How do job insecurity profiles correspond to employee experiences of work-home interference, self-rated health, and psychological well-being?

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Funding information
Forskningsrådet om Hälsa, Arbetsliv och Välfärd, Grant/Award Number: 2008-0103 and 2019-01311

Abstract
Objectives: Traditional variable-oriented research has shown that employee perceptions of job insecurity (JI) are associated with negative consequences, including more work-home interference, poorer health, and impaired well-being. Besides the negative consequences of high JI, particular combinations of JI perceptions may also be associated with different consequences. Taking a person-oriented approach, this study aimed to investigate (1) whether it is possible to distinguish different combinations of JI perceptions among working women and men and (2) whether such JI profiles involve different experiences of work-home interference, health, and well-being.

Methods: Self-reports in questionnaires of JI, including both quantitative and qualitative threats of perceived job loss, work-home interference (WHI), health, and psychological well-being came from 1169 white-collar workers (52.4% women) in Sweden. Latent profile analysis was performed to identify JI profiles. Subsequent analyses included comparing profiles with respect to WHI, health, and well-being.

Results: Four distinct JI profiles were identified: (1) Secure; quality-concerned, (2) Insecure: employment-concerned, (3) Insecure, and (4) Secure. Comparisons of cluster profiles showed significant differences in work-home interference (family-work conflict), self-rated health, and psychological well-being.

Conclusions: Findings suggest that the Insecure profile may be most vulnerable to adverse consequences of perceived JI. Taken together, different JI profiles may be associated with differential experiences of work-home interference, health, and psychological well-being among working women and men.

KEYWORDS
job insecurity, person-oriented analysis, psychological well-being, self-rated health, work-home interference
Job insecurity (JI), defined as individuals’ worry about the future of their current job, is considered a work stressor, with meta-analyses providing strong support for the adverse effects of JI on mental and physical health. Moreover, a systematic review of longitudinal studies shows strong support for the negative influence of JI on various aspects of health and well-being. Furthermore, several studies report significant associations between JI and interference between work and family domains. The vast majority of JI research focuses on quantitative JI—defined as “an overall concern about the future existence of the job.” But, with JI perceptions ranging from permanent job loss to loss of job features of individual importance, JI is generally regarded as a two-dimensional construct also entailing qualitative JI—worry about the “loss of valued job features.” This distinction enables a nuanced understanding in acknowledging that JI can entail one of the dimensions or a combination. The present study assumes that characteristics of JI perceptions can vary between individuals and groups, such that JI profiles may be associated with differential experiences of health-related aspects including work-home interference, health, and well-being. The overall aim is to investigate whether JI perceptions can be described as profiles, and whether these profiles are differentially associated with specific health-related indicators among working adults.

1.1 | Job insecurity and work-life interference

Research of associations between working life and personal life domains shows that working life can affect personal life, and vice versa, in both positive and negative ways. Indeed, JI and work-family conflict have been found inextricably linked. This is assumed to be related to JI being a straining job demand, which threatens the economic basis providing stability and quality to personal life while also reducing possibilities for interpersonal relationships and participation in personal life domains. Thus, any strain or distress of JI can be related to negative spillover from the work domain into the family domain and result in conflict. This is shown empirically in research reporting associations between JI and family-work conflict.

1.2 | Job insecurity and health

Based on general conceptualizations of stress, anticipating a stressful event can be as stressful or perhaps even more stressful than the experience of the actual event: Threat perceptions elicit a stress response—an increase in arousal—to enable survival. When the alarmed arousal is sustained over time (ie chronic JI), it is associated with health risks. Perceived lack of control is central to harmful JI experiences. Instead, a predictable threat of job loss allows individuals to start coping with the actual situation, with any positive expectancies regarding success (eg, new job) being associated with reduced alarm and arousal. A plethora of cross-sectional and longitudinal studies show that perceived JI has various health-related consequences for employees. Among such consequences are common mental and physical health complaints and also more severe mental health problems. A recent meta-analysis of perceived JI and mental health showed strong support for JI perceptions being associated with poorer mental health, particularly depressive symptoms.

