

The Association Between Working in the same Industry as a Parent and Job Satisfaction.



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Introduction

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- The two underlying sources of job satisfaction are intrinsic elements that allow for self-actualization and extrinsic elements that provide workers with physical and monetary rewards. (Friedlander, F., 1963)
- Many people enter jobs/careers that are directly influenced by their parent's occupations. "Intergenerational transfers of career-specific human capital motivate children to voluntarily choose to follow in their parents' occupational footsteps" (Lentz, B. F., & Laband, D. N., 1989)
- It is unclear whether overall job satisfaction disproportionately varies among people following their parent's occupational footsteps or not. (Arasli, H., & Tumer, M. 2008)
- The likelihood of self-employment if one or more parents are self-employed is significantly higher than the average. The same is true for Doctors and Agricultural work.
- Is there a relationship between job satisfaction and working in the same career/organization/occupation/job as your family?

Methods

Sample

- Respondents (n=4032) were drawn from the 2021 General Social Survey (GSS), a nationally representative sample of English-speaking, non-institutionalized adults in the U.S.

Measures

- Respondents reported their own occupation and the occupation code of their fathers and mothers. New variables were constructed to identify whether or not they were in the same career as their fathers or mothers.
- Job satisfaction is defined dichotomously based on whether they feel (1) very satisfied in their career or (0) Moderately satisfied, A little dissatisfied, or Very dissatisfied..
- The standard prestige score is a simple mean value of ratings for each occupation category, converted to a scale of 0 (bottom) to 100 (top). The GSS utilizes the ratings from a broad sample of adults roughly representative of the U.S. household population who rated occupational titles that correspond to the 2010 Standard Occupational Classification (SOC).

Research Questions

- Do individuals working in the same industries as a parent experience job satisfaction at higher rates than those in different industries?
- Does the association between working in the same industries as a parent and job satisfaction differ based on sex?

Results

Univariate

- Respondent Job Satisfaction Dichotomized: 43.8% Very Satisfied, and 56.2% Dissatisfied
- A total of 77% of the sample reported race as White, 11.5% Black and 10% Other.
- 43% report Sex as Male and 54.7% report Female.

Bivariate

- Chi-Square analysis showed that, **Respondents working in the same Industry as their MOTHER were NOT significantly more likely to experience job satisfaction** than those in a different industry, $X^2=0.39576$, 1 df, $p = .05293$.
- **Respondents working in the same Industry as their FATHER were NOT significantly more likely to experience job satisfaction** than those in a different industry, $X^2=0.21145$, 1 df, $p = .06456$.

Multivariate Bar

- Both male and female respondents in a different industry than their mother experience Job Satisfaction at higher rates than those in the same industry.
- (Figure 2)
- Female respondents experience Job Satisfaction in the same industry as their mother at higher rates than male respondents. (Figure 2)
- Male respondents in the same Industry as their fathers report Job Satisfaction at higher rates than all Female Respondents and males in different Industries.

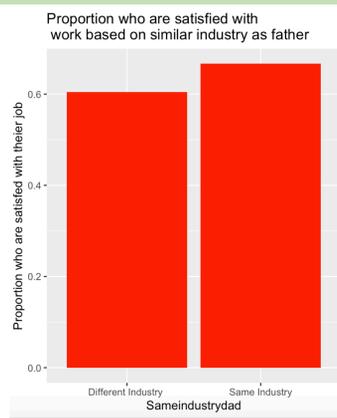


Figure 1. Proportion who experience Job Satisfaction in same/different Industry as Father.

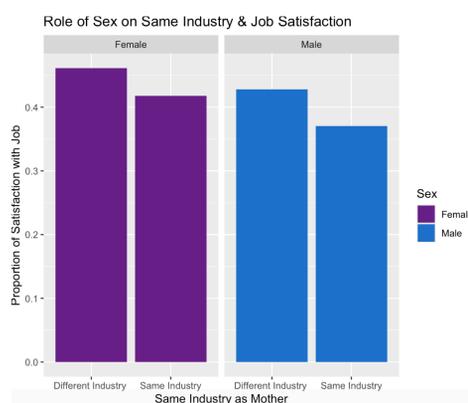


Figure 2. Same/Different Industry as Mother and Job Satisfaction by Sex of Respondent

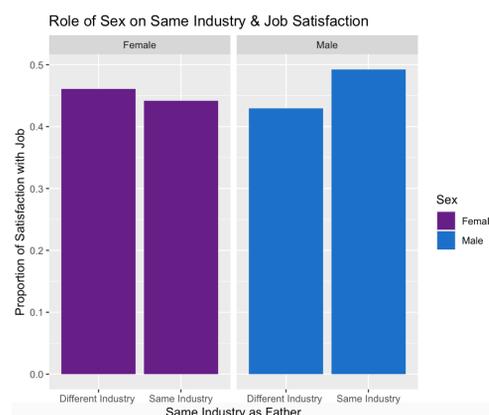


Figure 3. Same/Different Industry as Father and Job Satisfaction by Sex of Respondent.

Discussion

- Notably, the present findings are based on a sample size that is too small
- Data with more observations would allow for further analysis on this artifact.
- However, the trend of the limited data suggests that subsequent analysis would likely yield new findings.
- **Questions to possibly tweak of sensitivity of the data** : Are individuals more prepared for the career they selected? Do individuals feel they have a safe outlet to vent about career-related stressors? More equipped in some other way? And perhaps this information could be used to prepare individuals in an industry that differs from their parents?

