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Job authority and health: Unraveling the competing suppression and explanatory influences

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ABSTRACT

Using data from a 2005 national survey of working American adults ($N = 1800$), we examine the association between job authority and three health outcomes: physical symptoms, psychological distress, and anger. We also seek to explicate the intervening conditions that suppress and/or contribute to those associations. We observe that higher levels of interpersonal conflict in the workplace and work-to-home interference among those with more job authority suppress the negative association between authority and each health outcome. By contrast, the greater earnings and nonroutine work among those with higher job authority explain their lower levels of physical symptoms, distress, and anger. These observations elaborate on and refine the “stress of higher status” theoretical perspective and illuminate the paradox of the overall null association between job authority and health. Moreover, they draw much-needed attention to the ways that suppression effects can broaden our understanding of workplace inequality, stress processes, and multiple health outcomes.

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Disparities in physical and mental health are often linked to social stratification and inequality in the population (McLeod & Nonnemaker, 1999; Pearlin, 1999). Researchers have established the special relevance of work conditions in these patterns. In particular, higher-status conditions (e.g., well-paying jobs with nonroutine and autonomous work) are generally associated with more favorable levels of health and well-being (Mirowsky & Ross, 2007; Tausig, 1999). Yet, one particular higher-status condition in the workplace—*job authority*—presents an unresolved paradox. Job authority is defined as having power over other workers’ pay, the ability to hire and fire workers, and supervisory control over other workers’ activities (Elliot & Smith, 2004). In their description of its health consequences, Mirowsky and Ross (2003a) contend that the positive and negative elements of job authority cancel each other out; this results in a *null association* between authority and health. In this paper, we seek to elaborate on this paradox.

As we will describe in detail later, Mirowsky and Ross (2003a) identify interpersonal conflict as the core negative implication of having greater job authority. Recent evidence tends to support that claim (Schieman & Reid, 2008). Similarly, researchers have also documented elevated levels of another stressor—interference between work and home—among workers with more job authority (Schieman, Whitestone, & Van Gundy, 2006). In contrast to these

negative elements, however, there are many benefits associated with job authority, such as higher earnings, job autonomy, nonroutine work, and schedule control that should improve health (Jacobs & Gerson, 2004; Mirowsky & Ross, 2003a, 2003b). Taken together, these off-setting patterns may contribute to the observed null association between job authority and health. To our knowledge, however, no studies have explicitly tested these hypothesized competing suppression and explanatory influences on the association between job authority and different health outcomes: physical symptoms, psychological distress, and anger. Therefore, we use data from a 2005 national survey of working American adults in a broad cross-section of occupations and job sectors to test the following hypotheses: 1) higher earnings, job autonomy, nonroutine work, and schedule control among those with job authority should contribute to the lower levels of physical symptoms, distress, and anger among workers with more authority; 2) higher levels of interpersonal conflict and work-to-home interference among those with greater job authority should suppress the negative association between authority and poor health; and 3) taken together, the patterns predicted in these first two hypotheses should yield an overall null association between job authority and health. These ideas are illustrated and labeled as the *stress of higher status* versus the *resources of higher status* hypotheses in Fig. 1. We wish to acknowledge that establishing confidence in temporality is problematic in analyses of cross-sectional data, so we try to avoid making definitive claims about it. Here, we prefer to view most of these job conditions in Fig. 1 as “acting in concert” or representing

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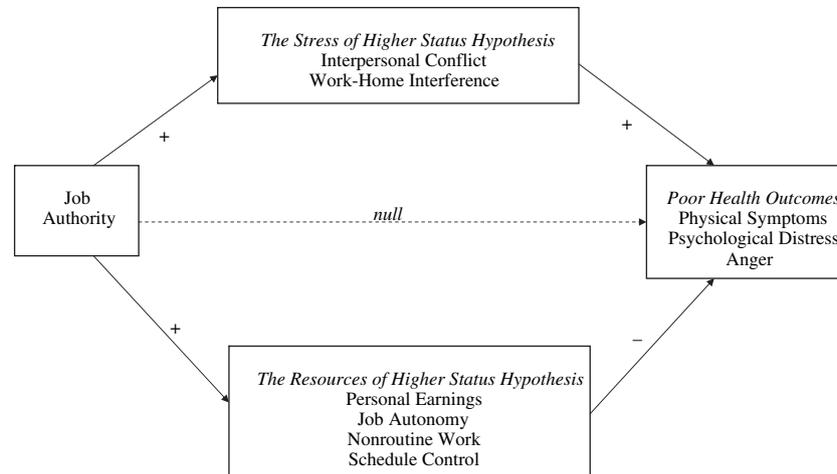


Fig. 1. Conceptual framework for the association between job authority and poor health outcomes.

a package of work-related arrangements. The following sections describe our rationale for these hypotheses.

