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The Mediating Role of Affective Organisational Commitment for Employees' Health: Between Stress, Satisfactory Payment and Optimism

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Abstract

Background and Originality: This paper aims to examine the role of organisational commitment in employee's health, especially in the context of other work-related psychosocial factors (optimism, empowerment, stressful working conditions, job insecurity, and satisfactory payment). The study statistically examines the conceptual research model, where contrary to many other studies, it does not stop on bivariate correlations, or model with one dependent variable, as found in many other studies, but explore inner correlations among factors, thus provide more detailed insight to the relations among organisational commitment, employee's health and work-related psychosocial factors.

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Method: An ISSP survey on a representative sample of citizens in Slovenia, the subsample of 589 workers was statistically analysed, using 1) a bivariate Pearson correlation test; 2) a hierarchical multivariate linear regression to compare two models, where to see the role of organisational commitment, health was predicted by work-related psychosocial factors in a model with and in a model without organisational commitment, and 3) structural equation modelling to understand interrelations amongst analysed concepts.
Results: The study provide a model of employee's health predicted by personal and work-related psychosocial factors. The results shows all analysed factors contribute to health, but not all directly. Health was found to be directly related to stressful working conditions, optimism, and affective organisational commitment. The latter was found to have a cruicial role also in mediating the effects of stressful working conditions, satisfactory payment and optimism on health. With our findings we contribute to the discussion on a constructive and future oriented approach to provide working conditions that would lead to committed and healthier workforce. We suggest that policy makers and human resource managers in organisations create working conditions that are focused on improving health. By doing so, affective organisational commitment should be one of the top priorities.
Society: The results have a significant impact on a more detailed review of the factors that contribute to better working conditions for healthier employees. When employees are committed, they not only stay in the organisation, but they are also healthier and consequently perform better, thus benefits could be seen for employers and employees. It is useful for managers to have knowledge of psychological empowerment, job satisfaction, and organizational commitment, as they can utilize these elements to motivate, develop, and manage employees. As working population is the one that represent the main active population in society, it is important to generate working conditions for healthier workforce. Understanding the role of organisational commitment, and other work-related psychosocial factors for health could benefit not only for organisations and employees, but for other society members, that rely on active working population, as well.
Limitations / further research: The study was limited by cross-sectional approach and our sample was limited to employees in Slovenia. The study was also limited by the scope of secondary data available; health predictors were selected in accordance with theory and available indicators in the existing survey; limited to main factors: health, organisational commitment and work-related psychosocial factors (optimism, empowerment, stressful working conditions, job insecurity, and satisfactory payment). Future research could focus also on other health related factors (such as genetics, certain lifestyles, the environment, and susceptibility to diseases), include longitudinal approach and compare different geographical contexts.

Keywords: organisational commitment, workplace health, satisfactory payment, optimism, stressful working condition, empowerment.

1 Introduction

Working conditions are among the most important social determinants of workers' health. The World Health Organisation (WHO) considers the influence of working conditions on workers' health to be a recognised fact (Wilkinson & Marmot, 2003). Historically, the importance of the work environment for health was primarily observed in the context of occupational diseases. Later, psychosocial risk factors in the workplace were associated with coronary heart disease, musculoskeletal disorders, and mental illness (Marmot et al., 2006). However, studies show that employment is still better for health than unemployment (e.g. Johansson, Böckerman, & Lundqvist, 2020). Although the detrimental effects of long-term unemployment on health have been confirmed in the past, changing work patterns-such as increasing demands for effectiveness, flexible work arrangements, precarious work, or multiple jobs-call for further research on the health effects on workers. Some studies suggest

that the nature of work organisation, management style and social relationships in the workplace affect health (see Hall, Garabiles, & Latkin, 2019; Wilkinson & Marmot, 2003). Employers are responsible for workplace health and safety, creating an appropriate work environment, and preventing health hazards in the workplace. Consequently, a better understanding of the relationships between psychosocial factors, workplace conditions, and health could lead to knowledge-based management decisions about working conditions and result in healthier employees.

The aim of this study is to examine conceptual relationships between health and work-related psychosocial factors (organisational commitment, optimism, empowerment, stressful work conditions, job insecurity, and satisfactory payment).

2 Theoretical framework

2.1 Organisational Commitment (OC)

Over the years, Organisational Commitment (OC) has been conceptualised in various ways. Sometimes related constructs such as identification, engagement and loyalty have been used interchangeably with commitment or included in definitions and measurements of commitment (see Klein et al., 2012). However, in this study, OC is defined as an employee's psychological attachment to the organisation and a psychological state of not leaving the current organisation (see Meyer & Allen, 1991; Meyer & Maltin, 2010; Darus et al., 2016; Nesje, 2017).

OC consists of three dimensions: 1) affective commitment (AC) - positive emotional attachment of an employee to the organisation, identification with and commitment to the organisation, employees want to stay in the organisation, 2) continuance commitment (CC) - perceived costs (financial and psychological) associated with leaving the organisation, employees need to stay in the organisation, 3) normative commitment (NC) - employees feel obligated to stay in the organisation because of a sense of loyalty or duty. It often arises from internal pressures caused by norms that develop during family and cultural socialisation processes. AC influences behaviour that benefits the employee and the employer, while CC is associated with concerns about social or economic costs and actual turnover (Nesje, 2017). Despite decades of research, there is still no consensus on the meaning, structure, and measurement of engagement as a unidimensional or multidimensional concept (see Klein et al., 2012). Many scholars use only the general OC (e.g., Jain, 2013, Huyghebaert, 2019) or affective dimension of OC (e.g., Jackson & Rothmann, 2006; Mercurio, 2015; Nesje, 2017) and draw generalised conclusions about OC.

2.2 Inconclusiveness about relationships between concepts in the literature

Current studies have not been consistent regarding the relationships between health and OC. Some researchers argue that OC protects individuals from negative consequences at work and that all three dimensions of OC (affective, normative, and continuance) are positively correlated with health (e.g., Yi et al., 2022). Other researchers suggest that each dimension of OC has different effects on workplace behaviour. Positive correlations with health have been found primarily with AC, and negative correlations with NC and CC (see Meyer and Maltin, 2010). AC tends to be positively related to health and negatively related to strain or stress (see Meyer & Maltin, 2010; Jain et al., 2013; Darus et al., 2016).

