

**JOB INSECURITY AND GENERAL HEALTH OF  
EMPLOYEES IN A GOVERNMENT ORGANISATION IN  
THE FREE STATE**

**By**

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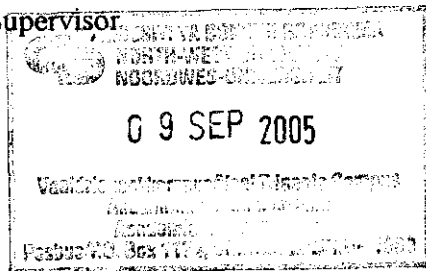
This mini-dissertation is submitted in partial fulfilment of the requirements for the degree Magister Artium in Industrial Psychology in the School of Behavioural Sciences at the Vaal Triangle Campus of the North-West University.

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## REMARKS

The reader is reminded of the following:

The references, as well as the editorial style as prescribed by the Publication Manual (*4<sup>th</sup> ed.*) of the American Psychological Association (APA) were followed in this mini-dissertation. This practice is in line with the policy of the Programme in Industrial Psychology at the North-West University.

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## SUMMARY

**Subject:** Job insecurity and general health of employees in a government organisation in the Free State.

**Key terms:** Job insecurity and general health.

Changes such as economic uncertainty, global competition, and an increase in mergers and acquisitions in the past decade have forced organisations to improve organisational effectiveness and streamline operations through downsizing, outsourcing, and restructuring. These actions are associated with large-scale workforce reductions. For many employees these changes in working life cause feelings of insecurity of the nature and future existence of their jobs. Interest in the experiences of job loss, job insecurity and stressors associated with organisational restructuring, merging and downsizing has grown considerably during the past few years. The primary objective of this study was to determine the relationship between job insecurity and general health of employees working in a government organisation in the Free State.

A cross-sectional survey design was used. A stratified random sample was taken from various occupational levels of a government organisation in the Free State. A total of 130 employees were included of which 83 participants responded. Descriptive and inferential statistics were used to analyse the data. The Job Insecurity Inventory (JII), the General Health Questionnaire (GHQ), as well as a biographical questionnaire were utilised for the purpose of the study. Results confirmed the reliability and validity of the various measuring instruments. Affective job insecurity showed an association with increased levels of social dysfunction, anxiety and sleeplessness and severe depression. Cognitive job insecurity was however not found to correlate with any of the GHQ subscales. Multiple regression analyses indicated that affective job insecurity holds predictive value with regard to severe depression (12%), as well as social dysfunction (10%).

Conclusions were made, limitations of the current research were discussed and recommendations for future research were put forward.

## OPSOMMING

**Onderwerp:** Werksonsekerheid en die algemene gesondheid van werknemers in 'n staatsorganisasie in die Vrystaat.

**Sleutelterme:** Werksonsekerheid en algemene gesondheid.

Gedurende die afgelope dekade het sekere veranderinge soos ekonomiese onsekerheid, globale kompetisie en die toename in samesmeltings organisasies gedwing om hul organisasionele effektiwiteit te verbeter deur gebruik te maak van afskaling, uitkontraktering en herstrukturering. Hierdie stappe word geassosieer met grootskaalse afskaling van die arbeidsmag. Hierdie veranderinge mag gevoelens van onsekerheid by werknemers aangaande die aard van die toekomstige voortbestaan van hul werk teweegbring. Belangstelling in die ervaring van weksverlies, werksonsekerheid en die stressors wat daarmee gepaard gaan het aansienlik gegroei gedurende die laaste paar jaar. Die primêre doelwit van die studie was om die verhouding tussen werksonsekerheid en die algemene gesondheid van werknemers werksaam in 'n staatsorganisasie in die Vrystaat te ondersoek.

'n Dwarsdeursnee opname-ontwerp is gebruik. Daar is gebruik gemaak van 'n gestratifiseerde ewekansige steekproef. 'n Totaal van 130 respondente is aanvanklik by die studie ingesluit waarvan 83 deelnemers gerespondeer het. Beskrywende en inferensiële statistiek is gebruik om die data te analiseer. Die "Job Insecurity Inventory" (JISI), die "General Health Questionnaire" (GHQ), asook 'n biografiese vraelys is vir die doel van die studie gebruik. Die resultate het die betroubaarheid en geldigheid van die betrokke meetinstrumente bevestig. Affektiewe werksonsekerheid het 'n verband met verhoogde vlakke sosiale disfunksie, angs en slapeloosheid asook hewige depressie getoon. Kognitiewe werksonsekerheid het egter geen korrelasie met enige van GHQ subskale getoon nie. Meervoudige regressie analise het getoon dat affektiewe werksonsekerheid voorspellingswaarde inhou vir hewige depressie (12%) en sosiale disfunksie (10%).

Gevolgtrekkings is gemaak, beperkinge van die huidige navorsing word uiteengesit en aanbevelings vir toekomstige navorsing is aan die hand gedoen.

## **CHAPTER 1**

### **1. INTRODUCTION**

This mini-dissertation relates to job insecurity and general health of employees in a government organisation in the Free State. In this chapter, the problem statement is discussed, and an outline is provided of the research objectives, research method and chapter division.

#### **1.1 PROBLEM STATEMENT**

Working life has been subjected to enormous change over the past decades (Gowing, Kraft, & Campbell Quick, 1998). The economic environment in South Africa has changed dramatically during the last ten years due to increased globalisation. Globalisation has forced companies to compete with the best in the world, which leads to fierce competition, cost savings and reduction of the labour force. The once stable, predictable, and controlled environment has become complex, out of control and unpredictable. The pace of change has also increased dramatically. Organisations engage in “downsizing”, “rightsizing” or restructuring; or all three simultaneously, in an attempt to survive in difficult economic conditions, and this almost inevitably implies the rationalising of jobs.

From an organisational perspective, this has provided many companies with the functional and numerical flexibility necessary to adapt to a changing environment. From the individual perspective, although some individuals may view flexibility positively, the negative consequences are apparent and have dominated the psychological literature. According to Jacobson (1991) millions of workers have been displaced while others have become involuntarily part-time unemployed, hired on temporary employment contracts, or experienced a fundamental and involuntary change in their sets of beliefs about the employing organisation and their place in it. For many employees, the changes in working life we have witnessed over the past two decades have caused feelings of insecurity

concerning the nature and future existence of their jobs (Hartley, Jacobson, Klandermans, & van Vuuren, 1991). In this context, job insecurity has emerged as an important construct and several reasons for its development are noted above.

Job insecurity refers to an employee's negative reactions to the changes regarding their jobs. Job insecurity is defined as an individual's expectations about the continuity of his/her job situation (Davy, Kinicki & Scheck, 1997). Rosenblatt and Ruvio (1996) view job insecurity as an overall concern about the future existence of the job, while Heaney, Israel and House (1994) define job insecurity as a powerlessness to maintain desired continuity in a threatened job situation. One general theme underlying the various definitions is that job insecurity is a subjective phenomenon, i.e. that it is based on the individual's perceptions and interpretations of the immediate work environment (Greenhalgh & Rosenblatt, 1984; Hartley et al., 1991).

Literature usually conceptualises job insecurity from three general points of view, it being (i) a global or (ii) multidimensional concept or (iii) a job stressor (Mauno & Kinnunen, 1999). In most instances, job insecurity has been defined according to the global viewpoint, signifying the threat of job loss or job discontinuity (Caplan, Cobb, French, van Harrison & Pinneau, 1980). Van Vuuren (1990) emphasises that job insecurity has the following components: Firstly, it is a subjective experience or perception, as different employees might perceive the same situation differently. Secondly, job insecurity implies uncertainty regarding the future and finally, doubts about the continuation of the job as such, are central to job insecurity. Researchers who have adopted the multidimensional definition of job insecurity, argue that job insecurity refers not only to the degree of uncertainty, but also to the continuity of certain dimensions, such as opportunities for promotion (Ashford, Lee & Bobko, 1989).

In this research, however, use will be made of De Witte's (2000) Job Insecurity Inventory (JII) as a measure of job insecurity, viewing job insecurity from a global, two-dimensional

perspective. De Witte (2000) developed the JII based on Borg and Elizur's (1992) conceptualisation of job insecurity as a two-dimensional construct, consisting of an affective and cognitive component. Cognitive job insecurity relates to the perceived likelihood of job loss, whereas affective job insecurity relates to fear of job loss.

Job insecurity is consistently associated with a reduced level of job satisfaction (Ashford et al., 1989; Davy, Kinicki & Scheck, 1997), lowered organisational commitment (Apisakkul, 2000; Ashford et al., 1989; Davy et al., 1997), reduced work-related performance at both a social and technical level (De Witte, 2000), lowered trust in management (Ashford et al., 1989), psychosomatic complaints, physiological variables and various physical strains (De Witte, 2000), decreased employee mental health and family well-being (Larson, Wilson & Beley, 1994), decreased workplace safety motivation and compliance (Probst & Brubaker, 2001), reduced work effort (Brockner, Grover, Reed & De Witt, 1992), work withdrawal behaviour (Probst, 1999) and increased intention to leave and resistance to change (Davy et al., 1997).