Theoretical framework

There is little doubt that job authority has traditionally been characterized as “a highly coveted workplace resource” due to its association with other workplace rewards like autonomy, schedule control, and opportunities for advancement (Schieman & Reid, 2008; Smith, 2002). In this paper, we explore these and other benefits of job authority that likely relate to better health. Simultaneously, however, we expand upon theoretical and empirical perspectives that suggest a potential “downside” to job authority; that is, job authority is often associated with many undesirable job demands, including increased interpersonal conflict and demands that cause strain in the work–family interface (Hodson, Roscigno, & Lopez, 2006; Schieman & Glavin, 2008; Schieman & Reid, 2008). In turn, these conditions may contribute to poorer health. Thus, we seek to advance knowledge in this area by documenting the ways that job authority can be a benefit and a burden. The explication of the effects of authority on non-labor market outcomes is an especially relevant extension of traditional inquiry in the social stratification–health literature. In the following sections, we outline broad theoretical reasons for the complex relationship between job authority and health—focusing on the potential counterbalancing influences of rewards (the upsides) and demands (the downsides) of job authority.

The upsides of job authority

There are compelling reasons to suspect that some workplace conditions associated with job authority—especially higher earnings, greater job autonomy, nonroutine work, and schedule control—contribute to lower levels of physical symptoms, distress, and anger among those with greater authority in the workplace (Mirowsky & Ross, 2003a). For these conditions to explain the authority–health association, two interlocking patterns are necessary: 1) earnings, autonomy, nonroutine work, and schedule control must be associated with better physical and mental health; and 2) individuals with more authority should report higher levels of those workplace conditions.

The health benefits of higher earnings, job autonomy, nonroutine work, and schedule control are well-established (McLeod & Nonnemaker, 1999; Mirowsky & Ross, 2003a, 2003b; Schieman,

2002), which is hardly surprising given the “resource” nature of these work conditions. In fact, work characteristics that are linked to more freedom, decision-making latitude, and control over one’s own and others’ work seem to be among the most influential work attributes for positive well-being (Mirowsky & Ross, 2003a; Tausig, 1999; Warr, 2005). These job conditions and their link to health are rooted in Karasek’s (1979) influential framework of job stress—the “job demands–control” model—which predicts that higher levels of job control are beneficial for overall well-being. Different aspects of job control are relevant here. For example, autonomous work involves freedom from the direction and control of others. Likewise, nonroutine work activities typically involve freedom of thought, decision-making latitude, problem-solving and learning opportunities, including tasks that are interesting and engaging (i.e., *not* boring or repetitive) (Mirowsky & Ross, 2007; Ross & Van Willigen, 1997). Schedule control involves the degree to which individuals have control over the timing of work (Golden, 2001). These resources have typically been organized under the broad conceptual frame of “job control,” which involves “the working individual’s potential control over his tasks and his conduct during the working day” (Karasek, 1979: 289). In the bulk of analyses of the demands–control model, decision-making latitude and autonomy have been the quintessential indicators of job control (Bakker & Demerouti, 2007). In our study, however, we expand the conceptual frame of “control” by focusing on the *control* of others’ work—job authority.

Theory and evidence suggest that job authority is associated with higher levels of an array of other work-related resources. First and foremost, job authority represents a salient symbol of social status in the workplace (Elliot & Smith, 2004; Smith, 2002). Workers with authority are likely to be involved in strategic decision-making, assertive leadership behaviors, and have greater responsibility for the vital operations that shape the course and success of the organization (Hambrick, Finkelstein, & Mooney, 2005; Spaeth, 1985; Wright, Baxter, & Birkelund, 1995). They are more likely to solve problems, make judgments, and control the work of others to achieve goals (Hodson, 2001). In turn, greater personal, social, and pecuniary rewards are afforded to those with higher status (Mirowsky & Ross, 2003b). Job authority represents a “highly coveted workplace resource” because of its link to other desired conditions such as greater earnings, job autonomy, nonroutine work, and schedule control (Reskin & Ross, 1992; Ross & Mirowsky, 1996; Ross & Reskin, 1992; Schieman et al., 2006; Smith, 2002). Collectively, as shown in Fig. 1, these ideas provide the

central rationale behind the *resources of higher status hypothesis*: Job authority should have a more favorable association with health because of its link to an array of resource-related workplace conditions.

The downsides of job authority

We hypothesize that interpersonal conflict at work and work-to-home interference both function to suppress the association between job authority and health. If so, two interlocking patterns are necessary: 1) interpersonal conflict and work-to-home interference must be associated with higher levels of physical symptoms, distress, and anger; and 2) job authority must be associated positively with interpersonal conflict and work-to-home interference. There is solid evidence for the first pattern. Although there is little doubt that the workplace is often a source of support and solidarity (Hodson, 2001), the frequency of incivility, bullying, resistance, and need for negotiation also makes the workplace one of the most interpersonally frustrating role contexts (Andersson & Pearson, 1999; Glomb, 2002; Hodson et al., 2006). Interpersonal conflict at work involves individuals' perceptions of exposure to negative forms of interaction that range from minor disagreements to more severe altercations, including violations of and/or insults to the self, perceptions of injustice or unfairness, goal impediments, incompetence, unreasonable demands, and being the target of another person's verbal or physical antagonism (Cortina, Magley, Williams, & Langhout, 2001; Fitness, 2000; Frone, 2000; Hodson, 2008; Sims, 2005; Spector & Jex, 1998). The deleterious physical and mental health consequences of interpersonal conflict in the workplace are well-documented (Kramer, 1999; Pousette & Hanse, 2002; Sloan, 2004).

