Sammenheng mellom organisatoriske og psykososiale forhold og helse

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Fagdag Havtil, Stavanger 5.12.24

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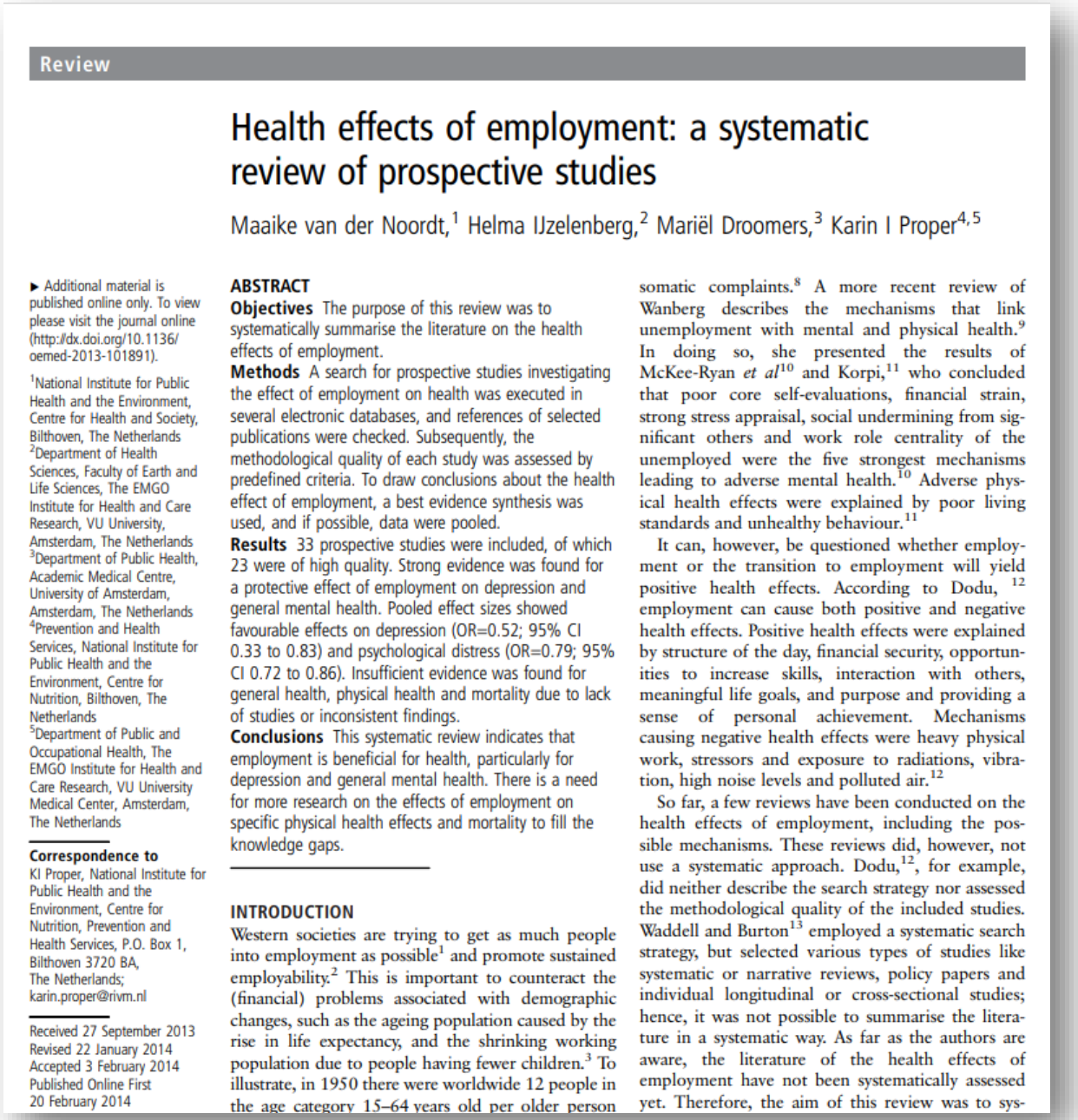
Arbeid og helse

- Arbeid er i hovedsak en kilde til ressurser som gir god helse
  - Materielle ressurser
  - Psykologiske ressurser
  - Sosiale ressurser
- Forskning viser at tap av arbeid gir økt risiko for å utvikle helseproblemer, og at helsen bedres ved tilbakekomst til yrkeslivet
- Men!
  - Det forutsetter et godt arbeidsmiljø



Review

Health effects of employment: a systematic review of prospective studies

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▸ Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/oemed-2013-101891).

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ABSTRACT

Objectives The purpose of this review was to systematically summarise the literature on the health effects of employment.

Methods A search for prospective studies investigating the effect of employment on health was executed in several electronic databases, and references of selected publications were checked. Subsequently, the methodological quality of each study was assessed by predefined criteria. To draw conclusions about the health effect of employment, a best evidence synthesis was used, and if possible, data were pooled.

Results 33 prospective studies were included, of which 23 were of high quality. Strong evidence was found for a protective effect of employment on depression and general mental health. Pooled effect sizes showed favourable effects on depression (OR=0.52; 95% CI 0.33 to 0.83) and psychological distress (OR=0.79; 95% CI 0.72 to 0.86). Insufficient evidence was found for general health, physical health and mortality due to lack of studies or inconsistent findings.

Conclusions This systematic review indicates that employment is beneficial for health, particularly for depression and general mental health. There is a need for more research on the effects of employment on specific physical health effects and mortality to fill the knowledge gaps.

INTRODUCTION

Western societies are trying to get as much people into employment as possible[1] and promote sustained employability.[2] This is important to counteract the (financial) problems associated with demographic changes, such as the ageing population caused by the rise in life expectancy, and the shrinking working population due to people having fewer children.[3] To illustrate, in 1950 there were worldwide 12 people in the age category 15–64 years old per older person somatic complaints.[8] A more recent review of Wanberg describes the mechanisms that link unemployment with mental and physical health.[9] In doing so, she presented the results of McKee-Ryan *et al*[10] and Korpi,[11] who concluded that poor core self-evaluations, financial strain, strong stress appraisal, social undermining from significant others and work role centrality of the unemployed were the five strongest mechanisms leading to adverse mental health.[10] Adverse physical health effects were explained by poor living standards and unhealthy behaviour.[11]

It can, however, be questioned whether employment or the transition to employment will yield positive health effects. According to Dodu, [12] employment can cause both positive and negative health effects. Positive health effects were explained by structure of the day, financial security, opportunities to increase skills, interaction with others, meaningful life goals, and purpose and providing a sense of personal achievement. Mechanisms causing negative health effects were heavy physical work, stressors and exposure to radiations, vibration, high noise levels and polluted air.[12]

So far, a few reviews have been conducted on the health effects of employment, including the possible mechanisms. These reviews did, however, not use a systematic approach. Dodu,[12], for example, did neither describe the search strategy nor assessed the methodological quality of the included studies. Waddell and Burton[13] employed a systematic search strategy, but selected various types of studies like systematic or narrative reviews, policy papers and individual longitudinal or cross-sectional studies; hence, it was not possible to summarise the literature in a systematic way. As far as the authors are aware, the literature of the health effects of employment have not been systematically assessed yet. Therefore, the aim of this review was to sys-

Hvordan forstår, prioriterer og arbeider norske virksomheter med psykososialt arbeidsmiljø?