1.3 | Job insecurity and psychological well-being

Traditionally, research has focused on negative aspects of mental health (eg, depressive symptoms), meaning that fewer studies have included positive aspects, such as psychological well-being. Considering that JI can have detrimental consequences for mental health, individuals worrying about their future job situation may in fact hinder their own potential to make use of any available financial, social, and support resources to successfully cultivate positive psychological functioning in terms of mastery, personal development, self-esteem, and social relationships. These aspects of positive psychological functioning are included in a conceptualization of psychological well-being covering six dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Circumstances where individuals have poorer opportunities to pursue these dimensions can contribute to impaired psychological well-being. For instance, JI may involve the perceived threat of losing all aspects of the employment situation, not only the job. According to Jahoda’s latent deprivation model, employment serves both manifest and latent functions. In short, the manifest function relates to employment providing an income, while the latent function involves social and developmental opportunities, personal identity and status, a sense of collective purpose, and the structure provided by work. Thus, any threat of job loss puts important aspects of life at risk.

1.4 | Quantitative and qualitative JI

While most JI research has focused on quantitative JI, that is, concerns regarding the future existence of the current job, other studies also include qualitative JI, which involves...
concerns regarding the quality of the current employment situation. For instance, this includes valued work tasks, career opportunities, and salary development. Similar to the negative associations between quantitative JI and health outcomes, qualitative JI has been associated with health-related impairment and work-family conflict. However, taking both aspects of JI into account, recent research has shown qualitative and quantitative JI to have differentiated effects on health and well-being outcomes. Conceptualizing JI as a two-dimensional construct means that employees may differ in their experiences of JI and, for instance, worry about both quantitative and qualitative aspects or about one aspect only.

1.5 The person-oriented approach

Current JI research has primarily taken a variable-oriented approach. This approach focuses on relationships between variables, often emphasizing the identification of predictors, mediators, moderators, and consequences in specific populations. Also, this approach often uses aggregate data and assumes homogeneity between individuals. However, it is well-known that individuals’ experiences vary. A person-oriented approach uses this variability between individuals, which allows for the investigation of groups, or profiles of individuals, showing similar variation in some characteristics of interest. As such, the approach is often defined as holistic, describing individuals as wholes. The approach includes different statistical methods analyzing within-person variation to group individuals into profiles according to their shared experiences. Such analyses allow for establishing different profiles and estimating their prevalence. Going beyond the somewhat static characteristics of high and low groups of variable-oriented research, a person-oriented approach allows for developing dynamic combinations of JI perceptions, their variation, and correlations.

1.6 Aims and research questions

This study aimed to add to the existing JI research through using a person-oriented approach to investigate JI profiles among working adults. This approach allows for a fine-grained analysis of potential combinations of JI perceptions. Specifically, the first study aim was to distinguish JI profiles. Thus, research question 1 investigated whether it was possible to identify different JI profiles. The limited use of the person-oriented approach in previous studies makes it difficult to define à priori which and how many profiles to distinguish. Thus, we adopted an exploratory approach, without specifying the number or the prevalence of profiles. Job insecurity indicators included both quantitative and qualitative aspects, and to explore their variability, they were investigated separately to allow for their unique characteristics.

The second aim was to investigate whether experiences of work-home interference, health, and psychological well-being differed between JI profiles. Following previous variable-oriented research, individuals with more detrimental JI profiles were expected to report more work-home interference, poorer health, and psychological well-being than others. Thus, research question 2 investigated profile variation in health-related indicators.

2 MATERIALS AND METHODS

2.1 Participants and data collection

A stratified sample of women and men working full-time in one of four key occupational fields (administrative work, education, health care, or technology/natural sciences), employing both women and men at managerial and non-managerial levels, were invited to a questionnaire study. To be eligible, participants had to be between 32 and 58 years of age and work minimum 35 hours a week. The lower age-limit was set considering mean-ages in Sweden for receiving a university degree, and having a first child, while also considering that time is needed to get a job and return to full-time after parental leave. The upper age-limit was set considering the mean retirement age to ascertain that older respondents still had working years left before retiring. As for weekly working hours, Statistics Sweden defines full-time as minimum 35 hours per week. Participants were identified through the Total Population Register with Statistics Sweden.