Is job authority associated with interpersonal conflict at work? Job authority delineates the parameters of power and status because it affords sanctioning, supervising, and decision-making control over others (Smith, 2002). Individuals with authority often hold the responsibility to hire and fire others, and influence others' pay (Elliot & Smith, 2004). Moreover, leaders in the workplace typically control an array of conditions that influence the quality of work life for others (Kelloway, Savanathan, Francis, & Barling, 2005). The power to distribute rewards and punishments—and dictate the work of others—will likely incite some degree of interpersonal discord. Those with authority often confront resistance, non-compliance, and unsatisfactory performance (Hodson, 2001; Ross & Reskin, 1992); moreover, they are usually in charge of managing it (Friedman, Tidd, Currall, & Tsai, 2000). In their description of the potential health consequences of job authority, Mirowsky and Ross (2003a) argue that the main reason for its negative elements involves interpersonal conflict:

[H]aving authority means being responsible for the actions and accomplishments of others. A person who supervises or manages others must get them to cooperate and produce. That invariably creates frustration and conflict. No amount of authority changes the fact that individuals themselves decide what they do, and may lack the ability to accomplish things they willingly try. Even so, a person who judges and decides what others should do bears responsibility for the success of their actions and efforts. In a hierarchy those responsibilities go in both directions, to persons higher up as well as to persons lower down. Decision-makers often feel apprehension about how things will turn out and tension about resolving the conflicting interests of others higher and lower in the organization. When things go poorly, guilt, shame, anger and resentment often mingle with disappointment and fear of consequences (Mirrowsky & Ross, 2003a: 123).

Collectively, these ideas predict that job authority should be associated with higher levels of interpersonal conflict at work; recent evidence confirms this pattern (Schieman & Reid, 2008). Thus, in conjunction with theoretical and empirical evidence for the conflict–health association described above, we propose the first part of the *stress of higher status hypothesis*: Higher levels of interpersonal conflict at work among those with more job authority should suppress their lower levels of physical symptoms, distress, and anger.

The second part of the *stress of higher status hypothesis* is that higher levels of work-to-home interference among those with job authority should also suppress the negative association between job authority and poor health. Work-to-home interference involves the extent that individuals perceive that one domain interferes with the responsibilities and expectations of other spheres, competing for individuals' finite amounts of time and energy (Greenhaus & Parasuraman, 1987). The “stress of higher status” perspective argues that some conditions that typify positions of greater responsibility and importance at work may increase blurring of borders between work and nonwork life—job authority is one of these conditions (Schieman et al., 2006). Coser's (1974) characterization of work as a “greedy institution” and Blair-Loy's (2003) concept of the “work devotion schema” are useful because they underscore the higher levels of responsibility, involvement, and emotional allegiance expected of workers in higher status positions. Collectively, these conditions often contribute to forms of role interference that emanate from the work domain (Jacobs & Gerson, 2004; Milliken & Dunn-Jensen, 2005). Moreover, the well-documented deleterious health consequences of work-to-home interference (e.g., Bellavia & Frone, 2005) provide an additional rationale for second part of the stress of higher status hypothesis: Higher levels of work-to-home interference among those with more job authority should suppress their lower levels of physical symptoms, distress, and anger.

Taken together, although we know that both interpersonal conflict and work–nonwork interference are associated with more distress and physical symptoms, and that job authority tends to be associated with more interpersonal conflict and WFI, we do not have any *a priori* insights about the relative strength of their influence as stressors and suppression influences.

Methods

Sample

To test these ideas, we analyze data from telephone interviews with 1800 adults in the United States. Data were collected in 2005 as part of the *Work, Stress, and Health* (WSH) survey. To be eligible for the study, participants had to be 18 years of age or older in the paid labor force and sufficiently fluent in English in order to complete the interview. We were able to successfully interview 70.8 percent of eligible respondents. To obtain the sample, we used a list-assisted random digit dialing selection drawn proportionally from all 50 states from GENESYS Sampling Systems. The sampling approach employed the list + 1 method, which tends to yield a higher proportion of productive numbers (Lepkowski, 1988). List-assisted random digit dialing is widely accepted now by most social survey research organizations as a cost-effective alternative to the pure random digit dialing methods originally developed by Waksberg (1978). List-assisted random digit dialing increases the probability of encountering residential numbers while minimizing the biases often associated with non-traditional random digit dialing techniques. For our study, GENESYS generated a sample from 50 states that was drawn in proportion to the distribution of households. The total sample was based on the following four

criteria: (1) telephone numbers associated with residential households, (2) households agreeing to answer the screening questions, (3) successfully screened households that have one or more adult members who are currently working, and (4) eligible households with a subsampled adult who agreed to participate in the interview. Finally, ethics approval for the study was obtained through the University of Toronto's institutional review board.

