Psychosocial factors in the work environment – their manifestation, impact on health and how to take preventive actions

Psychosocial factors – an exposure difficult to measure

Anita Pettersson-Strömbäck
Sweden

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In general, work is seen as an important aspect of health and well-being (1). But work can also be harmful to health. In most Western countries, as in Sweden, psychosocial factors and stress-related symptoms are one of the most common causes of work-related disorders (2). Psychosocial factors can be: perceived demand, control, reward, justice, influence, leadership, forms and patterns of communication, competence, bullying, learning opportunities, feedback of results, well-being and trust (3–4).

Psychosocial factors are a burden that is difficult to measure and for which it is hard to find preventive measures. They are socially constructed phenomena that cannot be the subject of fundamental measurement, i.e. objects that could be concatenated through defined empirical operations (5). For example, length is measured by a yardstick with defined objective intervals denoting, for example, centimeters: a desk can be 60 x 120 centimeters. With perceived demand, one measures a variable without physical extension, an experience in people’s heads. We cannot objectively assess the extent of the variable. Instead, we use arbitrary measurement scales, in which the difference between the intervals from low to high perceived demands varies according to different individuals.

Communication – the manifestation of psychosocial factors

Yet, we all “feel” and act upon psychosocial factors. How is this? As it is not a transcendental question, it must be something else. One can argue that psychosocial factors are constructed by the organization and the individuals within it through both formal and informal factors, such as organizational goals, structures, policies, budgets, production goals, work descriptions, norms, meeting structures, communication pathways (such as who is invited to meetings), how people talk to each other, etc. These factors are spread throughout the organization in one way or another (written, orally, or by behaviour) and in turn influence the feelings, thoughts and behaviour of the individuals in the organization. The implication of this reasoning is that psychosocial factors manifest themselves through communication. This reasoning will be further explored below, but first we must define communication.

Communication occurs through all processes in relations between humans. It can be defined as “the successful conveying or sharing of ideas and feelings” (6). Thus, the information a person communicates to somebody else consists of inner states that must be transformed into some kind of code. In this case, the English language is used, but this article could be written in another kind of code, such as Finnish or a binary code. Behaviour is another kind of code, such as slamming the door when feeling angry. Then the recipient interprets the code into their own thoughts, feelings, and behaviour. This means that the construction and interpretation of the communication content is subjective; reflections of our collected knowledge, experience, personality and the situation we are in. But the code (speech, behaviour and texts) is objective, and therefore more easily measured and malleable, as we can all agree upon the content of written organizational policies, a budget, or who is included in an email list.

Psychosocial factors – impact on health

We can now apply communication to one of the most explored theoretical models describing psychosocial factors and their relation to health: the demand-control-support model (3). The model was first introduced by Karasek over 30 years ago, tested and validated by Karasek and Theorell, and later extended by Johnson (7–9) (Figure 1). It has four outcomes consisting of different combinations of high versus low perceived control and demand: passive (low perceived demands and control), low strain (low perceived demands and high perceived control), active (high perceived demands and control), and high strain (high perceived demands and low perceived control). The model states that individuals who perceive both excessive physical and psychological demands at the workplace and at the same time perceive low control over their work situation will experience strain. Furthermore, low perceived control and high perceived demand, in combination with low perceived social support, results in what researchers call iso-strain, the brown area in Figure 1. This strain might in turn lead to ill health in the form of, for example, sleep disorders, cardiovascular disease, depression, and burnout (7–8, 10–11). Here, the individual reacts to stimuli that they perceive as excessive demands (for example, a long waiting list at an orthopedic clinic). At the same time they perceive their control over the situation as low (limited economic and personnel resources) and social support as low (a clinic department head that is keen on keeping the budget in balance and overstressed co-workers). Demands, control, and social support are communicating by reports on the number of patients on the

Figure 1. The demand-control-support model.
waiting list, the annual budget, staffing plans, managers talking about the importance of keeping the budget in balance, and co-workers talking about stress due to work overload. This might lead to ill health among workers. But how should we fix this?

How to create a healthy work environment and a positive psychosocial climate

Research shows that well developed relations, accomplished through continuous communications, co-operation and the building of relations (12) are effective in reducing perceived high strain and developing a positive psychosocial climate. Then, a relevant hypothesis is that by enhancing communication in a positive fashion, one can enhance the psychosocial climate.

This is explored in a study by Södergren et al., 2012 (13), built on Losada & Heaphys’ (2004) model of high productive teams (14). They found significant relationships between changes in communication style and psychosocial health factors, i.e., effectively and positively training employees to communicate in work-related meetings had a positive outcome on health factors, well-being, social support, role clarity, engagement, and learning. The key to this approach is that we affect not only subjective inner states, but overt, objective communication that can be designed and measured according to a model, as in the Swedish study (13).

The conclusion is that an effective and also measurable way to prevent ill health and promote a positive psychosocial work environment is effective and positive communication.

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References


Contact Information

Anita Pettersson-Strömback
Research assistant, first Department of Public Health and Clinical Medicine Unit of Occupational and Environmental Medicine Umeå University
901 87 Umeå, Sweden
Phone: +46 90 785 2727,+46 70 290 3664
Email: anita.p.stromback@enmed.umu.se