Paper questionnaires, including information regarding the research and research ethics, were mailed through Statistics Sweden to home addresses of 2493 individuals fulfilling the criteria. About a week later, all received a first mailed “thank-you-and-reminder” card. After another four weeks, non-respondents received a second reminder (with questionnaire). Most (78%) returned their questionnaires after the first reminder. Questionnaires were returned in pre-addressed and postage-paid envelopes to Statistics Sweden. Statistics Sweden fully anonymized the data before distribution to the research group. The research project was approved by the Regional Ethics Committee (Ref. No. 2008/1593-31), and the study protocol passed internal ethical evaluation with Statistics Sweden.

A total of 1396 individuals (response rate: 56%) volunteered participation. To be included in the analytic sample, participants had to fulfill the following criteria: currently work a minimum 35 hours per week, not report being on sick-leave for 100 or more days over the past 12 months, and have complete JI data. This resulted in 227 individuals not
meeting these criteria (working less than 35 hours; n = 204; sickness absence 100 or more days: n = 24; incomplete JI data: n = 18; notably some did not meet several criteria). The analytic sample reported significantly better self-rated health than those excluded (M = 3.9 vs. 3.7, t = 3.06, P = .002, mean difference: 0.22, CI: 0.08–0.37). However, there were no significant age differences. The analytic sample included 1169 respondents (52.4% women).

2.2 | Measures

Job insecurity was measured using two subscales: quantitative (example item: I feel uneasy about losing my job in the near future) and qualitative JI (example item: I worry about getting less stimulating work tasks in the future) developed by Hellgren et al (1999). The two JI dimensions were measured with three items each.8,30 Response alternatives ranged from 1 (strongly disagree) to 5 (strongly agree). Reliabilities (Cronbach’s α) were good (quantitative: 0.95; qualitative: 0.76).

Work-home interference was measured using two two-item scales developed from Frone (1992)31 of work-to-family conflict (WFC; example item: How often does your job or career interfere with your responsibilities at home, such as gardening, cooking, cleaning, repairs, shopping, paying bills, or childcare?) and family-to-work conflict (FWC; example item: How often does your private life keep you from spending the time you like to spend on work or career-related activities?). Response alternatives ranged from 1 (never) to 5 (constantly). For technical reasons, only individuals with children (64.5% of analytic sample) responded to WHI-items. Reliabilities (Cronbach’s α) were good (WFC: 0.84; FWC: 0.78).

Self-rated health was measured using a single-item measure by Idler and Benyamini (1997) asking respondents, “How would you rate your health?” Response alternatives ranged from 1 (excellent) to 5 (very poor). Ratings were reversed with high scores corresponding to better health. Given its holistic quality, this measure is considered a good indicator of health.32

Psychological well-being was measured using the 18-item short-form version of the Ryff scales, which covers six psychological well-being dimensions with three items each (example item: For me, life has been a continuous process of learning, changing, and growth).22,33,34 Response alternatives ranged from 1 (disagree completely) to 6 (agree completely). Overall psychological well-being was measured using a composite score. Internal consistency (Cronbach’s α) was 0.81.

Demographics included age, gender (woman, man), relationship status (living with partner or not), children younger than 18 living at home (yes/no), and number of individuals in the household.

2.3 | Data preparation and analytic strategy

Latent profile analysis (LPA), a mixture modeling type used to identify subgroups with similar patterns within a larger population, was performed in Mplus 8.435 to identify latent JI profiles. Both JI indicators were included in the LPA to estimate the models. Using an uncorrelated specification and maximum likelihood (ML), six different models were estimated including one to six profiles. The following criteria were used to evaluate model fit36: (1) sample-size adjusted Bayesian information criterion (SABIC37), (2) bootstrapped likelihood ratio test (BLRT38), (3) profile membership distribution, and (4) posterior probabilities of each profile. The optimal solution is characterized by the lowest SABIC, the lowest significant BLRT, no groups with less than 5% of the sample, and no posterior probabilities below 0.70.39 Tests for entropy were performed,40 where a proportion of 0.80 or higher suggests a good classification.36 To ensure stability, the best fitting solution was replicated three times.41

To examine profile distinctiveness, multivariate analysis of variance (MANOVA) was performed to examine differences in mean levels in profile indicators, including profile membership as the independent variable. Additional analyses (chi-square tests for categorical variables, MANOVAs for WHI measures, and ANOVAs for remaining variables) examined differences in demographics and health-related indicators. With profile groups of different sizes and Levene’s tests showing unequal variances, Dunnett’s T3 test (P-level < .05), an adequate test for unequal variances,42 was used for post-hoc comparisons. Otherwise, the Scheffé test was used. These analyses were performed in SPSS 26.