Vet vi hva psykososialt arbeidsmiljø egentlig handler om?

- utydelig, abstrakt og fjernt
  - stor variasjon i forståelsen

Blir psykososialt arbeidsmiljø prioritert?

- avhengig av næring/bransje

Hva gjøres?

- trivselstiltak/velferdstiltak
- tiltak for å styrke det sosiale fellesskapet

Hva er psykososialt arbeidsmiljø?

- Opplevelse av arbeidssituasjon og arbeidsinnhold
  - Jobbkrav; rolleforventninger; påvirkningsmuligheter; anerkjennelse etc.
- Det mellommenneskelige samspillet på jobb
  - Sosialt klima/sosial støtte; ledelsesfaktorer; konflikter etc.
- Psykososiale arbeidsfaktorer har stor betydning for helse, fravær og frafall fra arbeidslivet

➢ Hvordan arbeidet planlegges, organiseres og gjennomføres har betydning for det psykososiale arbeidsmiljøet

Kjennetegn ved en gunstig arbeidssituasjon:

- den muliggjør selvbestemmelse (autonomi)
- variert bruk av evner
- samarbeid i arbeidsprosessen
- den er ikke bare formålstjenlig, men gir også mening i seg selv

Social Science & Medicine
Volume 16, Issue 4, 1982, Pages 463-467

Epidemiologisk forskning på sammenhenger mellom psykososialt arbeidsmiljø og helseutfall vokser frem på 1990-tallet. De første studiene ble publisert på 1980-tallet.

Myocardial infarction risk and psychosocial work environment: An analysis of the male Swedish working force

L. Alfredsson [1], R. Karasek [2], T. Theorell [3]

Hectic work was not associated with excess risk by itself but in combination with variables associated with low decision latitude and/or few possibilities for growth it was associated with significant excess risk.

Rushed tempo *and*	Relative risk	Confidence interval (95%)	*P*-value (one-tailed)
Monotony	1.26	0.92–1.72	0.08
No private visits	1.30	0.97–1.74	0.04
Low influence over work tempo	1.35	1.01–1.81	0.02
No contacts	1.24	0.93–1.65	0.07
Not learning new things	1.45	1.02–2.04	0.02
Sweating	1.43	1.03–1.98	0.02
Physical monotony	1.31	0.97–1.77	0.04
Heavy lifting	1.37	1.01–1.86	0.02
Noise	1.23	0.87–1.74	0.12
Vibrations	1.42	1.01–2.00	0.02

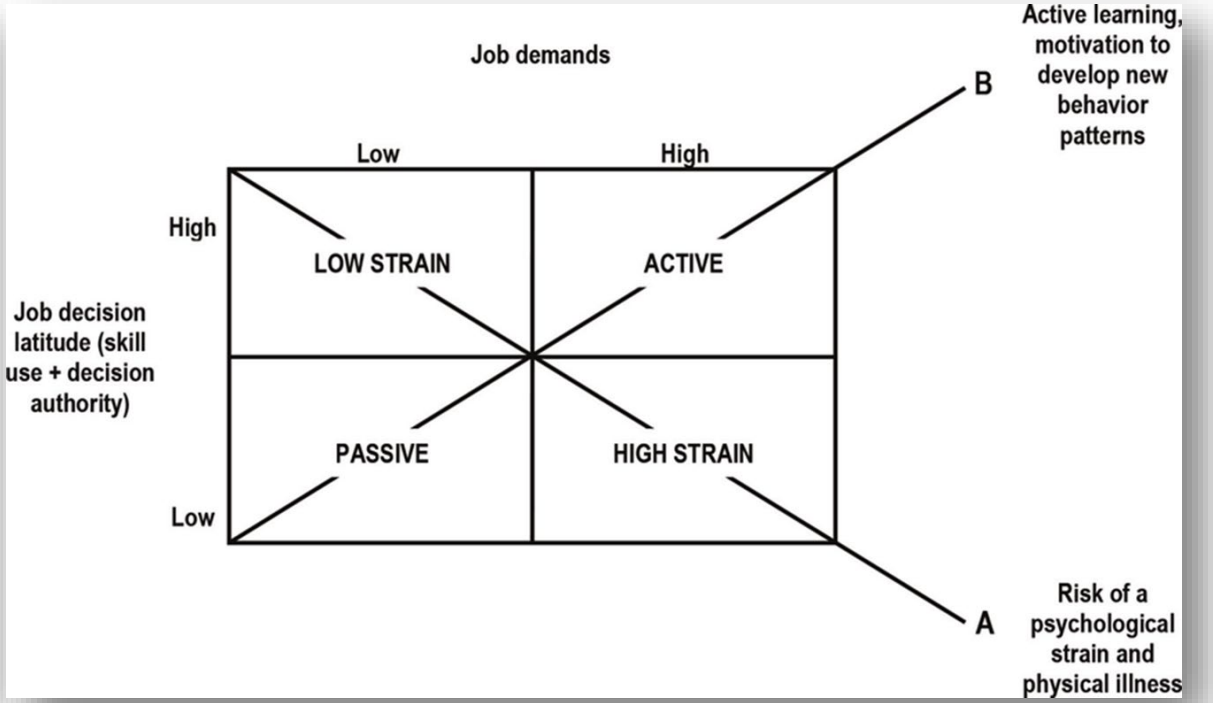
Psykososialt arbeidsmiljø forstått som et forhold mellom krav og kontroll

