

Determinants of Employee Physical and Mental Health: The Role of Career Adaptability and Workplace Attachment in the South African Public Service

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Abstract

The South African public service is noted to be in a state of flux with challenges affecting employee health. The study investigated the influence of career adaptability on the relationship between workplace attachment and employee health. Employee health was measured through two facets, namely physical and mental health. The study formulated four hypotheses. Data to test these proposed hypotheses were collected through a survey making use of a self-administered questionnaire among a sample of 214 public service employees. The findings indicate support for a relationship to exist between workplace attachment and facets of employee health. However, no evidence existed to support the moderating role of career adaptability on the relationship between workplace attachment and facets of employee health. Based on these findings, a range of interventions targeted at employees and the public service are suggested.

Keywords: workplace attachment; career adaptability; employee health; mental health, physical health; public service

Introduction

There is a noted rise internationally (Cooper, 2013; Hasin et al., 2018) and in South Africa (Chinyamurindi, 2019, Henn & Morgan, 2019) of challenges that have an impact on employee health. International bodies such as the World Health Organization (WHO) have defined health as a state of complete physical, mental and social well-being (WHO, 1998). This view has been generally supported among researchers (see Ford et al., 2011;



Ganster & Rosen, 2013; Michel et al., 2015; Pascoe & Richman, 2009). In the extant literature, health-related challenges have been measured against several outcomes. For instance, mental illness has been shown to influence employee productivity in the workplace (De Vries et al., 2015). Sometimes this leads to stigmatisation of those who suffer from health-related challenges in the workplace (Elraz, 2018). This has been also shown to lead to stereotyping and even discrimination (Follmer & Jones, 2017).

Another challenge present in the confines of work concerns the phenomenon of presenteeism (Hemp, 2004) where employees are on the job but owing to illness, injury or other health complications do not perform to the best of their ability (D'Abate & Eddy, 2007; Miraglia & Johns, 2016). All these challenges affect practices of human resources (HR) management and the important role that HR practitioners in organisations can play in solving this problem (Mathibe & Chinyamurindi, 2021; Shava & Chinyamurindi, 2021). Studies have indicated a reluctance among employers to hire employees who may be perceived to be suffering from health-related challenges (Richards, 2012) despite ongoing conversation framing health aspects such as mental illness as a disability (Santuzzi & Waltz, 2016).

There are noted gaps in the literature. First, issues regarding employee health to cover physical and mental health have been researched extensively in health-related disciplines. There appears to be scant focus on such issues from the disciplines of management and commerce internationally (Follmer & Jones, 2018) and in South Africa (Chinyamurindi, 2019). Little is known about the ways in which employees and HR practitioners not only experience but also deal with challenges of a health nature, especially mental health (Beatty et al., 2019). This need is even justified in a South African study in which there is noted scant focus on studying health-related issues within an organisational context (Mathibe & Chinyamurindi, 2021; Maziriri, Chuchu & Madinga, 2019; Shava & Chinyamurindi, 2021). Second, health-related challenges such as mental disorders affect the career development of employees (Harris et al., 2014).

Given that the type of job a person does can be linked to stress (Li et al., 2019), strategies are needed to assist not just in the way in which employees perform their jobs but also bearing in mind the role that health-related challenges may play to this effect. Studies in South Africa have explored the role of organisational issues such as workplace spirituality (Van der Walt & Steyn, 2019) and psychological capital (Kotze & Massyn, 2019), which influence the psychological well-being of employees. Finally, from an organisational viewpoint, there is a need to test the role that organisational issues can play as far as employee-related health outcomes are concerned (Mathibe & Chinyamurindi, 2021; Shava & Chinyamurindi, 2021). This need is actuated by acknowledging the unprepared nature organisations have when managing employee health-related issues (Shann et al., 2014) and the lack of necessary knowledge exhibited by managers (Martin et al., 2015).

One way in which employees manage changes happening to them concerning work is seeking career adaptability. This has been acknowledged as an important competence especially in the contemporary world of work (Maree, 2017) concerning the way in which individuals manage change (Savickas et al., 2009). Activities that can be undertaken here include replanning, reconstructing and redesigning individual career plans (Rossier et al., 2017). Subsequently, quests for career adaptability can assist employees to manage health issues such as stress and promote employee health (Savickas, 1997; Savickas & Porfeli, 2012).

