



The relationship between three stages of job change and long-term sickness absence



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ABSTRACT

Although several researchers originally assumed that change always causes strain, a growing number of studies suggest that job change can have positive effects. However, the focus of these studies has generally been on subjective measures of satisfaction and well-being and rarely on health. Therefore, the purpose of the present study was to investigate how job change relates to long-term sickness absence during three stages: exit, entry, and normalization. Norwegian hospital employees, a low-unemployment group, were followed over a 6-year period as they moved in and out of different jobs. The study used fixed-effect methods to analyze changes in absence for each employee. The results show increased odds of long-term sickness absence during the 2 years prior to exiting an organization, a significant drop after the employee entered a new organization, and then a gradual increase in long-term sickness absence thereafter. After 2 years, the employee's odds of entering into long-term sickness absence were no longer significantly different from normal (i.e., the odds in months not related to job change). These findings on employee health are congruent with conclusions drawn from research on job satisfaction and well-being.

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Introduction

For the last 50–60 years, authors have argued that change is increasingly frequent (Ashforth, 2001; Hopson & Adams, 1976). Indeed, people's lives are filled with changes and transitions in their personal lives and workplaces. Consequently, there is an interest in learning more about the effects of these changes.

Researchers were originally focused on the potential negative effects of change, arguing that even though changes are not necessarily negative in a conventional sense, adapting to new circumstances would always cause strain and could lead to illness (Adams, 1976; Holmes & Rahe, 1967). However, empirical findings have contradicted this assumption and shown a correlation between desirable life events and reduced strain (Aro & Hanninen, 1984). In particular, focus has been placed on the positive consequences of changing jobs, arguing that a change can lead to enhanced well-being (Newton & Keenan, 1990). Several studies have supported this assumption (Boswell, Boudreau, & Tichy, 2005; de Lange, De Witte, & Notelaers, 2008; Newton & Keenan, 1990). However, the focus of these studies has generally been on self-report measures of job satisfaction and work conditions, and rarely on health measures. Positive as well as negative stimuli at work can elicit immediate and enduring responses in the

individual, such as changes in hormone production, blood pressure, and sleep patterns—responses that could affect the individual's health (Heaphy & Dutton, 2008; Shirom, 2003).

The purpose of the present study is therefore to test whether the conclusions from current literature on job change can be generalized to a more objective measure of health, namely long-term sickness absence (Kivimaki et al., 2003; Marmot, Feeney, Shipley, North, & Syme, 1995). Long-term sickness absence is defined as an absence of more than 16 days due to one's own mental or physical ill-health. The absence requires a medical certificate (NAV, n.d.-b). Compared to short-term absence, long-term absence is less likely to be influenced by factors other than health, such as motivation to attend work (Kivimaki et al., 2003; Marmot et al., 1995). In this paper, job change is operationalized as a change of employer.

The three stages of job change

The process of changing jobs can generally be divided into three stages. Stage 1 is what precedes the change; Stage 2 is the reaction to the change and the encounter with the new organization; and Stage 3 is when the employee settles in and the reaction wears off. In accordance with Ashforth (2001) description of role transitions, I refer to the three stages as exit, entry, and normalization.

The time leading up to the change, the **exit** stage, is characterized by why people change jobs – they are dissatisfied with their present

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job, tempted by a more desirable job, and/or forced to leave (Ashforth, 2001; Swider, Boswell, & Zimmerman, 2011). In particular, research has shown that reduced job satisfaction, poorer working conditions, limited growth opportunities, and emotional and physical strain are some of the important reasons why people change employers (Kirjonen & Hanninen, 1986; Newton & Keenan, 1990; de Lange et al., 2008; Swaen, Kant, van Amelsvoort, & Beurskens, 2002; West & Nicholson, 1989). If the factors facilitating job change are also likely to increase sickness absence, it would be natural to find increased levels of sickness absence in the time prior to change.

In transition literature, this stage has also been referred to as a preparation stage, focusing on the employee getting ready for the change and the new job (Nicholson & West, 1988). When employees are aware that they are going to change jobs, feelings of uncertainty and anxiety about the change might also affect their health and absence (Nicholson & West, 1988).

Hypothesis 1: The odds of long-term sickness absence increase prior to job change.

The **entry** stage is when the employee first enters the new organization. This stage has also been called the encounter and adjustment stages (Louis, 1980; Nicholson & West, 1988) and the honeymoon stage (Boswell et al., 2005). In this stage, the employee must adjust to a new setting, the contrast from the previous setting, and the differences between the expectations and experiences of the new job versus the old job (Louis, 1980). The employee will take on a different set of tasks and must learn how to accomplish them (Louis, 1980). As previously mentioned, the current literature conflicts with regard to whether coping with the demands of this adjustment enhances or impairs health.