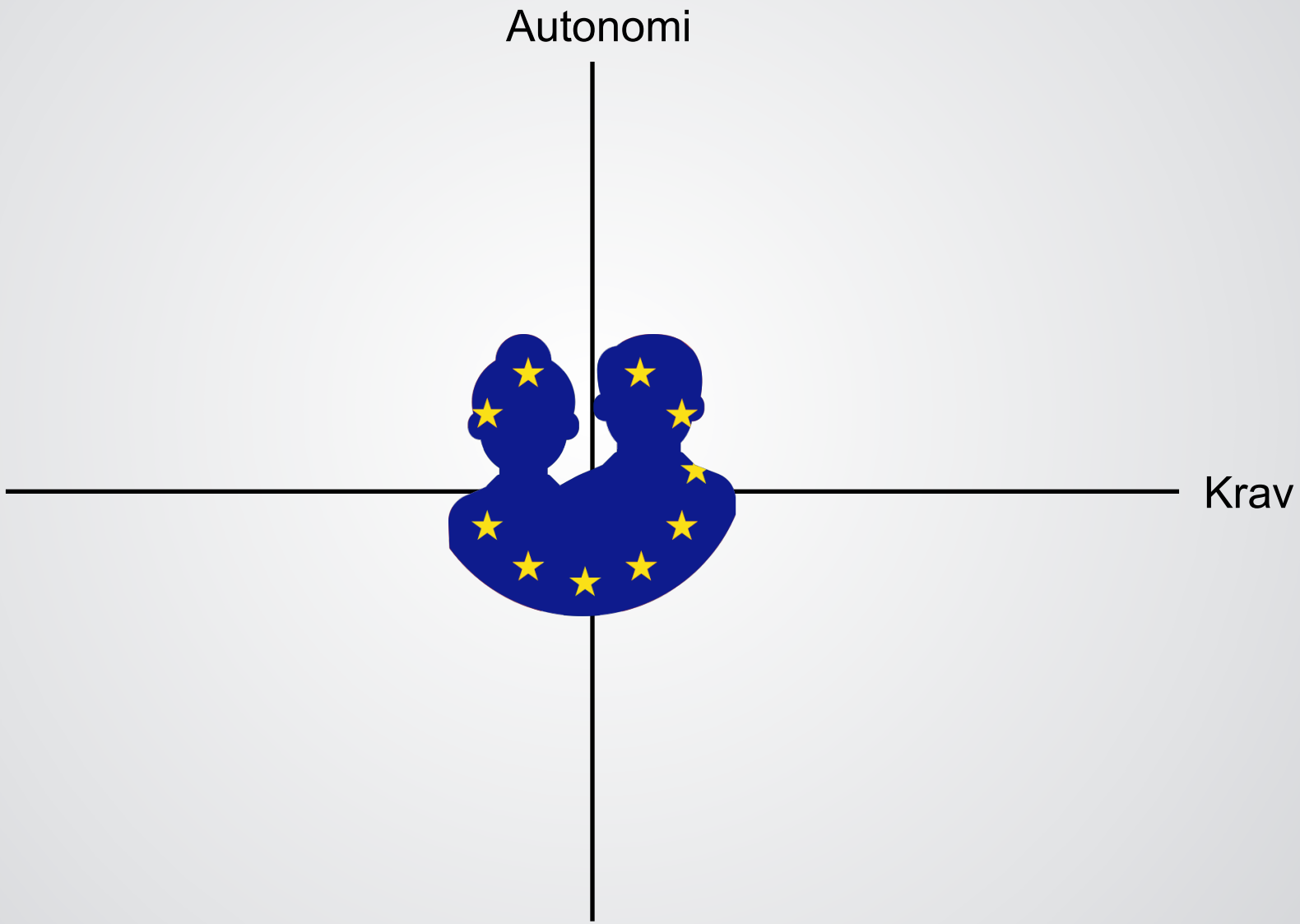
JOURNAL ARTICLE

Job Demands, Job Decision Latitude, and Mental Strain: Implications for Job Redesign

Robert A. Karasek, Jr.

Administrative Science Quarterly
Vol. 24, No. 2 (Jun., 1979), pp. 285-308 (24 pages)
Published By: Sage Publications, Inc.




Autonomi
Krav

Krav-kontroll-støtte

Karasek, Robert, et al. "The Job Content Questionnaire (JCQ): an instrument for internationally comparative assessments of psychosocial job characteristics." *Journal of occupational health psychology* 3.4 (1998): 322.

- Belastningshypotese
  - kombinasjon av høye jobbkrav, lav kontroll og lite sosial støtte vil føre til belastning og helseskade
- Bufferhypotese
  - høye nivåer av kontroll og sosial støtte vil kunne fungere som en buffer mot høye jobbkrav

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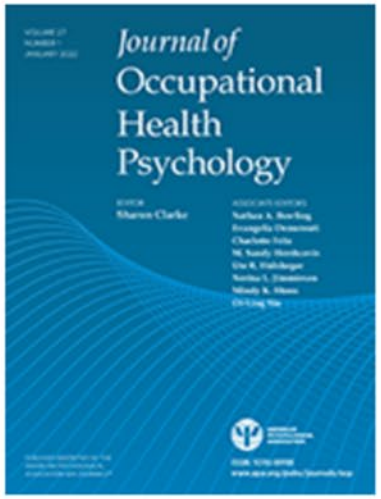

Journal Information
Journal TOC

Search APA PsycNet

APA PsycArticles: Journal Article

Adverse health effects of high-effort/low-reward conditions.

Siegrist, J. (1996). Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology, 1*(1), 27–41. https://doi.org/10.1037/1076-8998.1.1.27

Psykososialt arbeidsmiljø som et forhold mellom krav og belønning

Risiko for helseplager og sykdom kan oppstå dersom man opplever en ubalanse mellom den innsatsen som legges ned i arbeidet, og anerkjennelsen og belønningen som mottas. Belønning handler ikke bare om kontraktsfestede forhold som lønn, men også andre forhold som karrieremuligheter, jobbsikkerhet og status i form av utviklingsmuligheter og uttelling for utdanning og kompetanse

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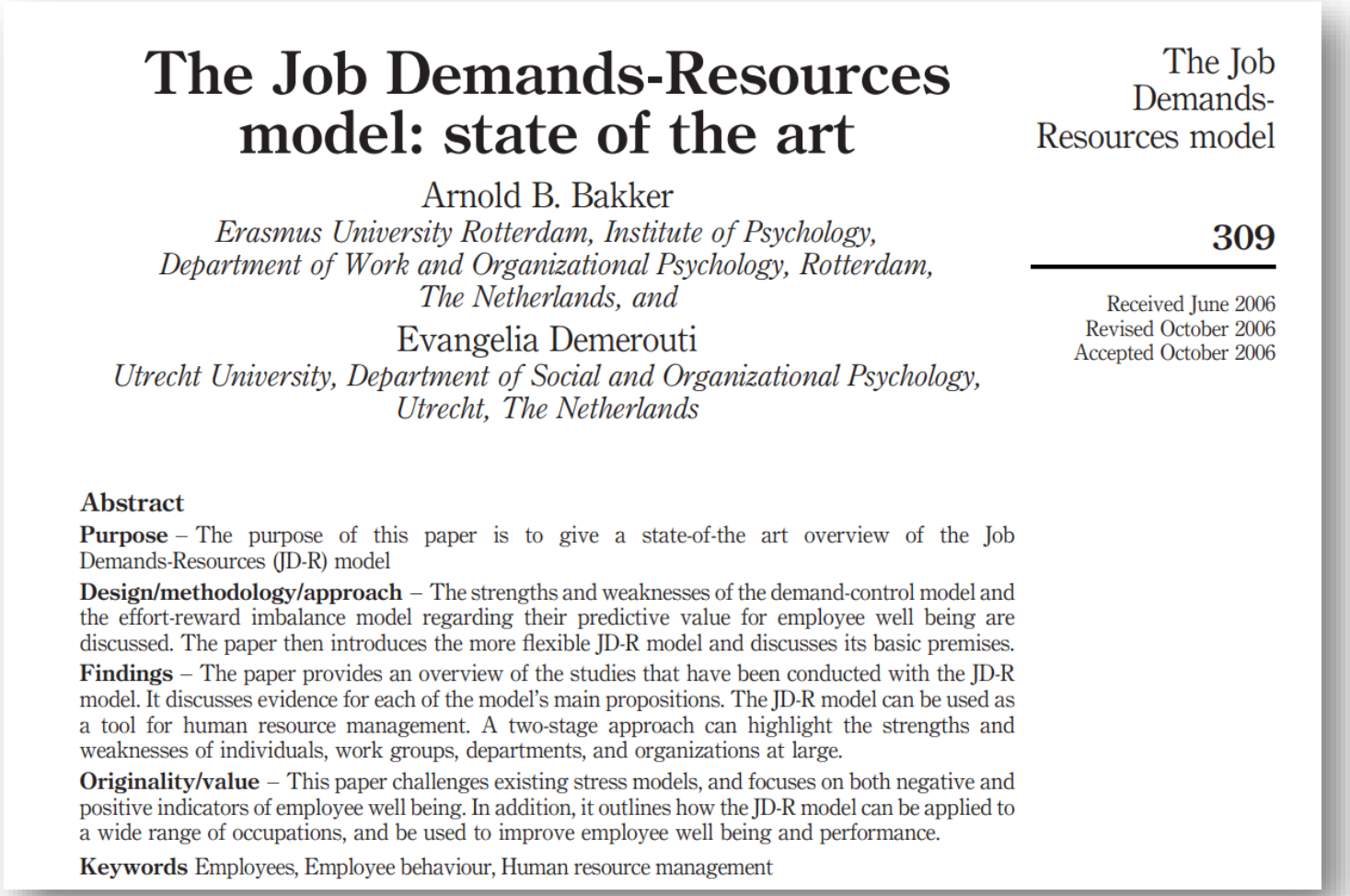
Psykososialt arbeidsmiljø forstått som et forhold mellom krav og ressurser