3 | RESULTS

3.1 | Latent profiles

Table 1 presents the results from the LPA comparing different models. The 3-profile model had the lowest significant LMR–LRT in combination with the second lowest BLRT. However, the SABIC was lower for the 4-, 5-, and 6-profile model, coupled with high entropy coefficients and high posterior probabilities. Of the 4-, 5-, and 6-profile models, the 6-profile model had the lowest and significant LMR–LRT. But the 6-profile solution had two profiles with less than 5% of the total count with the remaining profiles also being rather small. This is similar to the 5-profile model which also had two profiles with less than 5% of the total count, another profile with a smaller percentage of the total count, and two profiles with a larger percentage of the total count. To align with the criteria of having profiles with at least 5% of the sample, the 5- and 6-profile models were rejected. The 4-profile model had two smaller profiles but,
in comparison with the 5- and 6-profile models, both these smaller profiles included more than 5% of the sample (5.74 and 6.16, Table 1). Also, posterior probabilities and entropy of the 4-profile model were high, and the LMR–LRT was lower than that of the 5-profile model. Comparing the 3- and 4-profile models showed that the 4-profile model had the lower SABIC, a significant BLRT, the higher entropy, and a strongly significant LMR–LRT. This, along with its successful replication, supported the 4-profile model as the best fitting model.

A MANOVA examining mean-level differences showed an overall significant effect (Pillai's trace = 0.98, F = 370.86, P < .0001, eta2 = 0.49) with subsequent ANOVAs, reported in Table 2, showing significant effects for both quantitative (F = 9105.80, P < .0001, eta2 = 0.96) and qualitative (F = 136.48, P < .0001, eta2 = 0.26) JI. Dunnett's t tests showed that Profile 1, the second largest group (n = 238), was significantly different from all other profiles in both quantitative and qualitative JI, exhibiting the second lowest mean-levels on both JI indicators. Profile 2, the second smallest group (n = 149), had the second highest mean-levels for both JI indicators and post hoc comparisons showed that mean-levels of quantitative and qualitative JI were significantly lower than in all other profiles (Table 2). Table 3 shows means, standard deviations, and Pearson correlations for all study variables.

Table 4 presents demographics and health-related characteristics for the profiles. For gender distribution and family situation, no statistically significant differences emerged. For age, a significant effect emerged (F = 3.29, P < .05, eta2 = 0.01), with Scheffé tests suggesting a difference (P < .05) between Profiles 1 and 4 with those in Profile 4 being significantly older than those in Profile 1. For WHI, there was a significant overall effect (Pillai's trace = 0.20, F = 2.53, P < .02, eta2 = 0.01). Subsequent analysis showed that the effect for WFC was more of a trend (F = 2.77, P = 0.041, eta2 = 0.01), while the effect for FWC was significant (F = 4.28, P < .01, eta2 = 0.02). Scheffé tests showed one statistically significant profile difference: FWC was higher in Profile 2 than in Profile 4 (P < .05). As for SRH, there was a statistically significant effect (F = 12.86, P < .0001, eta2 = 0.03) with Dunnett's t tests showing differences between Profiles 1 and 3 (P < .05) with Profile 1 having better SRH; Profiles 2 and 4 (P < .001), and Profiles 3 and 4 (P < .0001) with Profile 4 having better SRH than Profiles 2 and 3. For PWB, there was a statistically significant effect (F = 22.08, P < .0001, eta2 = 0.06), with Scheffé tests showing statistically significant effects between Profiles 1 and 4 (P = .0001), 2 and 4 (P = .0001), and 3 and 4 (P = .0001), with Profile 4 having higher well-being than the others.