Two theoretical perspectives on OC, stress, and health have been developed. The first perspective suggests that highly committed employees may be more susceptible to stress and perceive more stress than less committed employees because they put more of themselves into work (Viljoen & Rothman, 2009). The second perspective argues that OC (especially AC) buffers the negative effects of work stressors on employee health and has received relatively unambiguous support. The buffering effect is explained by the fact that emotional attachment to the organisation provides workers with a sense of stability and belonging, making them better equipped to deal with stressors, less vulnerable to the negative effects of high stress, and more resilient to stress (e.g., Schmidt and Diestel, 2012; Jain et al., 2013; Nesje, 2017).

Despite the buffering effect of OC in the relationship between stressors and health, some other correlations with significant health predictors have been found. For example, Darus, Azizan, and Ahmad (2016), whose study results suggest that OC is negatively associated with work stress, also show that pay satisfaction, psychological empowerment, and OC have significant positive relationships with each other. They also show that empowerment mediates the relationship between OC and pay satisfaction (ibid.). In addition, lack of control and resources have been found to contribute to low OC and low OC to poor health (see Viljoen & Rothmann, 2009). OC has also been found to moderate the effects of job insecurity on health (see Jackson & Rothmann, 2006). A recent study by Huyghebaert et al. (2019) found that AC partially mediates the relationship between perceived career opportunities, which can be viewed as job security, and health. Optimism is also an important predictor of health in the literature (Rasmussen et al., 2009; Mens, Scheier, & Carver, 2020). The following section describes the theoretical conceptual relationships between health and work-related psychosocial factors (including optimism, empowerment, stressful working conditions, job insecurity, and satisfactory pay, in addition to organisational commitment).

2.3 Personal and work-related psychosocial factors.

There is ample evidence in the literature of a negative correlation between stressful work conditions and mental or physical health (e.g., de Cieri, Shea, Cooper, & Oldenburg, 2019; O'Connor, Thayer, & Vedhara, 2020). Long-term stress is known to transform into physical symptoms of diseases or illnesses over time and directly affecting the cardiovascular and immune systems. However, there are also indirect effects of stress in the form of heart diseases, diabetes, cancer, stroke, and depression (Kivimäki et al., 2018; Seiler, Fagundes, & Christian, 2020).

There is also a broad literature suggesting that job insecurity, defined as perceived powerlessness to maintain desired continuity in a threatened job situation (e.g., downsizing, reduction in the size of the workforce), negatively impacts health (de Jong et al., 2016; Richter & Näswall, 2019; Bhattacharya and Ray, 2021). Studies report several negative effects of job insecurity on physical and mental health, such as increased psychological problems, i.e., anxiety and depression, poor sleep, increased prevalence of illnesses, such as heart diseases, and is risk factors for the development of different chronic diseases. Job insecurity has been shown to impact health when workers begin to expect unemployment. The effects of job insecurity increase over time, so do the prevalence of illnesses, presenteeism, absenteeism, and the increased need for healthcare services (Kim et al, 2020; Dobson et al., 2020). The most vulnerable to the negative effects of job insecurity are older, less-skilled workers with fixed-term contracts, who are in risky financial situations, and who have a history of unemployment (Malnar & Kurdija, 2012).

Although it is well known that some work-related factors are detrimental to health, people differ in their ability to remain healthy despite adverse conditions. Antonovsky's salutogenic model (Antonovsky, 1996; Mittelmark et al., 2017) shows that the way people view the world influences their ability to cope with tension and stress: "The strength of one's sense of coherence is shaped by three kinds of life experiences: consistency, underload-overload balance and participation in socially valued decision-making" (Antonovsky, 1996). Not all socially disadvantaged workers suffer from poor health. Salutogenesis provides a theoretical basis for holistic research that also considers factors that positively influence health. This element emphasises the importance of factors such as resilience, which is the ability to recover or successfully overcome significant adversity (Rutter, 1985), and other salutogenetic influences, including optimism, internal locus of control, empowerment, and more (Antonovsky, 1996).

Optimism is the tendency to believe that one will experience good rather than bad outcomes in the future (dispositional optimism). Optimism has been found to be directly positively correlated with health (see the meta-analysis of 84 studies by Rasmussen et al., 2009; Scheier, 2021) and to improve immune function and health habits through active problem-solving modes (Nelson & Simmons, 2003). Optimism has been found to have valuable effects and to moderate the relationship between work-related stressors, including poor organisational climate, mental distress, and health (Mäkikangas & Kinnunen, 2003; Ajdin, 2022). Although

many studies (see Simons & Buitendach, 2013) have shown the importance of optimism in relation to OC, others (e.g., Youssef & Luthans, 2007) have not confirmed the correlation between optimism and OC.

In the past studies have shown that lack of control over work, i.e., lack of empowerment at work, has a negative impact on health (e.g., Wilkinson & Marmot, 2003; Hochwaelder & Brucefors, 2005), as workers' health is related to their ability to foresee, control, and especially cope with difficult events (Green, 2006). Independent of other psychological factors, lack of control over one's work is decisively related to increased risk of low back pain, cardiovascular disease, illness, and absenteeism (Wilkinson & Marmot, 2003). Empowerment, measured as perceived autonomy support, has been shown to increase OC and improve employee mental health (Holliman, Revill-Keen & Waldeck, 2022). Empowerment, understood as the ability of individuals to make decisions or exercise control at work (Schulz et al. 1995), has been shown to help employees cope with stressful work conditions and increase OC (see Spreitzer & Mishra, 2002, Charman & Benett, 2021).

