



The inconsistent mediating effects of psychosocial work characteristics on the education–health relationship

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ABSTRACT

This study examined the relationship between psychosocial work characteristics and educational disparities in health. Informed by the evidence on the relationship between work pressure and higher education, we suggested reframing the distribution of psychosocial work characteristics in the context of education. We differentiated psychosocial work resources from demands and hypothesized that the inconsistent mediation effects of psychosocial resources and demands are associated with educational status. Using data from the 2008 National Study of Changing Workforce (NSCW), we found that psychosocial work resources and demands had inconsistent mediating effects on the education–health relationship. Higher educated employees were more likely to report autonomy, challenge and schedule control, but they were also more likely to experience overtime hours, job overload and work–family conflict. Work resources appeared to protect higher-educated workers from stress and health problems while work demands put them at risk of less favorable health outcomes. In addition we found that the ‘costs’ of psychosocial work demands were stronger among women, particularly those who were highly educated, suggesting that highly educated women did not reap the full health benefit of high educational attainment. Our findings illustrate that the observed positive associations between education and health mask important heterogeneity in the effects of psychosocial work characteristics. We discuss the implications of this study for health and family-based work policies.

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Introduction

The health advantages of higher education are consistently documented in the literature. Highly educated individuals have abundant economic resources (Miech & Shanahan, 2000), higher personal control and self-esteem (Gallo & Matthews, 2003), more self-direction (Mirowsky & Ross, 2003a), greater likelihood of employment, and higher levels of occupational prestige (Tausig, 1999). All these things function as protective roles for health (Mirowsky & Ross, 2003a). While researchers generally agree that economic resources explain only part of the education–health relationship, there is no clear consensus about the adequacy of other possible mechanisms underlying the link between education and health.

Recent research has focused on the mediation effects of physical and psychological working conditions on health (e.g. Brand, Warren, Carayon, & Hoonakker, 2007; Schieman, Glavin, & Milkie, 2009; Schieman, Whitestone, van Gundy, 2006; Warren, Hoonakker, Carayon, & Brand, 2004). People with higher

education tend to experience more psychosocial rewards and fewer demands at work (Brand et al., 2007; Warren et al., 2004). While the mediating effects of physical working conditions on the relationship between education and health receive consistent support, findings about the effects of psychosocial work characteristics are less clear (e.g. Brand et al., 2007; Christie & Barling, 2009; Warren et al., 2004). One of the primary reasons, we argue, lies in the measurement of work conditions that has generally been adopted: Studies rely on either a composite psychosocial work characteristic index to capture multi-faceted aspects of the complex work environment (e.g. Christie & Barling, 2009; Warren et al., 2004) or a construct that cannot fully capture the educational stratification of job characteristics (e.g. Brand et al., 2007).

The observed positive association between education and health may be masking heterogeneity in the effects of work characteristics. We argue that psychosocial work characteristics do not uniformly benefit educated employees in terms of their health. Well-educated employees typically have challenging and meaningful jobs and gain higher levels of autonomy, authority and control (Mirowsky & Ross, 2003a, 2003b), but at the same time, they are more likely to work overtime and be exposed to excessive work demands (Blair-Loy, 2003; Grosch, Caruso, Rosa, & Sauter,

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2006; Mennino, Rubin, & Brayfield, 2005; Moen & Yu, 2000; Schieman & Reid, 2009). Thus, while the psychosocial resources among well-educated workers may protect them against deteriorating health conditions and stress, it is possible that greater work demands and inter-role conflict could expose them to psychological and physical health problems (Borg & Kristensen, 2000; Rahkonen, Laaksonen, Martikainen, Roos, & Lahelma, 2006; Schieman et al., 2009).

In this paper, we build on past studies by untangling the different intervening functions of psychosocial work resources and demands. We found that, as expected, while psychosocial work resources *mediate* the relationship between education and health, psychosocial work demands *suppress* the education–health relationship, albeit to different degrees by gender and across health outcomes.

Education and psychosocial work characteristics

Higher education is associated with more tangible resources (Blau & Duncan, 1967; Tausig, 1999) as well as more psychological resources such as higher personal control and self-esteem (Gallo & Matthews, 2003). Meanwhile, well-educated individuals are more likely to work full-time, have challenging and subjectively rewarding jobs, and higher levels of decision latitude and control over their time and pace of work (Christie & Barling, 2009; Mirowsky & Ross, 2003a, 2003b; Ross & Wu, 1995). In contrast, lower levels of education are associated with higher levels of job insecurity and psychological strain, more dangerous work condition, and lower autonomy (Link, Lennon, & Dohrenwend, 1993; Ross & Wu, 1995).

