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Relationship between Job Satisfaction and Self-rated Health Status among Salaried Workers in Korea

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This study sought to determine whether the relationship between job quality and job satisfaction and that between job satisfaction and health status among Korean salaried workers were similar to those found in studies of European and North American workers. This study uses a sample that includes salaried workers who completed both individual and additional (health and retirement) survey questionnaires from the 2001 Wave 4 Korea Labor and Income Panel Study (KLIPS). The majority of the respondents were working fulltime(92%) in a regular position(78%). Approximately two thirds of the respondents(68%) assessed their health as good or excellent. The hypothesized associations were robust after controlling for potential confounders. Regression analysis indicated a positive association between job quality and job satisfaction, controlling for demography (age, gender, marital status), employment type (regular employment or not), and employment sector (private, non-profit, government-related, other). As expected, job satisfaction itself was significantly and positively associated with perceived health status, after taking account of workers' demographic characteristics, objective health status, and non-work life satisfaction while mediating the effect of job quality on perceived health status.

Keywords : job quality, job satisfaction, self-rated health, salaried workers

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I. Introduction

Research shows that occupational grade has significant impacts on workers' health (Marmot et al., 1984; Marmot et al., 1991; Bosma et al., 1997; North et al., 1996). The Whitehall study of civil servants in England showed elevated morbidity and mortality rates not only among the workers of low occupational grades but also among the privileged groups when compared to those of highest socioeconomic status (van Rossum et al., 2000; Marmot et al., 1991). It is suggested that economic circumstance, social circumstance at work (work demands and control, job variety, skill use, and social support), and health-risk behaviors (Wickrama et al., 1997) are the main factors behind the association between occupational grade and health (Marmot et al., 1991; North et al., 1996). Studies also suggest significant impacts of work conditions on job satisfaction (Brush et al., 1987; French et al., 2007; Kemery et al., 1987; McMurray et al., 1997; Near et al., 1984) and on psychological and physiological health (Kemery et al., 1987; Lerner et al., 1994; Marmot et al., 1991; North et al., 1996; Peter et al., 1998; Wickrama et al., 1997).

Job satisfaction may in part mediate the influence of work conditions on health status. It is possible that work conditions affect job satisfaction and in turn job satisfaction influences health status. Psychosocial measures such as job satisfaction and job stress have been known to be significant predictors of workers' health and wellbeing (Sharma et al., 2007; Krause et al., 1997; Kunz-Ebrecht et al., 2004; Bosma et al., 1997; Peter et al., 1998). Some studies suggest that subjective appraisal variables such as effort-reward imbalance are more stable predictors of health status than objective psychosocial work environment such as job control (Bosma et al., 1998; de Jonge et al., 2000). Although reciprocation between job satisfaction and health status could be

suspected, the likelihood of health status changing levels of job satisfaction is smaller than that of job satisfaction affecting health status. Organizational behavior research has suggested a stronger link from job satisfaction to physical health status than the inverse relationship (i.e., from physical health to job satisfaction) (Kemery et al., 1987).

Considerable research exists on the relationship between work conditions and health (Bosma et al., 1997; Lerner et al., 1994; Marmot et al., 1991; North et al., 1996; Peter et al., 1998; Wickrama et al., 1997), and that between work conditions and job satisfaction (Eum et al., 2007; French et al., 2007; Kemery et al., 1987; McMurray et al., 1997). However, studies examining all three variables simultaneously (work conditions, job satisfaction, and health status) (de Jonge et al., 2000; Kemery et al., 1987) or the relationship between job satisfaction and health status (Krause et al., 1997; Sharma et al., 2007) are extremely limited. Furthermore, some studies that included job satisfaction in their analyses are mostly based on the samples of European and North American workers (Kemery et al., 1987; French et al., 2007; Krause et al., 1997; McMurray et al., 1997; Sharma et al., 2007) primarily in health care settings (French et al., 2007; McMurray et al., 1997; Sharma et al., 2007).

