

Influence and control in work – 1D

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NATIONAL RESEARCH
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The prospective effect of control in work on changes in self-rated health from 1995-2005

Karen Albertsen and Hermann Burr



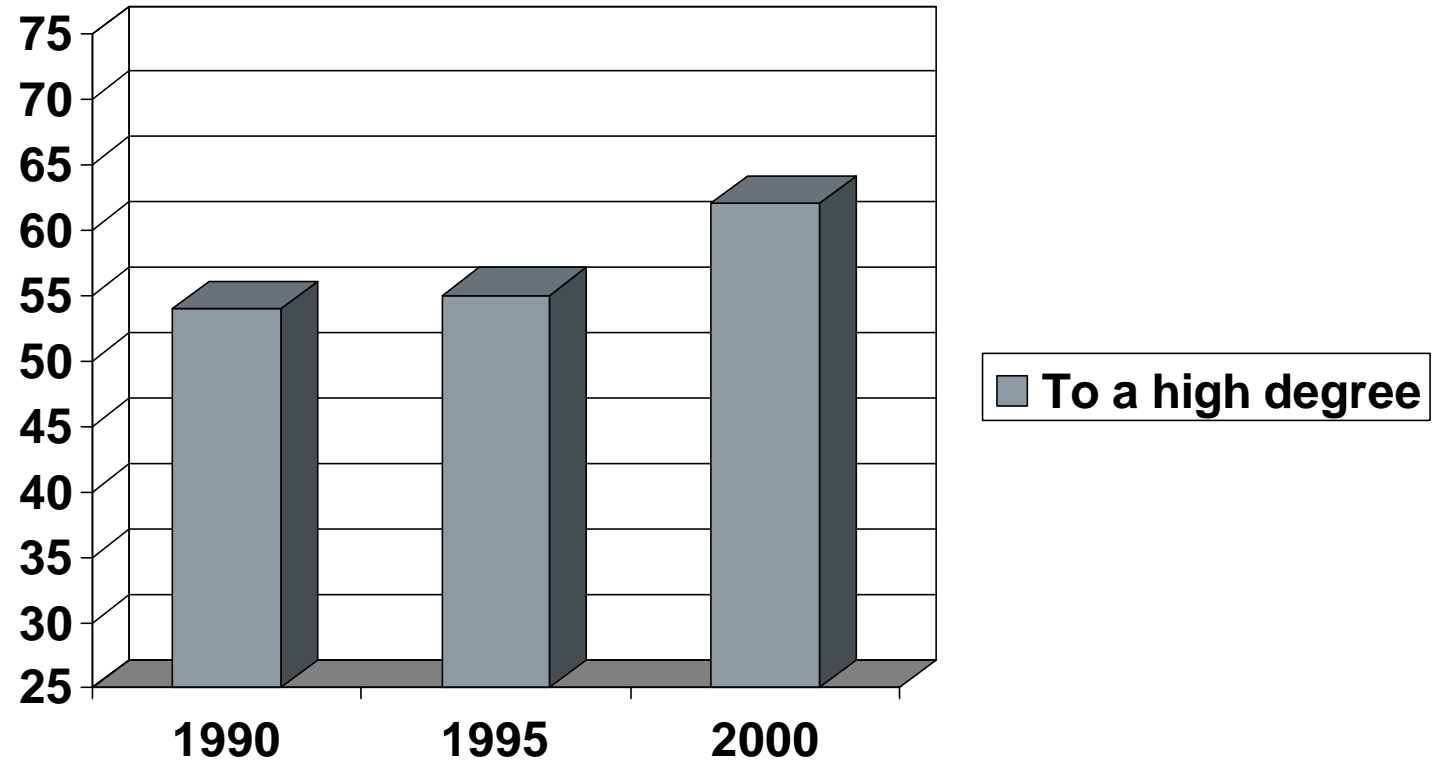
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JDC-model

Two dimensions in control (decision latitude):

- Decision authority (or task authority): Influence on decisions, planning and task performance
- Skill discretion: Possibilities to learn new things, develop competences, variation, creativity
- Two main hypothesis:
 - Positive for health and weel-being
 - Buffering effect toward the negative effect of high demands