The South African Public Service

South African public service employees have been noted to be affected by health-related challenges especially those of a mental health nature (Kheswa, 2019). This could be owing to internal and external pressures related to stressors that are individual and owing to organisational issues (Gumani, 2019). Such challenges ultimately lead to health-related issues such as psychological distress and organisational challenges such as negative perceptions of work, job dissatisfaction, resignations, increased training needs, and strained relationships at work (Gumani, 2019). Ultimately what is also affected is the much-needed service delivery to the public (Mafini & Dlodlo, 2014). There is an irony at play here. One quest of the public service is delivering the much-needed service to the public. Public servants as any other group of employees need to work in a workplace that is diverse, team-focused and service-oriented, and the lack of such a setting can in part be a source of the stress they experience (McCord et al., 2018). Ultimately, this can affect the general health of employees including their performance at work (Yang et al., 2014).

The unit of analysis of this study comprised a sample of teachers operating and residing in rural communities in the Eastern Cape province of South Africa. Teachers are included in the list of categories for public service workers (Barling et al., 2009). Given their role, teachers are an important constituent of the public service. Despite their importance, teachers often face high levels of stress that accompany their jobs (Rioux & Pignault, 2013). As other public servants, teachers may also suffer from targeted abuse and aggression (Dick, 2010; Dubois, 2010). Furthermore, the source of challenge for teachers could be attributed to the challenging context of work. For instance, Westwood (2018) identified the need for teachers to be responsive and adapt their teaching and learning methods to suit diverse students as a challenge. Others (see Sharma et al., 2011) framed the international move towards a curriculum that is inclusive and understanding of special needs education to potentially create a challenge among teachers as they may need to upskill. In South Africa, studies note the introduction of technology to the world of work as creating a source of stress especially to those in the public service (Chinyamurindi & Dlaza, 2018; Mahlasela & Chinyamurindi, 2020). All this can contribute to high turnover (Shibiti, 2019; Zondo, 2018) and also affect the health of public service employees (Gumani, 2019).

Theoretical Literature

We focused on the attachment theory in this study. This theory is viewed as one of the most influential in psychology research (Finkel & Simpson, 2015) and also as a theory that has assisted the advancement of organisational scholarship (Yip et al., 2017). At the centre of the theory is the way in which bonds are created at work with others (Bowlby, 1969) and in the organisation (Hazan & Shaver, 1990). Adopting the attachment theory, the concept of attachment connects and unites a person with their environment; in the context of this study, this being the workplace (Bonnes & Secchiaroli, 1995; Le Roy & Rioux, 2012). In the workplace, the sense of attachment as behaviour is what “governs the selection, activation and termination of behaviour aimed at attaining protection and support from others” (Mikulincer & Shaver, 2009, p. 9). Such quests of attachment in the workplace have been linked to outcomes such as follower proactivity (Wu & Parker, 2017), ethical decision-making (Chugh et al., 2014), effective negotiation behaviours (Lee & Thompson, 2011), and creative problem-solving (Mikulincer & Shaver, 2007; Mikulincer et al., 2011).

A call exists to be expansive regarding exploring those individual and organisational factors that may influence or relate to workplace attachment (Hackney & Perrewe, 2018; Rosen et al., 2016). Linked to this is the need to explore ways in which individual and organisational strategies can redress stressors at work (Gonzalez-Morales et al., 2018; Hershcovis et al., 2018; Leiter et al., 2011).

Empirical Literature

Workplace Attachment, Career Adaptability and Employee Health

There is acknowledgement of the importance of work in promoting employee health-related issues. Chinyamurindi (2019) advocated improved work practices as these have a bearing on the way in which employees experience not only work but also the outcomes that emanate from this. Van Niekerk (2009) lauded work as assisting in improving individual functioning through providing structure and stability. This promotes general well-being, loyalty and commitment especially from the employee front (Peterson et al., 2017). Workplace attachment has also been found to be a relational variable and includes actors such as friends and family of the employee (Gonzalez et al., 2018). We note workplace attachment to be an important variable assisting employees in both how they work and how they advance in their careers.