Focal measures: outcomes

Physical symptoms

We asked participants the number of days in the past seven days that they had "headaches," "stomach pain or problems like indigestion or heartburn," "chest pain or rapid heart beat," "neck or back pain," "muscle aches, soreness, or stiffness," and "felt tired or run down." We averaged the items to create the physical symptoms index ($\alpha = .70$). This index (and the two described below for distress and anger) uses items that are similar to those used in published research (i.e., [Mirowsky & Ross, 2003a, 2003b](#)).

Psychological distress

We measured distress by asking participants the number of days in the past seven days that they "felt that everything was an effort," "felt sad," "had trouble getting to sleep or staying asleep," "had trouble keeping your mind on what you were doing," "couldn't get going," "were unable to shake the blues," "worried a lot about little things," and "felt anxious or tense." We averaged the items to create the distress index ($\alpha = .85$).

Anger

We measured anger by asking participants the number of days in the past seven days that they "felt annoyed or frustrated," "felt angry," "felt very critical of others," "yelled at someone or something," and "lost your temper." We averaged the items ($\alpha = .78$).

Focal measures: primary predictor

Job authority

We use four items to assess job authority: "Do you influence or set the rate of pay received by others?" "Do you have the authority to hire or fire others?" "Do you supervise or manage anyone as part of your job?" And, if they reported "yes" to the last question then we asked: "Do any of those individuals supervise or manage others?" We coded "no" responses as 0 and "yes" responses as 1. To create the index, we summed these responses. These items are similar to those in other studies (e.g., [Elliot & Smith, 2004](#); [Reskin & Ross, 1992](#); [Smith, 2002](#)).

Focal measures: intervening variables in the predictor–outcome relationship

Personal income

Income is assessed with the question: "For the complete year of 2004, what was your total *personal* income, including income from all of your paid jobs, before taxes?" Given the highly skewed nature of the distribution, we logged income in the regression analyses. Some readers may wonder about item non-response. The response rate for the personal income question is roughly 97 percent. We took special care to try to reduce missing values for income by using a variety of approaches, including a specific introduction to the income question (at the very end of the survey) that reminded participants about the importance of confidentiality—and our efforts to ensure this. In addition, we provided broader income categories for individuals who refused or didn't know their exact income. This method substantially improved the overall item

response. We recoded these responses as the middle value of the income category; all cases that originally had missing values were flagged in analyses with a 0/1 missing dummy.

Job autonomy

One item asks: "How often does someone else decide how you do your work?" Response choices are "never" (1), "rarely" (2), "sometimes" (3), and "frequently" (4). We reverse-coded the responses; higher scores indicate more job autonomy.

Nonroutine work

To measure nonroutine work activity, we asked five items that blend themes associated with decision-making, creative problem-solving and learning opportunities, and engaging (not boring, repetitive) work: "How often do you have the chance to solve problems?"; "How often do you have the chance to learn new things?"; "How often does time feel like it is dragging at work?" (reverse-coded); "How often do you do the same things over and over again?" (reverse-coded); and "How often do you make decisions on what needs to be done?" Response choices are "never" (1), "rarely" (2), "sometimes" (3), and "frequently" (4). We averaged the items; higher scores indicate higher levels of nonroutine work ($\alpha = .57$).

Schedule control

One question asks about schedule control: "Who usually decides when you start and finish work each day at your main job? Is it someone else, or can you decide within certain limits, or are you entirely free to decide when you start and finish work?" We coded responses as "no schedule control" (0), "limited control" (1), and "full control" (2). In regression analyses, individuals with no schedule control are the omitted/contrast category. This item captures the conceptualization of schedule control offered by [Golden \(2001\)](#): the extent that workers have control of the start and/or finish times of work (also see [Jacobs & Gerson, 2004](#)).

Work hours

We included a measure of the total hours per week of work. Although we do not explicitly identify its role in our overall conceptual framework, we include hours in the analyses because of its potential correspondence with other work-related conditions. However, because of its likely overlap with other focal work-related conditions, we decided to include it in models alongside these other focal measures instead of with the other basic control measures.

