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Relationship Between Job Dissatisfaction and Physical and Psychological Health Among Filipino Immigrants

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Abstract

This study investigated the relationship between job dissatisfaction and psychological and physical health among Filipino immigrants in the United States. Cross-sectional data from the Filipino American Community Epidemiological Study were analyzed for 1,381 Filipino immigrants. The primary independent variable of interest was job dissatisfaction. Linear and negative binomial regression analyses were conducted to determine separate associations between job dissatisfaction and the outcomes of psychological distress and physical health conditions, respectively. Job dissatisfaction was positively associated with both psychological distress ($\beta = 0.32, p < .001$) and physical health conditions ($\beta = 0.42, p < .001$), controlling for sociodemographic variables such as age, gender, education, income, and job category. This community-based study demonstrated that job dissatisfaction has implications for health and well-being among an understudied, immigrant group of workers. Findings also suggest that job-related experiences should be considered when examining disparate health for immigrant, minority populations.

The increased participation and visibility of minority and immigrant workers in workplaces throughout the United States has raised occupational health issues (Baker & Stock, 2006; Baron & Dorsey, 2006; Sum, Fogg, & Harrington, 2002). Minority and immigrant workers typically fill jobs that are lower in wages and more dangerous and undesirable (American Federation of Labor, Congress of Industrial Organizations, 2005; La Veist, 2005; McCauley, 2005; Taylor & Murray, 2006). Accordingly, they may encounter work-related circumstances that result in less satisfying jobs. For example, immigrant and minority workers are often assigned unfavorable job tasks or work shifts (de Castro, Fujishiro, Sweitzer, & Oliva, 2006). Additionally, they may encounter prejudice or discrimination based on their race and ethnicity (de Castro, Gee, & Takeuchi, in press). Immigrant workers in particular may experience limited job availability or occupational drift or demotion by working in jobs that are discordant with their academic or professional training (e.g., an immigrant physician driving a taxicab). These situations may significantly affect the meaningful experience of work and its impact on well-being.

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JOB DISSATISFACTION

Previous research has found that job dissatisfaction adversely affects both psychological and physical well-being. Job dissatisfaction is often used as a summary measure of workers' well-being because it captures both micro-level daily interactions on the job and macro-level factors related to selection into a job. Job dissatisfaction is associated with psychological problems, including emotional exhaustion, burnout, depression, anxiety, and anger, and physical conditions, including musculoskeletal disorders and cardiovascular disease, among a variety of worker populations (Fitzgerald, Haythornthwaite, Suchday, & Ewart, 2003; Heslop, Smith, Metcalfe, Macleod, & Hart, 2002; Jurado et al., 2005; Locker, 1996; Newbury-Birch & Kamali, 2001; Piko, 2006; Svensen, Arnetz, Ursin, & Eriksen, 2007; Williams et al., 1998). A meta-analysis conducted by Faragher, Cass, and Cooper (2005), based on 485 previous studies of job satisfaction and well-being, found that workers with low levels of job satisfaction were more likely to experience anxiety, depression, burnout, cardiovascular disease, musculoskeletal disorders, other physical illness, and reduced self-esteem. The literature suggests that job dissatisfaction is an important predictor of physical and psychological health. These studies, however, have not focused on minority or immigrant workers.

Although the general literature suggests that job dissatisfaction is associated with adverse outcomes, it is unclear whether this relationship may be found within minority or immigrant samples. Given the growing diversity of the U.S. work force, it is both timely and pertinent to examine how job dissatisfaction may be related to well-being in this population. More specifically, only a few studies of job dissatisfaction among Asian American workers have been reported (McNeely, 1987; Weaver, 2000, 2001). In a sample of Filipino nurses, nearly 10% reported job dissatisfaction (Berg, Rodriguez, Kading, & De Guzman, 2004). Weaver and Hinson (2000), using a non-worksite-specific sample, found that Filipino Americans and other Asian Americans reported lower levels of satisfaction compared to European Americans. Further, they noted that Asian Americans from the Philippines, China, Japan, and India reported similar levels of job satisfaction and that differences were not statistically significant. Au, Garey, Bermas, and Chan (1998) compared job dissatisfaction between immigrant Chinese workers in midtown and uptown New York City restaurants versus Chinatown restaurants. Nearly two thirds of New York City workers reported being either moderately dissatisfied or very dissatisfied compared to 84% of Chinatown workers.