### Table 1

| Model | Fit statistics | Profile membership distribution (%) | posterior probabilities |
|-------|----------------|-------------------------------------|--------------------------|
|       | SABIC | BLRT | Entropy | 1 | 2 | 3 | 4 | 5 | 6 |
| 1-profile | 6811.33 | — | 1.00 | — | 100 [1.00] |
| 2-profile | 6017.89 | 805.10*** | 0.94 | 786.82*** | 82.21 [.99] | 17.79 [.95] |
| 3-profile | 5683.69 | 345.87*** | 0.91 | 330.28** | 69.79 [.99] | 8.30 [.99] | 21.92 [.87] |
| 4-profile | 5199.55 | 495.80*** | 0.98 | 473.46*** | 20.07 [.98] | 12.62 [.99] | 5.74 [.99] | 6.16 [.99] |
| 5-profile | 4707.08 | 504.13*** | 0.99 | 481.41*** | 20.32 [1.00] | 4.82 [.99] | 3.09 [.10] | 10.58 [.99] | 5.42 [.99] |
| 6-profile | 4480.44 | 238.30*** | 0.99 | 227.56*** | 6.96 [.99] | 7.05 [.99] | 6.12 [.99] | 4.78 [.99] | 3.08 [.99] | 16.97 [.99] |

Abbreviations: BLRT, Bootstrapped likelihood ratio test; LMR–LRT, Lo-Mendell–Rubin adjusted Likelihood Ratio Test; SABIC, sample-size adjusted Bayesian information criterion.

Results were even more clear-cut when analyzing the full sample and including individuals working less than 35 hours a week and those on sick-leave (results not shown).

**P < .01; ***P < .001

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### 4 DISCUSSION

Employing a person-oriented approach, the current study investigated working individuals’ JI perceptions and their
associations with work-home interference, health, and psychological well-being. The LPA yielded four distinctly different profiles of individuals based on their subjective perceptions of quantitative and qualitative JI entitled: (1) Secure; quality-concerned, (2) Insecure: employment-concerned, (3) Insecure, and (4) Secure. These profiles were then compared with respect to reports of WFC, FWC, self-rated health, and psychological well-being. Similar to findings from variable-oriented research, results from the current study indicate that the Insecure profile (Profile 3) tends to fare worse than the Secure profile (Profile 4). Overall findings of this study suggest that different JI profiles may correspond to differential experiences of work-home interference, health, and psychological well-being.

4.1 | Job insecurity profiles

This study is among the first to investigate profiles of quantitative and qualitative JI using a person-oriented approach. Besides this approach allowing the identification of specific groups or profiles with similar combinations of JI perceptions, it allows for estimating the prevalence of particular profiles.36 The Secure profile (Profile 4) was undoubtedly the most prevalent profile, reflecting that the majority had low levels of both quantitative and qualitative JI. The second largest group, the Secure; quality concerned (Profile 1), had lower quantitative JI in combination with intermediate levels of qualitative JI. The third group, about 10 percent of the sample, included the Insecure; employment concerned (Profile 2) with intermediate levels of both quantitative and qualitative JI, but somewhat higher quantitative JI. The smallest group, Profile 3, included the Insecure who had the highest levels on both JI measures. These profile characteristics reveal that there is a complexity to perceptions of JI, which can be illustrated through a person-oriented approach. Despite differing in their prevalence, the profiles identified here suggest that reports of JI may involve a complex interplay of perceptions of one’s employment situation even in a fairly homogeneous sample of gainfully employed individuals.

As regards demographics, there were no consistent variations between profiles in the percentages of women and men or family situation (partner, children, household size). For age, the Secure (Profile 4) were older than the Secure; quality concerned (Profile 1), had lower quantitative JI in combination with intermediate levels of qualitative JI. The third group, about 10 percent of the sample, included the Insecure; employment concerned (Profile 2) with intermediate levels of both quantitative and qualitative JI, but somewhat higher quantitative JI. The smallest group, Profile 3, included the Insecure who had the highest levels on both JI measures. These profile characteristics reveal that there is a complexity to perceptions of JI, which can be illustrated through a person-oriented approach. Despite differing in their prevalence, the profiles identified here suggest that reports of JI may involve a complex interplay of perceptions of one’s employment situation even in a fairly homogeneous sample of gainfully employed individuals.

As regards demographics, there were no consistent variations between profiles in the percentages of women and men or family situation (partner, children, household size). For age, the Secure (Profile 4) were older than the Secure; quality concerned (Profile 1). However, it is difficult to say whether a small difference of approximately one year is meaningful from a real-life perspective.

