



# Worker health is good for the economy: Union density and psychosocial safety climate as determinants of country differences in worker health and productivity in 31 European countries



Maureen F. Dollard\*, Daniel Y. Nesar

Centre for Applied Psychological Research, School of Psychology, Social Work and Social Policy, University of South Australia, Magill Campus, Adelaide, Australia

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## ABSTRACT

Work stress is recognized globally as a social determinant of worker health. Therefore we explored whether work stress related factors explained national differences in health and productivity (gross domestic product (GDP)). We proposed a *national worker health productivity model* whereby macro market power factors (i.e. union density), influence national worker health and GDP via work psychosocial factors and income inequality. We combined five different data sets canvassing 31 wealthy European countries. Aggregated worker self-reported health accounted for 13 per cent of the variance in national life expectancy and in national gross domestic product (GDP). The most important factors explaining worker self-reported health and GDP between nations were two levels of labor protection, macro-level (union density), and organizational-level (psychosocial safety climate, PSC, i.e. the extent of management concern for worker psychological health). The majority of countries with the highest levels of union density and PSC (i.e., workplace protections) were Social Democratic in nature (i.e., Sweden, Finland, Denmark, Norway). Results support a type of society explanation that social and economic factors (e.g., welfare regimes, work related policies) in concert with political power agents at a national level explain in part national differences in workplace protection (PSC) that are important for worker health and productivity. Attention should be given across all countries, to national policies to improve worker health, by bolstering national and local democratic processes and representation to address and implement policies for psychosocial risk factors for work stress, bullying and violence. Results suggest worker health is good for the economy, and should be considered in national health and productivity accounting. Eroding unionism may not be good for worker health or the economy either.

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## Introduction

The new European policy framework for *Health 2020* values health as a human right, and intends to tackle social determinants of health to improve public health (World Health Organization, 2011). An important social determinant of health recognized globally is work related stress (Commission for the Social Determinants of Health, 2008). Work stress refers to “when the demands of the work exceed the employee’s ability to cope with or control them” (European Survey on New and Emerging Risks – Psychosocial Risks (ESENER) 2009a, p. 26). Work stress represents a “huge cost” in terms of the public health disease burden and worker health and productivity (European Agency for Safety and Health at Work

(EASHW), 2009). Work stress contributes about 5–10 per cent to the total disease burden of depression, and 16 per cent to the total burden of cardiovascular disease, equating to 2.5 million deaths per year (Prüss-Üstün & Corvalán, 2006). Stress-related illnesses such as depression and cardiovascular disease are forecast to be the leading causes of the global disease burden by 2020 (Murray & Lopez, 1996).

In 2005, on average, 22 per cent of workers in 27 EU member states experienced stress (European Foundation for the Improvement of Living and Working Conditions, 2006). Work stress costs are nationally significant with workplace bullying costing 1.5 per cent of gross domestic product (GDP) or £17.65 billion in the UK (Giga, Hoel, & Lewis, 2008), and work stress illnesses costing around €20 billion per annum across the EU15 (EASHW, 2009). Given the significance of the problem the aim of this research is to explore the central role of work in explaining national differences in levels of worker health and GDP.

If worker health is nationally important, it is crucial to understand its antecedents. In the current study we examine the

\* Corresponding author. Tel.: +61 434187253.

E-mail address: [Maureen.dollard@unisa.edu.au](mailto:Maureen.dollard@unisa.edu.au) (M.F. Dollard).

influence of psychosocial factors at work, defined as the job design (e.g. work pressure, job control), organization, and management of work that causes stress (Cox, Griffiths, & Rial-Gonzalez, 2000). Beyond commonly explored job design factors we also investigate workplace protection factors, the role of labor unions, psychosocial safety climate (i.e. policies and procedures for worker psychological health and safety, Dollard & Bakker, 2010) and job redesign for worker health and productivity.

Increasingly researchers frame work stress as a problem with multilevel causes (Kang, Staniford, Dollard, & Kompier, 2008). Most research focuses on within-organizational factors. Yet there are many important external or macro-level factors that impinge on the workplace (Dollard, Osborne, & Manning, 2012a), including the type of society implied by welfare state regimes, and national policy and regulation approaches to occupational safety and health (OSH). However these external factors are not readily explored in within-country studies. In this study, we propose that national factors such as the broader political context, influence work conditions, and how and why organizations tackle psychosocial factors at work. We examine the antecedents of worker health and its impact on GDP in 31 European countries. We draw on recent frameworks (Benach, Muntaner, & Santana, 2007; Navarro et al., 2006) and empirical work that links labor policies and welfare state regimes to poor work quality and older worker depressive health symptoms (Dragano, Siegrist, & Wahrendorf, 2011). In particular we focus on two levels of labor protection, macro-level (union density), and organizational-level (psychosocial safety climate).