Marmot, Siegrist, & Theorell (2006) reviewed studies on psychosocial factors in the workplace and confirmed their influence on physical and mental illness. Karasek's conceptual model of job demand-control (Karasek & Theorell, 1990) and Siegrist's model of effort-reward imbalance (Siegrist, 2008) have shown that work characterised by high demands and strain, combined with a lack of control/empowerment, reduces feelings of self-efficacy and mastery, which are salutogenic, and thus increases stress, which has a long-term negative impact on workers' health. Similarly, a lack of reciprocity between work tasks and benefits triggers negative emotions that increase health risks, especially for coronary heart disease. An essential element of work is the agreement on the amount of compensation for work. Salary (not only an objective amount of money but, more importantly, the subjective perception of a sufficient quantity of monetary exchange for work) is considered an essential element of employee contribution and employer reward. Therefore, satisfactory pay is a necessary monetary compensation for the effort invested in work tasks. It reduces the potential for negative emotions, which can lead to sustained activation of the autonomic nervous system and neuroendocrine system (Marmot et al., 2006). When satisfaction with pay increases (e.g., pay structure, pay plan efficiency), OC increases (Malik et al., 2010 in Darus et al., 2016). The importance of satisfaction with pay was also evident in a recent study of nurses' intentions to care patients with Covid-19. Monetary compensation was found to increase their job satisfaction and improve their OC in a high-risk and stressful work environment during the Covid-19 pandemic. In addition, OC was found to fully mediate the association between workload and additional intention to care for patients with Covid-19 (Sharif-Nia et al., 2021).

Based on the theoretical background presented above, our research rationale is to further explore the role of three dimensions of OC (affective, normative, and continuance) in health and expanding the scope of other potentially important factors to include other workplace-

related psychosocial factors: optimism, empowerment, stressful working conditions, job insecurity, and satisfactory payment. Therefore, rather than presenting the current situation, we focus on empirically examining the conceptual relationships. Following the studies mentioned above, and in particular the work of Darus, Azizan, & Ahmad (2016) and Jain, Giga, & Cooper (2013), in which OC plays a mediating role between health and psychosocial and work-related factors, we will test a structural model in which we assume the following*: Stressful working conditions, job insecurity, satisfactory payment, empowerment, and optimism are correlated: 1) with each other, 2) with OC as a mediator, and 3) all of the above factors are directly correlated with health* (see Figure 1).

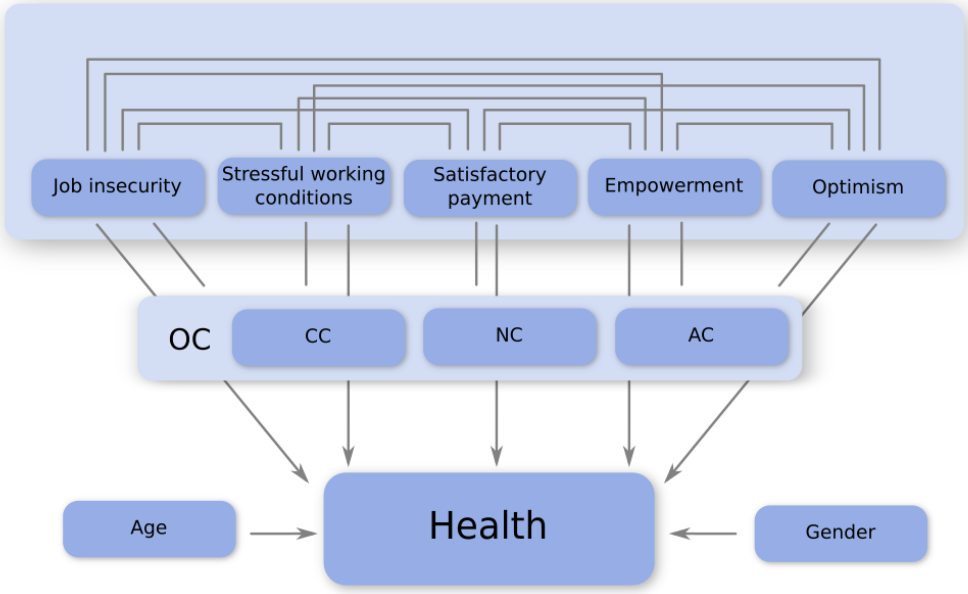


Figure 1. Theoretical model for predicting health with personal and work-related psychosocial factors

3 Method

To empirically examine the theoretical assumptions and conceptual framework outlined above, this study analyses secondary microdata from the International Social Survey Programme (ISSP): Health and Health Care 2011, which was part of an extended survey on work and family in Slovenia (Slovenian Public Opinion SJM 2011/1). While this is not the most recent study, it is still the most recent survey that includes measurements of mentioned concepts/variables. And since our goal is not to describe the current situation, but to examine conceptual relationships, we do not consider these data to be outdated. Data were collected between March and June 2011 from a representative random sample of adult residents of Slovenia (N = 1,082). However, to explore employees' health in this study the subsample of 589 individuals with current work experience was analysed. Of them, the majority (77.4 %) were employed full-time, 5.8 % were self-employed, 8.7 % were working students, and the rest (8.1%) were occasional workers. On average, they were 40.34 (SD=11,99) years old, while their ages ranged from 19 to 78 (the high upper age is explained by the inclusion of

retirees who work occasionally). Of the respondents analysed, 53.5 % (n = 315) were male and 46.5 % were female (n = 274).

Health was measured by four reliable (Cronbach α = 0.75) indicators (on a Likert scale, later recoded to 1 for worst health and 5 for best health). Respondents were asked how often (in the past four weeks) they: a) experienced difficulties with work or household activities because of health problems, b) experienced physical pain, and c) felt they could not overcome their problems. They were also asked how they would rate their self-perceived health in general. According to a screeplot, all four indicators constitute one factor explaining 53.42 % of the variance (eigenvalue > 1). For further analysis, a new factor, health, was formed using exploratory Principal Axis Factoring (PAF), the Anderson-Rubin factor scores method and oblimin rotation. *OC* was measured with nine indicators on a five-point Likert scale of agreement (1 means totally disagree, 5 means totally agree) with statements based on the theoretical assumptions of Meyer and Allen (1991). Confirmatory PAF analysis was used to form three main factors. The reliability of the indicators in each factor is acceptable(Cronbach α is 0.672 for CC, 0.646 for AC and 0.643 for NC). Together, the three factors (CC, AC, and NC) explained 61.997 % of the variance (eigenvalue > 1).