4.2 | Job insecurity profiles and work-home interference

Job insecurity profile contributed to some variation in work-home interference. Secure individuals (Profile 4) tended
|                          | M/per cent | SD  | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   |
|--------------------------|------------|-----|------|------|------|------|------|------|------|------|------|------|
| **Demographics**         |            |     |      |      |      |      |      |      |      |      |      |      |
| 1. Gender                | 52%        |     |      |      |      |      |      |      |      |      |      |      |
| 2. Age                   | 45.37      | 7.57| −0.02|      |      |      |      |      |      |      |      |      |
| 3. Partner (yes/no)      | 0.07*      | −0.16***|      |      |      |      |      |      |      |      |      |      |
| 4. Children at home (yes)| 64%        | −0.00| −0.27***| −0.25***|      |      |      |      |      |      |      |      |
| 5. Household size (number)| 3          | 1.30| −0.01| −0.24***| −0.33***| 0.78***|      |      |      |      |      |      |
| **Job insecurity**       |            |     |      |      |      |      |      |      |      |      |      |      |
| 6. Quantitative          | 1.68       | 1.01| −0.01| −0.01| 0.03 | 0.03 | −0.01|      |      |      |      |      |
| 7. Qualitative           | 2.39       | 0.89| −0.03| −0.11***| 0.10***| 0.08***| 0.03 | 0.51***|      |      |      |      |
| **Work/home interference**|          |     |      |      |      |      |      |      |      |      |      |      |
| 8. Work/family conflict  | 3.02       | 0.98| −0.04| −0.12***| −0.05| 0.07 | 0.08***| 0.10***| 0.18***|      |      |      |
| 9. Family/work conflict  | 2.23       | 0.89| −0.09*| −0.27***| −0.07*| 0.23***| 0.22***| 0.13***| 0.19***| 0.43***|      |      |
| **Health and well-being**|            |     |      |      |      |      |      |      |      |      |      |      |
| 10. Self-rated health    | 3.88       | 0.89| 0.06*| −0.02| −0.01| −0.04| −0.02| −0.19***| −0.25***| −0.28***| −0.14***|      |
| 11. Psychological well-being | 4.47 | 0.55| 0.04| −0.02| −0.11***| −0.01| 0.05| −0.23***| −0.26***| −0.17***| −0.18***| 0.40***|

Gender: Woman = 0, man = 1; Partner = 0, no partner = 1; Children at home: no = 0, yes = 1. — = not applicable.
N = 1169. For work/home interference measures, n = 754.
*P < .05; **P < .01; ***P < .001.
**TABLE 4** Distributions (percentages) or descriptive statistics (M, SD) for demographics, work/home interference, and health-related measures along with results of comparisons between the four profiles

| Measure                     | Profile 1          | Profile 2          | Profile 3          | Profile 4          | ANOVA or Chi-square test | Post-hoc comparisons |
|-----------------------------|---------------------|---------------------|---------------------|---------------------|--------------------------|----------------------|
|                             | n = 238             | n = 149             | n = 67              | n = 715             | X² or F                  | p                    |
|                             | Secure: quality-concerned | Insecure: employment-concerned | Secure | Insecure |                      |                      |
|                             | % or M(SD)          | % or M(SD)          | % or M(SD)          | % or M(SD)          |                         |                      |
| **Demographics**            |                     |                     |                     |                     |                          |                      |
| Gender                      |                     |                     |                     |                     |                          |                      |
| Women                       | 51.7%               | 53.7%               | 55.2%               | 52.2%               | χ² = 0.38                | .945                 |
| Men                         | 48.3%               | 46.3%               | 44.8%               | 47.8%               |                         |                      |
| Age                         | 44.02 (7.23)        | 46.02 (7.34)        | 45.75 (7.70)        | 45.65 (7.68)        | F = 3.29                 | .020*                |
| **Family situation**        |                     |                     |                     |                     |                          |                      |
| Partner (yes)               | 76.5%               | 79.2%               | 73.1%               | 80.1%               | χ² = 3.64                | .302                 |
| Children at home (yes)      | 54.6%               | 79.2%               | 73.1%               | 80.1%               | χ² = 0.26                | .967                 |
| Household size (number)     | 2.97 (1.29)         | 3.00 (1.23)         | 2.90 (1.34)         | 3.03 (1.30)         | F = 0.30                 | .828                 |
| **Work/home interference**  |                     |                     |                     |                     |                          |                      |
| WFC                         | 3.01 (0.83)         | 3.17 (1.02)         | 3.33 (0.90)         | 2.96 (1.03)         | F = 2.77                 | .041                 |
| FWC                         | 2.21 (0.79)         | 2.44 (0.95)         | 2.51 (0.88)         | 2.16 (0.91)         | F = 4.28                 | .005**               |
| **Health**                  |                     |                     |                     |                     |                          |                      |
| SRH                         | 3.84 (0.80)         | 3.63 (1.00)         | 3.45 (0.96)         | 3.98 (0.86)         | F = 12.86                | .001***               |
| PWB                         | 4.39 (0.49)         | 4.26 (0.55)         | 4.20 (0.63)         | 4.57 (0.53)         | F = 22.08                | .0001                 |