In terms of demographic differences and job insecurity, results show that employees in jobs characterised by manual labour, contingent workers, and to some extent older workers and those with lower levels of education, experience higher levels of job insecurity (Näswall & De Witte, 2003). De Witte (1999) however argues that potential unemployment is most distressing for respondents between the ages of approximately 30 to 50 years, seeming to be less problematic for younger and older respondents. De Witte's explains that the reason for this probably relates to the fact that younger respondents have less financial responsibilities and better prospects of finding a job in future, and older respondents can prepare themselves for a new role, being that of retirement. Manski and Straub (2000) found that expectations of job loss decrease with age, as well as that job insecurity tends to decrease with schooling, whereas Roskies and Louis-Guerin (1990) did not find a correlation between age and job insecurity. Job insecurity levels of different cultural groups in South Africa, may be expected to be affected by aspects such as Employment Equity and Affirmative Action (Bosman, Buitendach & Rothmann, 2005). In this research it may be speculated that those

least advantaged by such legislation will experience higher levels of job insecurity than those who benefit from special consideration in terms of employment equity initiatives.

Job insecurity is problematic not only for individual employees, but also for the company in which they work. Greenhalgh and Rosenblatt (1984) found, that the impact of job insecurity on individual employees could erode the effectiveness of the organisation. A downward spiral is created, where productivity decreases, and in such a manner, the competitive strength of the company is undermined. The risk of further redundancies is increased, which in turn, increases feelings of job insecurity, due to the associated costs of increased absenteeism resulting from lowered employee well-being (Greenhalgh & Rosenblatt, 1984).

According to De Witte (1999) and Van Vuuren (1990), job insecurity consistently presents itself as a stressor. Dekker and Schaufeli (1995) and Latack and Dozier (1986) concur that perceived threats concerning the nature and continued existence of a job may have as detrimental consequences as job loss itself. This is consistent with the central position of stress research, that anticipation of a stressful event represents an equally important, or perhaps even greater, source for anxiety than the actual event (Lazarus & Folkman, 1984). Siu (2002) indicates that occupational stressors play a significant role in determining job satisfaction, mental and physical well-being. Occupational stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Stressors can be seen as the antecedents (stimuli) of the transaction, which normally leads to individual strain. Strain refers to the individual's psychological, physical and behavioural response to stressors (Cooper, Dewe & O'Driscoll, 2001). Siu (2002), as well as Winefield, Gillespie, Stough, Dua and Hapuararchchi (2002) add that chronic and high levels of occupational stress, if left unchecked, are related to lowered mental and physical well-being, job dissatisfaction, absenteeism, stress related injuries, turnover and intention to quit.

In the light of the above mentioned definitions the effort-reward imbalance model, as discussed by Bakker, Kilmer, Siegrist and Schaufeli (2000), provides a theoretical approach

toward explaining the adverse health effects produced by a lack of reciprocity at work. According to this model, a lack of reciprocity between costs and gains defines a state of emotional distress with particular proclivity to autonomic arousal and associated strain reactions. Bakker et al. (2000) note that this holds especially true if poor reward is experienced in terms of poor job stability, forced occupational change, downward mobility, or lack of promotion prospects (low occupational control). From this point of view perceived job insecurity may be expected to produce lack of reciprocity leading to emotional distress and associated strain reactions causing ill health among employees.

For the purpose of this research, job insecurity is viewed as a stressor, causing strain reactions in terms of decreased health of employees. Use will be made of the General Health Questionnaire of Goldberg and Hillier (1979) as a measure of health. The questionnaire considers four facets of health, being, i) somatic symptoms; ii) anxiety and insomnia; iii) social dysfunction; and iv) severe depression.

In order to understand the relationship between job insecurity and health outcomes, Figure 1.1 may provide a useful illustration of the interaction between these constructs, as well as the factors that may influence the specific individual and organisational outcomes.

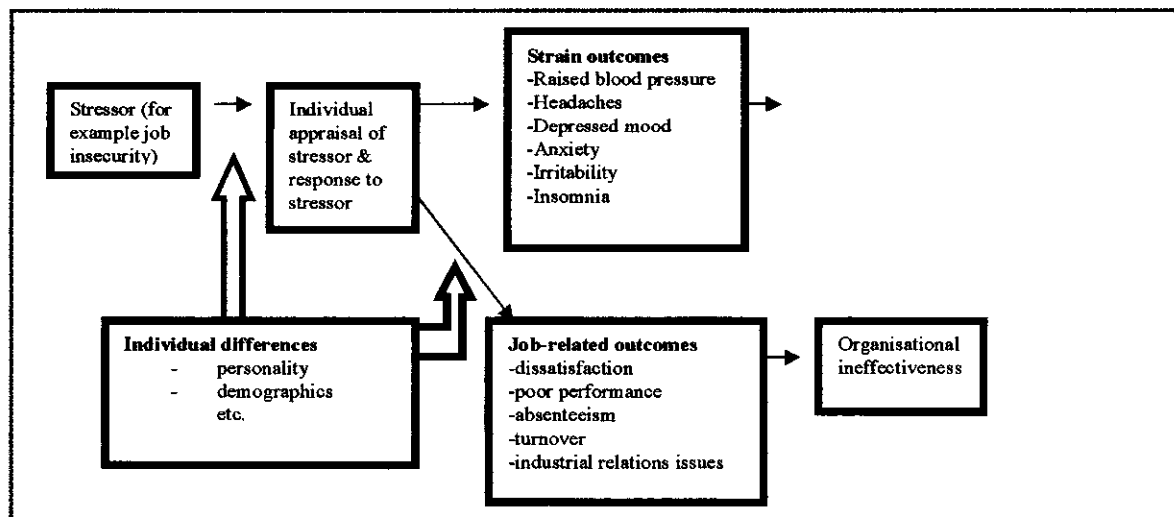


Figure 1.1 A model of job strain and health outcomes (Schnall & Perlo, 2004).

According to Constitution of the World Health Organization (2000), “general health” can be defined as state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources, as well as physical capabilities.

The research of Hellgren and Sverke (2002) indicate that empirical support for the theoretical notion that job insecurity leads to health complaints has been established. Some social scientists speculate there may be a cumulative effect of strain for job insecure workers resulting in greater negative psychological outcomes over time (Heaney et al., 1994). According to De Witte (1999), the harmful impact of job insecurity was clearly demonstrated when two groups of people were compared to each other in terms of their knowledge of redundancy and the possibility of becoming redundant in future. The group, who knew that redundancy was a definite reality, experienced improved psychological well-being in comparison with the group who were still uncertain. The unpredictability of job insecurity thus has a great negative impact on the psychological well-being of people (De Witte, 1999).

Research done by Ferrie, Shipley, Marmot, Stansfield and Smith (1998) suggest that job insecurity or anticipation of job loss is a health risk for a wide range of conditions, including impaired self-related health, physical symptomatology, lowered quality of sleep, heightened rate of sickness absence and ischemic heart disease (Siegrist, Peter, Junge, Cremer & Seidel, 1990). Research done by Greenglass and Burke on the impact of restructuring and job insecurity on 3,892 million hospital nurses showed a positive correlation between job insecurity and increased levels of depression, anxiety and somatisation. Mohren, Swaen, Van Amelsvoort, Borm, and Galama (2003) found a cross-sectional relationship between job insecurity and common infections or health complaints. Significant effects of job insecurity on physiological parameters, such as increased blood pressure levels, were found in a number of longitudinal studies (Ferrie, 2001; Heaney et al., 1994). However, no clear or cogent associations between job insecurity and health behaviours such as smoking and alcohol consumption have been observed (Ferrie et al., 1998; McDonough, 2000).

Significant differences have been found between the scores of black and white groups on indices of psychological well-being, with the black group presenting with lower levels of psychological well-being (Wissing & van Eeden, 2002). These differences may result from different socio-cultural backgrounds, idiosyncratic factors and life circumstances. According to Antonovsky (1979), resistance resources are lower in historically black communities. As a result people from these groups are more prone to stress. The new socio-political dispensation that guarantees equity and equality for all, and ensures human rights through the Constitution, can be expected to eventually bring about higher levels of psychological well-being in the historically disadvantaged group (Wissing & van Eeden, 2002). According to Jones, Huxtable and Hodgson (2001) rates of work-related illness are generally higher with regard to older employees. These higher rates are explained by the prevalence of, and cumulative exposure to unfavourable working conditions such as job insecurity.