Focal measures: suppressors of the predictor–outcome relationship

Interpersonal conflict in the workplace

Drawing upon on a comprehensive review of qualitative and quantitative studies (see for example: [Cortina et al., 2001](#); [Donovan, Drasgow, & Munson, 1998](#); [Frone, 2000](#); [McCann, Russo, & Benjamin, 1997](#); [Neuman & Baron, 1998](#); [Sims, 2005](#); [Spector & Jex, 1998](#)), we developed items to create a new measure interpersonal conflict in the workplace. These items involve perceptions of exposure to negative forms of interaction that range from minor disagreements to more severe altercation, including violations of and/or insults to the self, perceptions of injustice, inequity, or unfairness, goal impediments or thwarted aims, incompetence, and being the target of another person's verbal or physical antagonism or aggression. To operationalize this construct, we asked participants to report the extent of exposure to a variety of interpersonal problems in the past 30 days with the following eight items: 1) "someone treated you unfairly," 2) "someone blamed or criticized you for something that wasn't your fault," 3) "someone did not do the work that needed to be done or did it in a sloppy or incompetent way," 4) "someone got annoyed or angry with you,"

5) “someone gossiped or talked about you behind your back,” 6) “someone teased or nagged you,” 7) “someone gave you unclear directions about work you needed to do,” and 8) “someone made too many demands on you.” Response choices are coded as (0) “no” and (1) “yes.” We summed responses to create the index of exposure to interpersonal conflict in the workplace ($\alpha = .72$). This index appears in recently published research (Schieman & Reid, 2008).

Work-to-home interference

Three items assess work-to-home interference: “How often does your job interfere with your home or family life?”, “How often does your job interfere with your social or leisure activities?” and “How often do you think about things going on at work when you are not working?” Response choices are (1) never, (2) rarely, (3) sometimes, (4) frequently. We averaged the items to create the index such that higher scores indicate more work-to-home interference ($\alpha = .68$). These items are similar to those used in other studies, including the National Comorbidity Study (see Bellavia & Frone, 2005: 146).

Control measures

Gender

Gender is coded as men (0) and women (1).

Age

Age is measured in years.

Race

We contrast non-Hispanic White with African Americans and “other.”

Marital and parental statuses

Number of children younger than 18 in the household.

Education

Education is coded as less than high school (1), high school graduate/GED (2), specialized (vocational) training (3), some college but no degree earned (4), Associate’s Degree (2-year) (5), college graduate (BA, BS) (6), and post graduate—advanced degree (MA, PhD) (7).

Occupation

To assess occupation, participants were asked about the job title of the “main job at which you worked last week.” This question refers to participants’ main place of employment; that is, the one that they spend most time at. Participants were also asked about some of their main duties in order to more accurately code responses. Using the open-ended information provided, responses are coded into five main categories in accordance with the Bureau of Labor Statistics codes. In regression analyses, we contrast the modal category of “administrative” (technical, sales, and administrative support occupations) with “professional” (managerial and professional specialty occupations), “service” (service occupations), “craft” (precision production, craft, and repair occupations), and “labor” (operators or laborers).

Job sector

We assessed participants’ job sector by contrasting (in regression analyses) the modal category of “private for-profit company” with “government,” “non-profit organization including tax-exempt or charitable organizations,” and “self-employed/family business.”

Numbers of coworkers and customers/clients

In two separate questions, participants were asked the number of coworkers and the number of customers or clients (someone to

whom they provide a service) at their place of employment. These variables are coded as counts.

Table 1 provides basic summary/descriptive statistics for all variables in the analyses.

Plan of analyses

In the first part of our analyses, we use ordinary least squares (OLS) regression techniques to assess the ways that job authority is associated with each of the focal independent variables. The first two models regress the two hypothesized suppressors—interpersonal conflict at work and work-to-home interference—on job authority. The next four models regress each hypothesized explanatory variable—income, autonomy, nonroutine work, and schedule control—on job authority. All models adjust for sex, age, race, education, marital status, number of children under 18 in the household, occupation, job sector, and numbers of coworkers and customers/clients. These results are shown in Table 2.

The second part of our analyses tests the hypotheses about the competing suppression versus explanatory effects of our focal independent variables in the association between job authority and health. The base model regresses the focal dependent health measure (e.g., physical symptoms) on job authority; all models adjust for the control measures described above. To reiterate, we hypothesize that this initial model should reveal a null association between job authority and health. In the second model, we include interpersonal conflict and work-to-home interference to test the stress of higher status hypothesis. A negative and statistically significant association between job authority and health would indicate support for the stress of higher status hypothesis. Next, model 3 tests the resources of higher status hypothesis by including

Table 1
Descriptive statistics for analytic variables ($N = 1800$).

Variable	M	SD	Range
Dependent variables			
Physical health	1.77	1.36	0–7
Distress	1.81	1.60	0–7
Anger	1.64	1.40	0–7
Focal measures			
Job authority	.88	1.18	0–4
Interpersonal conflict	2.48	2.09	0–8
Work-to-home interference	2.53	.82	1–4
Personal income (logged)	3.43	.83	.18–8.22
Nonroutine work	2.86	.52	1–4
Autonomy	2.56	1.00	1–4
Some schedule control	.31	—	0–1
Full schedule control	.22	—	0–1
Hours	42.27	13.91	2–120
Basic control measures			
Women	.59	—	0–1
Age	43.51	13.21	18–94
African-American	.15	—	0–1
Other race	.13	—	0–1
Previously married	.20	—	0–1
Never married	.25	—	0–1
Number of children	1.76	1.44	0–5
Education	5.19	1.95	1–8
Administrative	.35	—	0–1
Service	.18	—	0–1
Craft	.07	—	0–1
Labor	.10	—	0–1
Government	.21	—	0–1
Non-profit	.10	—	0–1
Family business	.03	—	0–1
Number of coworkers	13.67	44.77	0–500
Number of customers/clients	32.16	86.79	0–500

Table 2

The relationships between job authority and all focal measures.

