

Career commitment is not overcommitment: a study on the health of Bahian bank clerks.

Abstract

This study aims at analyzing the association between commitment to career and occupational health of banking clerks from Bahia, regarding to stress and symptoms of WMSDs, and evaluate whether the overcommitment and career entrenchment are associated similarly or if they act as separate constructs. The sample consisted of 182 bank clerks from 38 different banking agencies of the State of Bahia, from public and private banks, who feel symptoms of WMSDs, and half of these were diagnosed with RSI / WMSD by a doctor. In this sample, the psychic stress was associated negatively with career commitment and positively with symptoms of WMSDs. The overcommitment to work showed a positive association with career entrenchment and with the psychic stress. Therefore, the career commitment can relieve stress and is distinguished from overcommitment, which harms health.

Keywords: Career Commitment; Overcommitment; Stress

Introduction

The aim of this paper was to analyze the association between commitment to career and occupational health of Bahian bank clerks, regarding to stress and WMSDs symptoms, and assess whether the overcommitment and entrenchment in the career are associated similarly or if they act as separate constructs. In the first part of the article were presented briefly the three concepts. Then comes the empirical study.

Blau (1985) proposed an operational definition of commitment to career as "an attitude toward your vocation or profession" and a one-dimensional scale of 8 items to measure it. According to Magalhães (2005), this unidimensional scale expressed more the desire

and conviction of vocational choice than attitudes necessary to take your career forward. The definition of the construct of Blau is related to the limitation of the instrument, as vocation and career end up being confused as being the same concept and does not adequately cover the factors proposed by London (1983).

Subsequently, Carson and Bedian (1994) constructed a scale with 12 items that corroborated with the three factors proposed by London. This instrument is divided into three factors, each consisting of 4 items that express the identity, resilience and career planning. According to Magalhães (2005), this makes the construct multidimensional with three components, described as follows: "the emotional attachment to the career itself (identity); setting development needs and career goals (career planning); resisting to potential career ruptures when facing adversity (resilience) "(p. 97).

The commitment to career is the field less developed in the research area of commitment and has various terminologies to describe the phenomenon as "professional commitment", "occupational commitment", "career salience" and "motivation to career" (Bastos, 1994). In a meta-analysis, Lee, Carswell and Allen (2000) reported associations between commitment to career (occupation) and other organizational variables such as satisfaction and job involvement, performance assessment and organizational commitment. It was not detected any relation to demographic-oriented variables. In relation to turnover, the main results of empirical studies point to a negative association with the commitment to career, i.e. higher commitment to career tends to decrease turnover (Blau, 1989). Though, predictors of this commitment do not present a consistent basis of evidence for generalizations, even because of the reduced number of researches performed and the use of different instruments to measure the construct. In this research it was not found any article linking directly the commitment to career and attenuation of stress or, otherwise, surveys that evaluate whether low levels of

commitment to career have any effect on increasing work-related stress. Despite this, in a field related to the commitment to career, the field of vocational study, the RIASEC model of Holland has been used to evaluate the person's adjustment to their occupation, producing significant results of correlation between the congruence of the vocational interests and performance (Van Iddekinge, Roth, Putka, & Lanivich, 2011), the turnover of the worker (Tak, 2011), salary (Neumann, Olitsky, & Robbins, 2009), job satisfaction (Furnham & Schaeffer, 1984; Harris, Moritzen, Robitschek, Imhoff, & Lynch, 2001; Ishitani, 2010), and the stress (Furnham & Walsh, 1991). Therefore, the stress is related to career satisfaction and the satisfaction with the professional choice (Bullock-Yowell, Peterson, Reardon, Leierer, & Reed, 2011). However, the inconsistency between different research increases the need to assess the effect of moderators on the relationship between congruence and occupational outcomes (Dik & Hansen, 2011; Gottfredson & Holland, 1990; Kieffer, Sch & Curti, 2004; Tracey, 2007)

In addition to that, career entrenchment “is the tendency to stay in a vocation because of investments, psychological preservation, and a perception that there are few career opportunities” (Carson & Carson, 1997, p. 63). Some employees stay in their organizations because leaving them would mean sacrifices such as reducing wages and loss of benefits. To the extent that stability increases, these advantages accumulate. Changing careers involves not only economic loss but also educational credentials and specific career skills. Career change probably involves tough breaks on the identity, interpersonal relationships and social status. These achievements can be interpreted as irreparable or as irreversible costs, when considering the possibility of changing career.