As mentioned above, South Africa is not excluded from the effects of the world economy and this country's economic environment has also changed dramatically over the past ten years. The present global economy is characterised by liberalisation of trade, deregulation, and a rapid and continuous flow of new technology, especially information technology. In addition, the free movement of investment has resulted in even more intense global competition, reducing of costs and the labour market. According to Marais and Schepers (1996), such sources include economies of scale, technology, access to raw materials and salaries and wages, the latter usually being the largest, immediate source of cost-savings.

Besides the above-noted economic implications held by globalisation, the South African labour market is also faced with changes at a political level. It is evident that the political change is still in the introduction phase, as black economic empowerment is gaining momentum. Economical and political changes as well as the shrinking labour market lead to increased job insecurity (Makgetla, 2001). Government organisations are challenged with high demands for basic services, while they have limited resources. Local government organisations are not excluded from the realities such as transformation and restructuring. This is evident in promotions that were put on hold, managers that had to reapply for their jobs, and moratoriums that were placed on the appointment of new personnel, all of which

has led to understaffing in most departments. This in turn, may cause job insecurity, strain and ill health among employees. The issues discussed above are not restricted to certain groups of people or organisations and also relate to employees working in the government organisation where this research will take place. The management of this government organisation reports that the employees generally do not perceive the jobs they currently have to be insecure, but still fear to loose their jobs as this is a reality countrywide. Research in this regard is important, as the findings of this study could be used in the designing of interventions for organisations and individuals affected by this phenomenon.

On the basis of the above-mentioned problem statement, the following research questions are identified:

- How are the constructs job insecurity and general health conceptualised in the literature?
- Do differences exist in the job insecurity and general health levels of different demographic groups?
- What is the relationship between job insecurity and general health of employees in a government organisation in the Free State?
- Can job insecurity be used to predict general health?

## **1.2 RESEARCH OBJECTIVES**

### **1.2.1 General objective**

The general objective of this research is to investigate the relationship between job insecurity and general health of employees working in a government organisation in the Free State.

### **1.1.2 Specific objectives**

The specific objectives are:

- to conceptualise job insecurity and general health and the relationships between these constructs from the literature;
- to determine if differences exist in the job insecurity and general health levels of different demographic groups;
- to determine the relationship between job insecurity and general health of employees in a government organisation in the Free State;
- and to establish whether job insecurity can be used to predict general health.

## **1.3 RESEARCH METHOD**

### **1.3.1 Research design**

A cross-sectional research design, with a survey as technique of data collection will be used to reach the objectives of the research. Cross-sectional designs are used to examine groups of subjects in various stages of development simultaneously, while the survey describes a technique of data collection in which questionnaires are used to gather data regarding an identified population (Burns & Grove, 1993). The design will be well suited to the descriptive and predictive function associated with correlation and validation research, whereby relationships between variables are examined (Shaughnessy & Zechmeister, 1997).

### **1.3.2 Study population**

A stratified, random sample will be taken from members of various occupational levels of a government organisation in the Free State. It is planned to include 130 employees in the specific organisation. Questionnaires will be handed out individually and the participants will have the opportunity to complete the questionnaire and return it in their own time.

### 1.3.3 Measuring instruments

The *Job Insecurity Inventory (JII)* (De Witte, 2000) will be used as a measure of job insecurity. The eleven items of the JII summarise both the cognitive and affective dimensions of job insecurity and are arranged along a 5-point scale, with one being “strongly disagree” and five representing strong agreement. An example of a question relating to cognitive job insecurity would be, “I am sure I can keep my job”, whereas an example of a question relating to affective job insecurity would be, “I fear that I might lose my job”. The items of the JII, measuring global job insecurity, are reported to have a Cronbach alpha coefficient of 0,92 and both scales (cognitive and affective) were shown to be highly reliable, with the six items measuring cognitive job insecurity, displaying a Cronbach alpha coefficient of 0,90; and the five items of the affective job insecurity having a Cronbach alpha coefficient of 0,85 (De Witte, 2000). According to De Witte (2000) the content of these two scales do not overlap, but nevertheless have a high underlying correlation ( $r=0,76$ ;  $p<0,0001$ ). Heymans (2002) obtained an alpha coefficient of 0,81 for the JII and Elbert (2002) obtained an alpha coefficient of 0,84.

The *General Health Questionnaire (GHQ)* (Goldberg & Hillier, 1979), will be used to measure the general health of the employees that were included in the study. For the purpose of this study the twenty-eight-item version was used. Responses are given on a four point Likert-type scale. Four subscales measure the degree of 1) somatic symptoms; 2) anxiety and insomnia; 3) social dysfunction and 4) severe depression. A high value on the GHQ is indicative of a high level of distress, where as a low score implies a low level of distress, in other words indicating a high level of general health. Goldberg and Hillier (1979) reported internal consistency coefficients of 0,69 to 0,90. Goldberg, Grater, Sartorius, Usten, Piccinelli, Gureje and Rutter (1997) report acceptable reliability and validity indices for the GHQ across different cultures. In South Africa, Isaksson and Johansson (2000), obtained a Cronbach alpha coefficient of 0,86 and Oosthuizen (2001) obtained a reliability coefficient of 0,89 for the GHQ, which make the use of this instrument applicable for use in a South African context.

### 1.3.4 Statistical analysis

The data analysis will be carried out with the help of the SAS-program (SAS Institute, 2000). Statistical analysis will include reliability and validity of measuring instruments, descriptive statistics, analysis of variance, correlation coefficients and multiple regression analyses.

Cronbach alpha coefficients and inter-item correlation coefficients will be used to assess the reliability and validity of the measuring instruments (Clark & Watson, 1995). Descriptive statistics and inferential statistics will be used to analyse data. A cut-off point of  $p = 0.01$  will be set for the statistical significance of the findings. Pearson product-moment correlation coefficients will be used to specify the relationships between the variables. A cut-off point of 0,30 will be set for the practical significance of correlation coefficients.

Multivariate analysis of variance (MANOVA) will be used to determine the significance of differences between the demographic groups in terms of their job insecurity and general health scores. MANOVA tests are used to determine whether mean differences among groups on a combination of dependent variables are likely to have occurred by chance (Tabachnick & Fidell, 2001). In the use of MANOVA a new dependent variable that maximises group differences is created from the set of dependent variables. One-way analysis is then performed on the newly created dependent variable. Wilk's Lambda will be used to test the significance of the effects. Wilk's Lambda is a likelihood ratio statistic that tests the likelihood of the data under the assumption of equal population mean vectors for all groups against the likelihood under the assumption that the population mean vectors are identical to those of the sample mean vectors for the different groups. When an effect is significant in MANOVA, ANOVA will be used to discover which dependent variables were affected. Tukey tests will be done to indicate which groups differed significantly when ANOVA's were done. Effect sizes (Steyn, 2002) will be utilised in addition to statistical significance to determine the significance of relationships. Effect sizes indicate whether obtained results are important (while statistical significance may often show results which are of little practical relevance). The use of only statistical significance

testing in a routine manner has been criticised and from editors of some periodicals there have been appeals to place more emphasis on effect sizes (Steyn, 1999).

The following formula will be used to determine the practical significance of means of more than two groups (Steyn, 1999):

$$d = \frac{\text{Mean A} - \text{Mean B}}{\text{root MSE}}$$

where

*Mean A* = Mean of the first group

*Mean B* = Mean of the second group

Root MSE = Root Mean Square Error

Lastly, multiple regression analysis will be used to determine whether job insecurity holds predictive value with regard to health. According to Kerlinger and Lee (2000) a correlation can only be better understood by determining its square ( $r^2$ ). A regression analysis is used to determine the proportion of the total variance of one variable that is explained by another variable.

#### **1.4 OVERVIEW OF CHAPTERS**

Chapter 2 deals with the relationship between job insecurity and general health of employees in a government organisation in the Free State. Lastly, chapter 3 provides conclusions regarding the various objectives of the research, a discussion of the limitations of the research, and makes recommendations for the organisation and future research.

#### **1.5 CHAPTER SUMMARY**

Chapter 1 provided a discussion of the problem statement and research objectives. An explanation was provided of the measuring instruments and research method, followed by a brief overview of the chapters to follow.

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## **CHAPTER 2**

### **RESEARCH ARTICLE**

**\*JOB INSECURITY AND GENERAL HEALTH OF EMPLOYEES IN A  
GOVERNMENT ORGANISATION IN THE FREE STATE**

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**ABSTRACT**

The primary objective of this study was to investigate the relationship between job insecurity and the general health of employees in a government organisation in the Free State. A cross-sectional survey design was used. The Job Insecurity Inventory (JII) and the General Health Questionnaire (GHQ), as well as a biographical questionnaire were utilised for the purpose of the study. Results confirmed the reliability and validity of the various measuring instruments. Affective job insecurity demonstrated an association with increased levels of social dysfunction, anxiety and sleeplessness and severe depression. Cognitive job insecurity was however not found to correlate with any of the GHQ subscales. Multiple regression analyses indicated that affective job insecurity holds predictive value with regard to severe depression (12%) and social dysfunction (10%).