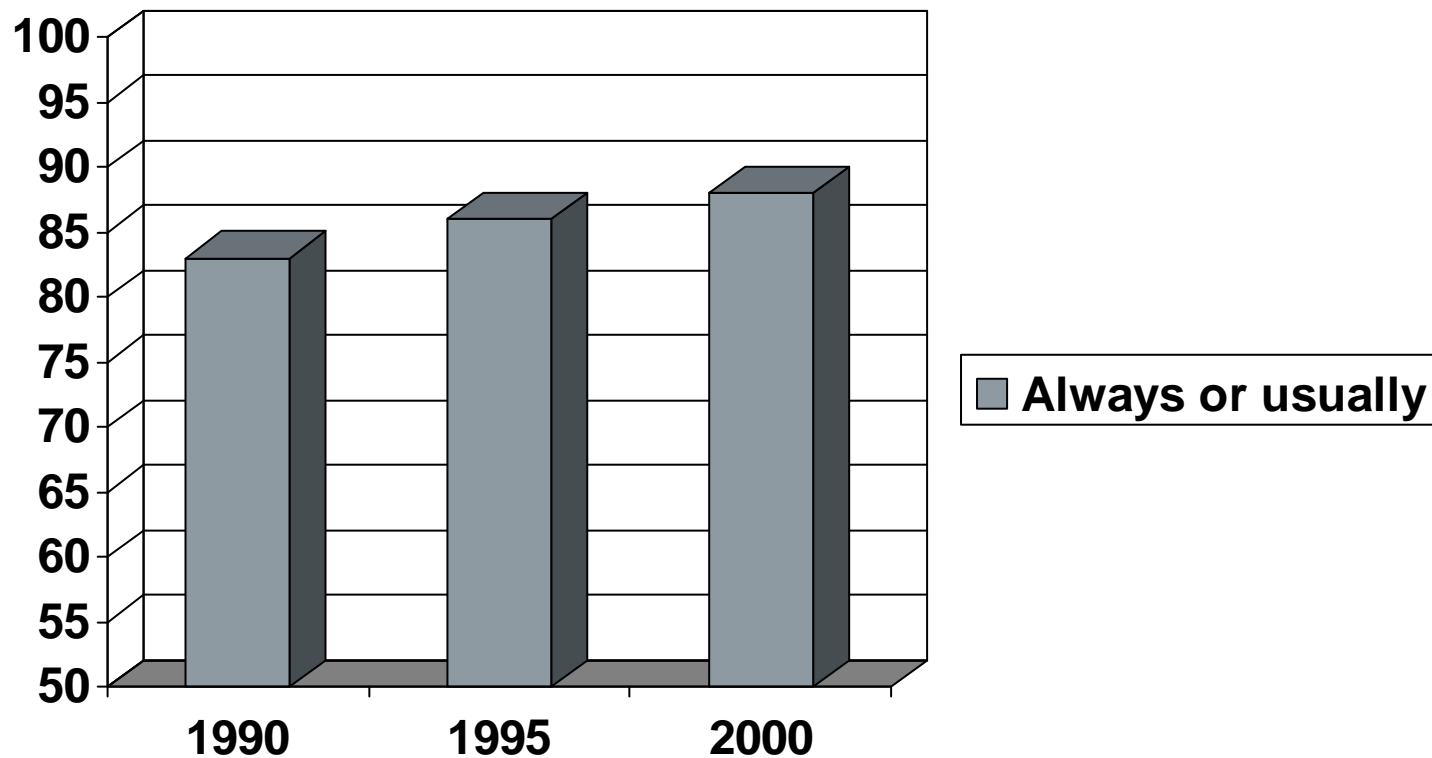
Skill discretion, to a high degree %



DWECS



Decision authority always or usually %



Changing work roles

- From product industry to service industry
- From manufacturing of products to identification of needs
- From constitutive to regulatory rules (Allvin, 2008)
- From objective to subjective regulation
- Increased: individual responsibility, flexibility, goal-orientation, self-directedness and autonomy

Background

- Has the positive effect of control in work on health and well-being changed?
- Recent studies have found no positive effect of influence at work on long-term sickness absence, work-family conflicts or stress

Aim

- Examine whether the prospective effect of control at work on self-reported health has decreased over the years?

Hypothesis

- The effect of control on deteriorations in self-rated health will decrease over the three time periods 1990-1995, 1995-2000 and 2000-2005?

Method

- Three cohorts of the Danish Work Environment Cohort Study: 1990-1995, 1995-2000 and 2000-2005
- N=9,076 employees, representative for Danish wage earners
- Cohort participation rates 50-75%
- Analyzed:
 - changes in self-rated health
 - possible interactions between the control measures and calendar year

Measures - control

- *Decision authority:*
 - *"Do you participate in the planning of your work?
(for example, what needs to be done, how it will be accomplished,
or who you will work with)?"* (Always, Usually, Usually not, Never)
- *Skill discretion*
 - *"Is your work varied?"* (To a high degree, To some degree, Only to a lesser degree, No, or only to a slight degree)

