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Managerial Status and Well-Being/Health in Japan

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Abstract

Higher social status tends to be associated with advantageous outcomes, such as higher well-being and better physical health. However, some studies done in East Asian countries have found weaker associations between social status and health. The present work examined the association between managerial status and well-being/health among a large group of Japanese in the workforce ($N = 9,123$). The results showed that higher managerial status was associated with higher well-being, yet with *worse* physical health. The negative association between managerial status and physical health was partly explained by excessive and compulsive ways of working by people who occupy a higher managerial position. Such findings indicate a possibility that the responsibilities and burdens associated with higher status partly underlie the negative association between higher social status and health in Japan. Furthermore, other-orientation moderated the links between managerial status and outcomes; among people with higher managerial status, other-orientation was more strongly associated with desirable outcomes than those with lower managerial status. These findings suggest that being other-oriented may be beneficial, especially for those who occupy higher social status in Japanese cultural contexts.

Keywords Managerial Status, Well-Being, Physical Health, Work style, Other Orientation

All contents and opinions in this discussion paper are the personal views of the author and do not represent the views of their organizations or RecruitWorks Institute.

1. Introduction

Social hierarchy is one of the most fundamental forms of relationships that exist across cultures (Fiske, 1992; Rai & Fiske, 2011). Various studies have shown that the social hierarchy predicts well-being and health (Adler et al., 1994; Marmot, 2015; Matthews & Gallow, 2011). For example, compared to lower status individuals (e.g., those with lower socioeconomic status), higher status individuals tend to have better psychological functioning (e.g., high self-efficacy, fewer depressive symptoms; Gallow & Matthews, 2003) and better physical health, including lower mortality (Adler et al., 1994).

Most of the previous work that showed the positive relationship between social status and well-being/health had been conducted in Western cultures, where higher status is associated primarily with self-orientation (Kohn, 1969; Kraus et al., 2012; Stephens, Fryberg, & Markus, 2012; Miyamoto et al., 2018). At the same time, some population-based surveys done in East Asian cultures have shown that the links between high status and psychological and physical functioning (e.g., depressive symptoms, mortality, morbidity, and health behaviors) tend to be weaker in East Asian cultures, such as Japan (e.g., Inaba et al., 2005; Kagamimori, Gaina, & Nasermoaddeli, 2009; Kim, Symons, & Popkin, 2004; Lahelma et al., 2010), where higher status is associated not only with self-orientation but also with other-orientation (Miyamoto et al., 2018).

In cultural contexts like Japan, higher social status may be accompanied by not only perks but also some burdens, leading to weakened associations between status and well-being/health outcomes. Furthermore, for people who occupy higher social status in such cultural contexts, being other-oriented may be especially likely to bring benefits than for those who occupy lower social status. Such possibilities are examined by analyzing the association between managerial status and well-being/health among a large group of Japanese in the workforce.

2. Methods

2.1 Participants

Nine thousand seven hundred sixteen Japanese respondents in the workforce responded to the online “Survey of Job Satisfaction 2000” conducted by Recruit Works Institute in November 2019 (<https://www.works-i.com/research/works-report/item/hatarakigai-survey.pdf>). The sample was stratified to match the census data on the “Labor Force Survey” provided by the Statistics Bureau, Ministry of Internal Affairs and Communications in Japan, regarding gender, age, employment type, regional block, and educational background. (Only the educational background was matched with the data from the Ministry of Education.) Those who were self-employed without any employees ($n = 593$) were excluded from the analyses given the ambiguities in interpreting their managerial status. The final sample size included in the analyses was 9,123 (50.3% female, $M_{age} = 45.24$, 29.8% with a 4-year college degree or higher; see Table 1 for the summary of descriptive statistics). Post-hoc power analyses using *G*Power* (Faul et al., 2009) indicated that most of the analyses achieved high power (above 95%), except for the interaction between agreeableness managerial status predicting physical health (78%).