**OPSOMMING**

Die primêre doelwit van die studie was om die verhouding tussen werksonsekerheid en die algemene gesondheid van werknemers in 'n staatsorganisasie in die Vrystaat te ondersoek. 'n Dwarsdeursnee opname-ontwerp is gebruik. Die "Job Insecurity Inventory", "General Health Questionnaire", sowel as 'n biografiese vraelys is vir die doel van die studie gebruik. Die resultate het die betroubaarheid en geldigheid van die betrokke meetinstrumente bevestig. Affektiewe werksonsekerheid het 'n verband met verhoogde vlakke van sosiale disfunksie, angs, slaapeloosheid asook hewige depressie getoon. Kognitiewe werksonsekerheid het geen korrelasie met enige van die GHQ subskale getoon nie. Meervoudige regressie analise het getoon dat affektiewe werksonsekerheid voorspellingswaarde inhou vir hewige depressie (12%) en sosiale disfunksie (10%).

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Work conditions are changing as a result of globalisation and increasing competition. Intensified global competition has forced organisations to cut production costs and become more flexible. Organisations engage in “downsizing”, “right-sizing” or restructuring; or all three simultaneously, in an attempt to survive in difficult economic conditions, and this almost inevitably implies the rationalising of jobs. Organisations attempting to reduce costs put pressure on employees to modify their jobs, accept alternative employment conditions and/or relocate. All of the above-mentioned are likely to fuel job insecurity (Büssing, 1999).

The unemployment rate in South Africa is exceptionally high. According to the official definition, unemployment was estimated at 26 percent in 1998 and rose to 29,5 percent in 2001 (LFS, 2001). The broad definition, which includes the non-searching unemployed, is even higher and increased from 39 percent in 1999 to 41,5 percent in 2002 (LFS, 2002). Job insecurity is thus a potential reality for many South Africans.

As the most important instrument to improve the quality of lives of all South Africans, a reformed civil service is the single most critical element of government policy. Government organisations are challenged with high demands for basic services, while they have limited resources. Local government organisations are not excluded from the realities of ‘restructuring’ and ‘transformation’ and this is evident in promotions that were put on hold, managers that had to reapply for their jobs, and moratoriums that were placed on the appointment of new personnel, all which has led to understaffing in most departments. This in turn, may cause job insecurity and ill health (Rothmann, Jackson & Kruger, 2003).

According to Davy, Kinicki and Scheck (1997) job insecurity refers to an employee’s negative reactions to the changes regarding their jobs. Job insecurity is defined as an individual’s expectations about the continuity of his/her job situation (Davy et al., 1997). Rosenblatt and Ruvio (1996) view job insecurity as an overall concern about the future existence of the job, while Heaney, Israel and House (1994) define job insecurity as a powerlessness to maintain desired continuity in a threatened job situation.

Literature usually conceptualises job insecurity from three general points of view, it being (i) a global or (ii) multidimensional concept or (iii) a job stressor (Mauno & Kinnunen, 1999). In most instances, job insecurity has been defined according to the global viewpoint, signifying the threat of job loss or job discontinuity (Caplan, Cobb, French, van Harrison & Pinneau, 1980), whereas researchers who have adopted the multidimensional definition of job insecurity, argue that job insecurity refers not only to the degree of uncertainty, but also to the continuity of certain dimensions, such as opportunities for promotion (Ashford, Lee & Bobko, 1989).

From a multi-dimensional perspective, Ashford et al. (1989) describe five components of job insecurity, being (i) the severity of the threat concerning job continuity or aspects of the job; (ii) the importance of job features, meaning that the fear of losing an important job feature is a cause of greater job insecurity than the threat of losing a minor job feature; (iii) the perceived threat of the occurrence which is expected to negatively affect an employee's total job situation, for example, being laid off; (iv) the total importance of the changes mentioned above; and (v) powerlessness, referring to an employee's inability to control the threats described in the previous four components.

In this research job insecurity is viewed from the global, two dimensional perspective. Based on Borg and Elizur's (2000) conceptualisation of job insecurity, job insecurity is viewed as consisting of an affective and cognitive dimension. Cognitive job insecurity refers to the perceived likelihood of job loss, whereas affective job insecurity refers to fear of job loss.

Dekker and Schaufeli (1995) and Latack and Dozier (1986) concur that perceived threats concerning the nature and continued existence of a job may have as detrimental consequences as job loss itself, such as job dissatisfaction, negative health outcomes and psychological stress. This is consistent with the central position of stress research, that anticipation of a stressful event represents an equally important, or perhaps even greater, source for anxiety than the actual event (Lazarus & Folkman, 1984). Sverke and Hellgren (2002) note that different individuals will have different intensity levels of job insecurity even if they are exposed to the same kind of threat.

Generally, the underlying theme of the various definitions is that job insecurity is a subjective phenomenon, i.e. based on the individual's perceptions and interpretations of the immediate work environment (Greenhalgh & Rosenblatt, 1984; Hartley, Jacobson, Klandermans & Van Vuuren, 1991).

With regard to demographic differences and the experience of job insecurity, Manski and Straub (2000) found that expectations of job loss decrease with age, as well as that job insecurity tends to decrease with schooling. Roskies and Louis-Guerin (1990), however, did not find a correlation between age and job insecurity. Domenighetti, D'Avanzo and Bisig, (2000) found that more highly educated people seem to have more difficulties than lesser educated in coping with fear of unemployment. Schaufeli (1992) states that the threat of job loss should be less problematic for the more highly educated, as such occupational groups possess more resources to counteract the adverse consequences of unemployment. According to the findings of Yousef (1998) employees' age, marital status, job level, monthly income, tenure in present job, tenure in company and an organisation's activity, contribute significantly to variations in job satisfaction with job security among employees. Regarding differences between job insecurity levels of different cultural groups in South Africa, Bosman, Buitendach & Rothmann (2005) note that aspects such as Employment Equity and Affirmative Action, may be expected to affect the levels of job insecurity that different cultural groups may experience. Bosman et al. (2005) found that White employees experience higher levels of cognitive job insecurity than Black employees. In this research it is also speculated that those least advantaged by such legislation will experience higher levels of job insecurity than those who benefit from special consideration in terms of employment equity initiatives.

Job insecurity is problematic not only for individual employees, but also for the company in which they work. Greenhalgh and Rosenblatt (1984) found, that the impact of job insecurity on individual employees could erode the effectiveness of the organisation. A downward spiral is created, where productivity decreases, and in such a manner, that the competitive strength of the company is undermined. The risk of further redundancies is increased, which in turn, increases feelings of job insecurity (Greenhalgh & Rosenblatt, 1984).

According to De Witte (1999) and Van Vuuren (1990), job insecurity consistently presents itself as a stressor. According to Lazarus and Folkman (1984) stress arises when the individual appraises the demands of a particular encounter as exceeding the resources available, thereby threatening the well-being and bringing about change in the person's psychological and/or physiological condition in order to cope with the encounter (Cooper, Dewe & O'Driscoll, 2001; Siu, 2002). Stressors can be seen as the antecedents (stimuli) of the transaction, which normally leads to individual strain. Strain refers to the individual's psychological, physical and behavioural response to stressors (Cooper et al., 2001).

Nikolaou and Tsaousis (2002) note that the most common definitions of stress may be categorised into three types. The first category is perceived as being stimulus-based, which views stress as a situational or environmental based stimulus, impinging upon the person. The second category is distinguished as being response-based, viewing stress as an individual's psychological or physiological response to environmental/situational forces. The third category is an interactive approach, often named the stressor-strain approach, defining stress as both the stimulus (the source of stress) and the response (the outcome of stress), which is consistent with the manner in which stress is conceptualised in this research. Theories based on the latter definition of stress is usually accepted as being the more superior, given that it provides a more comprehensive view of the dynamics of stress. The link between unmanaged stress and the negative impact on health and are well demonstrated in stress research and are linked to severe physical consequences, some of which can be fatal (Winefield, Gillespie, Stough, Dua & Hapuararchchi, 2002). Occupational strain may include psychological effects (for example, cognitive effects, inability to concentrate, anxiety and depression), behavioural effects (for example, smoking or excessive use of alcohol) and physiological effects (for example, increased blood pressure).

The motivation for this research is that there is agreement that job insecurity can be perceived as a stressor, causing strain reactions that may have an impact on the general health of employees, as expressed in somatic symptoms, anxiety and sleeplessness, social dysfunction and severe

depression. In analysing the consequences of job insecurity the effects on the psychological and physical health of the employee can be recognised.