Workplace attachment has been found to relate to organisational benefits and ensuing positive emotions within the context of work (Luke et al., 2019). One such outcome is organisational health (Grady et al., 2019) referring more to quests for optimum organisational functioning. Despite the link between individual and organisational activities with outcomes of employee health being unclear, we can theorise that improving employee health can improve organisational productivity (Ford et al., 2011; Trumble & Pattath, 2013). Some argue that workplace attachment can be enhanced

through training initiatives offered to employees in fostering a better bond with their work (Ronen & Mikulincer, 2010; Scrima, 2015). In the South African public service, the role of practices of human resource management is also positioned as important (Fihla & Chinyamurindi, 2018).

Conversely, employee health is negatively affected by factors such as work stress, the level of control an employee has over their job, lack of organisational support and poor work–life balance (Di Renzo et al., 2011; Skinner & Pocock, 2011). Others (see Sonnentag & Fritz, 2015) pointed out that for workplace attachment, employee health is critical as a subject of investigation given the overinvestment that is often made in work by individuals at the expense of their health.

We also focused on career adaptability as another construct in this study. Havenga (2011) argued career adaptability to involve the way in which individuals adjust to work changes, the mastering of vocational development including managing an ensuing complexity. Career adaptability also denotes individual readiness and resourcing to redress current and anticipated challenges (Savickas, 1997). It can be assumed that when individuals can manage aspects of their lives (considering aspects of career adaptability), they will have better health (Zheng et al., 2015). This can be true for both physical and mental health as they are argued to be linked (Ng & Allen, 2018). This is also supported by Gates et al. (2016) who found individuals suffering from depression as a mental condition to also be facing various physical challenges.

Furthermore, research has indicated the pursuit and existence of a fit in the organisation to be key in influencing workplace attachment (Gonzalez, 2016). The necessity of a fit is magnified in the work of Scrima et al. (2017) indicating how individuals can be in a workplace they do not like yet exhibiting high ratings of workplace attachment. This fit has been framed to be influenced by organisational factors. Our work positioned the importance of career adaptability and sought to ascertain the role of such individual behaviour in employee work outcomes. Given the presented theoretical and empirical literature, we hypothesise the following:

- H1: Workplace attachment predicts physical health.
- H2: Workplace attachment predicts mental health.
- H3: Career adaptability moderates the relationship between workplace attachment and employee mental health such that when career adaptability is high, the relationship between workplace attachment and employee mental health is stronger.
- H4: Career adaptability moderates the relationship between workplace attachment and employee physical health such that when career adaptability is high, the relationship between workplace attachment and employee physical health is stronger.

- H5: Career adaptability predicts employee physical health after controlling for demographic variables (gender, race and age).
- H6: Career adaptability predicts employee mental health after controlling for demographic variables (gender, race and age).

Research Aim and Research Question

This study aimed to investigate the moderating effect of career adaptability on the relationship between workplace attachment and employee health. The specific research question for the study was: What is the influence of career adaptability on the relationship between workplace attachment and employee mental and physical health? Figure 1 presents the conceptual model tested in this study.

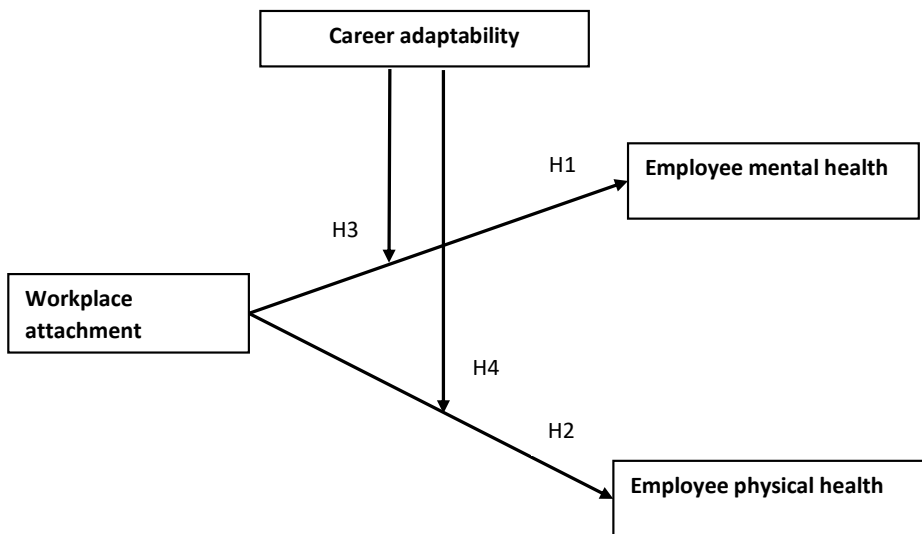


Figure 1: Conceptual model

Research Design and Methodology

A quantitative survey-based research approach was adopted. The participants were a convenience sample of 214 teachers working in the Eastern Cape, South Africa, accessed over 10 months in 2018. The sample by gender consisted of 53 per cent female participants and 47 per cent male participants. Most (95%) of the participants were from the Black population and only 5 per cent were from the Coloured population. About 65 per cent were aged between 30 and 40 years and most of the sample (70%) had over 10 years of work experience.