Variable ^a	Unstandardized regression coefficient (standard error)
Interpersonal conflict	.267 (.043)***
Work–home interference	.153 (.016)***
Personal income	.147 (.014)***
Nonroutine work	.091 (.009)***
Job autonomy	.069 (.020)**
Schedule control	.155 (.015)***
Work hours	2.539 (.273)***

** $p < .01$; *** $p < .001$ (two-tailed test).^a Each of these variables is regressed on job authority in separate models. All models adjust for sex, age, race, education, marital status, number of children, occupation, job sector, and numbers of coworkers and customers/clients ($N = 1800$).

income, job autonomy, nonroutine work, and schedule control. If the inclusion of these conditions reduces the authority–health association to statistical nonsignificance, this would indicate support for the resources of higher status hypothesis. It is plausible to observe patterns that support *both* the stress of higher status and the resources of higher status hypotheses; moreover, these competing patterns should contribute to the null association between job authority and health.

Results

Job authority and focal independent measures

The analyses reported in Table 2 indicate that job authority is associated with higher levels of the following work-related conditions: interpersonal conflict, work-to-home interference, income, nonroutine work, job autonomy, schedule control, and work hours. All of these models adjust for control measures. Thus, the typical worker with higher levels of authority is one who is well-paid in more autonomous, nonroutine work. The typical worker with job authority tends to enjoy more schedule control, but they also work longer hours and report more interpersonal conflict and work-to-home interference. These preliminary findings provide the first set of patterns necessary toward finding support for the competing stress versus resources of higher status hypotheses described above. Our next set of analyses tests those hypotheses.

Physical symptoms

As expected, model 1 in Table 3 reveals a null association between job authority and the physical symptoms index. However, in model 2, we observe that the association between job authority and physical symptoms becomes negative and statistically significant with the inclusion of interpersonal conflict at work and work-to-home interference. This suppression effect occurs because of two interrelated patterns: 1) as we reported above, job authority is associated positively with interpersonal conflict and work-to-home interference; and 2) both of those conditions are associated with higher levels of physical symptoms. Comparing models 1 and 2, the inclusion of these two conditions reverses the sign of the coefficient from positive and statistically nonsignificant to negative and significant.

Having established these suppression effects and support for the stress of higher status hypothesis, we now turn our attention to the conditions that might contribute to this negative association. As shown in model 3, the inclusion of the conditions associated with the resources of higher status hypothesis completely “explain away” the negative relationship between job authority and health that appeared in model 2. Two interrelated patterns contribute to

Table 3

Regression of physical symptoms on job authority and focal work-related conditions.

	Model 1	Model 2	Model 3
<i>Focal associations</i>			
Job authority	.004 (.027)	−.073** (.027)	−.015 (.029)
Interpersonal conflict		.117*** (.015)	.115*** (.017)
Work-to-home interference		.298*** (.041)	.325*** (.042)
Personal income (logged)			−.114** (.046)
Nonroutine work			−.345*** (.067)
Autonomy			.018 (.031)
Some schedule control ^a			−.134 (.072)
Full schedule control ^a			−.121 (.085)
Hours			−.002 (.002)
Constant	2.388	1.226	2.435
R ²	.073	.150	.170

** $p < .01$; *** $p < .001$ (two-tailed test).

Note: Unstandardized regression coefficients with standard errors shown in parentheses. All models adjust for sex, age, race, education, marital status, number of children, occupation, job sector, and numbers of coworkers and customers/clients ($N = 1800$).

^a Compared to no schedule control.

these mediating mechanisms: 1) job authority is associated with *higher* levels of income and nonroutine work; and 2) both of those conditions are associated with *lower* levels of physical symptoms. Comparing models 2 and 3, the inclusion of these conditions substantially reduces the size of the negative job authority coefficient and the effect is no longer statistically significant. Collectively, these patterns unravel the competing suppression and explanatory mechanisms in the stress versus resources of higher status hypotheses that, in turn, yield a total null association between job authority and the physical health symptoms index.

Psychological distress

As we observed for physical symptoms, model 1 in Table 4 reveals a null association between job authority and psychological distress. However, in model 2, the association between authority and distress becomes negative and significant with the inclusion of interpersonal conflict and work-to-home interference. That is, the inclusion of those conditions changes the size of the job authority coefficient from statistical nonsignificance in model 1 to significance in model 2. This suppression effect parallels those observed

Table 4

Regression of psychological distress on job authority and focal work-related conditions.