The first factor, *continuance commitment (CC),* consists of a) too few opportunities to leave the current organisation, b) working in the current organisation out of necessity, and c) thinking that it would be too stressful to leave the job. A common feature of this factor is staying in the organisation due to internal or external pressures that would make leaving the current organisation too costly, either practically or psychologically. The second factor consists of indicators that measure *affective commitment (AC)*: a) the desire to finish one's career in the same organisation, b) the pleasure of coming to work, and c) recommending this organisation to one's children. The common feature of this factor is certain positive feelings and preferences about working in the organisation, which reflect employees' desire and satisfaction with their work. The third factor, *normative commitment (NC),* consists of a) remaining in the organisation because of a moral obligation, b) considering other employment unethical, or c) having a guilty conscience about leaving the organisation. A common feature of this factor is remaining in the organisation due to a specific moral obligation.

Stressful working conditions were measured by four reliable (Cronbach α = 0.668) indicators related to workload and working conditions on a 5-point Likert scale (1 means totally disagree, 5 means totally agree): a) time pressure at work, b) a stressful job, c) working under hazardous or unhealthy working conditions, and d) overwork. From the scree plot, these indicators constitute one main component explaining 50.62 % of the variance (eigenvalue > 1).

For further analysis, a new factor, stressful working conditions, was created using exploratory PAF, the Anderson-Rubin factor scores method and oblimin rotation. *Job insecurity* (concern about job loss) and satisfactory payment (perceived satisfaction with payment to meet own

and family needs) were each measured with one indicator on a 5-point Likert scale (1 means totally disagree, 5 means totally agree). *Optimism* was measured using an 11-point self-assessment scale (0 − pessimist to 10 − optimist). *Empowerment* was measured by the rate at which one can make decisions about one's life on a scale (0 − never to 10 − always). The condition of normal distribution of all mentioned variables was fulfilled (Shapiro-Wilk $p > 0.05$; Kurtosis and Skewness $\leq |\pm 1|$). The sociodemographic variables gender (as dummy variable) and age were used as control variables.

Our first objective is to examine whether stressful working conditions, job insecurity, satisfactory payment, empowerment, optimism, and OC (affective, normative, and continuance) are independently correlated with each other and health. To test for correlations between individual pairs of different factors and worker health, we will use a bivariate Pearson correlation test. Since we assume that OC plays an important role, we will next compare two hierarchical regression models in which health is predicted by personal and workplace-related psychosocial factors, first without and then with the three dimensions of OC.

A weakness of hierarchical multivariate linear regression models is that they only measure direct correlations between observed variables. To understand direct and indirect correlations and the reciprocal effects of the analysed variables on health (as assumed in the theoretical model), we used structural equation modelling (SEM) in the final step of the analysis. SEM (also known as analysis of covariance structures or causal modelling) allows for the combination of path modelling and confirmatory factor analysis and is particularly useful in models that observe relationships between multiple variables simultaneously (Kline, 2016). The software used to analyse our data was IBM SPSS 21, while our SEM model was analysed using Amos extention.

4 Results

4.1 Bivariate correlations with health

The following subsection presents a bivariate analysis between health, OC (affective, normative, and continuance), and other psychosocial and work-related factors (stressful working conditions, job insecurity, optimism, satisfactory payment and empowerment). Then, the comparison of two hierarchical regression models is presented, where health is predicted by the previously mentioned factors with and without OC. Finally, the model SEM is presented with included correlations between the analysed factors, showing indirect correlations with health.

The Pearson correlation test shows health is significantly positively correlated with optimism, empowerment, satisfactory payment and AC, and negatively correlated with job insecurity,

stressfull working conditions, CC and NC. Namely, health is significantly ($p < 0,05$) better among employees who are more optimistic ($r = 0.205$), have more opportunities to make decisions about their lives (empowerment) ($r = 0.150$), have a high enough salary to meet their needs and those of their family ($r = 0.189$), have lower job insecurity ($r = -0.180$), and have less stressful working conditions ($r = -0.256$). As for OC, individuals with higher AC ($r = 0.202$, $p \leq 0.001$) and lower CC ($r = -0.167$, $p \leq 0.001$) and NC ($r = -0.086$, $p \leq 0.05$) have better health.

Table 1. Descriptive statistics, Pearson correlation test and hierarchical multivariate linear regression test for predicting health with personal and workplace related psychosocial factors.

	Descriptive Statistics			Pearson correlation test										Multivariate hierarchical regression model					
														Model 0		Model 1		Model 2	
	Mean	SD	N	Health	Gender	Age	Stress	Op.	SP	JI	Em	AC	CC	β	p	β	p	β	p
Health	0	0.92	585	1										Const.	0.000		0.923		0.461
Gender			589	-.134**	1									-0.134**	0.003	-0.136**	0.002	-0.145***	0.001
Age	39.90	11.34	589	-.120**	.006	1								-0.119**	0.009	-0.096*	0.028	-0.101*	0.026
Stress	0.00	0.85	579	-.232***	-.028	.075	1									-0.190***	0.000	-0.142**	0.002
Op	7.34	2.14	585	.200**	.039	-.033	-.084	1								0.132**	0.007	0.118**	0.017
SP	3.23	1.01	581	.191**	-.042	-.036	-.142**	.265***	1							0.104*	0.022	0.051	0.284
JI	2.65	1.11	578	-.135**	.046	-.039	.135**	-.201***	-.146***	1						-0.061	0.174	-0.056	0.218
Em	7.67	1.81	580	.159***	-.040	-.104*	-.139**	.424***	.194***	-.127**	1					0.033	0.499	0.020	0.684
AC	0.00	1.00	499	.199***	.077	.133**	-.187***	.209***	.335***	-.007	.153**	1						0.15**	0.002
CC	0.00	1.00	499	-.188***	.035	.219**	.294**	-.148***	-.223***	.258**	-.137**	-.009	1					-0.072	0.135
NC	0.00	1.00	499	.094*	-.018	-.114*	-.174***	-.049	.002	-.064	.058	.013	.010					0.055	0.208
R^2_{adj}															0.028		0.121		0.139
F (df)														7.881 (2)		10.305 (7)		8.662 (10)	
p														0.000		0.000		0.000	

Legend: N – numerus; SD – standard deviation, β - standardized coefficients beta, R^2_{adj} - corrected goodness-of-fit; F- F statistic, (df) –degrees of freedom; p – significance value, Variables: Stress – stressful working conditions; Op – optimism; SP – satisfactory payment; JI – job insecurity, Em – empowerment, AC – Affective commitment, CC – continuance commitment, NC – normative commitment.