There is a dearth of research examining job satisfaction and health in Korea. Although a small number of studies included some forms of work condition, job satisfaction, or health related variables in their analyses (Eum et al., 2007; Jhun et al., 2004; Kang et al., 2007; Kim et al., 2005; Seo et al., 2004; Yoon & Cho, 2007), job satisfaction was not the focus of the studies. Therefore, the role of job satisfaction in Korean workers' health is not clearly understood yet. Representation of general Korean workers in studies is another issue. Almost all studies were based on health care worker samples, specifically nurses or physicians. A study examining psychometric properties of a job content instrument reports a significant bivariate association of job satisfaction with several dimensions of social and psychological structure of work conditions

(Eum et al., 2007), and a positive association between job satisfaction and mental health status was found among Korean nurses (Yoon & Cho, 2007). Among reviewed studies on Korean workers, only Kim et al.'s study was regarding general workers. Their study found a significant association between nonstandard employment and self-assessed health status among subgroups (Kim et al., 2005).

Reviewing theoretical and empirical studies on the relation among work conditions, job satisfaction, and health in organizational behavior and health literature (Wickrama et al., 1997; Goldberg & Waldman, 2000; Marmot et al., 1991; North et al., 1996), I propose a conceptual framework guiding this analysis. Multiple dimensions including financial compensation, job demand and control, job variety, and social environment at work may comprise job quality. Second, job quality may affect a worker's job satisfaction. Other work conditions including job security and organizational environment and demography may also affect job satisfaction. Third, job quality is likely to have influence on perceived health status, and the association is partly mediated by job satisfaction. Since perceived health status may be also affected by objective health conditions, demography, and non-work related life satisfaction, these factors should be considered in examining the relationship between job quality and perceived health status.

To examine the relationships in the conceptual framework, several hypotheses are tested. First, job quality is comprised of financial compensation and other dimensions representing job demand and control, job variety, and social environment at work. Second, job quality is positively related to job satisfaction, controlling for demography, job security, and organizational environment. Third, job quality is positively related to perceived health status, controlling for objective health status, demography, and non-work life satisfaction. Fourth, job satisfaction mediates the effect of job quality on health status. In other words, job satisfaction is associated with perceived health

status, and it reduces the magnitude of the association between job quality and perceived health status. It is assumed that the association of job satisfaction with perceived health status is unidirectional: job satisfaction affects perceived health status, but health status does not affect job satisfaction. This assumption is based on previous empirical research that does not show any evidence of an influence of health status on job satisfaction (Kemery et al., 1987) as well as logics. For instance, one of job satisfaction dimensions, satisfaction with one's earnings, can affect a worker's psychological wellbeing, thereby can affect perceived health status. However, perceiving one's health status good or poor is not likely to change the levels of satisfaction with one's earning, which is rather most likely influenced by reference group members' earnings.

II. Methods

1. Data

This study uses the individual, household, and additional survey data from the 2001 Wave 4 Korea Labor and Income Panel Study (KLIPS). The KLIPS has been conducted annually since 1998 starting with an original sample of 5,000 urban households and their household members (Korea Labor Institute, 2004). Household data include information on demography, changes in household members, family relations, accommodation, education and childcare, and financial status and consumption. Individual data include information on individuals' economic activity, education, vocational training, employment characteristics, work conditions, job and life satisfaction, and labor market mobility. The KLIPS has been administering different types of additional modules in most waves to obtain in-depth information on a specific topic or for a particular age group. The 2001 KLIPS Additional Survey collected

information on health-related issues including self-assessed health status, disability, injury, illness, health care use, caregiving and receiving care from all participants, and issues related to retirement and old-age life from participants aged 45 or older.

This study uses a sample that includes salaried workers who completed both individual and additional (health and retirement) survey questionnaires. Workers who completed individual questionnaire also had information in household data. An analytical sample was formed by merging three datasets: individual, household, and health & retirement module dataset. Ten cases were excluded from the analysis because health & retirement module data were missing.