Carson, Carson and Roe (1996) have developed a model of 4 patterns of entrenchment. From the intersection of the range of career entrenchment and assessment of career satisfaction, they have reached these categories: the *entrapped* with high entrenchment

and low career satisfaction; the *career changer* with low entrenchment and low career satisfaction; the *contented immobile* with high entrenchment and high career satisfaction; and, finally, the *voluntary careerist*, with low level of entrenchment and high career satisfaction.

Slay and Taylor (2007) assure that there is a contradiction in building the psychological contract, because companies continue waiting loyalty, commitment and identification, without offering the consideration of stability. Moreover, the career movement within organizations is more restricted due to the flattening of the hierarchy and downsizing of structures. The turnover has increased and becomes increasingly difficult to find the traditional career pattern in which a person spends his/her whole life dedicated to only one organization. Thus, even if the person wishes, it turned more difficult to find a "trench" or secure job that lasts for a long time.

In discussing the definition of commitment, Bastos (1994) derives from the scientific concept the meaning of "excess" which can result in damage due to inappropriate behavior or misguided conduct. However, another tradition of research related to the study of stress, adopted the term "overcommitment". This is a concept derived from the Effort-Reward-Imbalance (ERI) model, proposed by Siegrist (2001), in which the unbalanced relationship between effort and reward is the basis of production of stressful work environments, characteristic of the present moment of precarious jobs. For example, a demanding job, but unstable, in which you must achieve a high performance without being offered any prospect of promotion, are examples of high-cost conditions and low-gain at work. Concerning to the current development of the labor market in a global economy, the emphasis on occupational rewards including job security reflects the growing importance of careers in fragmented jobs, job insecurity, underemployment, limited occupational mobility including its financial consequences.

The ERI model applies to a wide range of occupational contexts, more sharply for groups suffering from a growing segmentation of the labour market, exposed to structural unemployment and rapid socioeconomic changes.

Effort-reward imbalances are frequent among occupations and service professions, particularly those characterized by interaction with customers. In a favourable labour market context, a situation of imbalance induces the person to seek another job or reduce their efforts to decrease the discomfort from the perception of overworking for low reward.

For Siegrist (2001), the ERI model predicts that the employee will continue to undertake high efforts in a chronically stressful experience, in the following situations.

Firstly, in the absence of alternatives or possibilities of choices in the labour market, the person avoids leaving the job, as unemployment or the decay in career is worse than accept the inadequate benefits of current situation. Secondly, precarious employment arrangements may be acceptable, for certain period of the worker's occupational trajectory, for strategic reasons, to improve the chances for promotion and rewards at a later stage. Finally, a personal tendency to overcommitment to face the demands of the job and get the rewards can prevent people from making a more accurate assessment of the cost-benefit relationship and keep themselves entrenched in a highly stressful situation.

Therefore, the stress response can become chronic if the imbalance is not changed, because of the inability to change jobs due to lack of alternatives, or for strategic reasons in the hope of a future career. In addition, a specific pattern of personal confrontation situation, called "overcommitment", can become an aggravating factor that prevents the person from doing an accurate assessment of the cost and benefit. The individual then tends to exaggerate their efforts beyond levels considered suitable.

