



Job satisfaction developmental trajectories and health: A life course perspective



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ABSTRACT

Understanding the health consequence of job dissatisfaction becomes increasingly important because job insecurity, stress and dissatisfaction have significantly increased in the United States in the last decade. Despite the extensive work in this area, prior studies nonetheless may underestimate the harmful effect of job dissatisfaction due to the cross-sectional nature of their data and sample selection bias. This study applies a life-course approach to more comprehensively examine the relationship between job satisfaction and health. Using data from the NLSY 1979 cohort, we estimate group based job satisfaction trajectories of respondents starting at age 25 and ending at age 39. Four job satisfaction trajectory groups are identified, a consistently high satisfaction group, a downward group, an upward group, and a lowest satisfaction group. We examine the effects of these trajectories on several physical and mental health outcomes of respondents in their early forties. We find membership in the lowest job satisfaction trajectory group to be negatively associated with all five mental health outcomes, supporting the accumulation of risks life course model. Those in the upward job satisfaction trajectory group have similar health outcomes to those in the high job satisfaction trajectory group, supporting the social mobility life course model. Overall, we find the relationship between job satisfaction trajectories and health to be stronger for mental health compared to physical health.

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1. Introduction

Prior research has repeatedly shown job satisfaction to be associated with physical and mental health (Faragher et al., 2005; Nakata et al., 2013; Fischer and Sousa-Poza, 2009; Heslop et al., 2002). A meta-analysis on 485 studies found job satisfaction to be strongly associated with mental health and moderately associated with physical health (Faragher et al., 2005). Recent research has also discovered job satisfaction to influence several biomarkers and anti-inflammatory agents that are related to the immune system (Nakata et al., 2013; Nakata et al., 2010). Job satisfaction's influence over health is not surprising when we consider the substantial amount of time most people spend at work. Dissatisfaction at work can lead to elevated stress levels not to mention an increased strain in individuals' work and family interface (Schieman and Reid, 2009; Schieman et al., 2009). The last few decades have seen numerous technology advances and widespread globalization that have

changed previous job practices and increased job insecurity among workers (Kalleberg, 2011; Bernhardt, 2012; Fullerton and Wallace, 2007; Handel, 2005). This observed rise in job insecurity has been found to negatively affect overall job satisfaction levels (Kalleberg, 2011; Artz and Kaya, 2014; Bell and Blanchflower, 2011). The Great Recession has further contributed to these observed trends, suggesting that overall health and well-being may start to diminish without some sort of policy intervention (Kalleberg, 2011; Ferrie et al., 1999). Therefore, understanding the relationship between job satisfaction and health may be crucial for improving future health conditions.

Although the relationship between job satisfaction and health has been extensively studied, we still know very little about this relationship from a life course perspective. The majority of prior studies on job satisfaction and health are cross-sectional or based on a few recent time points. By neglecting possible additive cumulative effects from multiple experiences of job dissatisfaction these studies may underestimate the relationship between job satisfaction and health, but the incorporation of life course models that account for job satisfaction levels over an extended period of time may help correct for this. Life course models theorize that in order to understand health processes over the life course, we must

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analyze how exposures have accumulated over a lifetime (Haas, 2008). Social inequalities in adult health may be the result of exposures to cumulative disadvantage or stress accumulation during childhood, adolescence, young adulthood, and later adult life (Kuh et al., 2003). Another limitation of previous studies is they tend to only include the working population and as a result are unable to account for the downward bias that may occur due to unequal selection out of the labor market for those experiencing health problems or job dissatisfaction. A study that is able to include both the working and non-working population would be able to overcome this potential bias.

We use data from the National Longitudinal Survey of Youth 1979 cohort (NLSY79) to examine how heterogeneity in job satisfaction developmental trajectories of individuals starting at age 25 and ending at age 39 influence health outcomes after the age of 40. The application of job satisfaction developmental trajectories allows for the incorporation of life course models to observe if prolonged job satisfaction has a greater beneficial effect on health outcomes compared to intermittently experienced or most recent levels of job satisfaction. Trajectory analysis also permits us to include both the working and non-working population in our health models in contrast to prior studies that mainly include only the working population (Nakata et al., 2013; Fischer and Sousa-Poza, 2009; Heslop et al., 2002). Both advantages aid in our assessment of whether the effects of job satisfaction are strong enough to influence physical health more than the non-existent to modest relationship found in past studies (Faragher et al., 2005; Heslop et al., 2002).