Table 1. Descriptive Statistics of the Demographic Variables

	N	Mean (or %)	SD
Age	9123	45.24	13.37
Gender			
Men	4534	49.7%	
Women	4589	50.3%	
Educational Background			
Elementary/Middle School	220	2.4%	
High School	3387	37.1%	
Vocational School	1567	17.2%	
Junior College	1092	12.0%	
Technical College	145	1.6%	
College	2401	26.3%	
Master's Program	242	2.7%	
Doctoral Program	69	0.8%	
Household Income			
Under 1,000,000 yen	91	1.0%	
1,000,000 to 1,990,000 yen	362	4.0%	
2,000,000 to 2,990,000 yen	858	9.4%	
3,000,000 to 3,990,000 yen	1216	13.3%	
4,000,000 to 6,990,000 yen	3409	37.4%	
7,000,000 to 9,990,000 yen	1861	20.4%	
10,000,000 to 29,990,000 yen	1265	13.9%	
30,000,000 yen or more	61	0.7%	
Managerial Status			
Representative Director, Member of the Board, or Senior Adviser	662	7.3%	
Head of Department	315	3.5%	
Section Head	483	5.3%	
Unit Head or Supervisor	1032	11.3%	
No managerial position/rank	6631	72.7%	

2.2 Measures

Respondents were asked to choose the rank closest to their position at the workplace; 7.3% were a Representative Director, Member of the Board, or Senior Adviser, 3.5% had a management job as a Head of Department (or a professional job equivalent to a Head of Department), 5.3% had a management

job as a Section Head (or a professional job equivalent to a Section Head), 11.3% had a management job as a Unit Head or Supervisor (or a professional job equivalent to a Unit Head or Supervisor), and 72.7% were employees without managerial position/rank.

Well-being was measured with three variables, two measuring well-being at work (i.e., job satisfaction and meaning in work) and one measuring general well-being. Job satisfaction was measured with job satisfaction scale (Sakuragi, 2006), which asked the extent to which respondents were satisfied with each of 8 aspects of their job (e.g., salary, the content of work, relationship at work; $\alpha = .90$), with a 5-point rating scale ranging from 1 (*unsatisfied*) to 5 (*satisfied*). Meaning in work was measured with meaningful work scale (Masaki, 2016), which included 9 items (e.g., “The work I do plays an important role”; $\alpha = .91$) and had a 7 point-rating scale ranging from 1 (*does not apply at all*) to 5 (*applies very well*). The general well-being was measured by the Japanese version (Fujishima & Shiotani, 2018) of PERMA (Positive emotion, Engagement, Relationships, Meaning, and Accomplishment; Butler & Kern, 2016). It contained 23 items ($\alpha = .93$) that span across 5 domains: positive emotions (e.g., “In general, how often do you feel joyful?”), engagement (e.g., “How often do you become absorbed in what you are doing?”), relationships (e.g., “How satisfied are you with your personal relationships?”), meaning (e.g., “In general, to what extent do you feel that what you do in your life is valuable and worthwhile?”), and accomplishment (e.g., “How much of the time do you feel you are making progress towards accomplishing your goals?”). The response for PERMA was made on an 11-point rating scale ranging from 0 (0%) to 10 (100%).

Physical health was measured with the Japanese version (Tonan, Sonoda, & Ono, 1995) of the physical ill-health subscale of the subjective well-being inventory (Sell & Nagpal, 1992). It consisted of 6 items that asked about their physical health conditions (e.g., “do you have pains in various parts of the body,” “do you get tired easily,” and “do you have trouble sleeping”; $\alpha = .80$), with a 3-point rating scale ranging from 1 (*not so much*) to 3 (*always*).

The excessive and obsessive ways of working were measured by the Japanese version of the Dutch Workaholism Scale (Schaufeli, Shimizu & Taris, 2009), which consisted of 6 items (e.g., “I feel obliged to work hard, even when it is not enjoyable,” “I find myself continuing to work after my coworkers have called it quits”; $\alpha = .86$). The response was made on a 4-point rating scale ranging from 1 (*rarely*) to 4 (*always*).