2. Analysis

The analysis was conducted largely in three steps. First, exploratory principle component factor analyses were performed to identify factors constituting job quality. Factor analyses instead of regression modeling were used because the main purpose of this analytical phase was rather creating a job quality variable through data reduction than identifying predictors of job quality. In the initial stage of factor analyses, I included items correlated (Pearson's correlation coefficient $> |0.2|$ at significance level 0.05) with annual salary and education level (years of schooling) based on a priori assumption that annual salary and education level are closely related to job quality. Included items were a few occupation type indicators (professional, technician, and elementary occupation), government-related sector, employment type (regular or temporary), fulltime status, and number of employee benefits eligible. Items that did not form a factor (not clustered together with other items) were eliminated in the next factor analysis. The final factor analysis was conducted with five items: annual salary, education level, employment type, fulltime status, and number of

employee benefits using varimax rotation. Based on the factor analysis results, a composite job quality variable was created.

Second, using the composite job quality variable, multivariate linear regression analyses were performed to examine if job quality predicts job satisfaction, controlling for confounders. A summary job satisfaction measure (mean) derived from responses to nine questions asking different aspects of job satisfaction (financial compensation, stability, types of work, work environment, work hour, future potential, communication/relationship, promotion, and benefits) was used as a dependent variable. Potential confounders of job satisfaction, such as demographic characteristics (gender, age, and marital status) and other work-related factors including job security and organizational environment were controlled for. Demographic characteristics were included in the model to account for the nonrandom distribution of individuals in jobs associated with various levels of job satisfaction by age, gender, and marital status and potential differences in job satisfaction by these demographic characteristics. Research suggests that demography is related to job satisfaction through several ways, which include differences in expectations at work by age, gender, education, and seniority, in values and beliefs by gender and education, and in objective work conditions by age, gender, education, and job tenure (Brush et al., 1987). Job security and organizational environment were controlled for because these may reflect other work conditions that are not represented by job quality, but may affect job satisfaction. Job security was measured by employment type (regular or temporary employment) and fulltime status (fulltime or part-time). Employment sector (private, non-profit, and government-related) was used to account for organizational environmental characteristics that are not captured by job quality and job security variables such as organizational culture specific to each sector. Interaction between gender and job quality was tested to assess if the association of job quality with job satisfaction differed by gender. For instance, it is possible that levels

of job satisfaction can be different between male and female workers when the quality of their job is the same due to differences in expectations between genders.

Third, the association between job quality and perceived health status was examined using multivariate logistic regression with objective health status (measured by impairment/disability, current illness, doctor visit for treatment of illness), a summary measure of non-work life satisfaction (mean of six life satisfaction scores), and demographic characteristics (age, gender, and marital status) controlled for. Other variables usually related to health status such as education, income, and benefits were not controlled for in the model because these three variables had been already incorporated in the job quality variable. The dependent variable perceived health status is a dichotomous variable (good health or not) derived from five responses to a self-rated health question: excellent, very good, so-so, poor, and very poor. The two responses, excellent and good, were categorized as 'good,' otherwise 'not good.' The 'so-so' response was included in the 'not good' category to group people into broad categories based on perceived overall health rather than to distinguish 'ill' people from 'not ill' people. When correlation coefficients are compared, the current self-rated health variable (excellent and good vs. the rest) shows better sensitivity than the variable including 'so-so' in the 'good' health category.

Lastly, the job satisfaction variable was added on to the previous regression model to examine if job satisfaction mediates the association between job quality and perceived health status and if job satisfaction predicts health status after controlling for other variables in the model. Interaction between marital status and gender was tested to assess if the association of marital status with perceived health status differed by gender: for instance, if marriage was associated with better perceived health among men but not among women with comparable characteristics. Interaction between job satisfaction and gender was also tested to examine if the association of job satisfaction with perceived

health status differed by gender. For example, it is possible that job satisfaction is more strongly associated with perceived health status among men than among women with comparable characteristics. This interaction may exist if the extent of centrality of work (how important work is) differs between gender groups.

