

A glossary for the social epidemiology of work organisation: Part 1, Terms from social psychology

C Muntaner, J Benach, W C Hadden, D Gimeno and F G Benavides

J. Epidemiol. Community Health 2006;60;914-916 doi:10.1136/jech.2004.032631

Updated information and services can be found at: http://jech.bmj.com/cgi/content/full/60/11/914

These include:

References This article cites 18 articles, 6 of which can be accessed free at:

http://jech.bmj.com/cgi/content/full/60/11/914#BIBL

1 online articles that cite this article can be accessed at:

http://jech.bmj.com/cgi/content/full/60/11/914#otherarticles

Rapid responses You can respond to this article at:

http://jech.bmj.com/cgi/eletter-submit/60/11/914

Email alerting service

Receive free email alerts when new articles cite this article - sign up in the box at the

top right corner of the article

Notes

CONTINUING PROFESSIONAL EDUCATION

A glossary for the social epidemiology of work organisation: Part 1, Terms from social psychology

C Muntaner, J Benach, W C Hadden, D Gimeno, F G Benavides

J Epidemiol Community Health 2006;60:914-916. doi: 10.1136/jech.2004.032631

ork is the means by which most human beings provide for their daily sustenance. Although many theorists suggest that work occupies a central place in human life, more recently some have questioned the centrality of work, arguing that we are now in a postindustrial, consumer-oriented society where consumption has replaced work as a source of health and disease in our societies.¹

Nevertheless, even in wealthy countries most adults still spend most of their waking hours engaged in work. People work in or out of their homes, with or without labour contracts, and in safe or hazardous working conditions. These and other features of work organisation have a great effect on workers' health.³ Furthermore, work exists in a historical context, deeply influenced by several institutions and social relationships.

Concepts used in the epidemiology of work organisation have been drawn from diverse disciplines, as researchers have pragmatically adapted concepts from adjacent disciplines such as sociology or psychology.

Although this pragmatic approach has produced a strong body of empirical evidence, it has left us with concepts that are nearly impossible to integrate into a broad theoretical framework. Therefore, this glossary does not exist within any overarching theoretical framework. Instead, we have chosen to split the content into three parts, according to each term's origin in the social sciences. Terms appear under one of three headings: Social Psychology, the Sociology of Work and Organisations and the Sociology of Labour Markets.

Our criteria for selecting and including terms in the glossary include both objective and subjective components. Substantial effort has been devoted to refining terms that are often used in Medline references but which, nonetheless, remain ambiguous or undefined (see terms under Social Psychology). We have also tackled areas in need of conceptual clarity (see terms under the Sociology of Work and Organisations). Finally, we have looked at how language is being used to describe emerging new forms of work organisation (see terms under the Sociology of Labour Markets). Whenever possible, we have provided information on the origin of each term, its definition and, in a few specific cases, information on measurement issues.

We believe our glossary complements two others: firstly, Nancy Krieger's glossary of terms in social epidemiology and, secondly, a glossary by Mel Bartley and Jeanne Ferrie that defines terms in the areas of unemployment, job insecurity and health (previously published in the *Journal of Epidemiology and Community Health*⁴⁻⁵) with concepts that are difficult to integrate into any overarching theoretical framework

PART 1: TERMS FROM SOCIAL PSYCHOLOGY

The discipline of social psychology looks at social behaviour and the psychological experiences of people in the work context. The boundaries of this subdiscipline overlap with other social and behavioural sciences. Some view the discipline of social psychology of work as occupying a distinct substantive field of knowledge located between the sociology of work and work psychology. The "social psychology of work" area includes studying relationships and behaviour at work, both in groups and among individuals; it also explores social influence processes and conflict, work roles, the connections between work and individual expectations, and how these affect work motivation, attitudes and well-being.

Bullying

No consensus exists regarding this term, which has been defined in multiple ways. Bullying usually refers to workplace situations where someone is subjected to social isolation, where his or her work is devalued, or to other forms of physical and psychological intimidation. These include professional humiliation, teasing, pressure to produce and destabilisation such as changing tasks or "goal posts".⁷ Although physical bullying is also possible, it is rarely reported.

Bullying at the workplace has been related to low job satisfaction levels, high levels of stress, anxiety and depression, sickness absence and intention to leave the job.⁸ Some research suggests that bullying negatively affects not only the victims but also those who witness bullying incidents.¹⁰

Effort-reward imbalance

The model of effort–reward imbalance links chronic stressful experiences at work with adverse long-term health effects.^{11–13} It also examines the individual's "fit" with the environment.