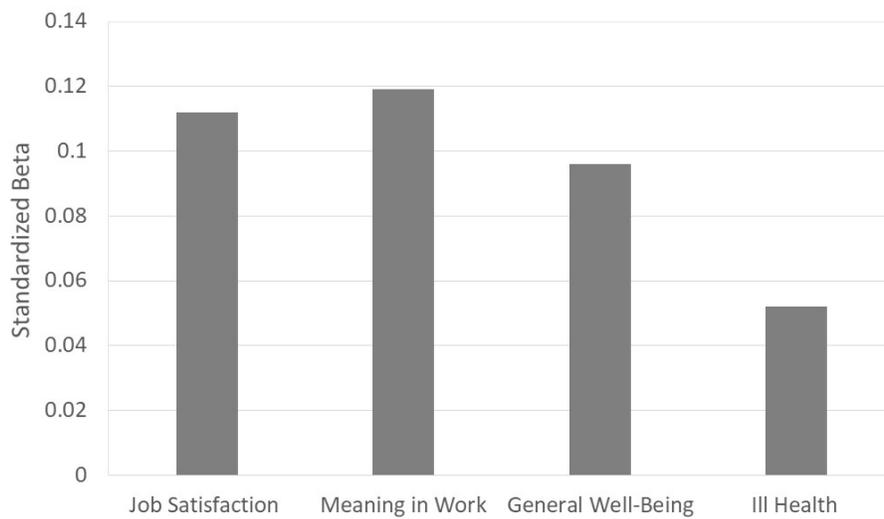
Other-orientation was measured with agreeableness subscale of the Japanese version (Oshio et al., 2012) of TIPI (Ten Item Personality Inventory; Gosling et al., 2003). Agreeableness was indexed by two items (“I think I am a kind person who cares about others” and “I think I tend to complain about others and cause conflicts.” [reverse-coded]; $r = .12$) with a 6-point rating scale ranging from 1 (*completely disagree*) to 6 (*strongly agree*). The correlation between the two items is equivalent to the original validation study in Japan ($r = .22$; Oshio et al., 2012), which found high correlations between the TIPI agreeableness and the other longer measures of agreeableness (e.g., $r = .65$ with Big Five Scales).

3. Results

3.1 Association Between Managerial Status and Well-Being/Health

To test the association between managerial status and well-being/health outcomes, each of the outcomes was regressed on the managerial status while controlling for gender, age, educational background, and household income. Consistent with the prior findings in Western cultures, people with higher managerial status tended to be more satisfied with their job, $\beta = .112$, $t(9117) = 9.89$, $p < .001$, perceived more meaning in work, $\beta = .119$, $t(9117) = 10.67$, $p < .001$, and reported higher general well-being, $\beta = .096$, $t(9117) = 8.61$, $p = .001$, than those with lower managerial status. At the same time, people with higher managerial status were *more* likely to report *ill* physical health compared to those with lower managerial status, $\beta = .052$, $t(9117) = 4.52$, $p < .001$. The regression coefficients of managerial status predicting outcomes are shown in Figure 1.

Figure 1. Standardized regression coefficients of managerial status predicting well-being and



health outcomes, controlling for gender, age, educational background, and household income.

3.2 Excessive and Obsessive Ways of Working as a Mediator

To test whether the association between higher managerial status and ill health is partly explained by burdensome work styles that accompany higher status, excessive and obsessive working styles were tested as a mediator of the association between managerial status and ill-health. Gender, age, educational background, and household income were controlled for. Higher managerial status predicted more frequent engagement in excessive and obsessive working styles, $\beta = .077$, $t(9117) = 6.70$, $p < .001$, and those who engage in excessive and obsessive working styles reported worse ill health, $\beta = .307$, $t(9116) = 30.69$, $p < .001$. After controlling for excessive and obsessive working styles, the direct association between managerial status and ill health became weaker, though it was still significant, $\beta = .028$, $t(9116) = 2.59$, $p = .01$. These findings suggest that excessive and obsessive working styles partially explain why people with higher managerial status tended to report worse ill health.

3.3 Other-Orientation as a Moderator

Finally, to test whether other-orientation moderates the association between managerial status and outcomes, managerial status, agreeableness, and the interaction between agreeableness and managerial status were entered to predict each of the outcomes, while controlling for the demographic variables (i.e.,

gender, age, educational background, and household income). Agreeableness predicted all the outcomes; $\beta = .332, t(9115) = 8.68, p < .001$ for job satisfaction, $\beta = .352, t(9115) = 9.33, p < .001$ for meaning in work, $\beta = .363, t(9115) = 9.70, p < .001$ for general well-being, and $\beta = .242, t(9115) = 6.16, p < .001$ for ill health. Most crucially, agreeableness moderated all the associations; $\beta = .218, t(9115) = 3.58, p < .001$ for job satisfaction, $\beta = .238, t(9115) = 3.95, p < .001$ for meaning in work, $\beta = .198, t(9115) = 3.33, p = .001$ for general well-being, and $\beta = .131, t(9115) = 2.10, p = .036$ for ill health. The interactions are plotted in Figure 2. These patterns suggest that, while agreeableness is associated with desirable outcomes (i.e., higher well-being, both at work and in general, and lower ill health), the benefits of agreeableness is more pronounced among people with higher managerial status than those with lower status.