III. Results

1. Sample Characteristics

Table 1 summarizes sample characteristics. On average, workers in the sample were 38.1 years old (ranging from 17 to 83) and were about 60% male and 40% female. Roughly two thirds of the sample was married. Approximately 63% of the sample had at least high school education and about 21% had bachelor's or higher degrees. The majority of the respondents were working fulltime (92%) in a regular position (78%). The percentage of regular workers in this sample is higher than the estimate of the Economically Active Population Survey by the National Statistical Office (less than 50%). According to KLIPS (Korea Labor and Income Panel Study, 2006), the difference in the proportion of regular workers between two data sources is likely due to the differences in criteria used to determine employment type. Among employment sectors, the private sector was the largest group (79%), followed by government or government-related (11.8%) and non-profit organizations (3.7%). Government employees and employees of government-invested organization/firms were categorized into one due to their similar characteristics. Average annual earning was 14,339,300 won (ranging from 360,000 to 18,000,000 won), and workers were eligible for about 4 employee benefits on average. Approximately two thirds of the respondents (68%) assessed their

Table 1. Sample Characteristics(N=3,841)

Variable	Mean (std. dev) or Percent
Age (years)	38.1 (11.5)
Gender	
Male	60%
Female	40%
Married	67.1%
Education	
No education	3.8%
Elementary school	14.8%
Middle school	18.2%
High school	35.8%
2-year college	5.9%
4-year college	17.3%
Graduate (master or doctorate)	4.1%
Regular employment	78.2%
Fulltime employee	91.9%
Employment sector	
Private	79.0%
Non-profit	3.7%
Government or government-related	11.8%
Other or unknown	5.5%
Annual earning (won)	14,339,300 (9,077,449)
Number of eligible employee benefits (out of 20)	3.9 (3.9)
Good health (good or excellent)	68%
Impaired or disabled	1.6%
Have illness requiring medical care	9.9%
Visited doctor for treatment last year	40.1%

health as good or excellent. One in ten workers had an illness or illnesses requiring medical care, and about 2 out of 5 visited a doctor for a treatment in the past year.

2. Job Quality

In exploratory principle component factor analyses with varimax rotation, annual salary, education level, and the number of eligible employee benefits highly loaded on a first factor. The first factor explained approximately 78%

of variance. Employment type and fulltime status loaded highly on a separate factor that can be called 'job security' factor. Other variables examined in initial factor analyses including occupation type and employment sector variables did not form any identifiable factor structure, therefore, were excluded from further factor analyses. Theoretically, education level is an antecedent factor that influences the financial compensation aspect of job quality (earnings and employee benefit). However, I decided to use education level as a proxy of other aspects of job quality including job demand and control, job variety, and social environment at work. Although education level may not be the perfect variable representing these dimensions (job demand and control, job variety, and social environment at work), it can be assumed to be the closest proxy that are correlated with these aspects of job quality given that the KLIPS does not have specific questions measuring these dimensions. Therefore, education level, along with annual salary and numbers of employee benefits, was used in creating a composite job quality measure. The job quality measure was created by averaging three standardized variables: z scores of annual salary, education level (years of schooling), and the number of employee benefits. In regression models, standardized (z scores of) job quality variable was used for ease of interpretation.

3. Bivariate Associations

Bivariate associations were examined using correlation, chi-square, t-test, and analysis of variance. Job quality was positively associated with male gender, being married, education level, earnings, having a regular and fulltime job, and working in non-profit or government-related sector (Table 2). Job satisfaction was associated with other control variables in similar ways as job quality with some exceptions. Job satisfaction did not differ between gender and marital status groups. Workers in non-profit sector were more satisfied with their job