	Model 1	Model 2	Model 3
<i>Focal associations</i>			
Job authority	−.030 (.032)	−.136*** (.031)	−.064 (.033)
Interpersonal conflict		.122*** (.018)	.126*** (.018)
Work-to-home interference		.477*** (.047)	.512*** (.048)
Personal income (logged)			−.144** (.052)
Nonroutine work			−.609*** (.077)
Autonomy			.060 (.036)
Some schedule control ^a			−.133 (.082)
Full schedule control ^a			.018 (.097)
Hours			−.002 (.003)
Constant	2.575	.907	2.748
R ²	.082	.181	.217

** $p < .01$; *** $p < .001$ (two-tailed test).

Note: Unstandardized regression coefficients with standard errors shown in parentheses. All models adjust for sex, age, race, education, marital status, number of children, occupation, job sector, and numbers of coworkers and customers/clients ($N = 1800$).

^a Compared to no schedule control.

for physical symptoms, although it is somewhat larger. Taken together, these patterns lend further support for the stress of higher status hypothesis.

Next, turning to our test of the resources of higher status hypothesis, we observe in model 3 that the inclusion of income and nonroutine work reduce the size of the negative association between job authority and distress in model 2 to statistical non-significance. Higher earnings and more nonroutine work among those with greater job authority fully explain why they report lower levels of psychological distress. Collectively, these observations lend further support for our hypothesis that competing suppression and explanatory forces contribute to the total null association between job authority and psychological distress.

Anger

The patterns observed for anger are similar to those described for physical symptoms and distress. Model 1 in Table 5 reveals a null association between job authority and anger. However, in model 2, the association between authority and anger becomes negative and significant with the inclusion of interpersonal conflict and work-to-home interference. These patterns lend further support for the stress of higher status hypothesis. Next, turning to our test of the resource of higher status hypothesis, we observe in model 3 that the inclusion of nonroutine work reduces the size of the negative job authority–anger association in model 2 to statistical nonsignificance. More nonroutine work among those with greater job authority explains why they have lower levels of anger. Taken together, these observations provide further support for our hypothesis that competing suppression and explanatory forces contribute to the total null association between job authority and anger.

Finally, a few side notes deserve brief mention. Some readers may wonder whether or not occupation, job sector, and numbers of coworkers and customers/clients influence the association between job authority and health outcomes. In all three instances with the different dependent variables, we observed null associations with and without controls for occupation, job sector, and numbers of coworkers and customers/clients. In each case, the coefficients for these models were quite similar (analyses available upon request). In addition, we also tested for gender contingencies among the focal associations but did not observe any statistically significant patterns. Job authority is unrelated to health for both

women and men. Moreover, the intervening mechanisms are similar for women and men.

Discussion

The present study makes two main contributions to the literature on the links between workplace inequality and health: 1) we document a null association between job authority and three different health outcomes; 2) we demonstrate the ways that work conditions, as organized in our “stress of higher status” and “resources of higher status” hypotheses contribute to that total null association. More importantly, our observations contribute to theoretical refinements about the nature of work and its influence on stress and health processes. They also expand the traditional focus on social class gradients in health by reframing the benefits and burdens of higher status positions. Specifically, this effort underscores the recognition of a broad class of “suppression” patterns in the relationship between some work conditions and health. In the present study, we have sought to expand on the “stress versus resources of higher status” perspectives and their competing implications for well-being. In the sections below, we discuss each set of patterns and their relevance for theoretical development in this area of research.

The stress of higher status versus the resources of higher status?

We find support for the contention that some work-related conditions that are associated with higher status positions (e.g., authority) may have unfavorable consequences for health and well-being. Specifically, our observations indicate that workers with more authority tend to report higher levels of exposure to two critical stressors: interpersonal conflict in the workplace and work-home interference. In turn, the deleterious health consequences of these conditions are well-established. By extension, as the stress of higher status hypothesis predicts, once we account for these patterns a negative association between job authority and poor health surfaces. This suppression effect is part of a broad class of patterns that demonstrates some of the downsides to higher status workplace conditions. In this instance, one plausible interpretation is that were it not for their greater exposure to interpersonal conflict and work-home interference, workers with more job authority would report lower levels of poor health compared to their counterparts with less authority.

These observations speak directly to Mirowsky and Ross's (2003a) description of the potential health consequences of job authority in which they identify interpersonal conflict as the main culprit for any negative health implications of job authority. Moreover, we have extended that discussion to include an equally important condition: work-home interference. Thus, in addition to its interpersonal consequences, the observation of higher levels of work-home interference among those with greater job authority provides new insights into the ways that stress can mask the health benefits of some work-related conditions. Higher levels of this critical inter-role stressor among people with more authority can detract from their otherwise more favorable health. Future research should investigate the intervening mechanisms that link authority to problems in the work-family interface, as well as their collective influence on levels of health and role functioning. Taken together, these findings shed new light on the “downside” of job authority with respect to interpersonal difficulties at work and challenges in navigating the work-home interface, and, ultimately, their unfavorable health outcomes.

The upside of job authority underscores its benefits for favorable work-related conditions that scholars have identified as resources. This perspective taps directly into a long tradition in analysis of

Table 5
Regression of anger on job authority and focal work-related conditions.