Abbreviations: FWC, family-work conflict; PWB, psychological well-being. Only statistically significant findings from post hoc tests are included. N = 1169. For work/home interference measures, n = 754; SRH, self-rated health; WFC, work-family conflict.

*P < .05; **P < .01; ***P < .001.
to report less conflict than other profiles of JI. In contrast, Insecure employees (Profile 3) may be at a greater risk for conflict, especially WFC if preoccupation with avoiding redundancy causes physical and/or psychological absence in one’s family role (as suggested by Voydanoff). Indeed, the Insecure (Profile 3) reported the highest WFC, which follows previous findings. However, post hoc tests showed no consistent profile differences in WFC, which may relate to all working full-time and having children. As for FWC, the Secure (Profile 4) had lower levels than the Insecure: employment-concerned (Profile 2). Despite statistical significance, this should probably be considered more of a trend ($P > .05$). Still, the result may relate to strain-based psychological spillover among the Insecure: employment-concerned (Profile 2) due to concerns about their employment. This aligns with research suggesting that conflict in one domain can be an outcome of strain in another. For instance, the Insecure: employment-concerned (Profile 2) may reduce their participation in the family domain and over-prioritize work in attempting to prevent actual job loss. WFC may also arise if the family’s economic situation and well-being is threatened by job loss. However, future studies with in-depth information on WHI from individuals with more diverse family situations than those who responded here are needed to further our understanding of these mechanisms especially regarding the role that having a partner, living with children, or being single may play.

### 4.3 Job insecurity type and overall self-rated health

Job insecurity profile accounted for a considerable amount of variation in self-rated health, suggesting that individuals who perceive some degree of JI may be more likely to rate their overall health more poorly in comparison to individuals who are not worried about their job security. Specifically, the Secure profile (Profile 4) had better overall health than the others. The Insecure profile (Profile 3) reported the lowest overall health scores of all, which is consistent with the meta-analytic findings of JI and health. The finding that Secure: quality-concerned (Profile 1) and Insecure: employment-concerned (Profile 2) profiles did not differ significantly in terms of self-rated health may be explained by equally high salience of different identity centralities. For instance, for the Secure: quality-concerned (Profile 1), it may be their work-centric identity, whereas for the Insecure: employment-concerned (Profile 2), it may be their family-centric identity. This can be paralleled to earlier findings showing that job insecure respondents were more likely to report a weaker social identity as an employed person compared with job secure respondents. Furthermore, the social identity of being an employed person influenced well-being and mediated the effect of JI on well-being over time. In other words, despite the fact that these JI profiles may account for different patterns of experiences, it does not necessarily mean that one profile contributes to poorer overall health than the other. Thus, this finding is somewhat consistent with variable-oriented results of quantitative and qualitative effects.