According to Constitution of the World Health Organization (2000), “general health” can be defined as state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities. In this research general health is conceptualised in terms of the theory of Goldberg and Hillier (1979), which considers four facets of health, being, i) somatic symptoms; ii) anxiety and insomnia; iii) social dysfunction; and iv) severe depression.

In the light of the above mentioned definitions, the effort-reward imbalance model, as discussed by Bakker, Kilmer, Siegrist and Schaufeli (2000), provides a theoretical approach toward explaining the adverse health effects produced by a lack of reciprocity at work. According to this model, a lack of reciprocity between costs and gains defines a state of emotional distress with particular proclivity to autonomic arousal and associated strain reactions. Bakker et al. (2000) note that this holds especially true if poor reward is experienced in terms of poor job stability, forced occupational change, downward mobility, or lack of promotion prospects (low occupational control).

From this point of view effort at work is spent as part of a socially organised exchange process to which society at large contributes in terms of rewards. Rewards are distributed by three transmitter systems: money, esteem, and career opportunities including job security. The model claims that lack of reciprocity between 'costs' and 'gains' (i.e. high cost / low gain conditions) elicits sustained strain reactions at an emotional and physiological level. For instance, having a demanding, but unstable job, achieving at a high level without being offered any promotion prospects, are examples of high cost/low gain conditions at work (Cooper, 1998). Thus, the discrepancy between efforts spent and rewards received at work is considered a crucial determinant of strain reactions and their adverse effects on health (Bakker et al., 2000). From this point of view perceived job insecurity may be expected to produce lack of reciprocity leading to emotional distress and associated strain reactions causing ill general health among employees.

According to De Jonge, Bosma, Peter and Siegrist (2000) the number of published empirical studies that made use of the effort-reward imbalance model are growing rapidly and the combination of high effort and low reward at work was found to be a risk factor for subjective health, mild psychiatric disorders, reported symptoms and cardiovascular health. Domenighetti et al. (2000) states that employed persons exhibiting a high level of fear of unemployment generally have worse health indicators compared with those experiencing a low degree of fear. For some indicators standardised prevalence rates were two- or threefold higher under insecurity status.

Findings of Winefield et al. (2002) show significant correlations between higher levels of psychological strain and incidences of self-reported stress-related health symptoms, such as sleeping difficulties, headaches, viral and cold infections. Research done Hellgren and Sverke (2002) indicated that their results provide empirical support for the theoretical notion that job insecurity leads to health complaints. Mohren, Swaen, Van Amelsvoort, Borm, and Galama (2003) found a cross-sectional relationship between job insecurity and common infection or health complaints.

Research has shown that employees perceiving threat to their work future would exhibit symptoms of distress manifested as anxiety and depression, as well as increasing physical symptomatology (Ferrie, Shipley, Marmot, Stansfeld & Smith, 1998; Roskies, Louis-Guerin & Fournier, 1993). Likewise, significant effects of job insecurity on physiological parameters, such as increased blood pressure levels, were found in a number of longitudinal studies (Ferrie, 2001; Kasl & Cobb, 1970), but in other cases the effects were inconsistent or absent (Levenstein, Smith, & Kaplan, 2001).

In terms of differences in general health levels between demographic groups, Wissing and van Eeden (2002) found significant differences between the scores of black and white groups on indices of psychological well-being, with the black group presenting with lower levels of psychological well-being, noting that these differences may result from different socio-cultural backgrounds, idiosyncratic factors and life circumstances. According to Jones, Huxtable and

Hodgson (2001) rates of work-related illness are generally higher with regard to older employees. These higher rates are explained by the prevalence of, and cumulative exposure to unfavourable working conditions such as job insecurity. Jones, Huxtable and Hodgson (2001) also found evidence that the rate of stress, depression and anxiety in older workers tend to be higher than in younger employees.

To summarise, the global and South African economy is characterised by liberalisation of trade, deregulation, and a rapid and continuous flow of new technology. In addition, the free movement of investment has resulted in even more intense global competition. Possibly the most important feature of the new global economy is the rapidity of change. The once stable, predictable and controlled environment has become complex and unpredictable. These changes are ongoing and this, together with a shrinking labour market, contributes to feelings of job insecurity. Rothmann (2003) notes that tracking employees' effectiveness in coping with demands of the new world of work and stimulating their growth in areas that could possibly impact on individual well-being and organisational efficiency and effectiveness are crucial, hence the importance of this research, which investigates the relationship between job insecurity and general health.

While studies on the impact of unemployment on general health are numerous and clearly show its negative effect on several objective and subjective health indicators, studies on the effects of fear of unemployment on general health are scarce, although much clinical research has been done on the health effects of workplace conditions and environment. The information obtained in this study can be useful when creating health and safety, career, development, support and training programmes in organisations where high levels of job insecurity exists. The issues discussed above are not restricted to certain groups of people or organisations and also relate to employees working in the government organisation where this research took place. The management of this government organisation reported that the employees generally did not perceive the jobs they currently had to be insecure, but still feared to lose their jobs as this is a reality countrywide.

Based on the above problem statement, the following hypotheses are proposed:

- H1: A practically significant relationship exists between the cognitive job insecurity and general health of employees working in a government organisation in the Free State.
- H2: A practically significant relationship exists between affective job insecurity general health of employees working in a government organisation in the Free State.
- H3: Differences in terms of biographical characteristics exist regarding the participants' job insecurity and general health levels.
- H4: Job insecurity holds predictive value with regard to general health of employees working in a government organisation in the Free State.

### **AIM OF THE STUDY**

The primary aim of the study was to investigate the relationship between job insecurity and general health of employees in a local government organisation in the Free State.

### **METHOD**

#### **Research design**

A cross-sectional research design, with a survey as technique of data collection was used to reach the objectives of the research. Cross-sectional designs are used to examine groups of subjects in various stages of development simultaneously, while the survey describes a technique of data collection in which questionnaires are used to gather data regarding an identified population (Burns & Grove, 1993). The design will be well suited to the descriptive and predictive function associated with correlation and validation research, whereby relationships between variables are examined (Shaughnessy & Zechmeister, 1997).

## Participants

The entire population of 130 employees working in the government organisation in the Free State was targeted in the research, although a response rate of only 63,8 % (83 respondents) were obtained. Workers from all levels were included, ranging from semi-skilled to professional level. The biographical characteristics of the study population are detailed in Table 1.

Table 1  
*Compilation of the Study Population (N=83)*

<b>Item</b>	<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Cultural group</b>	Black (1)	34	40,96
	White (2)	47	56,63
	Other (3)	2	2,41
	Total	83	100
<b>Gender</b>	Male (1)	42	50,60
	Female (2)	38	45,78
	Total	80	96,39
<b>Age</b>	24 years and younger (1)	9	10,84
	25-35 years (2)	44	53,01
	36-45 years (3)	22	26,51
	46-55 years (4)	6	7,23
	56 years and older (5)	2	2,41
	Total	83	100
<b>Qualification</b>	St.8-10 (1)	81	97,59
	Diploma (2)	0	0,00
	Degree (3)	0	0,00
	Post-graduate Degree (4)	1	1,20
	Total	82	98,79
<b>Tenure</b>	Less than 1 year (1)	11	13,25
	2-5 years (2)	22	26,51
	6-10 years (3)	31	37,35
	11-20 years (4)	14	16,87
	Longer than 20 years (5)	5	6,02
	Total	83	100
<b>Union</b>	Yes (1)	81	97,59
	No (2)	1	1,20
	Total	82	98,79

In summary, Table 1 indicated that the amount of black and white participants were rather equally spread, with the white participants being slightly more (56,63 %). The population is balanced in terms of gender, with 51% being male and 46% being female. The majority of participants fell in the 25- 35 years age group (53,01%). The largest amount of the participants had a grade 10-12 level of education (97,59%) , and the majority of the population under study had been working for the organisation between 6 - 10 years. The majority of the participants belonged to a union (97,59%).

### **Measuring Battery**

The *Job Insecurity Inventory (JII)* (De Witte, 2000) was used as a measure of job insecurity. This 11-item questionnaire relating to job insecurity was used to measure the perceived job insecurity of participants. The 11 items of the JII summarise both the cognitive and affective dimensions of job insecurity and are arranged along a 5-point scale, varying from 1 (strongly disagree) to 5 (strongly agree). An example of a question relating to cognitive job insecurity would be, "I think that I will be able to continue working here ", whereas an example of a question relating to affective job insecurity would be, "I fear that I might lose my job ". The items of the JII, measuring global job insecurity are reported to have a Cronbach alpha coefficient of 0,92 and both scales (cognitive and affective) were shown to be highly reliable, with the six items measuring cognitive job insecurity, displaying a Cronbach alpha coefficient of 0,90; and the five items of the affective job insecurity having a Cronbach alpha coefficient of 0,85 (De Witte, 2000). According to De Witte (2000), the content of these two scales do not overlap, but nevertheless have a high correlation ( $r = 0,76$ ). Heymans (2002) obtained an alpha coefficient of 0,81 for the JISQ and Elbert (2002) obtained an alpha coefficient of 0,84.