- ✓ Helseplager oppstår som respons på ***ubalansen*** mellom de krav som stilles til individet og de ressurser som individet har til disposisjon for å innfri kravene
- ✓ Modellen peker både på faktorer som virker positivt og negativt på ansattes helse



The Job Demands-Resources model: state of the art

Arnold B. Bakker
Erasmus University Rotterdam, Institute of Psychology, Department of Work and Organizational Psychology, Rotterdam, The Netherlands, and
Evangelia Demerouti
Utrecht University, Department of Social and Organizational Psychology, Utrecht, The Netherlands

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Abstract

Purpose – The purpose of this paper is to give a state-of-the art overview of the Job Demands-Resources (JD-R) model

Design/methodology/approach – The strengths and weaknesses of the demand-control model and the effort-reward imbalance model regarding their predictive value for employee well being are discussed. The paper then introduces the more flexible JD-R model and discusses its basic premises.

Findings – The paper provides an overview of the studies that have been conducted with the JD-R model. It discusses evidence for each of the model's main propositions. The JD-R model can be used as a tool for human resource management. A two-stage approach can highlight the strengths and weaknesses of individuals, work groups, departments, and organizations at large.

Originality/value – This paper challenges existing stress models, and focuses on both negative and positive indicators of employee well being. In addition, it outlines how the JD-R model can be applied to a wide range of occupations, and be used to improve employee well being and performance.

Keywords Employees, Employee behaviour, Human resource management

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Scand J Work Environ Health Online-first -article
https://doi.org/10.5271/sjweh.4197
Published online: 19 Nov 2024

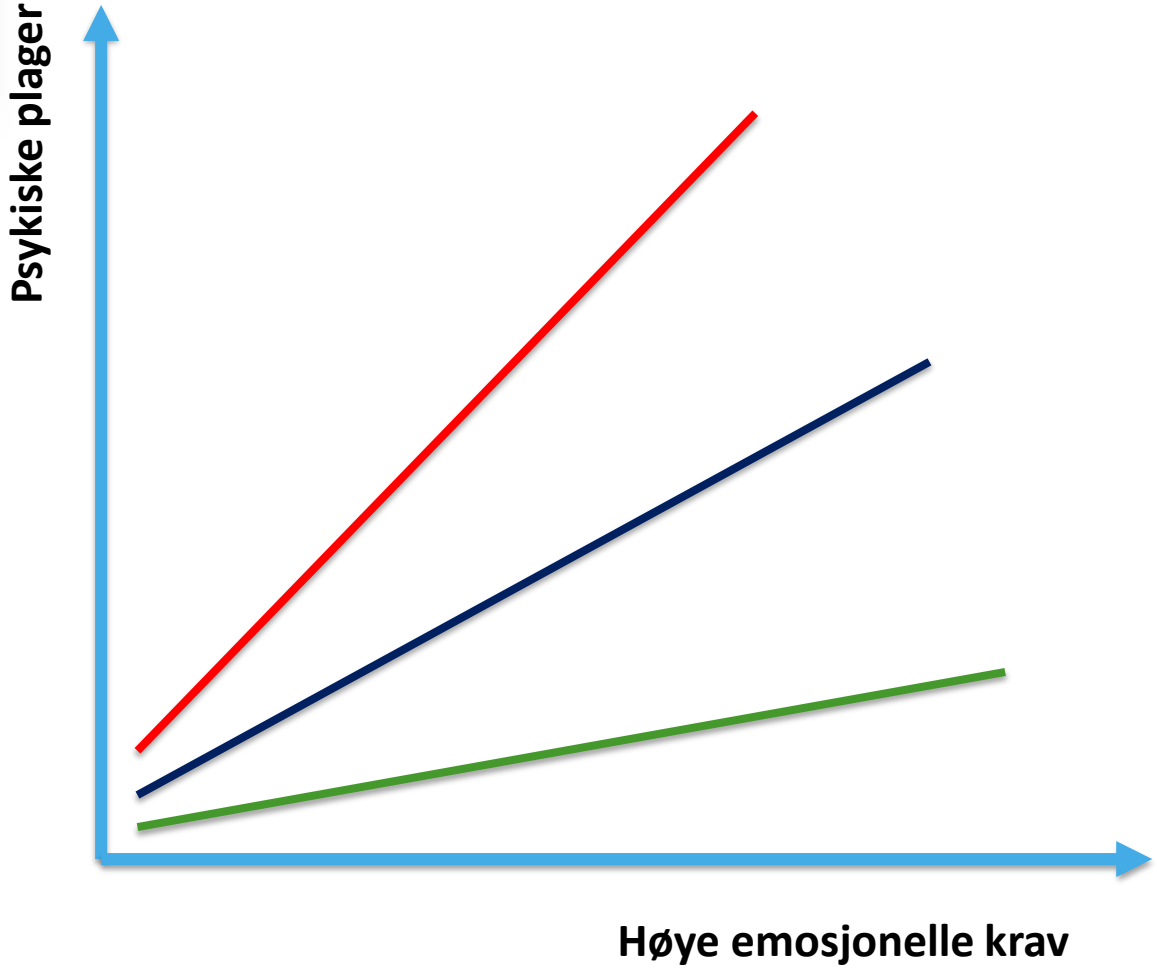
Emotional dissonance and mental health among home-care workers: A nationwide prospective study of the moderating role of leadership behaviors

by Johannessen HA, Nielsen MB, Knutsen RH, Skare Ø, Christensen JO

Kan god ledelse kan bufre den negative påvirkningen av risikofaktorer på helsen?