*** p≤0.001, ** p≤0.01, * p≤0.05; Listwise N=476

4.2 Hierarchical multivariate linear model for health.

According to previous bivariate analysis, all of the above personal and work-related psychosocial factors are significantly correlated with health. However, Pearson correlation test only measures corelations among two variables, while it negletcs the effect of other variables. That is why also multivariate analysis were conducted to observe the influence of more independent variables on health at the same time. In the initial hierarchical linear regression model 0, with only age and gender (as dummy variable, where 0 means women, 1 means men) included as sociodemographic controls, the results show, unsurprisingly, that women and older workers are less healthy. In the next step, personal and work-related psychosocial factors (stressful working conditions, job insecurity, satisfactory payment, empowerment, and optimism) were added, and in the third step, three dimensions of OC (AC, NC, CC) were added. A comparison of regression model 1 (without OC) and model 2 (with OC) shows interesting differences.

Our first model (without OC) explains 12.1 % of the variance, suggesting that workers have better health when they work under less stressful conditions, are more optimistic, and perceive their payment as satisfactory. On the other hand, job insecurity and empowerment were not directly correlated with health in this model. However, the final regression model (including OC) explained 13.9 % of the health variances and showed that only AC, stressful working conditions, and optimism were directly correlated with health, while satisfactory payment, which played a significant role in the previous model, empowerment, and job insecurity were not directly correlated with health. In particular, the results of our study highlight the importance of the affective dimension of OC on an employee's health, while NC and CC are not directly correlated with health.

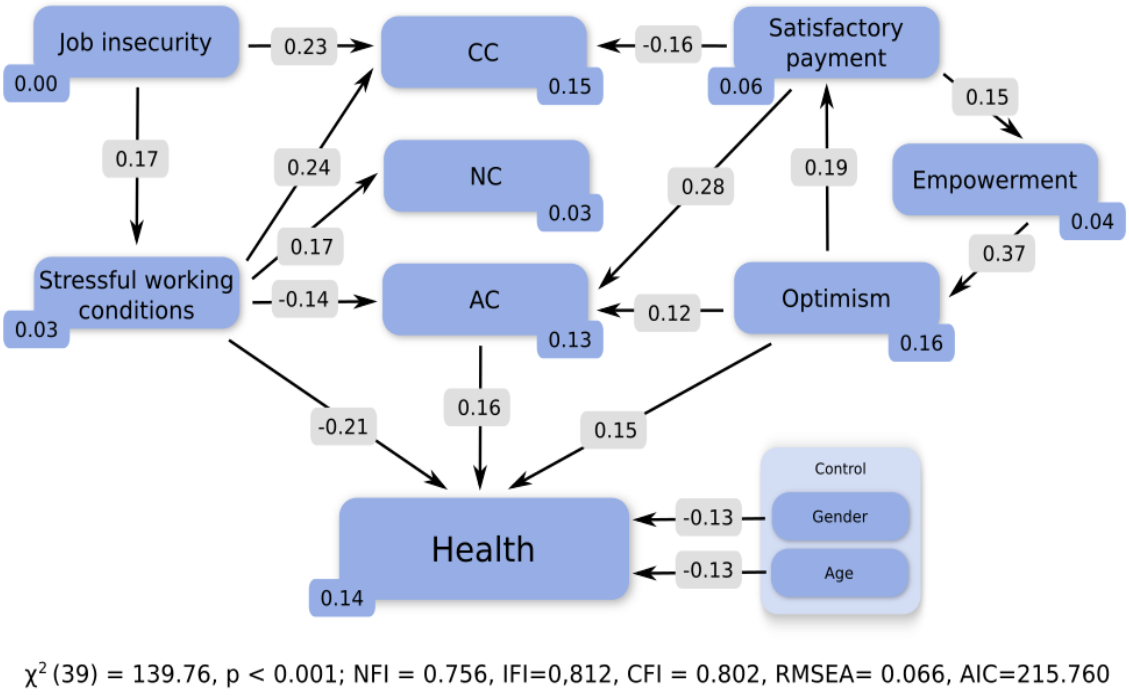
In sum up, when comparing two models in which health was predicted by the analysed factors without and with the three dimensions of OC, empowerment and job insecurity were found to correlate directly with health, while satisfactory payment correlated with health only in a model without OC, whereas satisfactory payment did not correlate with health in the overall model in which health was predicted by all the factors analysed.

Our extended hierarchical regression model suggests that stressful working conditions significantly worsen health, while optimism and AC improve health. Only one dimension of OC (affective) was confirmed to have a significant (positive) correlation with health. No correlation with health was found for the other two dimensions of commitment (NC and CC). By comparing the two models - one without OC and the other with OC − we can conclude that AC is a significant predictor of employee health that also modifies the effect of satisfactory payment.

Since we can only observe direct correlations with one variable (in our case, health) using multivariate linear regression models, and theory also suggests correlations between observed personal and work-related factors and the mediating role of OC, the SEM analysis was conducted to obtain a more comprehensive picture of the correlations between all observed factors.