Table 2. Correlations of Study Variables

Variable	Pearson's correlation coefficient														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1. Job quality	1.00														
2. Job satisfaction	0.43*	1.00													
3. Good health	0.17*	0.21*	1.00												
4. Female	-0.26*	0.02	-0.07*	1.00											
5. Age	-0.08*	-0.15*	-0.29*	-0.13*	1.00										
6. Married	0.27*	-0.01	-0.08*	-0.19*	0.47*	1.00									
7. Education years	0.73*	0.25*	0.11*	-0.09*	-0.09*	0.27*	1.00								
8. Annual salary	0.79*	0.34*	0.13*	-0.37*	0.06*	0.26*	0.39*	1.00							
9. Regular	0.39*	0.29*	0.18*	-0.13*	-0.17*	0.01	0.18*	0.28*	1.00						
10. Fulltime	0.21*	0.09*	0.05*	-0.18*	-0.00	0.04*	0.02	0.24*	0.34*	1.00					
11. Private sector	-0.18*	-0.09*	0.05*	0.02	-0.13*	-0.08*	-0.11*	-0.12*	0.11*	0.03	1.00				
12. Non-profit	0.12*	0.13*	0.02	-0.00	-0.00	0.02	0.12*	0.06*	0.06*	0.01	-0.38*	1.00			
13. Government	0.29*	0.16*	0.02	-0.05*	0.07*	0.08*	0.15*	0.20*	0.08*	0.08*	-0.71*	-0.07*	1.00		
14. Life satisfaction	0.39*	0.54*	0.22*	-0.07*	-0.09*	0.10*	0.25*	0.31*	0.06*	0.07*	-0.05*	0.07*	0.12*	1.00	

* Significant at=0.05 level.

than those in government-related sector ($p < .05$). At bivariate level, health status was associated with socioeconomic status (earnings and education), job quality, work conditions, job satisfaction, and non-work life satisfaction in expected directions. Male, younger, and single (unmarried) workers reported better self-rated health status than their counterparts. Gender differences existed. Female workers tended to be younger (36 vs. 39 years old), less educated, single, and less healthy. They were more likely to have temporary and part-time jobs and to work in private sector than male workers in the sample.

4. Job Quality and Job Satisfaction

Regression analysis indicated a positive association between job quality and job satisfaction ($\beta = 0.22$, $p < 0.001$), controlling for demography, employment type, and employment sector (Table 3). Fulltime status was not included in the final model because inclusion of the variable decreased model fit. Since the job quality variable used in the regression model is a standardized z score with a

mean 0 and standard deviation 1, the coefficient of job quality can be interpreted as the change in job satisfaction score with one standard deviation change in job quality variable. Therefore, the job quality coefficient 0.22 in Table 2 means that when the level of job quality increases by one standard deviation, job satisfaction increases by about one fifth of one unit of job satisfaction, which ranges from 1 (very unsatisfied) to 5 (very satisfied). Unlike some studies that reported increased job satisfaction with increasing age (Brush et al., 1987), age was negatively associated with job satisfaction ($p<0.01$) in this sample. Married workers were less likely to be satisfied with their job ($p<0.001$), and this association was similar for both gender groups. The association of job quality with job satisfaction did not differ between gender groups when other factors were comparable. As expected, regular employment was associated with higher levels of job satisfaction ($p<0.01$). Respondents in non-profit ($p<0.001$) or government-related sector ($p<0.01$) were more satisfied with their job than their counterparts in private sector.

Table 3. Multivariate Linear Regression: Effect of Job Quality on Job Satisfaction(N=3,717)

Independent Variable	Coefficients	P-value
Intercept	2.93	<.001
Job quality*	0.22	<.001
Age (years)	-0.002	<.01
Female	0.14	<.001
Married	-0.096	<.001
Regular employment	0.14	<.001
Private sector (reference group)		
Non-profit organization/firm	0.22	<.001
Government-related	0.081	<.01
Other/unknown sector	-0.087	<.05

F statistics with a degree of freedom 8=152.1, p-value<0.0001.

$R^2=0.25$

* standardized z score.