Although the positive effects of education on psychosocial work resources are widely documented, the influence of education on psychosocial work demands has not been sufficiently examined. The few existing studies have found that more highly educated people tend to work overtime, endure more pressure, and have a greater workload (Grosch et al., 2006; Mennino et al., 2005; Mirowsky & Ross, 2003a). In addition, individuals with higher education and higher status occupations tend to report higher levels of work–family conflict compared to their counterparts (Mennino et al., 2005; Schieman et al., 2009, 2006; Schieman & Reid, 2009; Voydanoff, 2004). These observed patterns are unsurprising, given that the increasing workload and working hours associated with higher status often leave insufficient time for family and leisure time (Hochschild, 1997; Jacobs & Gerson, 2004; Mennino et al., 2005).

Part of the observed association between education and psychosocial work characteristics can be attributed to the greater likelihood of well-educated individuals to secure higher-status occupations such as professionals or managers (Tausig, 1999). Higher earnings, job autonomy, decision-making latitude, schedule flexibility and non-routine work are well-established job resources for higher-status occupations (McLeod & Nonnemaker, 1999; Mirowsky & Ross, 2003a, 2003b; Schieman et al., 2009, 2006; Schieman & Reid, 2009). However, professionals and managers are disproportionately affected by job demands such as long work hours and job overload (Moen & Yu, 2000), inter-role strain (Mennino et al., 2005; Schieman et al., 2009, 2006) and interpersonal conflict at work (Schieman & Reid, 2009). Higher-status occupations entail greater responsibility and workers in higher-status jobs are more likely to internalize the organizational culture and rules of their workplaces (Blair-Loy, 2003). If they are perceived as lacking commitment, they may be disadvantaged at promotion (Clarkberg & Moen, 2001). As a result, higher-status workers tend to report more job involvement and commitment, long work hours and non-routine work (Schieman et al., 2009, 2006). For instance, Schieman

and Reid (2009) found that higher interpersonal conflict and work-to-family spillover associated with job authority suppressed the negative association between levels of authority and poor health outcomes; consequently, a null association between job authority and health was observed when both job demands and resources were controlled.

Psychosocial work characteristics and well-being

Our discussion of the relationship between psychosocial work characteristics and health consequences is informed by the Job Demand-Control (JDC) model (Karasek, 1979), one of the most influential models in research on the relationship between work and health (Van der Doef & Maes, 1999). The basic tenet of the JDC model is that demanding job conditions can cause deterioration in wellbeing and role balance, whereas rewarding job conditions function as a buffer of negative work conditions (Karasek, 1979). Most previous findings support the propositions of the JDC model (e.g. Bakker & Geurts, 2004; Schieman et al., 2009; Voydanoff, 2004) with only a few exceptions (for review, see Bianchi & Milkie, 2010; Van der Doef & Maes, 1999).

The relationship between psychosocial work characteristics and perceived stress is well established. Rising psychosocial work demands and increasing work involvement could cause stress (Higgins, Duxbury, & Lyons, 2010; Schieman et al., 2006) in the sense that job overload could destroy role balance (Voydanoff, 2004), extract energy and weaken self-control and mastery (Christie & Barling, 2009). In this context, psychosocial work resources are important. They can allow autonomy and flexibility and can be mobilized to buffer the negative effects of work demands. Researchers observe that psychosocial work resources including decision latitude, autonomy, control over schedule and job security do function to reduce stress (Bakker & Geurts, 2004; Voydanoff, 2004).

The costs and benefits of psychosocial work characteristics are further reflected in their association with mental health, physical health and self-reported general health status. High psychological work demands and low control at the workplace are risk factors for depression (Sanne, Mykletun, Dahl, Moen, & Tell, 2005). Psychological work demands increase the incidence of depressive symptoms while job security reduces the incidence of depressive symptoms (Plaisier et al., 2007). Stansfeld and Candy (2006) also confirmed the effects of psychosocial work characteristics on depression in their meta-analytic analysis of the relationship between psychosocial work environment and mental health. Comparative evidence has been established in relation to physical health (Brand et al., 2007; Monden, 2005; Warren et al., 2004) and general health status (Borg & Kristensen, 2000; Borrell, Muntaner, Benach, & Artazcoz, 2004) with job controls being related to improved health conditions and job demands predicting poor health.

The potential detrimental effects of work–family conflict on health are widely documented (for review, see Allen, Herst, Bruck, & Sutton, 2000). In the present study, we treat work–family conflict as one of the demands associated with jobs that require higher levels of education, which like other demands, may increase individuals' exposure to stress and negative health outcomes.

The psychosocial work demands of jobs requiring higher education are rarely addressed in research on education–health relationship (for several exceptions, see Borg & Kristensen, 2000; Kaikkonen, Rahkonen, Lallukka, & Lahelma, 2009). To enhance understanding of the relationship between psychosocial work characteristics and educational disparity in health, we expand on past studies by distinguishing between psychosocial work resources and psychosocial work demands. We hypothesize that while psychosocial work resources mediate the relationship

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