The *General Health Questionnaire (GHQ)* (Goldberg & Hillier, 1979), was used to measure the general health of the employees that were included in the study. For the purpose of this study the twenty-eight-item version was used. Responses are given on a four point Likert-type scale. Four subscales measure the degree of 1) somatic symptoms; 2) anxiety and insomnia; 3) social dysfunction and 4) severe depression. A high value on the GHQ is indicative of a high level of

distress, where as a low score implies a low level of distress, in other words indicating a high level of general health. Goldberg and Hillier (1979) reported internal consistency coefficients of 0,69 to 0,90. Goldberg, Grater, Sartorius, Usten, Piccinelli, Gureje and Rutter (1997) report acceptable reliability and validity indices for the GHQ across different cultures. In South Africa, Isaksson and Johansson (2000), obtained a Cronbach alpha coefficient of 0,86 and Oosthuizen (2001) obtained a reliability coefficient of 0,89 for the GHQ, which make the use of this instrument applicable in a South African context.

### **Statistical analysis**

The data analysis was carried out with the help of the SAS-program (SAS Institute, 2000). Statistical analyses included reliability and validity of measuring instruments, descriptive statistics, t- tests, analysis of variance, correlation coefficients and multiple regression analyses.

Cronbach alpha coefficients and inter-item correlation coefficients were utilised to assess the reliability and validity of the measuring instruments (Clark & Watson, 1995). Descriptive statistics and inferential statistics was utilised to analyse data. A cut-off point of  $p = 0,01$  was set for the statistical significance of the findings. Pearson product-moment correlation coefficients were used to specify the relationships between the variables. A cut-off point of 0,30 was set for the practical significance of correlation coefficients.

Multivariate analysis of variance (MANOVA) was used to determine the significance of differences between the job insecurity and general health of various demographic groups. MANOVA tests whether mean differences among groups on a combination of dependent variables are likely to have occurred by chance (Tabachnick & Fidell, 2001). In the use of MANOVA a new dependent variable that maximises group differences is created from the set of dependent variables. One-way analysis is then performed on the newly created dependent variable. Wilk's Lambda was used to test the significance of the effects. Wilk's Lambda is a likelihood ratio statistic that tests the likelihood of the data under the assumption of equal population mean vectors for all groups against the likelihood under the assumption that the

population mean vectors are identical to those of the sample mean vectors for the different groups. When an effect is significant in MANOVA, ANOVA is used to discover which dependent variables were affected. Effect sizes (Cohen, 1988; Steyn, 1999) were used in addition to statistical significance to determine the significance of relationships. Effect sizes indicate whether obtained results are important (while statistical significance may often show results which are of little practical relevance). The use of only statistical significance testing in a routine manner has been criticised and from editors of some periodicals there have been appeals to place more emphasis on effect sizes (Steyn, 1999). The following formula was used to determine the practical significance of means of more than two groups (Steyn, 1999):

$$d = \frac{\text{Mean}_A - \text{Mean}_B}{\text{root MSE}}$$

where

*Mean A* = Mean of the first group

*Mean B* = Mean of the second group

Root MSE = Root Mean Square Error

Regression analysis was used to determine whether job insecurity holds predictive value with regard to general health. According to Kerlinger and Lee (2000) a correlation can only be better understood by determining its square ( $r^2$ ). A regression analysis is used to determine the proportion of the total variance of one variable that is explained by another variable. A cut-off point of  $p = 0,05$  was set for the statistical significance of the findings of the multiple regression analyses. Tabachnick and Fidell (2001) provide the following rule of thumb ( $N \geq 50 + 8m$ ) to determine required sample size for multiple regression analyses (where  $m$  is the number of independent variables), suggesting that the current sample size of 83 participants is adequate.

## RESULTS

Descriptive statistics, Cronbach alpha coefficients and inter-item correlation coefficients of the JII and GHQ for employees ( $N = 83$ ) working at a government organisation in the Free State are reported in Table 2.

Table 2

*Descriptive Statistics, Cronbach Alpha Coefficients and Inter-Item Correlation Coefficients of the Measuring Instruments for Employees Working in a Government Organisation (N=83)*

Test and subscales	N	Mean	SD	Skewness	Kurtosis	Inter-item r	$\alpha$
JII Cognitive job insecurity	83	2,26	0,62	0,20	0,25	0,24	0,64
JII Affective job insecurity	83	2,46	0,81	0,61	1,09	0,47	0,81
JII Total	83	2,35	0,64	0,33	0,15	0,33	0,84
General Health Somatic Symptoms	83	1,77	0,66	1,12	1,22	0,47	0,86
General Health Anxiety and Sleeplessness	83	1,79	0,75	1,17	0,72	0,65	0,93
General Health Social Dysfunction	83	1,79	0,49	0,27	0,51	0,41	0,82
General Health Severe Depression	83	1,33	0,64	2,55	6,50	0,72	0,94
General Health Total	83	1,67	0,51	1,24	1,45	0,39	0,94

Table 2 shows that acceptable Cronbach alpha coefficients were obtained on all the measuring scales, with the exception of the JII Cognitive subscale, which fell marginally below the 0,70 cut-off point (Nunnally & Bernstein, 1994) and is therefore of questionable reliability. All of the inter-item correlation coefficients were acceptable, with the exception of the anxiety and sleeplessness and the severe depression dimensions of the General Health Questionnaire (inter-item correlations were above 0,50). Table 2 also shows that the scores on all the dimensions seem to be distributed normally, except for the severe depression dimension on the General Health questionnaire that represented a very high level of kurtosis.

Next MANOVA and ANOVA analyses followed in an attempt to determine the relationship between scores on the JII and the various demographic characteristics, such as culture, age and tenure, the results of which are reported in Table 3.

Table 3

*MANOVA -Differences in Job Insecurity Levels of Demographic Groups*

Variable	Value	F	Df	Den Df	P
Culture	0,90	0,93	9	187,55	0,49
Age	0,85	1,08	12	201,37	0,39
Tenure	0,77	1,73	12	201,37	0,06

In analysis of Wilk's Lambda values ( $p < 0,01$ ), no indication of statistically significant differences were obtained for culture, age and tenure.

MANOVA analyses followed to determine the relationship between scores on the General Health Questionnaire and various demographic characteristics, such as, culture, age and tenure, the results of which are reported in Table 4.

Table 4

*MANOVA – Differences in General Health Levels of Demographic Groups*

Variable	Value	F	Df	Den Df	P
Culture	0,81	1,37	12	201,37	0,18
Age	0,81	1,04	16	229,77	0,41
Tenure	0,74	1,52	16	229,77	0,09

In analysis of Wilk's Lambda values ( $p < 0,01$ ), no statistically significant differences were found for culture, age and tenure. Hypothesis 3 stating that differences in terms of biographical characteristics exist regarding the participants' job insecurity and general health scores, can thus not be accepted.

Table 5

*Correlation Coefficients between the JII and GHQ*

	1	2	3	4	5	6	7	8
1. JIC	1,00*	-	-	-	-	-	-	-
2. JIA	0,63*††	1,00*	-	-	-	-	-	-
3. JIT	0,88*††	0,92*††	1,00*	-	-	-	-	-
4. GH SS	0,25*	0,19*	0,24*	1,00*	-	-	-	-
5. GH AS	0,24*	0,35†	0,33*†	0,61*††	1,00*	-	-	-
6. GH Soc Dys	0,24*	0,34*††	0,33*†	0,57*††	0,55*††	1,00*	-	-
7. GH Sev Dep	0,23*	0,38*†	0,35*†	0,36*†	0,78*††	0,49*†	1,00*	-
8. GHT	0,29*	0,39*†	0,38*†	0,77*††	0,92*††	0,76*††	0,82*††	1,00*

\*Statistically significant  $p \leq 0,01$ † Correlation is practically significant  $r \geq 0,30$  (medium effect)†† Correlation is practically significant  $r \geq 0,50$  (large effect)

The JII cognitive subscale shows no practically significant correlation with any of the subscales or total correlations of the GHQ. Although the JII cognitive subscale showed statistically significant correlations with all the subscales of the GHQ, the effect size did not show a predominantly strong relationship and therefore hypothesis 1 stating that a practically significant relationship exists between the levels of cognitive job insecurity and the levels of the general health of employees working in a government organisation in the Free State is rejected.