Asian Americans have become a significant part of the U.S. population due to both "push and pull" forces of immigration. As a group, they are one of the fastest growing segments of the American profile, projected to increase from 35.8 million in 2000 to 61.4 million in 2015 (U.S. Census Bureau, 2004). Reflecting this growth, participation of Asian Americans and immigrants in the U.S. labor pool is also rising. In particular, Filipinos are a large segment of the Asian work force, having a long history as laborers in the United States (Choy, 2003; Constable, 1997; Gonzalez, 1998; Scharlin & Villanueva, 2000; Tyner, 1999). Filipino Americans are an understudied group. Yet, with 2.4 million Filipino American residents in the United States in 2000, they are the second largest Asian American group (Barnes & Bennett, 2002). Moreover, after Mexico, the second largest foreign-born population in the United States is from the Philippines (Mosisa, 2002).

The goal of this study was to examine associations between job dissatisfaction and psychological and physical health in a community-based sample of Filipino immigrants in the United States. The researchers hypothesized that job dissatisfaction is associated with psychological distress and physical health problems. In conducting this study, several factors were considered that may confound these relationships, such as socioeconomic status, geographic region, and other sociodemographic factors.

METHODS

Participants

These data were collected in the Filipino American Community Epidemiological Study (FACES), a community household survey conducted between 1998 and 1999 in Honolulu and San Francisco. Participants were randomly selected from households if they met the inclusion criteria of Filipino heritage and 18 years or older. The response rate was 78% and 2,285 individuals participated. Surveys were administered according to participants' language preference of English or one of two Filipino dialects (Tagalog or Ilocano).

The current analysis focused on 1,381 participants who self-identified as immigrant (not born in the United States) and reported they were working at the time of data collection. Data were weighted to adjust for differential probabilities of participant selection within a household and for neighborhood racial and economic characteristics. Additional details of the sample have been reported elsewhere (Gong, Gage, & Tacata, 2003; Mossakowski, 2003).

Measures

The dependent variables of interest were psychological distress and physical health conditions. Psychological distress was measured with a subscale from the Symptom Checklist-90-Revised (SCL-90-R) (Derogatis, 1984, 1994; Derogatis & Cleary, 1977; Derogatis, Lipman, & Covi, 1973; Derogatis & Savitz, 1999). The SCL-90-R is a well-established instrument that has been used broadly, primarily to assess a range of psychopathological symptoms and psychological problems, including psychological distress. Study participants were asked to rate their feelings and emotions in the past 30 days from 1 to 5 with a 20-item scale. Higher scores signified greater distress symptoms. Versions of the SCL-90-R have also been used cross-culturally in studies involving minority and immigrant samples, both internationally and in the United States (Aroian, Patsdaughter, Levin, & Gianan, 1995; Asner-Self, Schreiber, & Marotta, 2006; Bech et al., 1992; Takeuchi, Kuo, Kim, Leen, & Leaf, 1989; Zheng, Xu, & Shen, 1986).

Physical health conditions is a composite measure of a number of physical health problems. This measure was adapted from the Medical Outcome Study (MOS) (Stewart et al., 1989; Ware, 1995) and included a range of physical health problems, such as asthma, diabetes, hypertension, arthritis, physical disability, emphysema, neurological conditions, stomach ulcer, thyroid disease, and migraine headaches. Participants were asked to respond yes or no if they currently had any of the listed conditions. The range was 0 to 12 in this sample. Versions of the MOS have been used cross-culturally with immigrant and minority samples (Alonso et al., 2004; Lubetkin, Jia, & Gold, 2003; Peek, Ray, Patel, Stoeber-May, & Ottenbacher, 2004), including in prior studies of Filipino Americans specifically (de Castro et al., in press; Gee et al., 2006) and Asian Americans generally (Gee, Spencer, Chen, & Takeuchi, 2007).