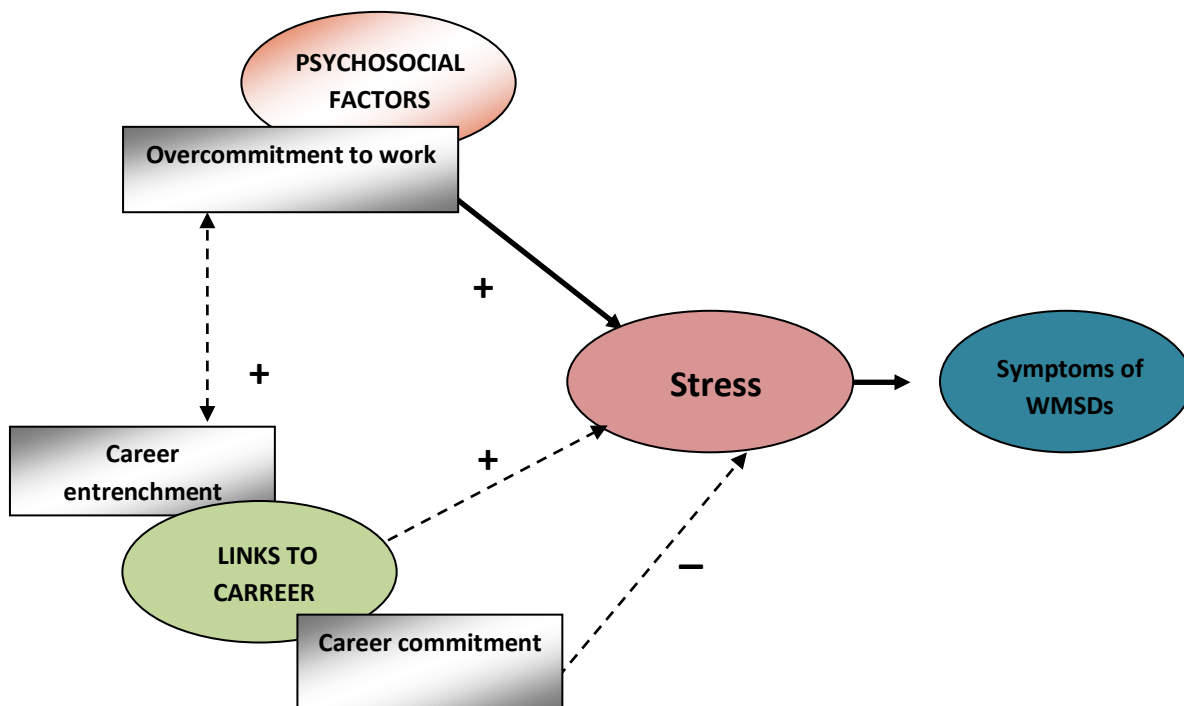
According to Siegrist (2001), overcommitment can be defined as "a set of attitudes, behaviors, and emotions that reflect excessive endeavor combined with a strong desire for approval and esteem" (p. 55). The exaggerated efforts are the result of perceptual distortion triggered by an underlying motivation to be repeatedly estimated and rewarded. This dimension of the model represents a specific component of the person who adds him or herself to the specific situation of high effort and low reward, characterizing a response that can be illustrated by the idea of "swimming and dying on the seashore", by the continuous effort without relaxing or by energy consumption without replacement, finally, an uphill struggle with feelings of frustration and disappointment (Siegrist, 2001).

It is observed that the concept of Overcommitment doesn't have the same theoretical studies tradition of commitment at work. They present themselves as opposites in their effects on the worker. The first is as an inadequate strategy to deal with the frustrations arising from the unbalanced relationship between effort and reward at work. The second one is characterized as a personal commitment that impacts on career growth and professional development and which is facilitated by the context in which efforts and motivation of the employee provide results and rewards. The idea of overcommitment, as well as the ERI model is more related to the concept of career entrenchment, as both are rooted in the theoretical context of social exchange or side-bets (Becker, 1960) which emphasizes the regulatory role of an organic system that seeks to adapt to a social environment marked by punishment, reinforcement or rewards. The imbalance between effort and reward, overcommitment and career entrenchment tend to be injurious to the employee, while the authentic commitment to the work is protective and eases the burden of stress caused at work. In this article, the overcommitment will be compared in

its effects on musculoskeletal symptoms, with the entrenchment in the workplace and with the commitment at work.

As you can see in Figure 1, the "entrenched career" was set as part of links with the career and is associated positively to musculoskeletal symptoms, generating, indirectly, an increase of chances of diagnosis by RSI / WMSD.

Figure 1 – Predictive model of IDORT variation in function of psychosocial factors and links to career, through the mediation of stress.



Source: Original compilation

In the model it is assumed that entrenchment is positively correlated with overcommitment to work. Though, the commitment to career is negatively associated with musculoskeletal symptoms and, indirectly, it would decrease the chances of diagnosys by RSI / WMSD. This research aims at assessing the explanatory power of the links with the career change in symptoms of WMSDs and in increasing the chances of a person reporting that he or she was diagnosed with the syndrome by a doctor.