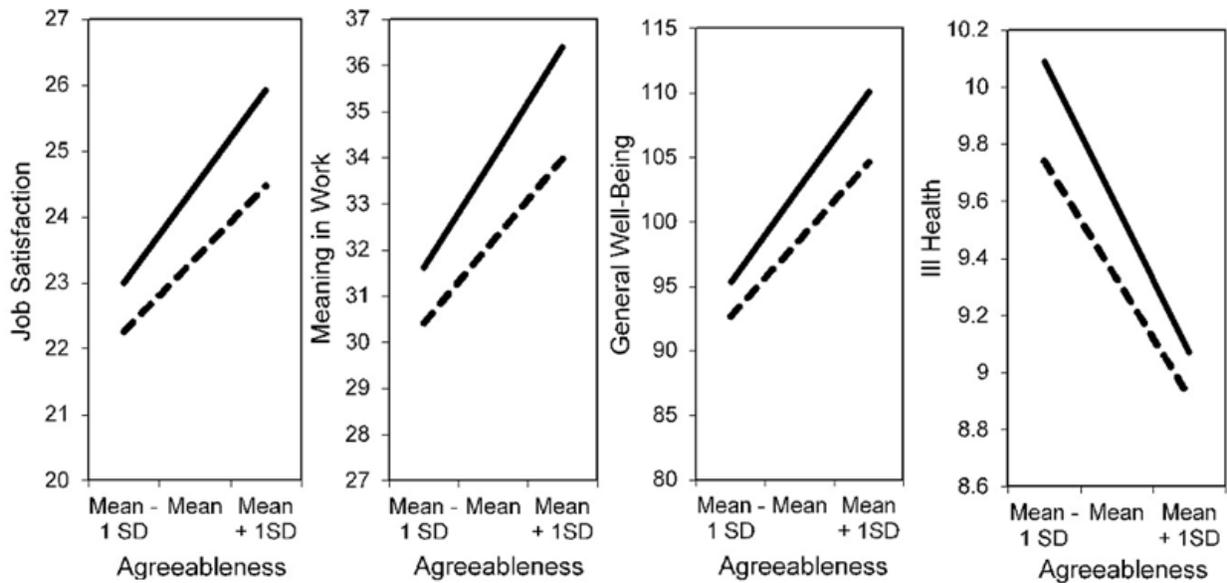


Figure 2. The interactions between agreeableness and managerial status predicting well-being and health outcomes, controlling for gender, age, educational background, and household income. Dashed lines indicate people without a managerial position. Solid lines indicate people with a mid managerial position.

4. Discussion

Overall, it was found that, in line with the previous findings in Western cultures, people with higher managerial status in Japan are more likely to experience higher well-being both at work and in general compared to those without managerial ranks. At the same time, people with higher managerial status are more likely to report worse physical health, and the negative association between higher managerial status and health was partly explained by their burdensome workstyles. It is possible that in cultural contexts where higher status people are expected to engage in both self-orientation and other-orientation, those with higher status may be conferred with both perks and burdens. Furthermore, people with higher managerial status were especially likely to reap the benefits linked to high other-orientation.

The burdens associated with higher managerial status have also been suggested by other studies done in Japan. People who occupy a managerial position in Japan tend to work longer hours than their counterparts in Western cultures, which has been linked to unhealthy lifestyles (e.g., less sleep, less exercise) and higher stress (Maruyama & Morimoto, 1996). Furthermore, the rise in the suicide rate after the economic crisis in Japan was most noticeable among those in a managerial position, arguably due to their increased job demands during the recession (Wada et al., 2012). Together with the current findings, it seems that higher managerial status in Japan does come with some burdens, while it also brings psychological satisfaction. It would be important for the future research to investigate other factors underlying the burdens associated with higher managerial status and potential ways to mitigate them.

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