The primary independent variable of interest was job dissatisfaction. Participants rated the degree to which they were concerned about being dissatisfied with their jobs. Participants rated their degree of concern as 1 (none at all) to 4 (a lot). Single-item measures for job satisfaction have been examined previously for their utility and acceptability (Dolbier, Webster, McCalister, Mallon, & Steinhardt, 2005; Wanous, Reichers, & Hudy, 1997; Weaver & Hinson, 2000). Consistent with prior research, job dissatisfaction scores in the current study were dichotomized into dissatisfied (some or a lot) versus not dissatisfied (none or a little).

The analysis accounted for a variety of demographic and socioeconomic factors, including age in years, gender, marital status (married or not), and region of residence (San Francisco or Honolulu), that could confound associations between job dissatisfaction and psychological distress and physical health conditions. Age was controlled because older individuals may report more job satisfaction owing to having seniority and being more tolerant of working conditions than younger employees. Additionally, older workers tend to have greater morbidity. Gender was controlled because differences in job dissatisfaction may exist between men and women (Au et al., 1998).

Further, measures of socioeconomic status, including years of education, personal income level (less than \$25,000, \$25,000 to \$49,999, and \$50,000 and greater), and industry job category, were included. Individuals of higher socioeconomic status may report less job dissatisfaction and better health. Industry job category was derived from participants' self-reported job titles, which were then categorized according to the 2002 North American Industrial Classification System (NAICS) and subsequently collapsed into three primary groups: manual, trade, and service. Factors related to the immigrant experience, including years in the United States, primary language (English or Filipino dialect), and whether immigration had been for employment, were also controlled because the sample was composed of immigrants.

Analysis

The researchers began with exploratory data analysis, examining the distribution of study variables and correlations between study measures to ensure that variables were correctly specified. To examine whether job dissatisfaction was associated with distress, health conditions, and other participant characteristics (e.g., age or gender), the researchers used unadjusted bivariate analyses, testing statistical significance with *t* tests. After these bivariate analyses, they considered if other factors confounded associations between job dissatisfaction and illness with regression modeling. For psychological distress, they used ordinary least squares regression. Because health conditions is a count, they used negative binomial regression, a type of Poisson modeling. All analyses were weighted to account for the sampling design. Finally, all continuous predictors were centered at their mean to facilitate interpretation of the intercept. That is, the intercept from the regression models referred to the predicted level of psychological distress for a respondent who was 42 years old with 12 years of education and 15 years in the United States (Aiken & West, 1991).

RESULTS

Table 1 displays the characteristics of the study sample. Nearly 10% of the sample reported being dissatisfied with their jobs. On average, participants reported 0.86 health problems and a relatively low mean level of psychological distress (1.27 on a 1 to 5 scale). A majority (89%) of respondents stated that a Filipino dialect was their primary daily language, and more than three fourths (77%) had immigrated for employment reasons. Most (74%) worked in service sector jobs and half earned less than \$25,000 per year. Respondents had approximately 12 years of education on average, and roughly half (54%) resided in Honolulu. Their mean age was 42 years, approximately half (49%) were female, and the majority were married (65%).

Respondents dissatisfied with their jobs differed from those who were not dissatisfied in several ways (Table 1). Specifically, those dissatisfied reported more health conditions and psychological distress. They were also likely to be younger, unmarried, residing in San Francisco, of lower socioeconomic status, Filipino speaking, and less likely to have immigrated for work reasons.

Table 1 provides evidence that respondents who were dissatisfied with their jobs were also less healthy. This association may be confounded by demographic and socioeconomic factors. Accordingly, regression analyses were used to examine whether job dissatisfaction is associated with distress and illness after accounting for potential confounders (Table 2). The regression models support the hypothesis that job dissatisfaction is associated with adverse psychological health and increased morbidity. Specifically, as shown by model 2 for both outcomes, individuals who reported job dissatisfaction were more likely to report psychological distress ($\beta = 0.32, p < .001$), even after accounting for age, gender, marital status, region, education, job category, income, language, years living in the United States, and whether immigration had been for employment. Similarly, job dissatisfaction was also associated with physical health conditions ($\beta = 0.42, p < .001$) in the expected direction, controlling for the same sociodemographic variables.