	Model 1	Model 2	Model 3
<i>Focal associations</i>			
Job authority	.005 (.028)	-.084** (.028)	-.047 (.029)
Interpersonal conflict		.132*** (.016)	.137*** (.016)
Work-to-home interference		.350*** (.041)	.374*** (.043)
Personal income (logged)			-.042 (.047)
Nonroutine work			-.437*** (.069)
Autonomy			.045 (.032)
Some schedule control ^a			.028 (.073)
Full schedule control ^a			.130 (.087)
Hours			-.003 (.003)
Constant	2.771	1.421	2.610
R ²	.071	.166	.186

** $p < .01$; *** $p < .001$ (two-tailed test).

Note: Unstandardized regression coefficients with standard errors shown in parentheses. All models adjust for sex, age, race, education, marital status, number of children, occupation, job sector, and numbers of coworkers and customers/clients ($N = 1800$).

^a Compared to no schedule control.

social class and health: People in higher social classes (or with greater SES) often enjoy the personal, social, and organizational advantages of such statuses—with more favorable health consequences (McLeod & Nonnemaker, 1999; Tausig, 1999). In particular, personal earnings and nonroutine work emerge as the most influential in our findings. Consistent with the resources of higher status hypothesis, individuals with job authority report higher levels of earnings and more nonroutine work. Both of these conditions are associated with lower levels of physical symptoms, distress, and anger. In another extension of the claim by Mirowsky and Ross (2003a) about the authority–health association, we are able to show that these interrelationships fully account for the net negative association between authority and poor health. Moreover, taking the downsides and upsides of job authority together, the overall association between job authority and health is null. That is, net of these competing suppression and explanatory intervening mechanisms, it appears as though job authority is *unrelated* to health. Our observations, however, help unravel the rather complex set of patterns among the stressors and resources that underlie that association.

Limitations and future research directions

Several limitations of our research deserve mention. First and foremost, the cross-sectional nature of our design restricts our capacity to state with confidence the causal ordering among the mechanisms involved in these complex processes. The central focus involves levels of association among job authority and its associated stressors or resources. As our conceptual model implies, it may be more appropriate to view the job conditions in our analyses as “acting in concert” as a package or constellation of work-related arrangements. Yet, while theoretically plausible, we cannot rule out the possibility that some of these conditions are influencing job authority, or, even more problematic, that health statuses have an influence on authority and other key workplace arrangements. Longitudinal analyses would allow a more accurate account of the complex interlocking mechanisms among these processes and conditions.

A second limitation involves the nature of stress involved in interpersonal conflict and work–home interference. Our measures capture a more global snapshot of these conditions. While this does not detract from the patterns discovered here, it may be more fruitful for future research to examine more nuanced dynamics between those with authority and their subordinates (versus other sources of conflict in the workplace role-set). Similarly, the general observation about levels of work–home interference does not capture the extent that individuals in positions of power might be engaging in intentional, self-directed work–family border crossing in order to manage the demands and responsibilities of higher status work. A detailed assessment of these conditions could help to strengthen the estimated suppression influences and sharpen the interpretation of those observations. In fact, analyses that explicate the complex mechanisms that describe the effects of job authority on the work–family interface (in both directions) is an understudied area that is ripe terrain for new discoveries—especially given the importance of these processes for stress and health outcomes.

Finally, the possibility of selection effects deserves more attention. For example, it is highly plausible that—over time—individuals in poorer health select out of jobs that have more responsibility and excessive pressures; they might also be disproportionately likely to exit jobs with more stressors like interpersonal conflict and work–home interference. As we have shown, individuals with more authority tend to have higher levels of these conditions. Moreover, these selection processes also likely have

negative implications for the possibility of accruing more work-related resources, especially earnings and nonroutine activities on the job. Ultimately, however, it is not clear the extent that these forms of selection effects would directly influence the focal associations established here. If anything, the selection of individuals in poorer health out of positions of authority—or out of jobs with more interpersonal conflict and work–home interference—should increase the size of a negative association between job authority and poor health. The fact that we find an initial null association that is consistent with prior theory and evidence might attenuate the concern about the impact of selection effects.

Conclusion

Workplace inequality is typically associated with health. Yet, we try to elaborate on a paradox which suggests that job authority—one of the most basic forms of stratification at work—is *unrelated* to physical and mental health outcomes. While some have contemplated the theoretical explanations for this null association, the empirical evidence on this question has remained incomplete. We have sought to fill this gap in knowledge by unraveling the competing suppression and explanatory mechanisms that link job authority to a variety of negative physical and mental health outcomes. Although speculation on the downside of authority has focused largely on interpersonal strife or friction, we expand that discussion to include problems with the work–home interface. More important, after documenting previously unknown suppression effects, we are able to then demonstrate that the net negative association between authority and health is attributable to favorable conditions like higher earnings and more nonroutine work. Collectively, these insights help to refine and challenge traditional stress process ideas about the nature of workplace inequality and its relevance for individuals' stress and health outcomes.

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