Measures and Outcomes of Reliability Tests

Given that three main constructs existed in this study, this section reports on the measures used for these constructs. Career adaptability was measured through four subscales on a measure originally designed by Savickas and Porfeli (2012). The measure for career adaptability had four subscales each with six items. We performed reliability tests of the career adaptability scale and found associated Cronbach alpha coefficients as follows: concern (0.735), control (0.718), curiosity (0.742), and confidence (0.739). Workplace attachment was measured through a scale consisting of six items measured on a five-point Likert scale with a Cronbach alpha of 0.84. The scale had been used and validated in previous studies (Rioux, 2006). In this study, we found the scale to have a Cronbach alpha coefficient of 0.76, hence its adoption. Employee health consisted of two measures of health, namely physical and mental health. The physical health scale with a Cronbach alpha coefficient score of 0.80 was developed from previous work (Cleeland & Ryan, 1994). The second indicator of employee health was mental health taken from a previous study (Wu, 1984) and yielding a Cronbach alpha coefficient score of 0.751. Based on the analysis we conducted, all yielded Cronbach alpha coefficient scores above the recommended threshold of 0.7 (Cronbach, 1951; Nunnally, 1978).

Procedure

Before starting with the data collection, ethical clearance was granted by the participating institution where the researchers were based. The Research Ethics Committee of the University of Fort Hare granted ethical approval of the research (Reference number: CHI151SHAR01). The research was funded through a grant provided by the South African Medical Research Council.

The respondents consented to participate in the study and were approached over 10 months at teaching and learning summits organised in the Eastern Cape province of South Africa. The researchers used the opportunity at these summits to collect data through the filling out of a survey. The participants in the study were informed of their rights including the right to withdraw from the study with no penalty. In this article no identification is made to any participants.

Results

Workplace Attachment Predicts Employee Mental Health

The study hypothesised that workplace attachment predicts employee mental health. To test the stated hypothesis, the independent variable (workplace attachment) and dependent variable (mental health) data were checked to determine if they adhered to the assumptions of normality. Both tests of normality, the Kolmogorov-Smirnov test and the Shapiro-Wilk test, revealed a *p*-value less than .001 for the independent variable (IV) and the dependent variable (DV) data. This indicates that both the IV and the DV data violated the assumptions of normality.

A simple linear regression analysis was performed and the bootstrapped confidence intervals and their significance levels were requested. This is because the data violated the assumptions of normality. However, the bootstrapped confidence intervals and their significance levels do not rely on assumptions of normality and homoscedasticity. To perform the simple linear regression analysis, workplace attachment was entered as the IV and mental health as the DV. The results revealed a weak positive correlation between workplace attachment and mental health, $r = .362$. Furthermore, the results indicated that workplace attachment accounts for 13 per cent of the variation in mental health $R^2 = .131$. This further informs us that about 77 per cent of the variation in employee health is also explained by other factors not included in this model.

Furthermore, if we wanted to know about issues related to mental health, the results with this large variation suggested that it is worthwhile to pay attention to workplace attachment. The F -ratio informs us whether relying on this model would enable us to predict employee mental health better as opposed to using the mean value of mental health that revealed $F = 31.693$ and that was significant at $p = .000$. This result reveals that this model is better at predicting employee mental health as opposed to using the mean value of mental health. The estimates of the model were observed, $b_0 = 17.531$ and $b_1 = .482$. These results indicate that when we increase workplace attachment by one unit, there is a corresponding increase of .482 units in the value of employee mental health. This increase is significant at $p < .05$. The hypothesis stating that workplace attachment predicts employee mental health is supported.