DISCUSSION

Results indicate that self-reported job dissatisfaction is associated with lower psychological and physical health among immigrant Filipino American workers. This finding is consistent with previously reported research on job satisfaction in primarily non-immigrant or White samples. Moreover, this study presents findings from a community sample; the majority of previous studies of job dissatisfaction focused on specific occupations, such as nurses, physicians, home care workers, and mental health professionals, and workplaces (Denton, Zeytinoglu, Davies, & Lian, 2002; Evans et al., 2006; Johnson et al., 1995; Ma, Samuels, & Alexander, 2003).

Immigrants may encounter circumstances that limit job availability and selection, such as documentation status, limited English proficiency, and ethnic discrimination. This, in turn, may direct or force them into undesirable jobs or jobs that do not match their aspirations or training, prompting dissatisfaction. Moreover, once in undesired or mismatched jobs, immigrants may face barriers that undermine successful and productive work experiences. de Castro et al. (2006) conducted a qualitative study that demonstrated how jobs were designed and managed in ways that were disadvantageous to immigrant workers. For example, workers reported they lacked training to perform job tasks safely in typically hazardous working conditions. Many workers reported employers would not compensate them according to agreed on wage rates or forced them to work overtime and threatened termination. Although the current study does not specifically provide information about these issues, it is possible that similar circumstances were experienced by Filipino immigrants in this sample. Future studies of job dissatisfaction should examine the reasons workers are dissatisfied.

Approximately 1 in 10 Filipino American workers reported job dissatisfaction. This level of dissatisfaction is similar to levels for the general U.S. population. For example, a recent Gallup poll indicated that 9% of Americans disliked their jobs. Dembe, Erickson, and Delbos (2004), studying a nationally representative sample of U.S. workers aged 33 to 41, found that 17.1% of adults with a work-related injury and 7.2% without a work-related injury were dissatisfied with their jobs. Thus, estimates of job dissatisfaction in this study are similar to other recent studies of the general U.S. population.

Most importantly, job dissatisfaction was associated with higher levels of psychological distress and more physical health conditions. Lipscomb, Loomis, McDonald, Argue, and Wing (2006) suggested that work-related factors and consequents contribute to health disparities. Job dissatisfaction may operate as a proxy for other work-related stressors and be associated with numerous employee outcomes, including absenteeism, turnover, and burnout (Farrell, 1983; Hom & Kinicki, 2001). Future studies should investigate how global

measures, including dissatisfaction, as well as specific measures of the work process, such as job autonomy, are associated with health among immigrant workers. In so doing, it would be important to capture aspects of the work environment not traditionally measured in most studies of worker health, including adjustment to a new work culture, racial discrimination, concerns over worker visas, and language barriers.

A key contribution of this study is the investigation of an understudied group. Considering that minorities and immigrants, particularly those of Asian descent, make up a growing percentage of the U.S. labor force, investigating how working in the United States impacts health and well-being in this population is pertinent. More than three fourths (77%) of the sample came to the United States primarily for employment. Job dissatisfaction may have a profound impact on well-being for this group. If work and employment has considerable importance for these immigrants (i.e., they leave their home country for it), then the level of satisfaction they derive from it should not be underestimated. These findings indicate that job dissatisfaction is germane when examining psychological and physical health outcomes for this population.

