

Psychosocial work conditions, social participation and social capital: A causal pathway investigated in a longitudinal study

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Abstract

Social capital is often claimed to be promoted by stable social structures such as low migration rates between neighbourhoods and social networks that remain stable over time. However, stable social structures may also inhibit the formation of social capital in the form of social networks and social participation. One example is psychosocial conditions at work, which may be determined by characteristics such as demand and control in the work situation. The study examines the active workforce subpopulation within the Swedish Malmö Shoulder Neck Study. A total of 7836 individuals aged 45–69 years, were interviewed at baseline between 1992 and 1994, and at a 1-year follow-up. Four groups of baseline psychosocial work conditions categories defined by the Karasek–Theorell model (jobstrain, passive, active, relaxed) were analysed according to 13 different social participation items during the past year reported at the 1-year follow-up. Odds ratios and 95% confidence intervals with the jobstrain group as a reference were estimated. A multivariate logistic regression model was used to assess differences in different aspects of social participation between the four psychosocial work conditions groups. The results show that the respondents within the active category in particular but also the relaxed category, have significantly higher participation in many of the 13 social participation items, even after multivariate adjustments. The results strongly suggest that psychosocial work conditions may be an important determinant of social capital measured as social participation, a finding of immediate public health relevance because of the well known positive association between social participation and health-related behaviours.

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Introduction

In recent years the social capital concept, which has its origins in sociology (Coleman, 1990) and political science (Putnam, 1993), has received great attention in

the area of public health. Within the public health literature, social capital has been shown to be associated with health through the pathways of norms and attitudes affecting health-related behaviours, direct psychosocial mechanisms which serve to enhance self-esteem and confidence, social networks which tend to increase the access to health care and amenities, and by having a lowering effect on crime rates (Kawachi, Kennedy, & Glass, 1999). Social capital has been defined

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by Putnam as a combination of high levels of social participation in formal and informal social networks and social activities, high levels of trust and a society characterised by generalised reciprocity. These facets of social capital are often assumed to mutually enhance each other in a reciprocal relationship (Putnam, 1993). However, there is no general agreement on this definition of social capital. While some theorists define social capital as “ties” and norms linking individuals together across a variety of institutional and formal as well as informal associational realms (Granovetter, 1996; Rueschemeyer & Evans, 1985), others regard social capital as a “moral resource” such as trust (Fukuyama, 1995). Furthermore, social participation in formal and informal social networks and trust do not always enhance each other in a mutually reciprocal relationship. High levels of social participation may in fact be associated with low levels of trust, i.e. “the miniaturisation of community” (Fukuyama, 1999), a phenomenon which has been demonstrated to have implications for public health and health-related behaviours in several ways. Individuals with a combination of high social participation and low generalised trust in other people have significantly higher odds ratios of poor psychological health, cannabis use and low levels of patient satisfaction with the primary health care system (Lindström, 2004a, b; Lindström & Axén, 2004). The adequate level for the analysis of social capital is also still disputed. Macinko and Starfield (2001) have identified at least four highly different levels of analysis on which social capital has been analysed in recent empirical studies: the macro level which entails countries and regions, the meso level which comprises social contexts such as neighbourhoods, the micro level which concerns social networks and social participation, and, finally, the level of individual attitudes such as psychological factors and trust.

However, social participation in formal and informal social networks and social activities seems to be a well-established aspect of social capital which has been shown to be associated with health (Berkman & Syme, 1979) and a variety of health-related behaviours (Lindström, 2000). For instance, social participation promotes smoking cessation among daily smokers (Lindström & Isacson, 2002), high levels of leisure-time physical activity (Lindström, Hanson, & Östergren, 2001), and high intake of vegetables (Lindström, Hanson, Wirfelt, & Östergren, 2001). The level of social participation varies by age, country of origin, marital status and socio-economic status (Lindström, 2000). It should be observed, though, that not all forms of social participation directly conform to the definition of social participation as an aspect of social capital. Social participation as an aspect of social capital is more narrow than the general and very wide definition of social participation as community participation. Social

participation and activities such as e.g. visiting a theatre/cinema, an arts exhibition, a church service, a sports event, a night club/entertainment or writing a letter to the editor of a newspaper/journal could be suspected in some cases to be completely solitary activities which do not include the transmission of the norms and values of society. In that case, they would not completely fit the social capital definition of social participation. Other activities such as participation in a study circle at work, a study circle outside work or attending a private party may be borderline cases, because they may only fit Woolcock’s (2001) definition of “bonding” social capital, i.e. social capital which binds members of an already existing social group closer together. The lack of “bridging” social capital, i.e. social capital which creates new channels for the communication of the norms and values of society, may lead to the exclusion of individuals who are not members of the social network, a process named by Putnam (2000) as “the dark side of social capital.” Other activities such as social participation in meetings of organisations, as well as demonstrations and gathering of relatives may be regarded as forms of social participation in accordance with social capital. Some aspects of social participation may be thus regarded as an important aspect of social capital.

It is often assumed that social capital and different aspects of social capital such as social participation and trust are best promoted by stable social conditions such as stable social structures and low migration rates (Kawachi & Berkman, 2000; Putnam, 1995). The structure concept is often used to designate a certain pattern with some kind of continuity and durability over time. The exact definition and the exact properties which characterise such a pattern (structure) vary between authors. The structure concept implies some degree of stability or recurrence in the relationships between actors (Garner, 1977). “Actor” and “structure” are two of the most fundamental concepts in social and political sciences. The relationship between them concerns the autonomy and freedom of individuals, groups of individuals or organisations (“actors”) to act as opposed to the limitation of choices imposed by political, economic or social “structures” which may restrain the number of options and possibilities for the actors. The freedom and autonomy of actors is a question of control over one’s own actions in the sense of the ability to initiate or terminate actions at one’s discretion (Pfeffer & Salancik, 1978). This fundamental research problem has been formulated by Lukes (1977) as the extent and the ways that social actors, whether individuals or collectivities, are constrained to think and act in the ways they do. Giddens has limited the structure concept to denote the rules, i.e. the non-formalised guidelines for the social interplay, and the resources, i.e. the capacities for change. These rules and resources, or sets of relations between actors, are

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