Workplace Spirituality Predicts Employee Physical Health

To test the hypothesis stating that workplace attachment predicts employee physical health, the IV and DV data were examined to see if they adhered to assumptions of normality. The tests of normality indicated that the IV and the DV data across two tests of normality, the Kolmogorov-Smirnov test and the Shapiro-Wilk test, present the p -value equal to .000 indicating that the IV and the DV data violated assumptions of normality. A simple linear regression analysis was then performed with workplace attachment as the IV and employee physical health as the DV. In addition, bootstrapped confidence intervals were requested. The results indicated a weak but positive relationship between workplace attachment and employee physical health, $r = .205$. The results further indicated that workplace attachment accounts for 4.2 per cent of the variance in employee physical health. The results further informed us that approximately 96 per cent of the variation in employee physical health is accounted for by factors other than the workplace.

The F -ratio explaining whether the regression model is significantly better at predicting employee physical health as opposed to making use of the mean value of employee physical health was obtained, $F = 9.201$ and was significant at $p < .05$. This means that the model is significantly better at predicting employee physical health than relying on the mean value of employee physical health. The model parameter estimates were observed, $b_0 = 24.089$, and $b_1 = .245$. From the model estimates, we are informed that

when workplace attachment increases by one unit, a corresponding increase of equal to .245 units on employee physical health will materialise. This increase is significant given $p < .05$. The results support the hypothesis stating that workplace attachment predicts employee physical health.

Career adaptability moderates the relationship between workplace attachment and employee mental health such that when career adaptability is high, the relationship between workplace attachment and employee mental health is stronger.

To examine H3, a hierarchical regression analysis was performed and the results (Table 1) revealed a non-significant negative relationship between workplace attachment and employee mental health, $b = -.013$, 95% CI $[-0.038, 0.012]$, $t = -1.003$, $p = .317$. Given this result, we therefore reject the hypothesis stating that career adaptability moderates the relationship between workplace attachment and employee mental health as there is no sufficient evidence to back this claim.

Table 1: Linear model of predictors of employee mental and physical health

Linear model predictors of employee mental health				
	b	SE B	t	p
Constant	27.425	0.275	99.863	$p < .001$
	[26.884, 27, 966]			
Career adaptability	0.36	0.061	5.870	$p < .001$
	[0.239, 0.481]			
Workplace attachment	0.198	0.096	2.064	$p = .04$
	[0.009, 0.387]			
Career adaptability * workplace attachment	-0.013	0.013	-1.003	$p = .317$
	[-0.038, 0.012]			
$R^2 = .262$				
Linear model predictors of employee physical health				
	b	SE B	t	p
Constant	29.13	0.26	110.65	$p < .001$
	[28.61, 29.65]			
Career adaptability	0.30	0.059	5.17	$p < .001$
	[-0.187, 0.175]			
Workplace attachment	-0.006	0.192	-0.068	$p = 0.946$
	[-0.187, 0.175]			

Career adaptability * Workplace attachment	-0.007	0.012	-0.589	$p = .556$
	[-0.031, 0.012]			
$R^2 = .161$				

Career adaptability moderates the relationship between workplace attachment and employee physical health such that when career adaptability is high, the relationship between workplace attachment and employee physical health is stronger.

To investigate H4, a hierarchical regression analysis was performed. The results revealed a non-significant negative relationship between workplace attachment and employee physical health, $b = -.007$, 95% CI, [-0.031, 0.012], $t = -.589$, $p = .556$ (see Table 1). Given this result, the study rejects the hypothesis stating that career adaptability moderates the relationship between workplace attachment and employee physical health.

Career Adaptability Predicts Employee Physical and Mental Health after Controlling for Demographic Variables (Gender, Race and Age)

The study further examined whether career adaptability predicted employee physical and mental health after controlling for demographic variables, namely, gender, race and age. The first hierarchical multiple regression analysis was performed with physical health as the dependent variable. The model summary results revealed that model 1 (controlled variables: gender, race and age) explained 2.7 per cent ($R^2 = .027$) of the variability in employee physical health. However, with all predictors included, they explained 13.2 per cent ($R^2 = .132$) of the variability in employee physical health. After the effects of demographics variables were controlled for, career adaptability explained 10.6 per cent (R^2 change = .106) of the variability in employee physical health and was statistically significant, $p = .000$.