These study findings should be viewed as preliminary. Although the primary variable of interest was job dissatisfaction, these data do not provide detailed information on the facets of respondents' jobs that were not satisfying. Further research about the factors that may contribute to job dissatisfaction, such as those related to work organization, job quality, job strain, and hazardous exposures, among samples of minority and immigrant workers is necessary. To compare the results to prior research, the investigators employed a single-item measure of dissatisfaction. This global marker appeared useful, but future research should capture specific dimensions of dissatisfaction (e.g., dissatisfaction with coworkers, income, or job tasks). Additionally, because self-reported job titles were collapsed into manufacturing, trade, and service, the researchers recognized that reasons individuals were dissatisfied with their jobs could vary within each category. Research with a sample of workers from a specific type of job or workplace may provide some commonalities of occupation-related factors that contribute to job dissatisfaction. Rather, this study used a community sample, providing a unique way to examine an occupational health issue. The results demonstrate that associations between job dissatisfaction and psychological and physical health outcomes are meaningful across a wide range of job titles among immigrant Filipinos. It is recommended that community-based samples continue to be used to investigate occupational health issues, particularly among minority and immigrant groups. However, community-based studies tend to find lower levels of job dissatisfaction compared to occupation-specific studies. For example, a survey of Filipino seafarers found that 25% were dissatisfied (Allen & Gough, 2006). The higher levels in occupation-specific studies may result from respondents being "primed" to think critically about their occupations, whereas more general-purpose studies may not provide such priming. This is not a limitation per se, but future studies should take this context effect into account. Finally, this study is based on cross-sectional data. Thus, although the literature suggests that job dissatisfaction leads to deficits in well-being, it is also possible that individuals who are distressed or physically ill become more dissatisfied in their jobs. Hence, an important next step is to replicate these analyses with longitudinal data. In addition, future studies should evaluate whether the relationship between job dissatisfaction and physical and psychological health is similar across ethnic groups. That said, this study provides important initial evidence from which to direct future study.

IMPLICATIONS FOR OCCUPATIONAL HEALTH NURSES

Recognition and awareness of job dissatisfaction among groups of workers is important for occupational health nurses. Being dissatisfied with one's job has adverse implications for

psychological and physical health, which, in turn, can affect productivity at work. Occupational health nurses, having primary responsibility for the health and well-being of workers, can attempt to prevent poor health outcomes by assessing job dissatisfaction and identifying reasons for it. Assessment should occur at both the individual worker and group levels (e.g., department or shift).

Understanding why workers are dissatisfied with their jobs assists occupational health nurses to better meet workers' needs. For example, referral to an employee assistance program may be indicated. Occupational health nurses can communicate workers' collective reasons for dissatisfaction to those who can intervene and take positive corrective action. For example, if employees are dissatisfied because the physical work environment is not ergonomically designed, the occupational health nurse can partner with an ergonomist to institute needed modifications. Also, if workers are dissatisfied with ventilation and air quality in a manufacturing setting, occupational health nurses can collaborate with industrial hygienists to alleviate the problem.

Because a dissatisfied work force is likely to be less healthy physically and psychologically, occupational health nurses may invest in health promotion efforts (e.g., weight management, hypertension control, and smoking cessation) to counter the effects of dissatisfaction. The costs to implement primary and secondary prevention programs are small compared to the costs of tertiary prevention programs (e.g., treatment and rehabilitation), and the programs may increase worker productivity. Moreover, directly preventing or reducing worker dissatisfaction may be more cost-effective in the long-term.

Further, occupational health nurses must interact with an increasingly diverse work force. Workers from different racial or ethnic and cultural backgrounds and of immigrant status may have distinct concerns and needs within the workplace. For example, if worker training on health and safety is provided only in English, non-native English speakers will not benefit from this information. Occupational health nurses can play a critical role as worker advocates in such cases. They can investigate alternative training resources that accommodate workers' language needs. Workers' dissatisfaction may also result from discrimination. In this case, occupational health nurses might implement programs to reduce interpersonal prejudice and inequities in pay and work tasks. As the frontline health care professionals, occupational health nurses must actively learn about the work force, particularly when that work force is multicultural.

CONCLUSION

This community-based study found that job dissatisfaction has implications for both physical and psychological well-being among an understudied, minority, immigrant group of workers. Findings suggest that job- and work-related experiences that contribute to dissatisfaction are important in terms of identifying threats to health. Job dissatisfaction may be important in explaining health disparities between Whites and minority populations. Occupational health nurses can play a key role in the prevention of disease by assessing, identifying, and correcting workplace factors creating dissatisfying jobs.

IN SUMMARY

Relationship Between Job Dissatisfaction and Physical and Psychological Health Among Filipino Immigrants

1. Job dissatisfaction has adverse implications for psychological and physical health, which, in turn, can affect work productivity.