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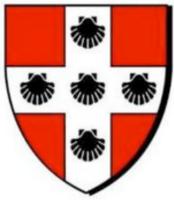
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Introduction

- Antidepressant use is currently more stigmatized than depression itself, and this stigma about psychotropic medication could affect people’s willingness to take it, preventing people from seeking proper clinical care (Castaldelli-Maia et al., 2011).
- Additionally, in cases of severe depression, patients are generally able to overcome stigma associated with taking antidepressants, since they understand that medication is necessary (Aromaa et al., 2011).
- These stigmas and beliefs are directed towards adults, and beliefs about medicating children are often less positive.
- Parents have anxiety about medicating their children, even with non-psychotropic medication (Fernández-Castillo & Vélchez-Lara, 2014).
- Beliefs about adult medication use may expand to beliefs about child medication use.

Research Questions

- Are positive beliefs about adult medication use associated with positive beliefs about child medication use, controlling for parental status?
- Does the association between positive beliefs about adult vs. child medication use differ for individuals based on their own willingness to take psychotropic medication?

Methods

Sample

- Respondents (n=917) were drawn from the 1998 General Social Survey (GSS), a nationally representative sample of English-speaking, non-institutionalized adults in the U.S.

Measures

- Beliefs about adult medication use were assessed using the sum of four questions about the harm associated with psychotropic medication. Each response was coded on a scale of 0 to 4, then summed. Scores ranged from 0 (most negative) to 16 (most positive).
- Beliefs about medicating children were assessed similarly, using a sum of three questions about whether the respondent would medicate a child in three different situations. Scores ranged from 0 to 12.
- Parental status and respondents’ own willingness to take psychotropic medication were coded dichotomously.

Results

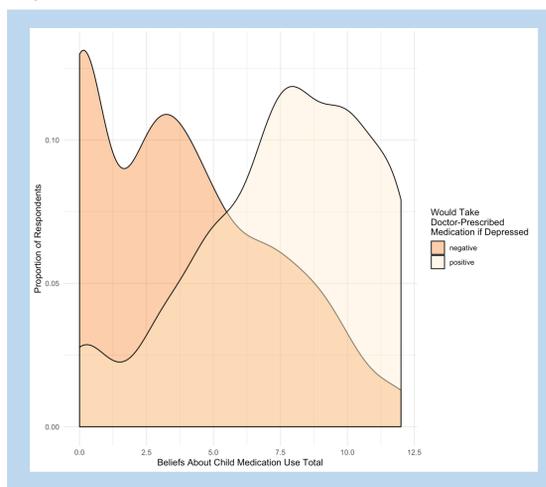
Univariate

- 70.9% of respondents are parents
- 50.1% of respondents indicated that they would take medication for depression

Bivariate

- A Pearson correlation test showed that **beliefs about adult medication use** were significantly and positively associated with **beliefs about child medication use** ($r=0.37, p<0.001$).
- ANOVA analysis showed that there is not a significant association between parental status and beliefs about child medication use ($F(1,915)=1.19, p=0.2756$).

Figure 1. Willingness to Take Doctor-Prescribed Medication for Depression and Beliefs about Child Medication Use

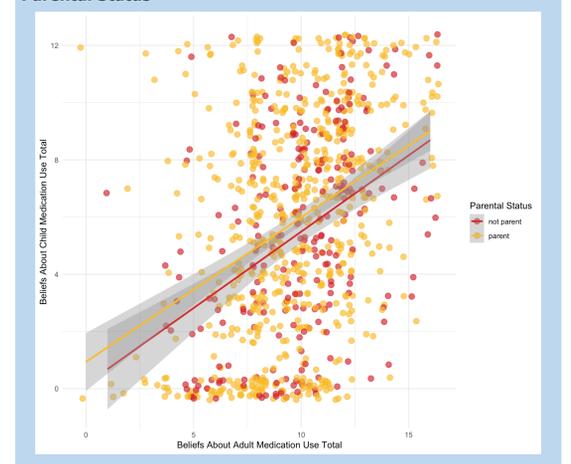


- Additionally, ANOVA analysis showed that respondents **willing to take doctor-prescribed medication for depression had significantly higher positive beliefs towards child medication use compared to those not willing to take doctor prescribed medication**, indicated by a higher total score on the child medication use scale ($F(1,915)=16.72, p<0.001$, Figure 1).

Multivariate

- Parental status is not a moderator for the association between beliefs about child vs. adult medication use (Figure 2).
- After controlling for adult medication beliefs and parental status, willingness to take doctor-prescribed medication for depression is significantly associated with positive beliefs towards child medication use ($B=0.47, p<0.001$).

Figure 2. Beliefs About Adult vs. Child Medication Use by Parental Status



Discussion

- Being a parent may not affect individuals’ beliefs about whether children should be medicated.
- Regardless of parental status, individuals willing to take psychotropic medication themselves may be more open to children taking medication.
- Family counselors and child psychiatrists might use this information to address the stigma surrounding children’s medication use and increase parents’ openness to considering doctor-recommended medication for their child.
- Further research is needed to determine what interventions would be most effective in reducing stigma surrounding psychotropic medication use for both adults and children.