The JII affective subscale shows a practically significant correlation of medium effect, with the anxiety and sleeplessness, social dysfunction and severe depression subscales of the GHQ. A statistically significant correlation was obtained between affective job insecurity and somatic symptoms, although the effect size suggests that this is not a particularly strong relationship. This suggests that higher levels of affective job insecurity are associated with higher levels of anxiety and sleeplessness, social dysfunction, as well as severe depression. Hypotheses 2 stating that a practically significant relationship exists between the levels of affective job insecurity and the

levels of the general health of employees working in a government organisation in the Free State can thus be accepted, but not with regard to the somatic symptoms subscale of the GHQ.

Next, a series of multiple regression analyses were conducted so as to determine whether job insecurity holds predictive value with regard to general health.

Table 6

*Regression Analysis regarding Job Insecurity and General Health*

<i>R=0,35</i>				
<i>F=5,88</i>	<i>R<sup>2</sup>= 0,13</i>	<i>Adjusted R<sup>2</sup>= 0,11</i>		
<i>p = 0.004</i>				
<b>VARIABLES IN THE EQUATION</b>				
<b>Independent variables</b>	<b>B</b>	<b>Standard error of B</b>	<b>t-value</b>	<b>P</b>
Intercept				
Cognitive job insecurity	0,10	0,14	0,75	0,457
Affective job insecurity	0,28	0,14	2,08	0,040*

\*Statistically significant  $p \leq 0,05$

Table 6 indicates that 13% of the variance in general health is explained by subdimensions of job insecurity. The multiple correlation of 0,35 is practically significant (medium effect). Affective job insecurity appears to be the strongest contributor to the variance in general health, whereas it is noted that cognitive job insecurity does not contribute significantly ( $p > 0.05$ ) toward the variance in general health.

Table 7

*Regression Analysis regarding Job Insecurity and Somatic Symptoms*


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*R=0,22*

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*F=2,10*                      *R<sup>2</sup> = 0,05*                      *Adjusted R<sup>2</sup> = 0,26*

*p = 0.1288*

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**VARIABLES IN THE EQUATION**

<b>Independent variables</b>	<b>B</b>	<b>Standard error of B</b>	<b>t-value</b>	<b>P</b>
Intercept				
Cognitive job insecurity	0,21	0,14	1,49	0,14
Affective job insecurity	0,02	0,14	0,124	0,90

---

\*Statistically significant  $p \leq 0,05$

Table 7 demonstrates that 5% of the variance in the somatic symptoms subscale is explained by the subdimensions of job insecurity. The multiple correlation of 0,22 falls below what is considered practically significant and the p-values obtained for cognitive and affectivity job insecurity are not statistically significant, suggesting that job insecurity does not hold significant predictive value with regard to somatic symptoms.

Table 8

*Regression Analysis regarding Job Insecurity and Anxiety and Sleeplessness*


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*R=0,33*

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*F=4,95*                      *R<sup>2</sup> = 0,11*                      *Adjusted R<sup>2</sup> = 0,09*

*P = 0,009*

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**VARIABLES IN THE EQUATION**

<b>Independent variables</b>	<b>B</b>	<b>Standard error of B</b>	<b>t-value</b>	<b>P</b>
Intercept				
Cognitive job insecurity	0,10	0,14	0,70	0,48
Affective job insecurity	0,03	0,14	1,90	0,06

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\*Statistically significant  $p \leq 0,05$

Table 8 show that 11% of the variance in the anxiety and sleeplessness subscale is explained by the subdimensions of job insecurity. The multiple correlation of 0,33 is practically significant (medium effect), although both the affective and cognitive subscales delivered a p-value, which is not statistically significant. Once again, job insecurity does not hold particularly much predictive value with regard to anxiety and sleeplessness.

Table 9

*Regression Analysis regarding Job insecurity and Social Dysfunction*

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*R* = 0,31

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*F* = 4,33                      *R*<sup>2</sup> = 0,10                      *Adjusted R*<sup>2</sup> = 0,08

*P* = 0,016

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**VARIABLES IN THE EQUATION**

<b>Independent variables</b>	<b>B</b>	<b>Standard error of B</b>	<b>t-value</b>	<b>P</b>
Intercept				
Cognitive job insecurity	0,05	0,14	0,33	0,74
Affective job insecurity	0,28	0,14	2,02	0,05*

---

\*Statistically significant  $p \leq 0,05$

Table 9 show that 10% of the variance in the social dysfunction subscale is explained by the subdimensions of job insecurity. The multiple correlation of 0,31 is practically significant (medium effect), although the cognitive subscale delivered a p-value, which is not statistically significant. Affective job insecurity thus appears to hold some predictive value with regard to social dysfunction.

Table 10

*Regression Analysis regarding Job Insecurity and Severe Depression*

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*R* = 0,35

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*F* = 5,4487

*R*<sup>2</sup> = 0,12

*Adjusted R*<sup>2</sup> = 0,10

*P* = 0,006

**VARIABLES IN THE EQUATION**

<b>Independent variables</b>	<b>B</b>	<b>Standard error of B</b>	<b>t-value</b>	<b>P</b>
Intercept				
Cognitive job insecurity	-0,49	0,14	-0,29	0,77
Affective job insecurity	0,37	0,14	2,70	0,01*

---

\*Statistically significant  $p \leq 0,05$

The results in Table 10 indicate that 12% of the variance in severe depression is explained by the subdimensions of job insecurity. The multiple correlation of 0,35 is practically significant (medium effect). Cognitive job insecurity did not contribute statistically significantly, and it appears that affective job insecurity holds predictive value with regard to severe depression.

## DISCUSSION

It was the aim of this research to determine whether a relationship exists between job insecurity and general health of employees in a government organisation in the Free State.

All scales presented with adequate levels of reliability and acceptable inter item correlations, with exception of the JII Cognitive scale, the anxiety and sleeplessness, as well as the severe depression dimensions of the General Health Questionnaire. Nevertheless, these scores still fell within acceptable parameters. Regarding skewness and kurtosis all scores were distributed normally, with exception of the severe depression dimension of the General Health Questionnaire.

No statistically or practically significant differences regarding job insecurity and general health were obtained between biographical groups concerning age, culture and tenure. Manski and

Straub (2000) however found that the levels of job insecurity differ with regard to age, qualifications, race and tenure. Research done by Bosman, Buitendach & Rothmann (2005) also established that job loss concern among White participants, were higher than that of Black participants. Research findings of Jones, Huxtable and Hodgson (2001) demonstrated that rates of work-related illness are generally higher with regard to older employees. Hypothesis 3 stating that differences in terms of biographical characteristics exist regarding the participants' job insecurity and general health scores thus cannot be accepted.

Cognitive job insecurity did not demonstrate a practically significant relationship with any of the GHQ scales, which could possibly be related to poor reliability on the cognitive job insecurity subscale's part. Affective job insecurity, however, demonstrated a practically significant relationship with the GHQ total score and all subscales, with exception of the somatic symptoms scale. These findings thus lend support to hypothesis 2, but not to hypothesis 1. Research done by Mohren et al. (2003) established a cross-sectional relationship between job insecurity and psychological and physical health complaints. A few recent studies conducted by Domenighetti et al. (2000) and Probst (2000), reported that fear of job loss has a profound effect on psychological health. Ferrie et al. (1998) found a relationship between job insecurity or anticipation of job loss and physical symptomatology, psychological distress and lowered quality of sleep. Lim (1996) also found that physical health complaints and mental strain increase proportionately with the level of job insecurity.

Multiple regression analyses revealed that affective job insecurity holds predictive value with regard to severe depression, as well as social dysfunction.

### **LIMITATIONS AND RECOMMENDATIONS**

Firstly, one of the biggest limitations of this study was the size of the sample, which limits the generalisability of the findings. It might be useful to extend the study population, by making use of more employees in government organisations, not only in one province, but countrywide. Although black and white participants were spread rather equally, other cultural/racial groups were not adequately represented. It is recommended that cross-cultural comparisons be utilised.

This might greatly enhance the validity of findings in terms of the multi-cultural South-African context. Stratified random sampling might ensure sufficient representation of the different groups.

Another limitation of this research is that it was conducted in a homogenous sample, consisting of employees in a particular organisation. It may be argued that the specific organisation may have some distinctive characteristics, for example a mutually accepted organisational culture, which might have influenced the responses of the employees who took part in the study. Results can thus not be generalised to other contexts or professions. The sample should be extended to include employees working in various other government organisations, as well as other sectors of the labour market.

The present study relied on self-report measures of both independent and dependent variables. According to Schaufeli, Enzmann and Girault (1993), the exclusive use of self-report measures in validation studies increases the likelihood that at least part of the shared variance between measures can be attributed to method variance. Regarding the research design, future studies should focus on longitudinal and quasi-experimental designs, which will make it possible to make causal inferences. A more comprehensive method of data collection might be useful to measure general health, using both self-reports of symptoms and medical records and at multiple points over an extended period of time.