The model defines two different sources of effort: extrinsic (situational) effort, which is the individual's response to demands and obligations on the job, and intrinsic (personal) effort, which is the personal motivation of the worker to achieve or compete, to control the work situation, or to be approved or esteemed. Reward embraces

See end of article for authors' affiliations

Correspondence to: C Muntaner, CAMH, Social Equity and Health Section, 250 College Street, Toronto, Ontario M5T 158, Canada; carles_muntaner@ camh.net

Accepted 2 January 2005

financial rewards, esteem and occupational status control. In the model, a lack of reciprocity between costs and gains (ie high-effort or low-reward conditions) creates a state of emotional distress with special propensity to autonomic arousal and strain reactions.

The effort–reward imbalance model applies to a wide range of occupational settings, often to groups that suffer from a growing segmentation of the labour market or to those exposed to structural unemployment and rapid socioeconomic change. Effort–reward imbalance is common among low-status industrial workers, service occupations or professions, particularly those dealing with clients.

Emotional labour

Learning to manage emotion is essential to forming a mature personality, and is part of all working relationships. The term emotional labour describes jobs that require workers to induce or suppress feelings to sustain the outward countenance that produces the proper state of mind in others. ¹⁴ For example, airline stewards are responsible for managing situations with customers to create a favourable experience for the customer. ¹⁴ Other human service jobs that require personal involvement with clients require workers to cede considerable control to patients or clients.

Not only has the number of jobs requiring emotional control increased markedly in recent years, but Hochschild ¹⁴ has also identified the growing extent to which emotion is actually engineered and managed in these jobs.

Job control

This refers to employees' sense of control over their tasks and performance during the workday. ¹⁵ Job control is also called "decision latitude," which is defined as the combination of decision-making authority and the worker's opportunity to use and develop skills on the job. This concept is closely related to autonomy. The "job strain" model predicts that when high job demands are present with low job decision latitudes, there are negative physical health outcomes.

Job discrimination

This term describes what happens when work-related decisions are based on ascribed characteristics, such as sex, age, race, ethnicity or social class, rather than on individual merit, qualifications or performance. Social epidemiological analyses of discrimination require conceptualising and operationalising diverse expressions of exposure, susceptibility and resistance to discrimination. Clearly, individuals and social groups can be subjected simultaneously to multiple—and interacting—types of discrimination.¹⁶

Joh strain

Karasek ¹⁷ developed the job strain concept and model, also known as the demand–control model. Job strain results "not from a single aspect of the work environment, but from the joint effects of the demands of a work situation and the range of decision-making freedom (discretion) available to the worker facing those demands. Job strain occurs when job demands are high and job decision latitude is low."¹⁷

People in high-strain jobs are at increased risk for negative health outcomes such as hypertension, heart disease, fatigue, anxiety, depression and illness.¹⁵ ¹⁸ More recently, a third major job characteristic—workplace social support—was added to Karasek's model. The combination of job strain and low social support has since been labelled "iso-strain" or "isolated high-strain" work.¹⁹ Low social support has been associated with increased job strain to mortality risk ratios.²⁰

Job stress

Most definitions can be placed within two theoretical perspectives. The first considers job stress as an organism response, following the tradition started by Cannon and Selye.²¹ This is the most accepted and common conception of stress.²² Within this perspective, job stress refers to "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker."²³ Job stress may result in physical and mental illness, such as cardiovascular disease or depression. This concept is extremely broad, including not only "job strain" but also situations where there is a poor fit between workers' personalities or abilities and job requirements, where workers are confronted with role conflicts, where the amount or pace of work required exceeds the capacity of workers, or where the intensity or duration of work interferes with workers' family or personal lives.

The second perspective conceptualises stress as those features of the work environment that pose a threat to the individual's health and well-being. ²¹ ²⁴ The term "stressor" is an offspring of this second notion of stress.