4.3 Structural equation model

Based on the theoretical background and the results of hierarchical regression analysis, we first modelled a saturated model in which stressful working conditions, job insecurity, satisfactory payment, empowerment, and optimism are correlated: 1) with each other, 2) with three dimensions of OC as mediators between health, and 3) all analysed work-related psychosocial factors (including OC) were directly correlated with health. In the second step, we removed relationship paths between variables that had statistically insignificant effects (e.g., between health and directly unrelated factors: Job insecurity, satisfactory payment, empowerment, NC, CC). To improve the fit of the model, we also excluded variables and paths whose regression weights were below the absolute value of 0.10. We believe the final model (see Figure 3.2) provides a better explanation of which factors have a greater impact on health in the psychosocial work environment. Blue numbers in SEM model are R2 values, standardized path coefficients that shows the strenght and direction of correlations while gray ones are variance explained with correlated factors. Only paths with significant correlations are included in the model below.



χ^2 (39) = 139.76, p < 0.001; NFI = 0.756, IFI=0,812, CFI = 0.802, RMSEA= 0.066, AIC=215.760

Figure 2. SEM model: Predicting health with personal and work-related psychosocial factors

In the presented SEM model (Figure 2), we used the following terminology: Chi-square value is used to compare if the observed variables and expected results are statistically significant; it indicates if the sample data and hypothetical model are an acceptable fit in the analysis. NFI = Normed Fit Index consists of values scaling between 0 (terribly fitting) independence model and 1 (perfectly fitting) saturated model. IFI = Incremental Fit Index where values close to 1 indicates a very good fit while 1 indicates a perfect fit. CFI = Comparative Fit Index has value truncated between 0 and 1 where values closed to 1 show a very good fit while 1 represents the perfect fit. RMSEA = Root Mean Square Error of Approximation and measures the difference between the observed covariance matrix per degree of freedom and the predicted covariance matrix; alues higher than 0.1 are considered poor, values between 0.08 and 0.1 are considered borderline, values ranging from 0.05 to 0.08 are considered acceptable, and values ≤ 0.05 are considered excellent. AIC = Akaike Information Criterion is used to measure the quality of the statistical model for the data sample used. The AIC is a score represented by a single number and used to determine model is the best fit for the data set. AIC score is useful only when compared with other AIC scores of the same data set. The lower the AIC value the better.

As it turned out, NC and CC do not have a statistically significant effect on health (see no paths in SEM model, Figure 3.2), while AC carries most of the load among OC dimensions. However, several variables correlated with NC and CC have an independent effect, directly on health (e.g., stressful working conditions: R2 = -0.207, $p < 0.001$) or have an effect through a mediator variable, such as AC (e.g., satisfactory payment: R2 = 0.279, $p < 0.001$). The predictor variables explaining most of the model variance were optimism (16 %) and AC (13.0 %). The final model had an acceptable, albeit weak, fit: ($\chi 2$ (39) = 139.76, $p < 0.001$; NFI = 0.756, CFI = 0.802, RMSEA = 0.066).

The constructs in the structural model explained 14 % of the variance in health. Stressful working conditions are among the most important health predictors of the constructs analysed and are significantly and directly correlated with health and all three dimensions of OC. Workers who work under stressful conditions are more likely to have deteriorating health and are less affectively committed. More affectively committed workers are healthier. The structural model shows the buffering effect of AC between stress and health. Job insecurity was found to be indirectly negatively correlated with health through the mediator stressful working conditions. Greater job insecurity and stressful working conditions also contribute to more instrumental reasons for staying with the organisation (i.e., CC). Satisfactory payment is inversely (negatively) correlated with CC. Job insecurity, stressful working conditions, and satisfactory pay explain 15 % of the variance in CC. Those who find their payment satisfactory are less likely to stay with the organisation because there are no other employment opportunities (CC), but rather because they want to (AC).

AC is a full mediator between satisfactory payment and health. Satisfactory payment is also correlated with empowerment and optimism. Empowerment explains 16 % of the variance in

optimism and has a medium strong significant positive correlation with optimism. Optimism is positively correlated (similarly to stressful working conditions, but with the opposite result) with health directly and indirectly (via AC). In both cases, AC has a partial mediating effect.

Stressful working conditions, satisfactory payment and optimism explain 13 % of the variance in AC. Job insecurity and empowerment are indirectly related to AC (via stressful working conditions and optimism, respectively). Although only stressful working conditions, AC and optimism show a direct correlation with health, none of the constructs included in the model should be neglected, as all the factors analysed are interrelated. The structural model shows a significant indirect correlation with health via the main mediator AC.

5 Discussion and conclusion

Good health is important for quality in all aspects of life, and since workers spend most of their waking time at work, it is critical to understand the impact of work-related psychosocial factors on health. Because previous studies have only partially examined health-related factors, the value of our study is to explore inter-relational paths in a more comprehensive model in which we find the underlying mediating effect of the affective dimension of OC on health. Previous literature has not clearly established the relationship between health and OC and its dimensions (see the first section of the article). In order to compare the results of our study with the results of other studies, we need to consider different measurement instruments, samples, as well as different statistical methods. While all analysed work-related psychosocial factors in our study have a significant impact on health when considered individually in bivariate analyses, a somewhat different picture emerges when we compare their direct effects in a multivariate regression model or a structural equation model. Multivariate analyses in our study show that only stressful working conditions, optimism, and the affective dimension of OC are directly correlated with self-assessed health.

Comparing the direct correlations in two models of health prediction (without and with OC) led us to an interesting result: satisfactory payment was directly correlated with health in a model in which OC was excluded, while satisfactory payment lost influence on health when OC was added to the model. Thus, one might conclude that our analysis shows that AC reduces the effect of satisfactory payment on health, which is contrary to previous studies (Marmot et al., 2006) and also to our further statistical examination. Our model SEM confirms direct correlations between stressful working conditions, optimism, and AC with health, as shown by the multivariate regression model. These findings are not new, as stressful working conditions were identified several decades ago as an important factor in deteriorating health (Karasek & Theorell, 1990; Wilkinson & Marmot, 2003; Marmot et al., 2006), while optimism has been shown to improve health (Rasmussen et al., 2009). With respect to OC, only one dimension, AC, was found to be important for health in our study. Thus, our study supports the findings of Meyer & Maltin (2010), who assume that each

dimension of OC has different effects on health, and emphasise the positive relationship between the AC dimension and health (see also Jain et al., 2013; Darus et al., 2016). This result is also consistent with the study of Mercurio (2015), who considers AC as a core component of OC. Thus, the results of our study suggest that AC should not be overlooked in the study of workers' health, as the AC dimension of OC has been shown to be a crucial direct predictor and mediator of health.