2. Occupational health nurses must understand why workers are dissatisfied with their jobs or the workplace to assist in efforts to better meet workers' needs.
3. A dissatisfied work force is likely to be less healthy physically and psychologically, increasing the need for health promotion programs and the resources to pay for them.
4. The increasing diversity and multicultural profile of the American work force poses challenges requiring understanding of and respect for the distinct needs of workers.

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Table 1

Descriptive statistics by Job Dissatisfaction and for the entire sample

	Job Dissatisfaction		Entire Sample
	No (N = 1,248)	Yes (N = 133)	
Psychological distress	1.23 (0.37)	1.65 (0.56)	1.27 (0.41)
Health conditions	0.80 (1.17)	1.33 (1.54)	0.86 (1.22)
Age (years)	42.37 (11.83)	39.92 (12.23) *	42.12 (11.89)
Female	47.8%	59.1%	48.9%
Married	65.9%	57.5% *	65.1%
San Francisco	43.5%	71.4% **	46.3%
Education (years)	11.74 (4.99)	12.41 (5.23)	11.81 (5.02)
Industry job category			
Manual	16.9%	10.7%	15.1%
Trade	9.4%	13.8%	10.5%
Service	73.7%	75.5%	74.4%
Personal income			
< \$25,000	51.2%	41.7%	50.3%
\$25,000–\$49,999	30.9%	43.6% *	32.2%
≥ \$50,000	13.0%	10.7%	12.8%
Missing	4.9%	4.0%	4.7%
Daily language			
Filipino	90.9%	75.0% **	89.4%
English	9.1%	25.0%	10.6%
Immigrated for employment	79.2%	59.3% **	77.2%
Years in the United States	14.66 (9.62)	15.91 (9.16)	14.79 (9.58)

Note. Values are mean (SD).

*
 $p < .05$.

**
 $p < .001$.

Table 2

Results of Regression Analyses for Psychological Distress and Health Conditions

	Psychological Distress		Health Conditions	
	Model 1	Model 2	Model 1	Model 2
Age (years)	-0.002 (0.001)*	-0.002 (0.001)*	0.026 (0.004)**	0.026 (0.004)**
Female	0.094 (0.023)**	0.087 (0.022)**	0.161 (0.081)*	0.148 (0.08)
Married	-0.037 (0.026)	-0.033 (0.025)	0.18 (0.089)*	0.179 (0.089)*
San Francisco	0.347 (0.031)**	0.314 (0.030)**	0.724 (0.112)**	0.689 (0.112)**
Education (years)	-0.002 (0.002)	-0.001 (0.002)	-0.007 (0.01)	-0.006 (0.01)
Industry job category Manual (reference)				
Trade	0.045 (0.042)	0.033 (0.039)	0.207 (0.179)	0.194 (0.179)
Service	0.016 (0.026)	0.012 (0.025)	0.113 (0.118)	0.109 (0.114)
Income				
< \$25,000 (reference)				
\$25,000–\$49,999	-0.001 (0.034)	-0.003 (0.033)	-0.095 (0.01)	-0.093 (0.098)
≥ \$50,000	-0.08 (0.043)	-0.063 (0.043)	-0.302 (0.136)*	-0.269 (0.135)*
Missing	0.016 (0.06)	0.034 (0.056)	-0.388 (0.196)*	-0.362 (0.188)*
Daily language				
Filipino (reference)				
English	0.05 (0.042)	0.017 (0.039)	0.076 (0.133)	0.039 (0.131)
Immigrated for employment	0.027 (0.032)	0.041 (0.031)	0.017 (0.101)	0.049 (0.097)
Years in the United States	0.002 (0.001)	0.002 (0.001)	0.01 (0.005)*	0.01 (0.004)*
Job dissatisfaction		0.316 (0.049)**		0.419 (0.115)**
Intercept	1.055 (0.045)**	1.035 (0.044)**	-0.867 (0.173)**	-0.917 (0.169)**

Note. Values are β (SE β).*
 $p < .05$.**
 $p < .001$.