# Status inconsistency and return to work among foreign-born and native Swedes

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## ABSTRACT

We investigated potential differences in status inconsistency and time to return to work (RTW) from sickness absence between foreign-born and native Swedes, whether inconsistency was associated with RTW, and if this association was stronger for foreign-borns than natives. Significantly fewer native than foreign-born Swedes reported negative status inconsistency, but RTW did not differ between the groups and inconsistency was not associated with RTW. A positive selection of individuals to the Swedish labour market might help explain the findings. This first study of status inconcistency and RTW requires follow-ups in different settings of labour markets and insurance regulations.

*Key words: migration, return to work, sickness absence, status inconsistency, stress*

## INTRODUCTION

Negative status inconsistency (e.g., high educational but low occupational status) [1] is argued to be stressful. Generally, stress is experienced when demands are excessive relative to coping resources [2]. Stress may, however, also be experienced as a result of insufficient demands relative to competence and capacity [3]. Thus, negatively incongruent individuals may perceive stress as a result of under-stimulation or of feeling deprived of the status confirmation or other rewards expected from their high education and investments therein [4-6]. Despite contradictions in previous research (see [7] for a review), there are, nonetheless, reports of perceived status inconsistency being associated with stress [4] as well as of negatively incongruent individuals being at risk for anxiety, shaming experiences, pessimistic outlook, and adverse general health [6].

In a Swedish general population study, we found that foreign-born Swedes reported negative status inconsistency but also low mental wellbeing, self-rated health, and persistent illness, to a higher degree than native Swedes. Surprisingly, status inconsistency could not explain differences in mental wellbeing, self-rated health, and persistent illness [8]. However, experiences of status inconsistency may influence not only mental health but also work participation [4]. Studies have found a difference in work participation between native and foreign-born Swedes [9]. One possible, not yet explored, hypothesis is that motivation to return to work (RTW) after sickness absence is lower in individuals experiencing status inconsistency. Structural factors such as discrimination [10], for example in the access to work adjustments, might also contribute to slow return to work For instance, injustice

at work, which can be seen as closely related to status inconsistency, has been associated with mental health and RTW [11]. Our hypothesis is that the effect of status inconsistency on RTW may be stronger for foreign-born than native Swedes.

Consequently, in a population of newly sick-listed, we aimed to investigate if 1) the proportion reporting status inconsistency differed between foreign-born and native Swedes, 2) time to RTW from sickness absence differed between foreign-born and native Swedes, 3) inconsistency was associated with RTW, and 4) the effect of status inconsistency on RTW was stronger for foreign-born than native Swedes.

## METHODS

### Sample

An analysis was carried out on data from a larger study investigating resources that contribute to health among individuals with and without the experience of sickness absence. Employed individuals in the Västra Götaland region, Sweden, who had one sick-leave spell ≥14 days between February and April 2008 and registered as sick with the Social Insurance Agency by the employer were invited to participate in a questionnaire study (*n*=6140, participation rate 54%) [12]. Data on sickness absence did not include date of first day off sick each year but was distributed as total number of days off a specific year. To be sure that only sick-leave that started after inclusion in the study were included in the analysis individuals who had more than one episode of sickness absence were excluded (n=814). The final sample in our study consisted of 312 foreign-born (any country other than Sweden) and 2190 native Swedes (born in Sweden).

### Variables

Inconsistency was determined by assigning 'points' to occupational level (high-level non-manual=3, low/medium-level non-manual=2, and skilled/unskilled manual=1) and educational level (university=3, secondary=2, and primary=1) and subtracting educational points from occupational points. Negative points (-2 and -1) constitute negative status inconsistency (i.e., high level education but low status occupation), positive points (1 and 2) constitute positive inconsistency (low level education-high status occupation), and 0 constitutes no inconsistency.

Time to RTW was determined by the total number of sick-leave days with sickness benefit in 2008 divided into three categories, ≤14 days, 15–90 days, and ≥91 days, with the latter representing medium/late return to work (see [13] for further study details). Data were collected from Statistics Sweden's longitudinal integration database for health insurance and labour market studies (LISA).

Age groups (19-30, 31-40, 41-50, 51-64 years) and sex (women, men) were used as adjustment variables.

### Statistical analyses

Chi$^2$-tests and binary logistic regressions with odds ratios and 95% confidence intervals were used for analyses.

## RESULTS

A significantly larger proportion of sick-listed foreign-born Swedes reported negative status inconsistency compared to native Swedes (62% versus 54%, p=.007). RTW did not differ between foreign-born and native Swedes, and inconsistency was not associated with RTW, neither in the whole sample nor in either of the two groups (Table 1).