Methods

The sample consisted of 182 bank clerks from 38 different banking agencies of the State of Bahia, from various public and private banks, who claimed to have experienced any musculoskeletal disorder, half of these also stated that they were diagnosed with RSI/WMSD by a doctor. During the research process we have had the aid of the Union of banking and informants that facilitated the application of questionnaires in the agencies and indicated other colleagues that allowed the application in different agencies, through the technique called "snowball" (Albuquerque, 2009; Baldin & Munhoz, 2011). Although this procedure is not applied randomly, we sought to invite all the clerks that were present at the moment of the visit to the agency to participate in the study. After the presentation and explanation of the objectives, a consent form was handed to those who decided to participate. The research reached up to 340 bank clerks, however only 220 returned the questionnaire, and 38 of them showed no musculoskeletal symptoms. This procedure was carried out between August 2012 and January 2013.

The mean age of the 182 bank clerks was 40.4 years and have an average of 17.33 years of service. It was noted that the average age of those who were diagnosed ("RSI / WMSD") is significantly higher than those who just feel musculoskeletal disorders, but do not have a diagnosis ("MD"), respectively 47.1 and 34.1 years. Regarding to years of service, the group diagnosed with "RSI / WMSD" has on average 26.4 years of service and the group "MD" has 9.51 years. Regarding gender, 40% of the sample are men, but the proportion of men with this syndrome is even lower (33%) and this difference in the proportion of men and women in this condition was statistically significant ($p < 0.001$).

In measuring career commitment we used the version translated and applied to the Brazilian context by Magalhães (2005) of the instrument developed by Carson and Bedeian (1994), which uses a scale from 1 to 5, in which 1 represents the expression

"The sentence is totally false about me "and 5," The sentence is totally true about me".

This scale has 12 items that are grouped into 3 factors of 4 items. The factors are: "identity", "planning" and "resilience". The scale showed an internal consistency of 0.85 (Cronbach's Alpha).

To assess the entrenchment in career was used the instrument developed by Carson et al. (1995), which also consists of 12 items that are grouped in three dimensions of 4 items: "emotional cost", "investment" and "absence of alternatives". The Likert scale used is identical to the scale used for the career commitment. This instrument has been used in several studies in the Brazilian context (Magalhaes, 2005; Rowe, 2008; Rowe & Bastos, 2008). This scale revealed an internal consistency of 0.84 (Cronbach's Alpha).

The overcommitment was measured by the subscale of the ERI model (Siegrist, Wege, Puhlhofer, & Wahrendorf, 2009), consisting of 6 items that are assessed through a Likert type scale ranging from 1 to 4, in which 1 represents the expression "strongly disagree" and 4, "strongly agree". Besides this subscale, the other two scales of the ERI model were also used: "effort" and "reward". The scale presented an internal consistency of 0.79 (Cronbach's Alpha).

Musculoskeletal symptoms were assessed using the instrument IDORT (Moraes, 2014). From an aggregate measure of the issues of this instrument, the "Index of Musculoskeletal Disorders" (IDORT), ranging from 0 to 10. This index is a summary of the number of reported symptoms, along with the intensity, the period of time that they have been feeling the symptoms and the impact on daily activities.

To assess symptoms of psychological stress, the factor "tension or psychic stress" of the General Health Questionnaire Goldberg-GHQ (Pasquali, Gouveia, Andriola, Miranda, & Ramos, 1996) was used, which has 13 items. This scale revealed an internal consistency of 0.92 (Cronbach's Alpha). Only the variable "decision latitude" of the

Demand-control model, measured through the Job Content Questionnaire (JCQ) (Karasek et al., 1998), was used in this study, revealing an internal consistency of 0.76 (Cronbach's alpha). It was observed that the "psychological demand" obtained results in a manner analogous to the "effort" ERI model, indicating that they may be measuring the same construct, or overlapping concepts. To make the analysis more parsimonious and less redundant, we chose to preserve only the variable "effort", whose internal consistency was 0.63. We took into account the fact that the correlations were slightly stronger with this variable than with the other one.