- Lederstøtte
- Rettferdig ledelse
- Myndiggjørende ledelse

Bedre score på lederatferd → mindre psykiske plager som følge av høye emosjonelle krav



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Svensk forskrift 2015

Arbetsbelastning 9 §

Arbetsgivaren ska se till att de arbetsuppgifter och befogenheter som tilldelas arbetstagarna inte ger upphov till ohälsosam arbetsbelastning. ***Det innebär att resurserna ska anpassas till kraven i arbetet.***

PAIN® 151 (2010) 162–173

PAIN®

www.elsevier.com/locate/pain

Work and neck pain: A prospective study of psychological, social, and mechanical risk factors

Jan Olav Christensen [a,b,*,1], Stein Knardahl [a,1]

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ARTICLE INFO

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Keywords:
Neck pain
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ABSTRACT

To determine the impact of occupational psychological/social and mechanical factors on neck pain, a prospective cohort study with a follow-up period of 2 years was conducted with a sample of Norwegian employees. The following designs were tested: (i) cross-sectional analyses at baseline ($n = 4569$) and follow-up ($n = 4122$), (ii) prospective analyses with baseline predictors, (iii) prospective analyses with average exposure over time [($T1 + T2$)/2] as predictor, and (iv) prospective analyses with measures of change in exposure from $T1$ to $T2$ as predictors. A total of 2419 employees responded to both the baseline and follow-up questionnaire. Data were analyzed using ordinal logistic regression. After adjustment for age, sex, neck pain at $T1$, and other exposure factors that had been estimated to be confounders, the most consistent risk factors were *role conflict* (highest OR 2.97, 99% CI: 1.29–6.74) and *working with arms raised to or above shoulder level* (highest OR 1.37, 99% CI: 1.05–1.78). The most consistent protective factors were *empowering leadership* (lowest OR 0.53, 99% CI: 0.35–0.81) and *decision control* (lowest OR 0.60, 99% CI: 0.36–1.00). Hence, psychological and social factors are important precursors of neck pain, along with mechanical factors. Although traditional factors such as quantitative demands and decision control play a part in the etiology of neck pain at work, in this study several new factors emerged as more important.

Psychological, social, and mechanical factors			Confounders included in multivariate analyses[a]	Baseline sample			Follow-up sample		
				N	OR	99% CI	*N*	OR	99% CI
Quantitative demands	Category	1	Fair leadership, social climate	332	1.00	[ref]	228	1.00	[ref]
		2		1113	1.08	[0.79–1.48]	720	1.18	[0.80–1.75]
		3		1635	1.19	[0.88–1.62]	1102	1.34	[0.93–1.95]
		4		858	1.41	[1.02–1.96]*	615	1.49	[1.01–2.22]*
		5		261	1.99	[1.32–3.01]**	173	2.58	[1.56–4.28]**
	Continuous			4199	1.25	[1.12–1.38]**	2838	1.25	[1.10–1.42]**
Decision demands	Category	1		85	1.00	[ref]	55	1.00	[ref]
		2		235	1.08	[0.59–2.01]	153	0.69	[0.32–1.50]
		3		1682	0.97	[0.57–1.68]	1165	0.84	[0.43–1.66]
		4		1560	1.03	[0.60–1.78]	1032	0.98	[0.50–1.94]
		5		747	1.15	[0.66–2.03]	510	1.07	[0.54–2.16]
	Continuous			4309	1.09	[0.98–1.21]	2915	1.14	[1.00–1.30]*
Decision control	Category	1		298	1.00	[ref]	176	1.00	[ref]
		2		1180	0.65	[0.47–0.89]**	835	0.80	[0.54–1.20]
		3		1665	0.62	[0.46–0.84]**	1148	0.59	[0.40–0.87]**
		4		857	0.50	[0.36–0.69]**	614	0.49	[0.32–0.75]**
		5		184	0.37	[0.23–0.60]**	125	0.41	[0.22–0.74]**
	Continuous			4184	0.78	[0.71–0.87]**	2898	0.73	[0.64–0.83]**
Control over work intensity	Category	1		638	1.00	[ref]	505	1.00	[ref]
		2		832	0.78	[0.61–1.01]	541	0.90	[0.67–1.22]
		3		922	0.96	[0.75–1.24]	609	1.02	[0.76–1.36]
		4		1184	0.75	[0.58–0.95]**	797	0.83	[0.62–1.10]
		5		878	0.74	[0.57–0.96]**	577	0.75	[0.55–1.03]
	Continuous			4454	0.92	[0.86–0.99]*	3029	0.91	[0.84–0.99]*
Role conflict	Category	1		931	1.00	[ref]	653	1.00	[ref]
		2		1334	1.20	[0.97–1.49]	958	1.39	[1.07–1.80]*
		3		1795	1.57	[1.28–1.92]**	1192	1.83	[1.43–2.35]**
		4		304	2.15	[1.55–2.97]**	201	2.82	[1.89–4.21]**
		5		99	2.55	[1.52–4.27]**	43	3.67	[1.68–7.95]**
	Continuous			4463	1.37	[1.25–1.51]**	3047	1.51	[1.34–1.71]**
Role clarity	Category	1 and 2	Support from immediate superior, fair leadership, commitment to organization	102	1.00	[ref]	69	1.00	[ref]
		3		370	1.31	[0.86–2.01]	228	1.12	[0.57–2.23]
		4		1094	1.16	[0.78–1.73]	817	1.01	[0.54–1.92]
		5		2540	1.12	[0.75–1.66]	1773	1.07	[0.57–2.02]
	Continuous			4106	0.98	[0.87–1.11]	2887	1.06	[0.91–1.23]
Support from immediate superior	Category	1	Fair leadership	145	1.00	[ref]	85	1.00	[ref]
		2		228	0.61	[0.36–1.05]	157	1.30	[0.65–2.60]
		3		928	0.58	[0.35–0.94]*	631	1.03	[0.54–1.95]
		4		1225	0.54	[0.33–0.89]**	853	0.90	[0.47–1.75]
		5		1830	0.50	[0.30–0.83]**	1218	0.82	[0.42–1.60]
	Continuous			4356	0.87	[0.78–0.97]*	2944	0.92	[0.80–1.05]

[a] Age and sex were included as confounders in all multivariate models.
* $p < 0.01$.
** $p < 0.0007$, which is the Bonferroni-corrected threshold based on the number of factors tested (0.01/15).

Fra å studere dimensjoner/psykososiale modeller til å studere spesifikke psykologiske og sosiale arbeidsfaktorer – kartlegging av hvilke spesifikke faktorer som påvirker negativt (risikofaktorer) og positivt (beskyttende faktorer) på helse