1.1. Job satisfaction and health

Job satisfaction has been posited to influence health due to its effect on stress levels. Elevated stress levels have been found to be highly correlated with a number of negative health outcomes, including a weakened immune system (Schneiderman et al., 2005; Segerstrom and Miller, 2004). Low job satisfaction can upset the balance between work and family life, resulting in an additional strain for individuals and elevated stress levels (Schieman and Reid, 2009; Schieman et al., 2009). Previous research has found job satisfaction to affect a number of health outcomes (Faragher et al., 2005; Nakata et al., 2013; Fischer and Sousa-Poza, 2009; Heslop et al., 2002). In a meta-analysis of 485 studies, job satisfaction was found to be strongly associated with several mental health outcomes such as depression, burnout, self-esteem, and anxiety (Faragher et al., 2005). Another study found higher job satisfaction to be linked to higher self-rated health, less health service contact, less difficulty climbing up stairs, and fewer sick leaves from work (Fischer and Sousa-Poza, 2009). Past research has typically found the relationship between job satisfaction and mental health to be stronger than its relationship to physical health. One study concluded that job satisfaction was not linked to cardiovascular risk factors or mortality (Heslop et al., 2002). In the meta-analysis study, the correlation of job satisfaction to mental health was stronger than to physical health (Faragher et al., 2005).

The modest association between job satisfaction and physical health may be due to previous analysis relying on cross-sectional measures of job satisfaction. These studies are not able to distinguish between those experiencing temporary job dissatisfaction and those who have been experiencing prolonged job dissatisfaction. Past studies may have also failed to find a strong relationship between job satisfaction and physical health because a majority of them were conducted on the working population only. They did not capture people who drop out of the labor market due to job dissatisfaction or health problems, which will lead to the underestimation of the beneficial effect of job satisfaction on health.

Group based trajectory models can correct for this bias by including both the working and non-working population (Nagin and Land, 1993; Jones et al., 2001). These models can generate several heterogeneous job satisfaction trajectories from individual level longitudinal data and assign individuals to these job satisfaction trajectories. Missing data at the individual level due to unemployment at one point in time does not prevent a respondent from being assigned to a trajectory group. Therefore, we are able to capture both the working and non-working population in our analyses. Our study will analyze the effect of job satisfaction trajectories on both mental and physical health outcomes to test whether the effect is stronger for mental or physical health, and whether the timing of initiation and length of duration of job satisfaction matter for health outcomes.

1.2. Job satisfaction over the life course

The life course perspective has been applied to investigate the effects of early-life socioeconomic status (SES) and health. These studies have shown for SES that both persistent disadvantage and downward mobility are detrimental for health (Pudrovska and Anikputa, 2013; Kahn and Pearlin, 2006; Hallqvist et al., 2004). While life course theories have been widely applied for SES and health, they have yet to be extensively applied to job satisfaction and health. Our analysis is based on a life-course perspective where various job satisfaction trajectories with different timings of initiation and lengths of duration are tested on later health outcomes. In particular, we draw on two life course models to examine the relationship between job satisfaction and health. The first is the accumulation of risks model, which suggests that repeated deleterious exposures (environmental, socioeconomic, or psychological) experienced over the life course will have a cumulative effect on health (Pudrovska and Anikputa, 2013). Evidence of this model has been found in relation to exposures of socioeconomic disadvantage (Hallqvist et al., 2004) and occupational stress (Montgomery et al., 2000). For example, Montgomery et al. (2000) found the total number of years individuals spent in a job with low decision latitude to be significantly associated with systolic blood pressure and pulse pressure.

The accumulation of risks model would predict each instance of job dissatisfaction experienced by a person to contribute to an overall negative cumulative effect on health and emphasizes that prolonged exposure will have added negative effects compared to intermittent negative exposure. Those who experience the most instances of job dissatisfaction would be predicted to have the worst health. The timing of job dissatisfaction is not important for this model, only the number of instances matter. This leads to our first hypothesis: *Those that experience prolonged job dissatisfaction trajectories will have worse health than those who experience intermittent or no job dissatisfaction.*

The second life course model we utilize is the social mobility model. This model allows for early deleterious exposures to be combated later by improved conditions (Ferraro and Shippee, 2009). Although early deleterious exposures to socioeconomic conditions or psychological stressors will contribute to an overall negative cumulative effect on health, this cumulative effect can be alleviated if further hardships are avoided in later periods (Kahn and Pearlin, 2006). Applied to job satisfaction, this theory would predict the negative effects of early job dissatisfaction on health to be reversed if increased job satisfaction is experienced in later life stages. Past research has shown that those who experience upward mobility in socioeconomic status have better health outcomes compared to those who experience prolonged socioeconomic disadvantage or downward mobility and to have similar health outcomes to those who experience prolonged high socioeconomic

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