5. Job Quality and Self-rated Health

The result of multivariate logistic regression confirmed the hypotheses that job quality predicts self-assessed health status; and job satisfaction mediates the effect of job quality on perceived health status. Potential endogeneity between health status and job satisfaction was ruled out on following bases. First, there is no empirical evidence in literature showing a causal relationship between health status and job satisfaction; however the influence of job satisfaction on health status has been found in some studies (Krause et al., 1997; Sharma et al., 2007). Second, logically the 9 items (satisfied with: earnings, job stability, type of work, work environment, work hour, future potential, social relationship at work, promotion, and benefits) that were used to construct the mean job satisfaction variable are unlikely to be influenced by health status. Lastly, in an exploratory factor analysis, health status did not cluster with any of job satisfaction items.

Before the job satisfaction variable was included in a model (Model 1), job quality (z score) was significantly and positively associated with self-rated health (odds ratio=1.22, $p<0.001$), controlling for demographic characteristics (age, gender, and marital status), objective health status (impairment/disability, current illness, doctor visit due to illness), and non-work life satisfaction (Table 4). The positive association continued to hold when the job satisfaction variable was added to the model (Model 2). However, the magnitude of the association reduced by approximately 8% (odds ratio=1.14, $p<0.001$). That is, one standard deviation increase in job quality measure was associated with 22% increase in odds of reporting good health (odds ratio=1.22), but the odds decreased to 14% (odds ratio=1.14) when job satisfaction was accounted for. A log likelihood ratio test indicated that the job satisfaction variable significantly improved model fit compared to the model without the job satisfaction variable ($p<0.001$). Testing of interaction between job satisfaction and gender indicated that the association between job satisfaction and perceived health status was consistent across gender groups.

Table 4. Multivariate Logistic Regression : Effect of Job Quality on Self-rated Health Status(good health or not)(N=3,716)

Independent Variable	Model 1		Model 2	
	OR (95% CI)	P-value	OR (95% CI)	P-value
Job quality	1.22(1.11,1.34)	<.001	1.14(1.03,1.27)	<.01
Age (years)	0.96(0.95, 0.97)	<.001	0.96(0.95, 0.97)	<.001
Female	0.78(0.65, 0.92)	<.01	0.74(0.62, 0.88)	<.05
Married	0.96(0.78, 1.19)	0.73	1.01(0.82, 1.25)	0.93
Impaired or disabled	0.23(0.12, 0.43)	<.001	0.22(0.11, 0.43)	<.001
Illness requiring health care	0.19(0.14, 0.26)	<.001	0.19(0.14, 0.26)	<.001
Visited doctor for treatment	0.38(0.32, 0.45)	<.001	0.38(0.32, 0.45)	<.001
Non-work life satisfaction	2.20(1.83, 2.64)	<.001	1.87(1.53, 2.29)	<.001
Job satisfaction			1.44(1.19, 1.74)	<.001
Log Likelihood	-1874		-1867	

IV. Discussion

This study sought to determine whether the relationship between job quality and job satisfaction and that between job satisfaction and health status among Korean salaried workers were similar to those found in studies of European and North American workers. This study is different from previous studies in that the sample is not limited to health care workers, who have been the focus of most studies in European and North American countries and in Korea. The analysis supported most hypotheses. The hypothesized associations were robust after controlling for potential confounders. Job quality was clearly associated with job satisfaction and perceived health status in expected directions, controlling for confounding variables. As expected, job satisfaction itself was significantly and positively associated with perceived health status, after taking account of workers' demographic characteristics, objective health status, and

non-work satisfaction while mediating the effect of job quality on perceived health status.