**TABLE 1. Odds ratios (OR)[a] with 95% confidence intervals (CI) for medium/late return to work[b] in sick-listed foreign-born and native Swedes reporting positive (reference), negative, and no status inconsistency.**

| | N | % | OR | 95% CI | |
|---|---|---|---|---|---|
| | | | | Lower | Upper |
| **Native Swedes** | 2135 | 100 | | | |
| Positive inconsistency | 155 | 7 | 1 | | |
| No inconsistency | 824 | 39 | 0.9 | 0.6 | 1.3 |
| Negative inconsistency | 1156 | 54 | 0.8 | 0.5 | 1.1 |
| **Foreign-born Swedes** | 301 | 100 | | | |
| Positive inconsistency | 10 | 3 | 1 | | |
| No inconsistency | 105 | 35 | 0.6 | 0.2 | 2.6 |
| Negative inconsistency | 186 | 62 | 0.6 | 0.2 | 2.5 |

[a] *Age and sex-adjusted.*
[b] *≥91 days.*

## DISCUSSION

To our knowledge, our analysis is the first attempt to investigate the role of status inconsistency in time to RTW and as differing between sick-listed foreign-born and native Swedes. Although the proportion reporting status inconsistency significantly differed between foreign-born and native Swedes, we found neither a difference in RTW nor an association between inconsistency and RTW.

Subsequently, we did not find support for the hypothesis that status inconsistency affected RTW or that it was stronger for foreign-born than native Swedes.

Healthy and other positive selections into work life may help explain the lack of association between status inconsistency and RTW in our study. It might be that employed individuals with negative status inconsistency have other resources due to their higher level of education which contribute to their management of sickness absence and RTW. Such individuals might have the advantage of higher health literacy or social support in well educated peer networks that help them in the process of RTW [14].

The lack of association between inconsistency and RTW in our study can also be due to methodological shortcomings. For example, our inconsistency variable was dichotomous and objective whereas some have advocated a continuous and subjective operationalisation of status inconsistency [4]. In a robustness check we compared those with no and positive inconsistency as reference category to those with minor negative inconsistency (-1) and those with major negative inconsistency (-2). RTW still did not differ between foreign-born and native Swedes; however, minor negative inconsistency was associated with RTW in the whole sample and among native Swedes (OR=0.8; 95% CI=0.7–1.0). Although this outcome most likely is an issue of power, as very few individuals in our sample reported major negative inconsistency, it, nonetheless, necessitates cautious interpretation of our findings concerning the association between inconsistency and RTW.

A further limitation of our study was that we classified all respondents with a migration experience as foreign-born Swedes and all those without such an experience as native Swedes. The decision was based partly on the impracticability of further fragmenting the small foreign-born sample and partly on previous research having found that immigrants from other Nordic countries, compared to native Swedes, had increased risk for various health outcomes [15]. The lack of differentiation within the category "foreign-born" may have obscured existing differences in RTW between some groups of foreign-born individuals and natives. Finally, the issue of statistical power, partly due to high drop-out rates and partly due to a small size of foreign-born respondents, needs to be taken into account when interpreting the results.

Although our hypotheses concerning the association between status inconsistency and RTW were not fully supported by our data, there is, nonetheless, an indication of a greater extent of status inconsistency among foreign-born than native Swedes – which indicates a need for labour market interventions. In particular, there are incentives for interventions that facilitate the utilisation of immigrants' high level of education. One example of such an intervention is prompt processes for approving foreign qualifications. Such efforts will arguably have both labour market and public health benefits.

Subsequent to our main analysis, we conducted an ad hoc analysis to investigate the relationship between status inconsistency and reluctance when attending work, comparing those who reported experiencing reluctance (a couple of days per month or more often) with those who reported not experiencing reluctance (never or rarely). It is noteworthy that this analysis revealed an association between status inconsistency and the experience of reluctance. These results are beyond the scope of this short report but we encourage peers to further explore these ad hoc findings in order to understand the nature of the associations and potential links to RTW and country of birth. This may further advance previous research to which our findings relate, whereby stress was found to mediate the relationship between status inconsistency and employee absenteeism [4].

We also encourage future research to consider, in addition to status inconsistency, level of education, health literacy, and nature of peer networks as explanatory factors when studying RTW from sickness absence. Our analysis was based on data initially collected for purposes other than to study migration experiences; as such, a general population sample had been chosen as opposed to opting for oversampling of individuals with migration experiences. Hence the number of foreign-born Swedes in our data was too low for the suggested further analyses.

## CONCLUSION

In conclusion, there was a substantial difference in reported status inconsistency between foreign-born and native Swedes in our study; however, our data did not suggest an effect of status inconsistency on RTW for foreign-born or native Swedes.

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