Our further statistical investigation using our SEM model, which can be understood as an approach to gain new insights on workplace health, led us to another interesting finding. Namely, the most important finding of our study is that AC mediates (intensify) the effect of optimism and satisfactory payment on health and mediates (buffers strongly, in accordance with numerous previous studies) the effect of stressful working conditions. Our model SEM extends the findings from the previous literature by demonstrating a more complex, interrelated conceptual nexus in which satisfactory payment was found, on the one hand, to indirectly significantly intensify better health by being positively correlated with AC, empowerment, and optimism. As mentioned earlier, AC and optimism were found to be directly correlated with health, and SEM showed a correlation between them. AC fully mediated (intensify) the effects of satisfactory payment and optimism on health, which could be considered a new finding in research on the role of OC on health. Since satisfactory payment is not directly correlated with health, it appears to play an important role in AC, which in turn is positively correlated with health. Consistent with the meta-analysis of 84 studies on the relationship between optimism and health by Rasmussen et al. (2009), our study confirms a positive correlation between optimism and health. Moreover, our study extends previous research on optimism to include the full mediation effect between empowerment and health. Following Karasek's model of job demand-control in previous research (Marmot et al., 2006), which found that low control at work negatively affects health, the results of our study suggest that empowerment (control over one's own life) is positively correlated with health only indirectly through optimism as a mediator. In addition, our study finds that general optimism increases satisfactory payment, which also has a significant positive correlation with empowerment and a negative correlation with CC. Thus, a general sense of empowerment is predicted to some degree by satisfactory amount of payment − those who earn the amount of money necessary to meet their needs logically feel more autonomous, self-determined, empowered, and in control of their lives. This in turn contributes to their optimism, which correlates positively with health. Our study also confirms a negative correlation between satisfactory payment and CC, which makes sense because it suggests that those who feel their payment is satisfactory are more likely to stay with the company because they want to (higher level of AC) than to change jobs for lack of financial or other resources (low level of CC).

On the other hand, most studies (Wilkinson & Marmot, 2003; Malnar & Kurdija, 2012; Bhattacharya & Ray, 2021) show that job insecurity has a direct and strong negative impact on health, while the present study only partially confirms these findings. In our model SEM,

we were unable to demonstrate a direct relationship because job insecurity indirectly affects health by exacerbating stressful working conditions (a full mediator), which in turn leads to worsening health. Although permanent jobs are less common than in the past, it appears that the perception that one's job is threatened also exacerbates the experience of working conditions as stressful, which in turn has a negative impact on health. Consistent with numerous studies (e.g., Jackson & Rothmann, 2006; Viljoen & Rothman, 2009; Schmidt & Diestel 2012; Darus et al., 2016; Nesje, 2017), AC was found to buffer the negative effects of stressful working conditions on health. Begeley & Czajka (1993) argue that (only) the AC dimension of OC can buffer the negative effects of work stressors on employee health. We could conclude by confirming that AC exhibits salutogenic effects, as employees' positive emotional responses have been shown to help reduce the negative effects of stressors on health (Jain et al., 2013).

This means that job security and monetary compensation for work will not directly improve workers' health. Indirectly, however, satisfactory payment could contribute to a more empowered, optimistic, and affectively committed workforce, which in turn leads to better workers' health. Thus, adequate satisfactory payment and job stability not only imply a stable work-money or effort-reward compensation among employees and employers, but also lead to a healthier workforce. According to Henseke (2018) job insecurity might even pose greater health risks if it affects potentially fatal acute conditions, therefore better working environment can have positive effect on mental health and. musculoskeletal disorders – two key work-related health dimensions. He concludes that the health gradient by job quality and pay are quantitatively moderate at the individual level, but can add up to a substantial number of avoidable conditions at the population level. Assuming that healthier employees are less likely to be absent from work, less likely to engage in health presenteeism (work despite illness), and could do more and better work, stable monetary investments in employees could lead to quantity and quality of work performed.

Much research shows that low organisational commitment also contributes to turnover intentions and withdrawal cognitions (see Tett & Meyer, 1993; Guzeller & Celiker, 2019; Haque, Fernando, & Caputi, 2019; Suárez-Albanchez, Blazquez-Resino, Gutierrez-Broncano, & Jimenez-Estevez, 2021; Safei, Kustiawan & Lestari, 2022). Thus, when employees are committed, they not only stay with the organisation, but they are also healthier and consequently perform better. Moreover, other studies show that a lack of OC has a negative impact on "the organisation's performance and efficiency, thereby discouraging its development" (Al Zeer, Alkhatib, & Alshrouf. 2019, p. 136), while committed employees are more motivated and dedicated to achieving organisational goals (Bashir & Gani, 2020). Since a high-commitment working environment is fostered by appropriate leadership (Haque, Fernando, & Caputi, 2019; 2020), managers and human resources practitioners could enhance practices for improving commitment among employees.

Given the limitations, our study was limited by the scope of available data. Therefore, health predictors were selected in accordance with theory and available indicators in the existing survey. One possible limitation could be the self-reported data. Few concepts were also measured with only one indicator. The concepts used in our study are not empirically defined as causes or consequences. The path directions in our model are set according to the theoretical assumptions because the data collected are from a cross-sectional study. This allows us to analyse only a temporary effect, while health is the result of a long-term effect of previous life circumstances. Therefore, for further research, we propose measures specifically designed for this objective and the use of a longitudinal approach to study the effects of work-related (or other) factors on health. Furthermore, poor health is not necessarily a direct result of the personal and workplace factors considered in this study, but also of a complex system of other factors, such as genetics, certain lifestyles, the environment, and susceptibility to diseases. Nevertheless, the results of this study confirm that the psychosocial work environment is an important determinant of health and contributes to the social gradient in health (Wilkinson & Marmot, 2003). It is useful for managers to have knowledge of psychological empowerment, job satisfaction, and organizational commitment, as they can utilize these elements to motivate, develop, and manage employees (Jordan et al., 2017).