Results and discussion

On the analysis of correlations among variables, presented in table 1, it is possible to note some relevant associations and in opposite directions. The commitment to career, for example, is significantly ($p < 0.001$) and negatively correlated with "psychic stress", "low self-efficacy" and musculoskeletal symptoms assessed by "IDORT". The commitment can be a factor that protects against musculoskeletal symptoms and psychic stress. Or, in reverse, the psychic health and symptoms of WMSD can impact decreasing commitment to career. The reciprocal effect is also a plausible hypothesis to be unveiled in a longitudinal study. The only study found linking stress with commitment also found a strong and negative association with stress (Wittig-berman & Lang, 1990)

Table 1 – Correlations among career commitment, IDORT e GHQ, Bahia, 2013, n=182.

	1	2	3	4	5	6	7	8
1. Career commitment	1							
2. Career entrenchment	,024	1						
3. Overcommitment	-,162*	,197**	1					
4. Decision latitude	,507**	-,080	-,043	1				
5. Effort	-,144	,045	,435**	,156*	1			
6. Reward	,587**	-,141	-,312**	,523**	-,156	1		
7. IDORT	-,266**	,373**	,177*	-,307**	-,133	-,426**	1	
8. Psychic stress (GHQ)	-,384**	,225**	,473**	-,386**	,142	-,386**	,416**	1

* $p < 0,05$

** $p < 0,01$

In squaring the "r" of Pearson, it is noted that the variation of the "commitment to career" was responsible for 15% of the variation in the "psychic stress" and 7.1% of the variation of IDORT. The "career entrenchment" presented expected results, showing positive correlations with both the "IDORT" and the "psychological stress." Thus, the variation of the entrenchment in career was responsible for 14% of the variation of IDORT, 5% of the variation of "psychic stress" and 7% of the variation of "low self-efficacy". The "overcommitment" presented a relationship closer to the entrenchment than in relation to the commitment, because it presented moderate and positive correlation with "psychic stress" and weak with the IDORT. In percentages, the variation in overcommitment explains 22.4% variation of "psychological stress", 15.4% of the variation of "low self-efficacy" and 3.1% of the variation of IDORT.

Regarding the "decision latitude", we observe a strong and significant correlation with the "Commitment to Career" ($r = 0.507$, $p < 0.01$). In percentage terms, the variation of the "Commitment to Career" explains 26% of variation of the "decision latitude". According to the Demand-control model (Karasek et al., 1998), the "decision latitude" can ease the effects of psychological demand and stress and the association with the commitment may be a promising way to explain the positive effect of the commitment to career in the worker's relation with the job. A worker committed to career tends to engage in various activities and professional development that enables one to occupy positions with greater autonomy, in which it is possible to use skills acquired and ease the impact of demand and stress.

The Demand-control model also explains the positive correlation between the degree of control "and" Effort " $(r = 0.156$, $p < 0.015$), because many work environments are characterized by autonomy and greater workload. The more autonomy they have, the more effort they put into their jobs.

The "Career Entrenchment" had a weak positive correlation with the "overcommitment" ($r = 0.197, p < 0.01$), reflecting the fact that they both produce associations in the same direction to make the relationship with the job unfavorable, when adopting an inappropriate strategy for dealing with labor pressures.

Considering the correlations found, a regression analysis was performed to build an explanatory model of IDORT variation, including the variables relating to links with the career. As this is an exploratory analysis, considering that there is no previous empirical work relating entrenchment and commitment to career with health factors, we opted for a regression analysis by Stepwise method, by blocks. In this way, it was possible to separate the direct effect of any possible modifying effect and control the impact of demographic variables, gender and age. The first block was used to control the effect of gender and age. In the second block was added the "psychological stress" that is noted as a modifier of the relationship between psychosocial factors and symptoms of MSDs. Then, the psychosocial factors already studied in the search field of stress and musculoskeletal symptoms were placed. Finally, other variables that express the link to the career were added.

In the first model, presented in table 2, were released only these demographic variables. It is observed that the coefficients of both variables were significant, indicating that age and gender have the ability to explain part of IDORT variation. According to the value of the squared multiple correlation (R^2), which indicates the proportion of variance of IDORT score that can be explained by a linear combination of the components of the model, in relation to the present banking sample studied, 40.2% of IDORT variation may be explained by the first model. In the second model, we added the variables related to psychological stress and psychosocial factors. To facilitate the visualization, were kept only the variables that had significant regression coefficients. It is observed,

then, that the "Psychic Stress" and "Reward" remained as variables that significantly predict the variation of IDORT. A change in R² value was significant, adding further 13.5% (0,135) of explanation to the model. In the column "partial r", you can see the exclusive correlation of each variable with the IDORT. Then, "Psychic Stress" is the second variable with the greatest exclusive correlation (0.193), which corresponds to 4% of the explanation of the variation of IDORT. The variation in "Reward" is responsible for 2.3% of this variation. The variable "gender" still remains significant in the model.