The analysis of variance (ANOVA) further confirmed the fitness of the model in predicting employee physical health after controlling for the effects of demographic variables with the results indicating an F -ratio = 4.531, and was statistically significant, $p = .002$. The coefficients table was further examined to assess which predictor variables contributed in a unique way to the model. Making use of the standardised beta coefficients, only career adaptability had a unique contribution to the model ($b = .326$, $p = .000$), whereas age ($b = .014$, $p = .869$), race ($b = -.017$, $p = .847$), and gender ($b = -.167$, $p = .063$) had no unique contribution to the model. Given the above evidence, the study concludes that at a 5 per cent significance level, career adaptability predicts employee physical health. Table 2 summarises the ANOVA and model summary findings.

Table 2: Predictors of employee physical health: Hierarchical regression analysis output

ANOVA ^a							
	Source			Sum of squares	Mean square	<i>F</i> -value	<i>Pr</i> > <i>F</i>
Model 1	Regression			1.705	.568	1.092	.355 ^b
	Residual			62.463	.521		
	Total			64.169			
Model 2	Regression			8.481	2.120	4.531	.002 ^c
	Residual			55.688	.468		
	Total			64.169			
Model Summary							
Model	<i>R</i>	<i>R</i> ²	Adj. <i>R</i> ²	SE	<i>R</i> ² change	<i>F</i> change	Sig. <i>F</i> change
1	.163 ^a	.027	.002	.721	.027	1.092	.355
2	.364 ^b	.132	.103	.684	.106	14.479	.000

^a Dependent variable: Physical health^b Predictors: (Constant), Age, Race, Gender^c Predictors: (Constant), Age, Race, Gender, Career adaptability

The parameter estimates of the model are summarised in Table 3 indicating the predictors and their contribution to the model.

Table 3: Parameter estimates for the predictors of employee physical health

	Standardised coefficients beta	t	Sig.
Model 1			
Constant	–	10.773	.000
Race	–.035	–.378	.706
Age	.006	.060	.952
Gender	–.165	–1.761	.081
Model 2			
Constant	–	6.073	.000
Race	–.017	–.193	.847
Age	.014	.165	.869
Gender	–.167	–1.877	.063
Career adaptability	.326	3.805	.000

To examine whether career adaptability predicts employee mental health after controlling for the effects of demographic variables (race, age and gender), a hierarchical multiple regression analysis was performed. Model 1 (control variables, that is, age race and gender), explained 4.5 per cent of the variability in employee mental health ($R^2 = .045$). Model 2 which also includes the control variables and the predictor variable (career adaptability) explained 17.1 per cent of the variability in employee mental health ($R^2 = .171$). Looking at the R^2 change, it was observed that career adaptability explained 12.6 per cent of the variance (R^2 change = .126) in employee mental health and this was significant, $p = .000$. The ANOVA output table further confirmed the fitness of the model in predicting employee mental health with an F -ratio = 6.126, significant at $p = .000$. The results are given in Table 4.

Table 4: Predictors of employee physical health: Hierarchical regression analysis output

ANOVA ^a							
	Source			Sum of squares	Mean square	F-value	Pr > F
Model 1	Regression			5.353	1.784	1.877	.137 ^b
	Residual			114.088	.951		
	Total			119.441			
Model 2	Regression			20.396	5.099	6.126	.000 ^c
	Residual			99.045	.832		
	Total			119.441			
Model Summary							
Model	R	R ²	Adj. R ²	SE	R ² change	F change	Sig. F change
1	.212 ^a	.045	.021	.975	.045	1.877	.137
2	.413 ^b	.171	.143	.912	.126	18.074	.000

^a Dependent variable: Physical health

^b Predictors: (Constant), Age, Race, Gender

^c Predictors: (Constant), Age, Race, Gender, Career adaptability

The parameter estimates output table was also examined to identify the variables with a unique contribution to the model (Table 5). As indicated in Table 5, only career adaptability had a unique contribution to the model ($b = 4.251$, $p = .000$), whereas race ($b = .139$, $p = .106$), age ($b = .103$, $p = .227$), and gender ($b = -.112$, $p = .199$) had no unique contribution to the model. Given this evidence, the study concludes that at a 5 per cent significance level, career adaptability predicts employee mental health.