Person-environment fit

The "person–environment fit" model of occupational stress was developed at the University of Michigan in the early '70s.²⁵ ²⁶ The model states that stress develops when the work environment fails to match the motives of the person, or when the person's abilities fail to meet the job demands.²⁷ ²⁸ The model emphasises the "perceived" fit versus the "objective" fit. Research using this model has been critically examined,²⁸ and its predictive power seems lower when compared with the predictive strength of either the effort–reward or the demand–control model.²⁹ ³⁰

Psychological contract

Psychological contract, a term conceptualised by Cavanagh,³¹ refers to the expectations and rules that constitute the basis for the continuing commitment of an employee to his or her employer. Psychological contract refers to the unwritten contract about the relationship between an employer and an employee. It includes form (ie the way of the exchange agreement between employer and employee), content (ie the beliefs of the individual about the terms and conditions of the exchange agreement) and process (ie the negotiation interplay between demands and offers of both the employee and the employer) of the employment relationship.³²

Psychological demands

Psychological demands are part of the demands in the demand–control model and part of the effort in the effort–reward imbalance model. Demands refer to the psychological stressors associated with accomplishing work, unexpected tasks and job-related personal conflict. Typical questions about psychological demands measure the pressure of output on the job: "Does your job require you to work very fast, hard, or to accomplish large amounts of work? Are you short of time?" Over time the content of this concept has expanded: the core of the concept is the work load and the sense that one has to work hard and under time pressure. But the concept also includes stress induced by role conflicts and by the challenges of emotional labour.

Role conflict

This refers to conflict that occurs when individuals engage in incompatible multiple roles at the same time.³⁴ Role conflict can occur between roles within the same life area or between different areas (eg work and family roles). Role conflict often involves reciprocal processes. For example, work can interfere with family and family can interfere with work. Three main types of role conflict.³⁵ are time-based conflict, strain-based conflict and behaviour-based conflict. Two hypotheses dominate the role conflict research field: (1) the scarcity hypothesis, which suggests that individuals' time and

physical and mental energy available are a finite resource and have to be distributed between the different roles; and (2) the enhancement hypothesis,36 which suggests that the person's energy is expandable, so that multiple roles can provide additional sources of support and well-being. Research has shown that several outcomes—poor health, dissatisfaction and absenteeism—are affected by role conflict.

Social support

This refers to help received from others with whom one has social relationships. For epidemiological analyses, several distinctions may be drawn about the sources of social support and the benefits derived. Firstly, social support might protect health by moderating the effects of work situations: integration into a work group might reduce feelings of alienation in a routine job; information sharing might facilitate problem solving and reduce stress on a time-pressed project. Secondly, support might moderate the health effects by increasing workers' capacity to adapt in the following ways: participating with others in leisure time activities may reduce feelings of stress; discussing problems with others might facilitate access to appropriate healthcare. Distinctions can also be drawn about the type of benefit—emotional, instrumental, appraisal, and informational—to be derived. Finally, distinctions can be made about the nature of social support relationships (ie are the ties close or intimate? do they exist between equals?).31

Authors' affiliations

C Muntaner, Social Equity and Health Section, Center for Association and Mental Health, University of Toronto, Ontario, Canada

J Benach, F G Benavides, Occupational Health Research Unit, Department of Experimental and Health Sciences, Universitat Pompeu Fabra, Barcelona, Spain

W C Hadden, US Centers for Disease Control, National Center for Health Statistics, Hyattsville, Maryland

D Gimeno, International Institute for Society and Health, Department of Epidemiology and Public Health, University College London, London, UK

Competing interests: None declared

Funding: Study partly funded by Red de Centros de Investigación de Epidemiología y Salud Pública

REFERENCES

- Rifkin J. The end of work: the decline of the global labour force and the dawn of the post-market era. New York: GP Putnam's Sons, 1995.

 Bell D. The coming of post-industrial society. New York: Basic Books, 1973.
- Levenstein C, Wooding J, Rosenberg B. The social context of occupational health. In: Levy BS, Wegman DH, eds. *Occupational health*.3rd edn. New York: Litle Brown, 1995:25–53.
- 4 Krieger N. A glossary for social epidemiology. J Epidemiol Community Health 2001;55:693–700.

- 2001;35:693-700.
 Bartley M, Ferrie J. Glossary: unemployment, job insecurity, and health. J Epidemiol Commun Health 2001;55:776-81.
 Argyle M. The social psychology of work, 2nd edn. London: Penguin, 1989.
 Rayner C, Hoel H. A summary review of literature relating to workplace bullying. J Community Appl Soc Psychol 1997;7:181-91.
 Quine L. Workplace bullying in NHS community trust: staff questionnaire survey. BMJ 1999;318:228-32.