Studies show that healthier workers are less likely to perform absenteeism, thus by providing a healthier work environment, benefits could be seen for employers and employees. Recently, the Covid-19 pandemic has further demonstrated the importance of health to all aspects of individual lives and the functioning of economies and societies. The United Nations (n.d.) has recognised that ensuring healthy lives and promoting well-being at all ages is essential for sustainable development and is an important goal to achieve. From a health perspective, according to our study, it is important that employees like working in the organisation (high AC), feel optimistic, and do not perceive their working conditions as stressful, which has been shown to have a direct negative impact on health. Job security, satisfactory payment and empowerment contribute indirectly to health and should also be considered in management practises. We suggest that policy makers and human resource managers create working conditions that are focused on improving health and, in particular, strive to create conditions in which employees feel an optimism, a sense of belonging, have an attachment to the organisation, and like their work. As pointed out Akkaya (2020), managers and leaders must create an environment that encourages employees to go beyond their formal duties in order to achieve this goal. Therefore, the results of this study are relevant to the promotion of (psychosocial) health and wellbeing in the workplace.

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Povzetek:

Mediatorska vloga čustvene organizacijske pripadnosti za zdravje zaposlenih: med stresom, zadovoljivim plačilom in optimizmom

Ozadje in izvirnost: Namen tega prispevka je preučiti vlogo organizacijske pripadnosti pri zdravju zaposlenih, zlasti v kontekstu drugih psihosocialnih dejavnikov povezanih z delom (optimizem, opolnomočenje, stresni delovni pogoji, negotovost zaposlitve in zadovoljivo plačilo). Študija statistično preučuje konceptualni raziskovalni model, kjer se v nasprotju s številnimi drugimi študijami ne ustavi na bivariatnih korelacijah ali modelu z eno odvisno spremenljivko, temveč proučuje medsebojne korelacije med dejavniki in tako zagotavlja podrobnejši vpogled. na razmerja med organizacijsko pripadnostjo, zdravjem zaposlenih in z delom povezanimi psihosocialnimi dejavniki.
Metoda: Anketa ISSP na reprezentativnem vzorcu prebivalcev v Sloveniji, podvzorec 589 delavcev je bil statistično analiziran z 1) bivariatnim Pearsonovim korelacijskim testom; 2) hierarhično multivariatno linearno regresijo za primerjavo dveh modelov, v katerih je bilo zdravje napovedovano s psihosocialnimi dejavniki, in pri tem v enem modelu modelu z in v drugem modelu brez organizacijske pripadnosti, in 3) strukturnim modeliranjem, ki omogoča razumevanje medsebojnih odnosov med vsemi analiziranimi koncepti.
Rezultati: Študija prikaže model zdravja zaposlenega, ki ga napovedujejo osebni in z delom povezani psihosocialni dejavniki. Rezultati kažejo, da vsi analizirani dejavniki prispevajo k zdravju, vendar ne vsi neposredno. Ugotovljamo, da je zdravje neposredno povezano s stresnimi delovnimi pogoji, optimizmom in čustveno organizacijsko pripadnostjo. Za slednjo ugotavljamo, da ima ključno vlogo tudi pri mediiranju učinkov stresnih delovnih razmer, zadovoljivega plačila in optimizma na zdravje. Z našimi ugotovitvami prispevamo k razpravi o konstruktivnem in v prihodnost usmerjenem pristopu k zagotavljanju delovnih pogojev, ki bi vodili do pripadne in bolj zdrave delovne sile. Predlagamo, da snovalci politik in kadrovski menedžerji v organizacijah ustvarijo delovne pogoje, ki so osredotočeni na izboljšanje zdravja. Pri tem bi morala biti čustvena organizacijska pripadnost ena glavnih prednostnih nalog.
Družba: Rezultati pomembno vplivajo na podrobnejši pregled dejavnikov, ki prispevajo k boljšim delovnim pogojem za bolj zdrave zaposlene. Ko so zaposleni pripadni, ne le ostanejo v organizaciji, ampak so tudi bolj zdravi in posledično bolje delajo, kar prinaša vidne koristi tako za delodajalce kot za zaposlene. Za vodje je koristno, da imajo znanje o psihološkem opolnomočenju, zadovoljstvu pri delu in organizacijski pripadnosti, kar lahko uporabijo za učinkovitejše motiviranje, razvoj in vodenje zaposlenih. Ker je delovno aktivno prebivalstvo tisto, na kateri slonijo vsi ostali v družbi, je pomembno ustvariti delovne pogoje, ki omogočajo boljše zdravje zaposlenih. Razumevanje vloge organizacijske pripadnosti in drugih z delom povezanih psihosocialnih dejavnikov za zdravje bi tako lahko koristilo ne le organizacijam in zaposlenim, ampak posredno tudi drugim članom družbe, ki se zanašajo na aktivno delovno populacijo.
Omejitve / nadaljnje raziskave: Študija je bila presečna, vzorec je bil omejen na zaposlene v Sloveniji. Naša študija je bila omejena z obsegom razpoložljivih sekundarnih podatkov; napovedovalci zdravja so bili izbrani v skladu s teorijo in razpoložljivimi indikatorji v obstoječi raziskavi; omejeni na glavne dejavnike: zdravje, organizacijsko pripadnost in psihosocialne dejavnike, povezane z delom (optimizem, opolnomočenje, stresni delovni pogoji, negotovost zaposlitve in zadovoljivo plačilo). Prihodnje raziskave bi se lahko osredotočile tudi na druge

dejavnike, povezane z zdravjem (kot so genetika, določen življenjski slog, okolje in dovzetnost za bolezni), vključile longitudinalni pristop in primerjale različne geografske kontekste.

Ključne besede: organizacijska zavezanost, zdravje na delovnem mestu, zadovoljivo plačilo, optimizem, stresni delovni pogoji, opolnomočenje