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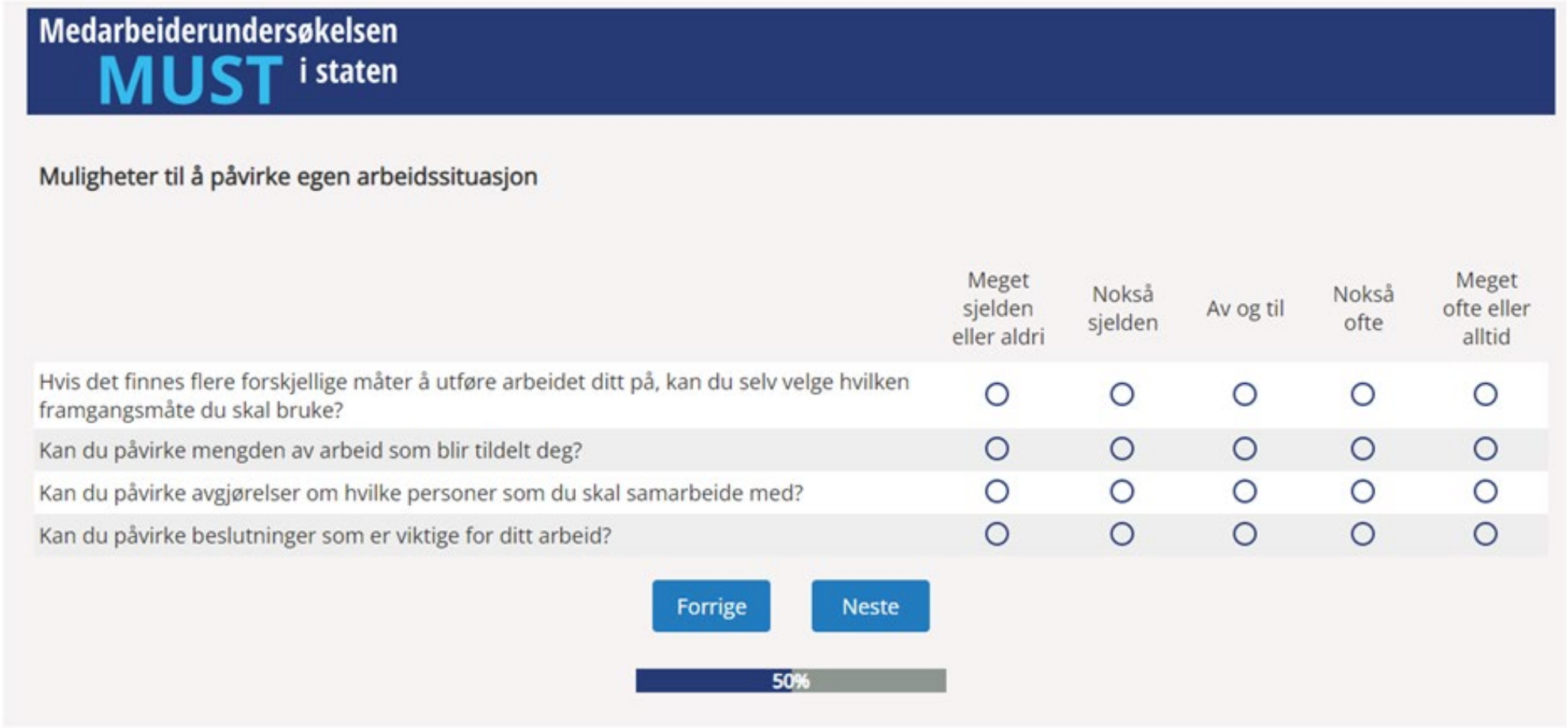
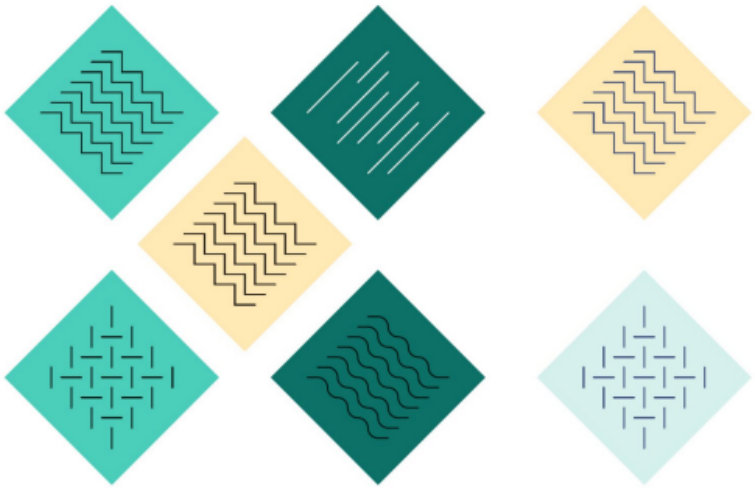
MUST – et kunnskapsbasert, digitalt verktøy for gjennomføring av medarbeiderundersøkelser



Arbeidstilsynet

Behov for bedre regulering av arbeidsmiljølovens krav til psykososialt arbeidsmiljø

Utredning av Arbeidstilsynet 2023



§ 1A-1 Fullt forsvarlig psykososialt arbeidsmiljø

Arbeidsgiveren skal sørge for at det psykososiale arbeidsmiljøet er fullt forsvarlig ut fra hensynet til arbeidstakernes helse, sikkerhet og velferd.

Med psykososialt arbeidsmiljø menes i denne forskriften samspillet mellom psykososiale arbeidsmiljøfaktorer som følger av arbeidets organisering, planlegging og gjennomføring, eller av mellommenneskelig kontakt og samhandling i arbeidet.

Psykososiale arbeidsmiljøfaktorer er blant annet:

a. krav og forventninger i arbeidet som er uklare eller motstridende

b. emosjonelle krav og belastninger i arbeid med mennesker

c. arbeidsmengde og tidspress som innebærer ubalanse mellom arbeidet som skal utføres, og den tiden som er til rådighet

d. nødvendig støtte og hjelp i arbeidet

e. mulighet til å ha innflytelse over betingelser for arbeidet og hvordan arbeidet skal utføres

f. mulighet til kontakt og kommunikasjon med andre arbeidstakere i virksomheten

g. trakassering, inkludert mobbing og seksuell trakassering

h. vold og trusler

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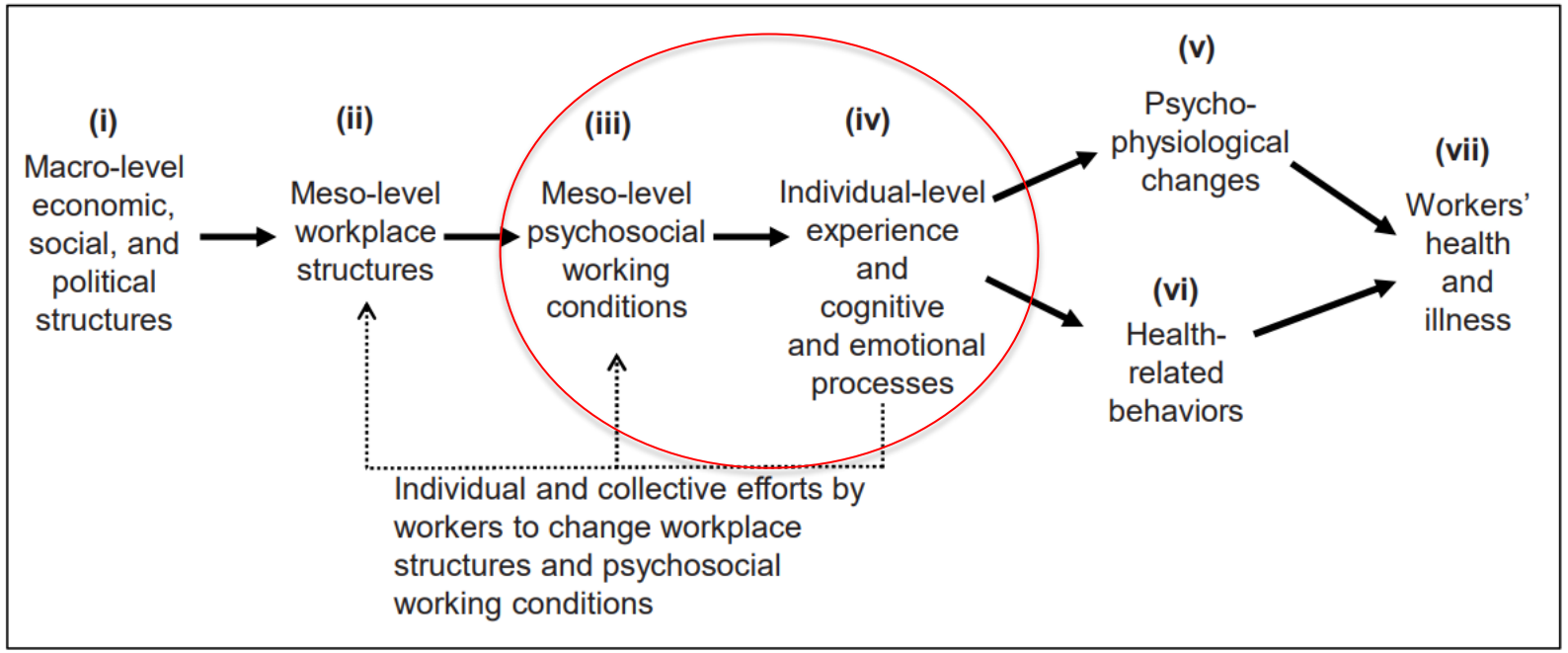