### 4.4 Job insecurity type and psychological well-being

The Secure profile (Profile 4) exhibited the highest scores of positive psychological functioning in comparison to other profiles. Further, the Insecure profile (Profile 3) exhibited the lowest scores of psychological well-being, which may be explained by Jahoda’s latent deprivation model. Considering that the Insecure profile (Profile 3) is characterized by high concern for all aspects of the job, the anticipation of losing both manifest and latent benefits of employment is likely an adverse contributor to impaired psychological functioning. However, there were no significant differences between the Secure; quality-concerned (Profile 1) and Insecure: employment-concerned (Profile 2) profiles. This is consistent with the previous research findings, where the threat of losing manifest or latent benefits both contribute significantly to poor psychological well-being. A somewhat unexpected finding was that there was no significant difference between Insecure: employment-concerned (Profile 2) and Insecure (Profile 3) profiles in psychological well-being. It would be reasonable to assume that the Insecure profile (Profile 3) would score significantly lower due to the combined effects of high quantitative and qualitative insecurity. Not finding such a difference may relate to the study’s context: meta-analytical results have shown that the level of social security in the country of data collection may be important for the relationship between JI and performance outcomes. The argument—that reactions to a threat of job loss may be less severe in a country with a strong social security system because employees expect assistance from society to handle the consequences—might also be applicable to health-related outcomes. The present study was conducted in Sweden, where the social security system is relatively extensive compared with many other countries. A relevant future line of research would involve investigating the importance of the welfare context for well-being outcomes.

### 4.5 Limitations

The decision to exclude individuals reporting 100 or more days of sick leave was made to ensure that the respondents were working at the time of the survey. Some may have been employed but not working regularly due to ill-health; thus,
memory effects would have biased their responses. This means that individuals with poorer health were excluded, a bias known as the healthy worker effect. Thus, the findings probably underestimate health variations in conjunction with perceived JI. Similarly, our study targeted full-time workers, thus excluding part-time workers who often have a more vulnerable position and higher levels of job insecurity than full-time workers. Those on extended sick-leaves and part-time workers were invited accidentally since updating of Swedish registers lags behind. Despite this, it should also be noted that the 4-profile solution was even more clear-cut when analyzing the full sample (including respondents working less than 35 hours and those on sick-leave; results not shown). Obviously, extended sick-leaves or employment conditions (including part-time work) are important for job insecurity perceptions. Thus, researching groups with more objectively insecure positions will probably produce profiles and prevalence figures that are different from those of full-time workers. Regarding the study design: this study was cross-sectional which limits conclusions about causality. 49 Thus, future studies should ideally include longitudinal designs and strive for representative sampling across different groups, including part-time workers and individuals with health problems hindering full-time work.

4.6 | Conclusions

These findings show that variation of complex perceptions of JI can exist even within a somewhat homogenous sample of relatively privileged individuals who are well-educated and work full-time. The identification of specific JI patterns and what they mean for experiences of work-home interference, health, and psychological well-being contribute to further the understanding of how perceived JI can manifest, which may be important for health-related consequences of individuals both within and outside the professional domain as well as for organizational productivity. In society, social welfare systems may alleviate some of the negative consequences that individuals who perceive JI might incur, not only with respect to unemployment, but also with respect to their health and well-being.

ACKNOWLEDGEMENTS

The data collection was conducted as part of the research project Total workload and health among working women and men (FORTE grant no. 2008-0103). This study was written as part of the research program Employment contracts, job insecurity, unionization, working conditions, work-related attitudes and health among women and men in a flexible labor market (FORTE grant no. 2019-01311). The funding source had no role in the design, practice, or analysis of this study.

DISCLOSURE

Approval of the research protocol: N/A. Informed Consent: Information about the purpose of the study, that participation is voluntary, and that the data will be handled confidentially was included in the send-out from Statistics Sweden. The participants gave their consent when they filled in and returned the questionnaire. Registry and the Registration No. of the study/trial: This study was conducted in accordance with the principles expressed in the Declaration of Helsinki and was approved by the Swedish Ethical Review Authority (2008/1593-31). Animal Studies: N/A.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest.

AUTHOR CONTRIBUTIONS

AST, LL and PL conceived the idea; PL collected the data with LL providing input on the insecurity measures; AST and PL analyzed the data; all were involved in the writing.

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How to cite this article: Låstad L, Tanimoto AS, Lindfors P. How do job insecurity profiles correspond to employee experiences of work-home interference, self-rated health, and psychological well-being? J Occup Health. 2021;63:e12253. https://doi.org/10.1002/1348-9585.12253