- 9 **Kivimaki M**, Elovainio M, Vahtera J. Workplace bullying and sickness absence in hospital staff. *Occup Environ Med* 2000;**57**:656–60.
- Vartia MA. Consequences of workplace bullying with respect to the well-being of its targets and the observers of bullying. Scand J Work Environ Health 2001:27:63-9
- 11 Siegrist J. Adverse health effects of high effort low reward conditions at work. J Occup Health Psychol 1996;1:27–43.
- 12 Bosma H, Peter R, Siegrist J, et al. Two alternative job stress models and the risk of coronary heart disease. Am J Public Health 1998;88:68-74.
- 13 Peter R, Siegrist J, Hallqvist J, et al. Psychosocial work environment and myocardial infarction: improving risk estimation by combining two complementary job stress models in the SHEEP study. *J Epidemiol Community* Health 2002;56:294-300.
- 14 Hochschild AR. The managed heart. Berkeley: University of California Press,
- 15 Karasek R, Theorell T. Healthy work: stress, productivity, and the reconstruction of working life. New York: Basic Books, 1990
- 16 Krieger N. Discrimination and health. In: Berkman L, Kawachi I, eds. Social epidemiology. Oxford: Oxford University Press, 2000:36–75
- 17 Karasek RA. Job demands, job decision latitude, and mental strain: implications for job redesign. Adm Sci Q 1979;**24**:285–308.
- 18 Van der Doef M, Maes S. The job demand-control (-support) model and psychological well-being: a review of 20 years of empirical research. Work Stress 1999:**13**:87-114
- 19 Schnall PL, Landsbergis PA, Baker D. Job strain and cardiovascular disease. Annu Rev Public Health 1994;15:381–411.
- 20 Johnson JV, Hall EM, Theorell T. Combined effects of job strain and social isolation on cardiovascular disease morbidity and mortality in a random sample of the Swedish male working population. Scand J'Work Environ Health 1989;15:271-9.
- 21 Cox T. Stress. London: Macmillan Press, 1978:4-12.
- 22 European Commission. Guidance on work-related stress—spice of life or kiss of death?. Luxembourg: Office for Official Publications of the European Communities, 2000.
- 23 NIOSH working group. Stress at work. Cincinnati, OH: Centers for Disease Control and Prevention, 1999, http://www.cdc.gov/niosh/pdfs/stress.pdf (accessed 31 Aug 2006).
- 24 Kanner AD, Coyne JC, Schaefer C, et al. Comparison of two models of stress measurement: daily hassles and uplifts versus major life events. J Behav Med 1981;4:1-39
- 25 Kahn RL, Wolfe DM, Quinn RP, et al. Organizational stress. New York: Wiley,
- 26 Caplan RD, Cobb S, French JRP, et al. Job demands and worker health. Cincinnati, OH: National Institute for Occupational Safety and Health, Publication no 75-168, 1975.
- 27 French JRP Jr, Caplan RD, Harrison RV. The mechanisms of job stress and strain. New York: John Wiley, 1982.
- 28 Spielberger CD, Vagg PR, Wasala CF. Occupational stress: job pressures and lack of support. In: Quick JC, Tetrick LE, eds. Handbook of occupational health psychology. Washington, DC: American Psychological Association, 2003.
- 29 Schnall PL, Landsbergis PA, Baker D. Job strain and cardiovascular disease. Annu Rev Public Health, 1994;15:381–411.
- 30 Harrison RV. Person-environment fit and job stress. In: Cooper CL, Payne R, eds. Stress at work. New York: John Wiley, 1978:175-205
- Cavanagh SJ. A 'new' psychological contract for nurses: some management implications. J Nurs Manag 1996;**4**:79–83.
- 32 Purvis LJ, Cropley M. The psychological contracts of National Health Service nurses. *J Nurs Manag* 2003;**11**:107–20.
- 33 Soderfeldt B, Soderfeldt M, Muntaner C, et al. Psychosocial work environment in human service organizations: a conceptual analysis and development of the demand-control model. Soc Sci Med 1996;42:1217-26.
- 34 Katz D, Khan R. The social psychology of organizations, 2nd edn. New York: John Wiley, 1978.
- 35 Greenhaus JH, Beutell NJ. Sources of conflict between work and family roles. Acad Manage Rev 1985;10:76-88.
- 36 Marks SR. Multiple roles and role strain: some notes on human energy, time and commitment. Am Sociol Rev 1977;42:921-36.
- Berkman LF, Glass T. Social integration, social networks, social support, and health. In: Berkman LF, Kawachi I, eds. *Social epidemiology*. New York: Oxford University Press, 2000:137–73.