Figure 1. A conceptual framework for research on psychosocial work environment and health. Adapted and modified from previous frameworks by Martikainen et al 2002 (21) and Rugulies et al 2004 (22).

Rugulies Scand J Work Environ Health. 2019;45(1):1–6. doi:10.5271/sjweh.3792

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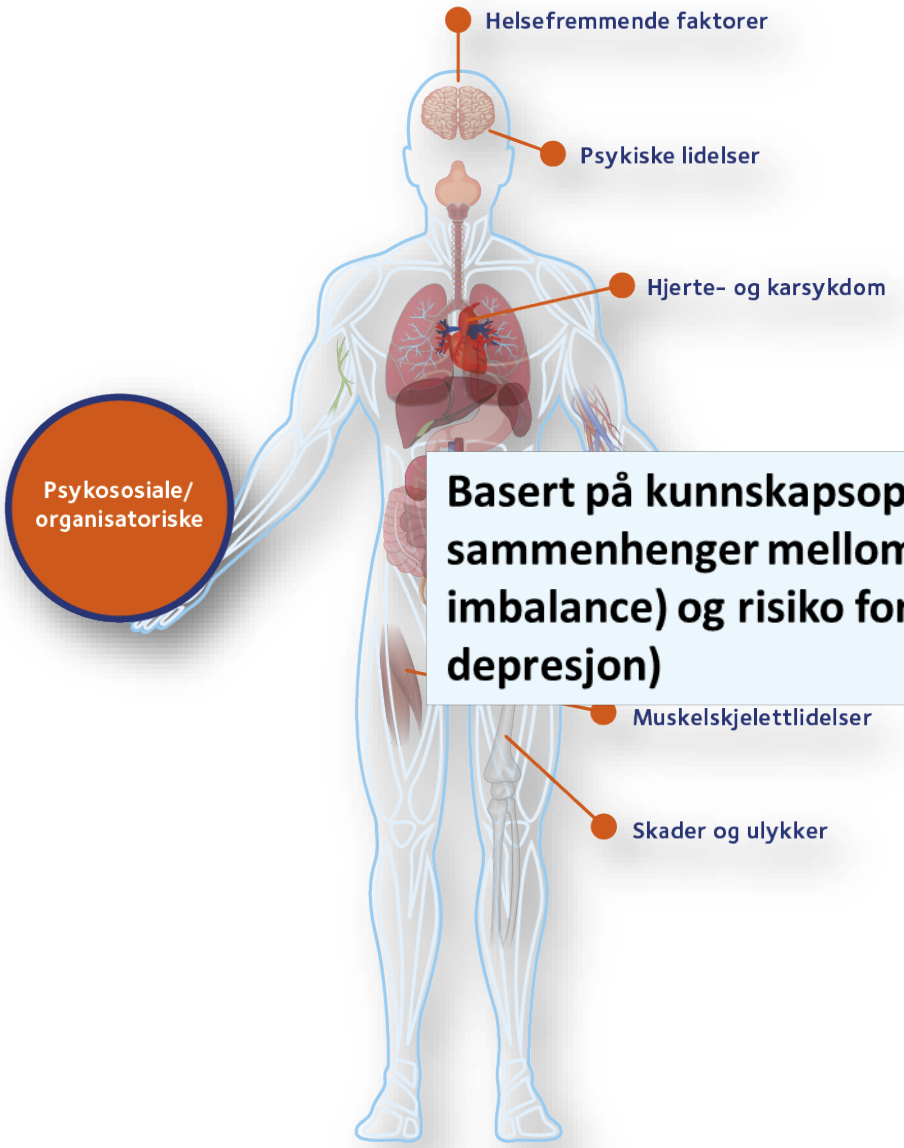

Basert på kunnskapsoppsummeringene med høyest kvalitet: robuste sammenhenger mellom psykososiale faktorer (job strain/effort-reward imbalance) og risiko for hjerte-karsykdom og mentale lidelser (særlig depresjon)

Review

Scand J Work Environ Health. 2021;47(7):489–508. doi:10.5271/sjweh.3968

Psychosocial work exposures and health outcomes: a meta-review of 72 literature reviews with meta-analysis

by Isabelle Niedhammer, PhD,[1] Sandrine Bertrais, PhD,[1] Katrina Witt, DPhil [2*]*

…neta-review of 72 literature reviews
…eh.3968

…l estimates for the associations
…c literature review of literature

…using PubMed, Web of Science,
…e reviews and Individual-Partic-
…ychosocial work exposures and health outcomes and providing pooled estimates using meta-analysis were included. All types of psychosocial work exposures and health outcomes were studied. The quality of each included review was assessed.

Results A total of 72 reviews and IPD-Work consortium studies were included. These mainly focused on job strain as exposure and cardiovascular diseases and mental disorders as outcomes. The associations between psychosocial work factors and cardiovascular diseases and mental disorders were in general significant, and the magnitude of these associations was stronger for mental disorders than for cardiovascular diseases. Based on high-quality reviews, significant associations were found between job/high strain and long working hours as exposures and coronary heart diseases, (ischemic) stroke, and depression as outcomes. A few additional significant associations involved other exposures and health outcomes.

Conclusions The included reviews brought convincing findings on the associations of some psychosocial work factors with mental disorders and cardiovascular diseases. More research may be needed to explain these associations, explore other exposures and outcomes, and make progress towards determining the causality of the associations.