Several of these studies suggest that job change enhances well-being, with employees reporting improved working conditions, increased job satisfaction, and reduced strain after job change (Boswell et al., 2005; de Lange et al., 2008; Newton & Keenan, 1990; Swaen et al., 2002). Some studies have even shown improvements in self-reported health (Kirjonen & Hanninen, 1986; Swaen et al., 2002). Authors have argued that improved well-being might be caused by the employee switching to a better job (van der Velde & Feij, 1995), the perception of changing to a better job (Boswell et al., 2005), or the challenge of mastering a novel situation (Boswell, Shipp, Payne, & Culbertson, 2009). Some or all of these factors might simultaneously affect the employees' well-being. The employee might have chosen to change to the new job because they perceive it as a better job – a less straining job or a way of moving toward career objectives (Nicholson & West, 1988; West & Nicholson, 1989). When starting the new job, the employee is likely to view the job in a more favorable light. Dissatisfying elements of the new job are likely to be unknown (Boswell et al., 2005) and the organization might present its most favorable self (Ashforth, 2001), and to avoid cognitive dissonance the employee is motivated to exaggerate the attractiveness of his choice (Festinger, 1962). The adjustment experienced in the entry stage as the employee makes sense of the new situation and learns new skills might also be highly stimulating to the individual (Boswell et al., 2009). Indeed, the opportunity for growth and to challenge and stretch one's abilities is generally considered motivating and important for well-being (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001; Hackman & Oldham, 1976). A Danish study supports this idea, showing that employees find their jobs more interesting, inspirational, and rewarding in terms of self-esteem during the first months of employment (Arbeidsmiljødatabanken, n.d.).

These findings and reasoning seem to be in direct contrast to the notion that change and the process of adapting to new circumstances is always straining and facilitates illness (Adams, 1976; Holmes & Rahe, 1967). However, the studies supporting increased

well-being generally use self-report measures and mainly focus on the employee's satisfaction with the job and perceived well-being. Although these are important measures of well-being, the findings do not preclude that employees, while feeling excited about the new job, are also more vulnerable to illness. Indeed, Nicholson and West (1988) found that job change often led to both increased stress and satisfaction, and argued that the two are almost synonymous for many job changers. Similarly, Adams (1976) argued that transitions will always cause a stress response. The reaction can make the new employee feel more alert and energized, but if prolonged will also make the employee more vulnerable to a long list of illnesses.

Studies investigating more objective measures of health have generally not focused on the effect of one job change, but rather compared employees with more or less stable work histories. The results have been mixed (Horne & Picard, 1979; Kaplan et al., 1971; Pavalko, Elder, & Clipp, 1993), and might be highly influenced by other factors besides the effect of change on health, such as differences in socioeconomic background between frequent changers and stable employees or the effects of different types of jobs (Biemann, Zacher, & Feldman, 2012; Tokar, Fischer, & Mezydlo Subich, 1998). Pavalko et al. (1993) showed that men who experienced a period of several unrelated job shifts had 57% higher mortality risk than those who had no such period. However, the effect seems to be independent of mid-life health problems, and the authors concluded that it was more likely to have been caused by late entry into a stable career than by work stress caused by the changes.

The current literature therefore generally supports that job change leads to an increase in well-being, but further investigation is necessary to learn to what extent this effect can be generalized to an objective measure of health, such as long-term sickness absence.

Hypothesis 2: A job change is followed by reduced odds of long-term sickness absence.

The **normalization** stage is characterized by the employees gradually rendering the new and unexpected as more or less ordinary (Ashforth, 2001). Eventually, the initial high of the new job wears off as they become settled, job tasks become more mundane, and the employees gain increased awareness of the negative aspects of the new job (Boswell et al., 2005). The effect of positive or negative aspects of the new job is also likely to gradually be reduced as repeated exposure leads the employee to adapt and get used to the new circumstances (Ashforth & Kreiner, 2002). This is a time of stabilization and fine tuning, before the employee again approaches the next transition and the circle repeats itself (Nicholson & West, 1988).

Boswell et al. (2005, 2009) showed that after the initial increase in job satisfaction, levels will steadily decline. Similarly, Dunford, Shipp, Boss, Angermeier, and Boss (2012) demonstrated that newcomers' levels of emotional exhaustion and depersonalization increased the first year of employment, and leveled off by 2 years into the position. Job satisfaction and burnout dimensions measured by Dunford et al. (2012) are important factors for health and sickness absence (Ahola et al., 2008; Marmot et al., 1995). Thus, I expect the level of long-term absence will show a similar pattern.

Hypothesis 3: The effect of the change will wear off and the odds of long-term sickness absence will return to the same level as prior to the exit stage.

The Norwegian work force and the health sector

I focused on Norwegian hospital employees. I argue that job change is of particular importance for the health and social sector,

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