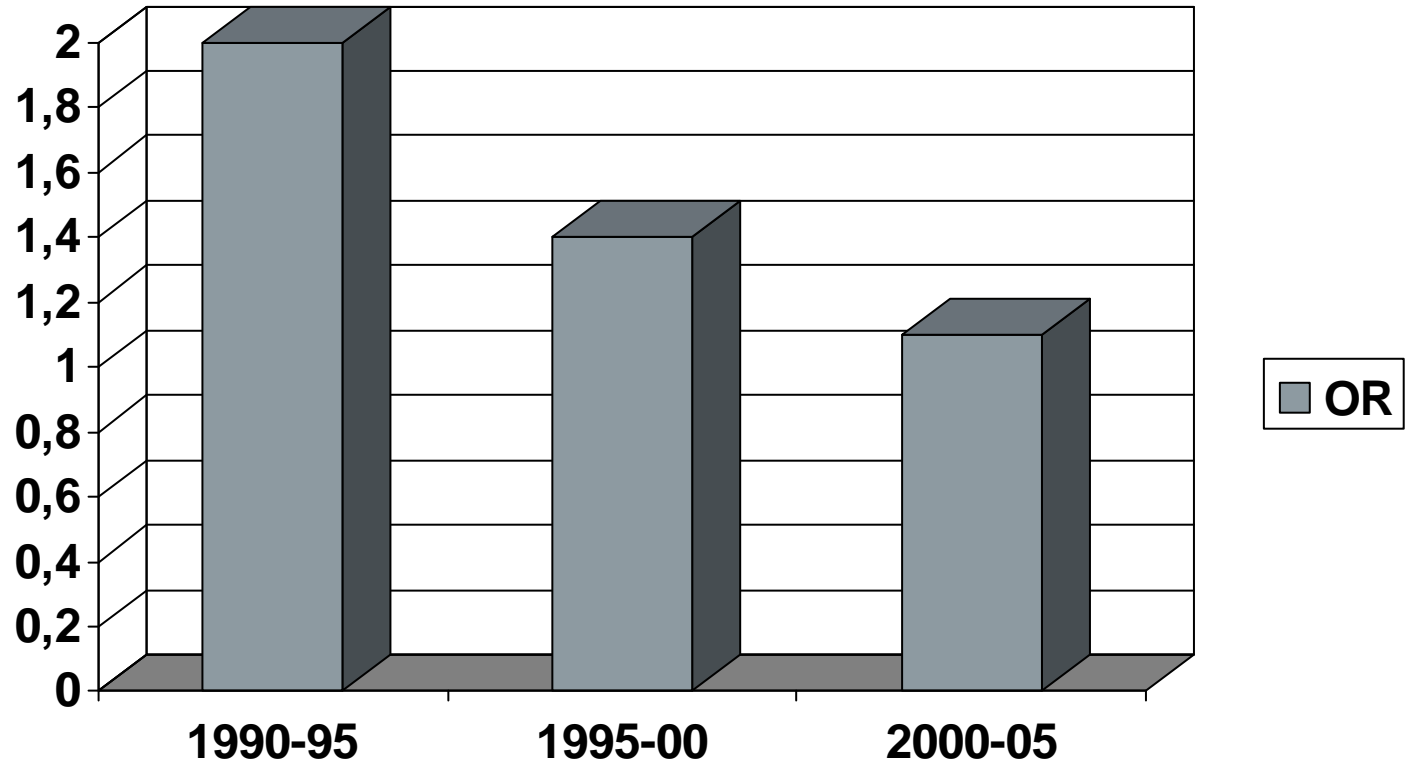
Measure Self-rated health

- *“How do you rate your health in general?”* (very good, good, fair, poor, very poor)
- ‘good health’ (the response categories ‘very good’, ‘good’)
- ‘poor health’ (‘fair’, ‘poor’ and ‘very poor’)

Results

- Low degree of skill discretion associated with deterioration in self-rated health over 5 years
- OR= 1,7 for a low degree of skill discretion
- OR= 1,4 for a moderate degree
- No independent effect of decision authority

OR for deterioration in self-rated health with low skill discretion over 5 years



Interpretations

- The changes in the effect of skill discretion may have different explanations:
 - changed importance – in line with the lack of effect of decision authority
 - changed perception – changed response pattern
 - changes in external factors, not controlled in the study (e.g. demands or role conflicts)

Conclusion

- The importance or meaning of control at work may have changed over the last twenty years, so the positive effect of decision authority and skill discretion on health and well-being have been reduced
- Therefore, the increase in control in the Danish workforce is not accompanied by a correspondingly increase in good health

Previous studies:

- Grönlund found in a Swedish sample:
 - No support for the hypothesis that employee-control should blur the boundaries between work and private life or should be problematic for white-collar employees (with loosely regulated jobs) or women (with double shifts)
 - The groups with low control experience problems
 - The groups with high control have no less problems than those with moderate control