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Differential economic stability and psychosocial stress at work: associations with psychosomatic complaints and absenteeism

Isabelle Godin*, France Kittel

Département Epidémiologie et Promotion de la Santé, Unité Psychologie de la Santé, Ecole de Santé Publique de l'Université Libre de Bruxelles, CP 596, 808 Route de Lennik, 1070 Bruxelles, Belgium

Abstract

Stressful working conditions are well known to have a negative impact on the worker's health. We investigated this association in a Belgian study with a psychosocial health perspective, including individual work characteristics as well as firms' features.

These data come from the first measure of the Somstress study. This is a 4 year project, initiated in 1999 and conducted in four different firms. The objective of this article is to investigate the relationships between stress, working conditions and absenteeism, self-reported health and psychosomatic complaints.

Firms were selected according to their degree of structural environment and job stability. Among the four work sites, one can be considered as stable, one unstable and the remaining ones in an in-between situation.

Stress is generally measured according to one of the following models: the job demands control model (Karasek) and the effort–reward imbalance model (Siegrist). We used here both models, along with the social support at work (Karasek) and overcommitment (Siegrist).

Sex, age and education are important health determinants. After adjustment for those three variables and additionally for the work instability, it appeared that poor health outcomes (measured by the self-rated health, depression (SCL-90), anxiety (SCL-90), somatisation (SCL-90), chronic fatigue (Vercoulen) and reported absenteeism) are mainly associated with a low control, low social support at work, high overcommitment and high level of imbalance. Inversely, job demands do not make any significant contribution in the logistic regression models for the above-mentioned health outcomes.

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Introduction

At least since the seventies, associations of the characteristics of the business cycle with health have been studied. More recently, with the rapid spread of new technologies and the globalisation of economic development profound changes in the labour market have been observed, most notably a segmentation of the work force into more privileged, relatively stable employment on the one hand and precarious employ-

ment characterised by instability, exposure to hazards and poor salaries on the other hand (Ferrie, Marmot, Griffiths, & Ziglio, 1999; Gollac & Volkoff, 2000; Paoli, 1997).

Structural unemployment, underemployment and forced early retirement have aggravated, and continue to aggravate this situation in many of the advanced economies, including European countries. Consequences of this work environment can be seen in an increased stress, a higher job insecurity, coupled with a lower job satisfaction (Merlié & Paoli, 2000).

Negative health consequences of these latter developments have been reported in several epidemiologic and sociological investigations, most of these focussed on

*Corresponding author. Tel.: +32-2-555-41-39; fax: +32-2-555-40-49.

E-mail address: igodin@ulb.ac.be (I. Godin).

anticipated or experienced redundancy, threats to job continuity or long-term unemployment (Catalano, 1991; Dejours, 2000; Dooley, Fielding, & Levi, 1996; Elkeles & Seifert, 1993; Fenwick & Tausig, 1994; Ferrie, Shipley, Marmot, Stansfeld, & Davey, 1998; Graetz, 1993; Heaney, Israel, & House, 1994; Jin, Chandrakant, & Tomislav, 1995; Leino-Arjas, Liira, Mutanen, Malmivaara, & Matikainen, 1999; Schnall et al., 1992; Stewart-Brown & Layte, 1997; Tennant, 2001; Turner, 1995; Viinamaki, Koskela, & Niskanen, 1993).

Closely linked to this topic is a broad field of research concerned with work stress and health, in particular, with an adverse psychosocial work environment. It has been convincingly argued that the health-adverse effects of psychosocial stress at work are best analysed with the help of theoretical models that reduce its complexities to meaningful explanatory constructs (Cooper & Payne, 1988). Two such models have received special attention in this regard: the demand-control-support model developed by Karasek (1979), Karasek and Theorell (1990) and extended by Johnson and Hall (1988), and the effort–reward imbalance (ERI) model proposed and initially tested by Siegrist and colleagues (Siegrist, 1996, 2002).

The content and measurement of these models, their similarities and differences have been discussed (Schnall, Belkic, Landsbergis, & Baker, 2000), and will not be summarised here, showing that the former model's focus is on the job task profile while the latter model combines structural and personal components of work stress.

Few investigations so far explored the effects on health produced by the following two conditions in one single study: the effect of differential economic stability of a company and the effect of an adverse psychosocial work environment. A simultaneous analysis of these two conditions is important both for conceptual and methodological reasons. Conceptually, it is crucial to know whether there exists any consistent effect of a stressful everyday work experience, as assessed by these two work stress models, after statistically adjusting for the effect of the broader context of a company's economic stability. One may assume that the condition of economic instability over-rides the more subtle and chronic stressful experience at work. Alternatively, it can be assumed that economic instability acts as an effect modifier of the association between work stress and health, potentiating its adversity. At the methodological level, the combination of objective work-related conditions as assessed by an index of economic stability, and of subjectively perceived working conditions as measured by self-report data on work stress (see Methods Section) seems instructive in terms of validation efforts.

It is the aim of this contribution to analyse associations of economic (in)stability and of psychosocial stress at work with several health indicators in a large sample of employees recruited from four different companies in

a country with an advanced economic development, Belgium. The four companies were selected in a way to represent sufficient variation in economic stability. In addition to these two sets of theoretically relevant variables, the socio-economic status of employees and their socio-demographic characteristics are taken into account.

Our hypothesis is that not only stressful working conditions, measured by the two models and describing situational and personal characteristics, are harmful for the worker's health but also macroeconomic characteristics. The assumption is that in an unstable economic sector, workers are more likely to be stressed than in a sector considered as stable. We also expect that less qualified workers are also at a greater risk of simultaneously experiencing psychosocial stress and workplace instability. This situation can lead to social inequalities in health in the workplace.

Method

Study design

Somstress is a Belgian research project constructed on a prospective protocol with repeated measures. The design includes four types of data: (1) firm's categorisation index (instability index), (2) semi-structured interviews conducted with key informants in each enterprise, (3) individual self-administered questionnaires, and (4) continuous registration of absenteeism. This latter is recorded over a 4 year period and transmitted by the firm. The first measure was completed in 1999–2000. It was repeated 1 year later.

The characteristics of instability can be due to a firm merging, relocation, downsizing or threat of redundancy. Those work aspects deteriorate the quality of work, as it is the case in Belgium as in other western industrialised countries.

Firms were selected according to their instability. We assessed and estimated instability after having analysed the available sectoral data on employment and unemployment. This led us to compute a “categorisation index” (Godin, Desmarez, & Kittel, 2002). This index is computed on the ratio between unemployment and employment in the different activity sectors (NACE codes). As such, a negative employment evolution along with an unemployment rise can be considered as an indicator of sector instability. Four firms were then selected according to their employment stability: one can be characterised as stable (a hospital), two are in an in-between situation (insurance companies, with one firm in a more unstable environment than the other one), and one is categorised as unstable (a telecommunication company), ending up with an instability gradient, going from “stable environment” to “very unstable”.

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