Table 5: Parameter estimates for the predictors of employee mental health

	Standardised coefficients beta	<i>t</i>	Sig.
Model 1			
Constant	–	7.943	.000
Race	.119	1.312	.192
Age	.094	1.031	.305
Gender	–.110	–1.189	.237
Model 2			
Constant	–	3.612	.000
Race	.139	1.628	.106
Age	.103	1.214	.227
Gender	–.112	–1.292	.199
Career adaptability	.386	4.251	.000

Discussion

The study aimed at investigating the influence of career adaptability on the relationship between workplace attachment and employee health. Given the noted focus on the need to pay attention to employee health issues (Chinyamurindi, 2019; Cooper, 2013), the study warrants a contribution through showing the role of workplace attachment to this relationship. The bonds that emanate from workplace attachment appear to create a source of respite for employees and develop in positive ratings of employee health, i.e. mental and physical health. The teaching profession, as most public service jobs, can be potentially linked to stress. Our findings appear to reverberate that despite this negative experience, teachers as found in our study derive a bond with their work setting. This bond ultimately influences health outcomes. The role of workplace attachment appears to follow suit with previous findings in South Africa that have also shown the role of organisational issues as affecting employee health outcomes (Kotze & Massyn, 2019; Van der Walt & Steyn, 2019). Workplace attachment as found in this research appears to be a bond that assists public service employees and in turn helps improve their outcomes of health. This finding indicates support for the attachment theory (Bowlby, 1969; Hazan & Shaver, 1990).

The finding regarding the role of career adaptability not influencing the relationship between workplace attachment and employee health was interesting to us. Despite the recognised role and importance of career adaptability in the literature (Maree, 2017), the public service appears to offer a sense of security that does not allow public service employees much room to manoeuvre their career. This could be a reason why the

influence of career adaptability was not supported in the relationship between workplace attachment and employee health. Another possible reason could be the career adaptability activities of replanning, reconstructing and redesigning individual career plans (Rossier et al., 2017) that may not feature prominently, especially among teachers who are more established in their professions.

A contribution of this study is the way in which it extends debate and understanding regarding the concept of workplace attachment. There have been links of workplace attachment with issues of optimum organisational functioning (Grady et al., 2019). Our work extends this further in showing the link between workplace attachment and outcomes of health, particularly employee mental and physical health. This finding deepens understanding into ways in which strategies can be proposed to assist public service employees to have positive experiences of work, which will be beneficial to their health.

Some implications can be drawn from the research. Given the finding that shows a link between workplace attachment and employee health, i.e. mental and physical health, efforts could be encouraged to improve employee and organisational quests for workplace attachment. This could be done through efforts such as training (Ronen & Mikulincer, 2010; Scrima, 2015). Given the link between workplace attachment and employee health, organisations can be responsive by encouraging a culture that fosters positive attachment behaviours. This can be done through improving human resource management practices (Fihla & Chinyamurindi, 2018) and also creating a corresponding general culture in the organisation. Ways are needed in which the organisation can make interventions that allow for employees to derive a sense of attachment to their work. Using the attachment theory (Bowlby, 1969; Hazan & Shaver, 1990; Mikulincer & Shaver, 2007), this can be done through encouraging employees to be rewarded for those activities that create meaningful experiences of work (Mikulincer & Shaver, 2007). Finally, given previous findings that have attributed the role of relations to fostering workplace attachment (Gonzalez et al., 2018), organisations can explore ways of encouraging positive relationships in the workplace as these may ultimately have links with positive employee health experiences. This is noted to be important as the work experience also occurs in relation to others (Mathibe & Chinyamurindi, 2021; Shava & Chinyamurindi, 2021).

Some limitations exist in this research. First, using self-reporting instruments as in our study measuring workplace attachment, career adaptability and employee health may be susceptible to bias and distortions. Second, we also acknowledge challenges in obtaining a reliable sampling frame. Caution should be exercised especially when making generalisations. Third, we acknowledge that measuring employee health is through self-report by filling out a survey. This may not be accurate and an alternative method could be to actually measure aspects such as body weight and blood glucose levels as indicators of health. Future research could improve on this method. Future research could seek to measure the constructs under study longitudinally (Scrima et al.,

2019). This can be useful in monitoring any change over time especially concerning the individual variables such as workplace attachment and career adaptability with malleable experiences regarding employee health. Future research can also be qualitative in nature to illustrate the subjective employee experiences of workplace attachment. This can be understanding even the ensuing complexity that surrounds such experiences.

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