The use of longitudinal studies may provide insight concerning the development of job insecurity and its impact on the general health of employees over time. The cross-sectional nature of this study limits the causal interpretation of the above mentioned findings. One may argue that less healthy people are more likely to be threatened first with job loss, or more likely to be selected into insecure and poor quality jobs. Ill health may be therefore a cause, rather than a consequence of job insecurity.

Marks (1994) offers some suggestions to organisational leaders to address job insecurity concerns which includes the acknowledgement of uncertainty and concerns, communication of plans and actions, telling the truth, and offering transition management training.

Reducing unhealthy job stressors involves a workplace in which employees have a sense of control, connectedness, where they are working at a reasonable pace, where they are challenged and motivated, where employees have a sense of support and security. Stress management programs teach workers about the nature and sources of stress, the effects of stress on health, and personal skills to reduce stress. Stress management training may rapidly reduce stress symptoms such as anxiety and sleep disturbances. As a general rule, actions to reduce job stress should give top priority to organisational change to improve working conditions. A combination of organisational change and stress management programmes are often the most useful approach for preventing stress at work. Career counselling regarding employee mobility and flexibility might be useful in offering alternatives concerning the threat of job loss (Sauter, Murphy, Hurrell, 1990).

According to Hiltrop (1996) organisations no longer rely on customary methods and techniques to attract and retain talented employees. Instead of career paths and job security, new kinds of incentives need to be applied. Kanter (1994) suggests that organisations need to transform incentives from careers, status and promotion, into personal reputation, teamwork and challenging assignments, finding ways of making work challenging and involving so it becomes a source of loyalty, which translates into a new kind of security. Hiltrop (1996) indicated that this may enhance employee's skills and facilitate access to other tasks and assignments.

In conclusion, over the past decades job insecurity has emerged as a very important stressor in working life. The understanding of job insecurity and its consequences is restricted and weakened by conceptual as well as empirical ambiguities. A great deal of theoretical and empirical work is needed to understand the characteristics of job insecurity, refine the measures of the construct, and come to valid conclusions regarding its effects on the general health of employees. Very little studies regarding the relationship between job insecurity and its effects on general health in a South African context has been done. More research regarding this relationship is needed across different organisations, professions and other sectors of the labour market in South Africa.

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## **CHAPTER 3**

### **CONCLUSIONS AND RECOMMENDATIONS**

In this chapter conclusions regarding the literature study and the results of the empirical research will be made. Shortcomings of the research will be discussed, and recommendations for organisations and future research will be provided.

#### **3.1 CONCLUSIONS**

Next, conclusion regarding the specific theoretical objectives and the results of the empirical research are made.

##### **3.1.1 Conclusions regarding the specific theoretical objectives**

In line with the first specific objective provided in chapter 1, job insecurity and general health, as well as the relationship between these constructs, were conceptualised from the literature.

Job insecurity was conceptualised from the literature, as being a subjective phenomena reflected in the individual's fear or concern regarding involuntary job loss (Davy, Kinicki & Scheck, 1997). In this research, job insecurity was viewed as consisting of an affective and cognitive dimension, i.e. distinguishing between concern regarding job loss and fear of job loss. Job insecurity was shown to be an important stressor (Parker & DeCotiis, 1983; Van Vuuren, 1990) that has emerged in modern working life and that it holds negative consequences for both the individual and the organisation, for example, organisational commitment and an increase in absenteeism, turnover and ill general health (Edwards, Caplan, & Van Harrison, 1998).

General health was defined as state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. General health was shown to be a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources, as well as physical capabilities. Mohren, Swaen, Van Amelsvoort, Borm, and Galama

(2003) found a cross-sectional relationship between job insecurity and common infections or health complaints. Significant effects of job insecurity on physiological parameters, such as increased blood pressure levels, were found in a number of longitudinal studies (Ferrie, 2001; Heaney, Israel & House, 1994).

### **3.1.2 Conclusions regarding the specific empirical objectives**

The first empirical objective was to determine whether demographic groups differ in terms of their job insecurity and general health levels. No statistically significant differences were found in the job insecurity and general health levels of demographic groups. However, significant differences have been found between the scores of black and white groups on indices of psychological well-being, with the black group presenting with lower levels of psychological well-being (Wissing & van Eeden, 2002). Research findings of Jones, Huxtable and Hodgson (2001) demonstrated that rates of work-related illness are generally higher with regard to older employees.

The second empirical objective was to determine the relationship between job insecurity and general health of the participants in the study. Affective job insecurity demonstrated a relationship with all the general health subscales (social dysfunction, severe depression, and anxiety and sleeplessness) with exception of the somatic symptoms subscale of the GHQ. It was found that cognitive job insecurity did not demonstrate a correlation with any of the general health dimensions, which could possibly be related to poor reliability on the cognitive job insecurity subscale's part.

The third specific empirical objective was to determine whether job insecurity (affective and cognitive) holds predictive value with regard to general health. It was established that affective job insecurity holds predictive value with regard to severe depression (12%) and social dysfunction (10%).

### **3.2 LIMITATIONS OF THE RESEARCH**

Firstly, a limitation of this study is the size of the sample, specifically the distribution of cultural groups and the sampling method. Future studies could benefit by making use of random, stratified sampling with the proportionate inclusion of cultural groups.

A further limitation of this study was its reliance on self-report measures. According to Schaufeli, Enzmann and Girault (1993), the exclusive use of self-report measures in validation studies increases the likelihood that at least part of the shared variance between measures can be attributed to method variance. Respondents could have had reservations concerning their confidentiality, which may have had some influence on a number of the results.

The use of longitudinal studies may provide insight concerning the development of job insecurity and its impact on the general health of employees over time. The cross-sectional nature of this study limits the causal interpretation of the above mentioned findings. One may argue that less healthy people are more likely to be threatened first with job loss, or more likely to be selected into insecure and poor quality jobs. Ill general health may be therefore a cause, rather than a consequence of job insecurity.

The research was conducted in a homogenous sample, consisting of employees in a particular organisation. It may be argued that the specific organisation may have some distinctive characteristics, for example a mutually accepted organisational culture, which might have influenced the responses of the employees who took part in the study. Results can thus not be generalised to other contexts or professions. The sample should be extended to include employees working in various other government organisations, as well as other sectors of the labour market.

### **3.3 RECOMMENDATIONS**

Recommendations are made with regard to the applicable organisation, as well as in regard of future research.

### **3.3.1 Recommendations for the organisation**

While the experience of job insecurity by the employees in this specific organisation is not problematic, some job insecurity does exist and may need to be managed. Marks (1994) offers some suggestions to organisational leaders to address job insecurity concerns which includes the acknowledgement of uncertainty and concerns, communication of plans and actions, telling the truth, and offering transition management training.

Barker (1999) found that perceived fairness is a major concern for employees in terms of job insecurity and that job insecurity is affected by how employees feel, processes are fairly managed. Appelbaum and Donia (2000) highlight the importance of communication in fostering trust and empowerment. Fostering trust of the employees enable them to concentrate on their work and to continue being productive, with the assurance that management is also concerned regarding their well-being.

The general health scores of participants did not appear to be problematic, however attention needs to be paid to the general ill health that may exist in the organisation. According to Domenighetti, D'Avanzo and Bisig (2000) the fear of unemployment has a negative impact on the self reported health status of employees, and probably on their families. Well-designed and introduced interventions in the psychosocial work environment do have the potential to be beneficial for both the employee and the organisation.

Reducing unhealthy job stressors involves a workplace in which employees have a sense of control, connectedness, where they are working at a reasonable pace, where they are challenged and motivated, where employees have a sense of support and security. Stress management programs teach workers about the nature and sources of stress, the effects of stress on health, and personal skills to reduce stress. Stress management training may rapidly reduce stress symptoms such as anxiety and sleep disturbances. A combination of organisational change and stress management programmes are often the most useful approach for preventing stress at work.

Career counselling regarding employee mobility and flexibility might be useful in offering alternatives concerning the threat of job loss (Sauter, Murphy & Hurrell ,1990).

### **3.3.2 Recommendations for further research**

More research regarding the relationship between job insecurity and general health should be undertaken. It is recommended that larger samples, which will provide increased confidence that results would be consistent across similar groups, be used. Practical significance should be determined in addition to statistical significance and adequate statistical techniques (e.g. structural equation modelling) should be used. It is recommended that a more powerful sampling method be used and that longitudinal designs be employed, so as to enable causal inferences.

### **3.4 CHAPTER SUMMARY**

In this chapter conclusions regarding the theoretical and empirical objectives were made. The limitations of the research were pointed out and recommendations were made for the organisation in which the study took place, as well as for future research. All theoretical and empirical objectives formulated for this research, have been attained.

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