The fact that female workers were more satisfied with their jobs compared to male counterparts with comparable characteristics does not seem surprising. Given the extremely competitive job market condition in Korea and gender inequality, female workers may feel more satisfied than male workers if they are in a similar position. Greater job satisfaction among employees of non-profit organization and government-related sectors than those in private sector may be due to several reasons. Relative job security embedded in these sectors not measured by employment type may be one of them. Other unmeasured advantages of being in non-profit and government-related sectors as opposed to being in private sector such as better access to various resources could be related to higher job satisfaction among workers of these sectors than private sector workers. Self-sorting of workers into different sectors by personal preference is suggested as one of the reasons why public sector workers show higher job satisfaction than private sector workers (Heywood et al., 2002). According to the self-sorting argument, workers who like work conditions and culture of public sector tend to seek jobs in the sector and to be more satisfied. In addition, wide variation in characteristics of private sector employment could be another reason since private sector includes both a large number of small firms in very poor conditions as well as a small number of firms that provide high quality jobs to highly selected employees.

The reasons why older and married Korean workers in this sample are less satisfied with their job than their counterparts are not clear. Meanwhile, it is probable that positive factors or contexts accompanying older age and marriage found in other societies (of European and North American countries) and other times do not exist or do not work the same way in Korea. Older workers may not be satisfied with their jobs because of lower job reward than they expected and less favorable job prospect for older workers due to the high prevalence

of involuntary early retirement. Lower job satisfaction among married workers may also be related to the severe competition in job market. Since married individuals have a responsibility to support their family, they may be more likely to take and keep less satisfactory jobs than unmarried people, as a result, expressing lower job satisfaction. More research attention is needed to better understand these unexpected results.

Further studies are needed to improve our understanding of the relations among job quality, job satisfaction, and perceived health status. First, refinement of a job quality measure is warranted. The composite job quality variable used in this study, although its relationships with other variables were in line with previous research findings, was not satisfactory due to the lack of information available for construction of a comprehensive job quality variable. Further investigation of potential items that may also represent important job quality dimensions such as position at work is needed. Second, longitudinal data analysis will allow us to identify trends over time and to resolve some causality-related issues. The KLIPS has collected information on work conditions and job satisfaction across its waves, and health-related information in most waves (except for the 1st and 5th wave) with some variation in specific health-related items by wave. For instance, self-assessed, current health status was asked in all waves except the 1st and 5th waves. Information on health behaviors (smoking, drinking, and physical activity) was collected only in the 5th and 8th waves, and limitation in daily living was asked from the 6th to 8th waves. Taking advantage of the panel design of the KLIPS, it will be possible to determine if levels of job satisfaction in previous years has impacts on health status in later years.

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한국 임금노동자의 직업만족도와 건강수준 간의 상관계

김진숙

한국의 임금노동자에서 보이는 직업의 질과 직업만족도 간의 상관계 그리고 직업만족도와 자가평가 건강수준 간의 상관계가 유럽 또는 북미 노동자의 경우와 어떻게 다른지 잘 알려져 있지 않다. 본 연구는 한국노동연구원이 2001년 시행한 제4차년도 「한국노동패널」 조사 본조사와 건강과 은퇴 부조사 표본을 이용하였다. 대다수의 조사 대상자들은 전일제(92%) 정규직(78%) 노동자들이었고, 68% 노동자들이 자신의 건강상태를 ‘매우 건강’하거나 ‘건강’하다고 평가하였다. 분석시 설정된 가정들이 대부분 받아들여졌는데, 인구학적 특성(연령, 성별, 혼인상태), 고용형태 관련 변수(정규직 여부), 기업형태 (사기업, 공기업(non-profit), 정부관련 기업)를 보정한 다중 회귀분석 모형에서 직무의 질은 직업만족도 및 자가평가 건강수준과 예상되었던 방향으로 유의한 상관을 보였다. 노동자들의 인구학적 특성, 객관적 건강상태, 직무 무관 생활만족도를 보정한 다중 로지스틱 회귀분석에서 직업 만족도는 자가평가 건강수준과 유의한 상관을 보였고, 직무의 질과 자가평가 건강수준 간의 상관을 매개하는 것으로 나타났다.

핵심용어 : 직업의 질, 직업만족도, 자가평가 건강수준, 임금노동자