professionals (Singer & Willett, 2003). As a class of multilevel models, growth curve models are well suited to study *how* an outcome variable varies by age. These models also account for the dependency of repeated observations and accommodate unbalanced designs (Bryk & Raudenbush, 1992). We draw from theories of work-family interface, role identity and job-demands control to better understand the underlying mechanisms shaping mental health over the life course. Our study introduces theoretically-based dispositional measures of sense of

control and identity salience. The emphasis on the role of dispositions combined with shifting work and family contexts makes a useful contribution to the literature on mental health among professionals.

We begin by examining the research on job satisfaction and depression to develop a life course framework. Following this, we draw on theories of work-family interface, role identity and job-demands control to incorporate important variables into our approach.

2. Theoretical framework

2.1. Job satisfaction and mental health over the life course

Studies of jobs and mental health or overall well-being have concentrated on the effects of work experiences and work attitudes, and to some extent on job satisfaction (Major et al., 2002; Sloan, 2012). Recent research finds low job satisfaction is strongly linked to burnout, low self-esteem, and depression (Hall, Dollard, Winefield, Dormann, & Bakker, 2013). Professionals are regularly required to work well beyond their contracted hours to meet tight deadlines and targeted goals (Fry & Cohen, 2009). The responsibilities in these jobs have become increasingly demanding, leaving professionals with greater workloads, despite relatively high control and autonomy. Escalating demands may increase job dissatisfaction and levels of depression, particularly for women who typically bear heavier responsibility for child care and housework (Moen et al., 2013). A few studies show that women have lower job satisfaction than men (Sloane & Ward, 2001), although most research demonstrates women and men professionals are surprisingly *similar* in their levels of job satisfaction (Kay & Gorman, 2008). These studies suggest that *overall* levels of job satisfaction are similar for men and women, despite women's beneath-the-surface discontent with specific aspects of their work (Hagan & Kay, 2007).

The relationship between job satisfaction and depression may also vary across stages of the life course (Elder et al., 2003). Compared to younger adults, older adults on average are found to feel happier and less stressed (Urry & Gross, 2010). Theories suggest that this variation in psychological well-being over the life course comes with 'increased wisdom' and the ability to manage more effectively emotions. Studies that focus on age differences in work values and job satisfaction show that older workers shift their emotional investments to activities away from work challenges, resulting in increased job satisfaction and positive health outcomes (Edwards et al., 2006; Hedge et al., 2006). We therefore expect that age is negatively associated with trajectories of depressive symptoms. We also hypothesize that differences in job satisfaction affect trajectories of depressive symptoms, that is, high levels of job satisfaction will account for better mental health in the early and midlife periods of working professionals, while initial job dissatisfaction will negatively impact mental health.

2.2. Job-demands control, personal disposition, and mental health

Research suggests that when considering work characteristics in predicting outcomes of well-being, researchers should include measures of job level (Boz et al., 2016). More specific than job level are measurements that assess the authority or decision-making power of workers. Karasek's job-demands control model (Karasek & Theorell, 1990; Karasek, 1979) argues that health risks are in part a function of "decision-latitude" of a job. This includes whether a worker has the opportunity to learn and use new skills, exercise initiative and control some conditions of their working life, such as

¹ We use the term 'mental health' and 'depressive symptoms' interchangeably. In our literature review we draw on studies that examine 'overall emotional well-being' which refer to depression, anxiety, stress, and general negative self-directed feelings.

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