### Significance of worker health

A healthy workforce is likely to have a significant impact on national life expectancy and national productivity estimated in terms of GDP. Work stress theory suggests that stress compromises worker health through an erosion of energy. Since outputs at work require energy inputs, performance is likely compromised when health is not optimal. Further, workers experiencing stressful conditions may reciprocate by reducing commitment and engagement and in sequence reduce outputs (Xanthopoulos, Bakker, Demerouti, & Schaufeli, 2009). Among restaurant workers, working conditions and worker health precede engagement and when workers are more engaged financial returns are higher (Xanthopoulos et al., 2009). Moreover a longitudinal meta-analytic study of 7939 business units found that engagement is related to greater productivity and profit, with highly engaged units returning increased profits of \$80,000 to \$120,000 per month (Harter, Schmidt, & Hayes, 2002).

Worker health is also related to the cost of production. When accidents, errors and turnover occur as a result of stressful conditions, production costs go up because of the associated costs related to sick leave, compensation and replacement costs of labor. Research from Australia shows that depression costs employers approximately AUD\$8 billion per annum due to productivity loss (.5 per cent GDP) because of sickness absence and presenteeism (i.e., reduced performance at work) (McTernan, Dollard, & LaMontagne, 2013).

**Hypothesis 1.** Worker self-reported health is positively associated with (a) life expectancy and (b) GDP.

### Antecedents to worker health

Work plays a central role in many people's lives. The average person in the 27 EU member states works around 61,295 hours or 10.6 per cent of a lifetime (Volger-Ludwig, 2009). Exposure to

stressful work conditions is likely to have an aggregate effect on worker health at a national level. Substantial evidence has now accumulated demonstrating that psychosocial factors such as high job demands and low job control (Karasek & Theorell, 1990) are related to high blood pressure (Rau, 2004), and cardiovascular disease (Kivimäki et al., 2012). Additionally, there is substantial evidence linking violence and bullying to physical and mental health problems (Black, 2008; Leka & Jain, 2010). In this study we examine psychosocial factors that relate to job design in the broad terms of job quality - the higher the quality the lower the psychosocial risks.

In addition to psychosocial stressors there are several workplace protective factors that play a role that have been ignored until recently. Psychosocial safety climate (PSC) is a workplace protective factor that reflects the will of management to prevent and respond to stressful conditions. Psychosocial safety climate concerns how management values worker psychological health, commits to and supports psychological health protection, and prioritizes the psychological health of workers over profit and productivity (Hall, Dollard, & Coward, 2010). Psychosocial safety climate theory proposes that PSC is the "cause of the causes" of common psychosocial risks (Dollard, 2012), and is a pre-eminent psychosocial risk factor (Dollard & Bakker, 2010). In a high PSC context managers will have a range of policies, practices and procedures in place to ensure that work conditions are not too demanding for workers, that resources are adequate to manage demands, and that overt psychosocial risks such as bullying, and violence and more subtle forms of aggression like incivility (Cortina, Magley, Williams, & Langhout, 2001), and microaggressions (Wing Sue, 2010), are not tolerated (Bond, Tuckey, & Dollard, 2010; Law, Dollard, Tuckey, & Dormann, 2011). In addition to having a preventative role, PSC may have a buffering role. Psychosocial safety climate may act as a safety signal to employees indicating when it is safe to utilize personal resources (e.g., coping strategies) and/or organizational resources (e.g., utilize autonomy) to cope with job demands (Dollard, Tuckey, & Dormann, 2012c). In a practical sense, workers may not be inclined to report bullying, or more subtle forms of incivility, or seek supportive resources when PSC is low (Dollard et al., 2012c).

Empirical research shows support for the dual roles of PSC. First, in relation to its preventative role, several longitudinal studies show that PSC negatively predicts psychosocial risk factors (e.g. emotional demands, bullying, harassment), that in turn are positively related to psychological health problems (Bond et al., 2010; Dollard & Bakker, 2010; Dollard et al., 2012b; Idris & Dollard, 2011; Idris, Dollard, Coward, & Dormann, 2012; Law, et al., 2011). Second, in relation to the buffering role, several longitudinal studies have found that PSC moderates the effects of demands and bullying on psychological health outcomes (Bond et al., 2010; Dollard & Bakker, 2010; Dollard, et al., 2012c; Law et al., 2011).

The pervasive effects of PSC are demonstrated in research where PSC assessed by one group of workers can predict work conditions (e.g., workload, control) and psychological strain at a later time in different workers in the same work unit (Dollard, et al., 2012b). Results combining lagged PSC data from different sources within the same study provide a strong test of the fundamental idea of climate as a property of the organization, and independent of the individual. These empirical and theoretical examples suggest that the application of PSC in this research is important to characterize an essential aspect of the workplace setting that relates to worker health protection.

In this study, consistent with previous operationalizations, we measure PSC in terms of policies, practices and procedures for psychosocial risks (stress, bullying and violence), and whether there is participation and consultation of employees in relation to taking measures to deal with psychosocial factors (Dollard &

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