Table 2 – The linear regression models of IDORT from Demand-control model, the model ERI, psychic stress or tension and entrenchment in the career, among Bahians bank clerks, 2013 (n=182)

	F	R ²	ΔR ²	B	EP	β	r	r partial
MODEL 1	60,214**	,402	,402**					
Age				,114	,011	,599**	,610	,598
Gender				,661	,222	,172**	,212	,172
MODEL 2	25,145**	,538	,135**					
Age				,096	,011	,506**	,610	,467
Gender				,444	,203	,116*	,212	,113
Psychic stress				,779	,208	,280**	,406	,193
Reward				-,094	,032	-,201**	-,426	-,151
MODEL 3	23,434**	,551	,013*					
Age				,088	,011	,464**	,610	,407
Psychic stress				,742	,208	,267**	,406	,183
Reward				-,092	0,34	-,197**	,426	-,139
Entrenchment				,025	,011	,131**	,373	,117

* p < 0,05

** p < 0,01

In model 3, the "Career Entrenchment" is embedded with significant regression coefficient. The introduction of this variable ends up excluding gender as a significant variable. The partial correlation of "Entrenchment in Career" (r = 0.117) indicates that its variance explains only 1.4% of the variance of IDORT. The model 3 allowed a change of 0.013 in r², this is significant change. According to the F statistic, all models are significant (p < 0.001).

The variables "Low Self Efficacy", "overCommitment", "effort" and "decision latitude" were left out of the model. This result may be indicating that "Psychic Stress" and

"Reward", which are correlated with all these variables, are exercising a function of mediation in relation to IDORT. This result is expected, since in the literature the "Psychic Stress" plays a mediating role in the relation of psychosocial factors with the symptoms of WMSD, in several studies (Devereux, Rydstedt, Kelly, Weston, & Buckle, 2004) (Parkes, Carnell, & Farmer, 2005; Pinheiro, Tróccoli, & Paz, 2006; Sprigg, Stride, Wall, Holman, & Smith, 2007; Vasseljen, Holte, & Westgaard, 2001)

The "commitment to career" showed no significant regression coefficient in the model, so it was omitted in table 2. The same process of mediation that the "psychic stress" exerts on the relationship between psychosocial factors and IDORT is also plausible to the relationship between "commitment to career" and IDORT, since there is significant and negative correlation with both IDORT as well as with "psychic stress".

Final considerations

The career commitment played a significant role, but indirectly, in the explanation of RSI / WMSD phenomenon, because its effect was changed by psychic stress. The decrease of commitment may impact on the increase of stress and therefore result in RSI / WMSD. This result emphasizes the importance of understanding the quality of the worker's relation with his career and job, since workers more satisfied, resilient and those who were planning their careers were less prone to psychic stress. A line of work related to the vocation and commitment can add a valuable and promising contribution to the production and maintenance of the health of the worker.

This study was relevant to demonstrate that the commitment to the career is a construct distinct from overcommitment, due to differences in their effects and associations. It was demonstrated that the entrenchment is closest to the overcommitment, both theoretically and in empirical results presented, which also indicate a positive association with symptoms of WMSD. Although the overcommitment does not impact

directly in the chances of increasing the diagnosis of RSI/WMSD, it also was positively associated with psychic stress, which could be acting as a mediator of the relation with RSI/WMSD.

The artifice of considering the "diagnosis of LER/DORT" as a socially legitimized category, although there are no records in the ICD-10 or scientific consensus regarding this term, turned out to be a promising strategy to understand the effect of links with the career in musculoskeletal symptoms. Individuals who self reported that they have been diagnosed with RSI / WMSD tend to have more symptoms of WMSDs, greater career entrenchment, greater overcommitment to work and lower career commitment. This strategy showed the ambiguous role that stress can cause in the group of diagnosed: not always striving less is a solution to lessen the stress and, consequently, musculoskeletal symptoms, as the passive work can also lead to suffering and psychological tension.

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