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Psykiske plager

- ✓ Om lag 9 prosent av alle yrkesaktive oppgir at de har hatt betydelige psykiske plager (HSCL-5≥2) i løpet av den siste måneden (≈ 250 000 yrkesaktive)

- ➢ ***Forskning på norske yrkesaktive viser at ¼ av tilfellene kan knyttes til psykososiale risikofaktorer i arbeidsmiljøet***

CME Available for this Article at ACOEM.org

Effects of Occupational Role Conflict and Emotional Demands on Subsequent Psychological Distress

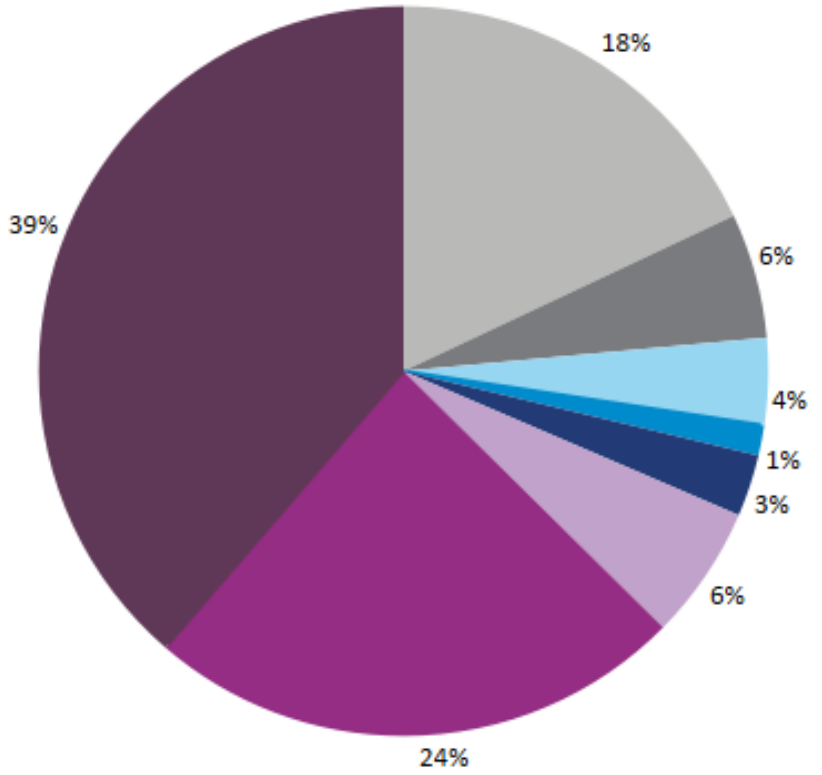
A 3-Year Follow-Up Study of the General Working Population in Norway

Håkon A. Johannessen, PhD, Tore Tynes, MD, PhD, and Tom Sterud, PhD

	PAR (95% CI)	
Risk Factors	**Model 4**	**Model 5**
Low job control	5.19 (0.03–10.51)	5.19 (0.03–10.51)
Low supportive leadership	1.78 (−0.05 to 3.98)	. . .
High role conflict	5.69 (1.53–10.16)	5.62 (1.21–10.28)
High emotional demands	7.29 (2.00–12.69)	7.29 (2.00–12.69)
Low social climate	3.47 (0.85–6.40)	. . .
Bullied/harassed	4.26 (1.07–7.82)	3.56 (0.21–7.28)
Job insecurity	3.86 (0.36–7.66)	3.86 (0.36–7.66)
Sum	31.55	25.52

CI, confidence interval; PAR, population-attributable risk.

Sykefravær



Legemeldt sykefravær > 16 dager

Muskel-/skjelettdiagnoser
Psykiske diagnoser
Nervesystemsdiagnoser
Luftveisdiagnoser
Huddiagnoser
Hjerte-/kardiagnoser
Svangerskapsdiagnoser
Andre diagnoser

Sykefravær

- ✓ ***Om lag 15 prosent av alle sykefraværstilfellene i løpet av et år kan knyttes til psykososiale risikofaktorer på arbeidsplassen***

CME Available for this Article at ACOEM.org

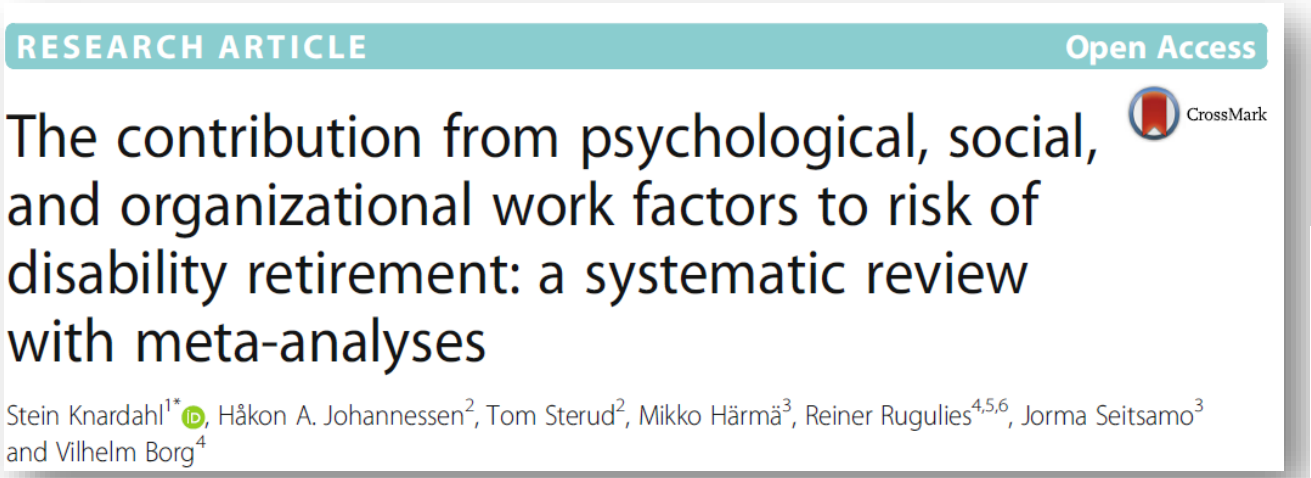
Work-Related Psychosocial Risk Factors for Long-Term Sick Leave

A Prospective Study of the General Working Population in Norway

Cecilie Aagestad, MSc, Håkon A. Johannessen, PhD, Tore Tynes, MD, PhD, Hans Magne Gravseth, MD and Tom Sterud, PhD

Risk Factors	Model 1 PAR (95% CI)
High role conflict	5.80 (2.12–9.85)
High emotional demands	6.65 (1.11–11.94)
Low supportive leadership	7.31 (3.38–11.55)
High job strain	7.86 (13.49–2.41)
Low job control	7.67 (1.21–14,2)
Poor or very poor possibilities for development	3.15 (0.54–6.17)
Bullying	1.91 (0.12–4.16)
Sum	

Kunnskapsoppsummeringer: sykefravær og frafall



RESEARCH ARTICLE Open Access

The contribution from psychological, social, and organizational work factors to risk of disability retirement: a systematic review with meta-analyses

Stein Knardahl[1*], Håkon A. Johannessen[2], Tom Sterud[2], Mikko Härmä[3], Reiner Rugulies[4,5,6], Jorma Seitsamo[3] and Vilhelm Borg[4]

- ✓ ***Arbeidstakere som har mulighet til å påvirke sitt eget arbeid har lavere risiko for sykefravær og frafall fra arbeidslivet***

- ✓ ***Hvis det finnes flere forskjellige måter å utføre arbeidet ditt på, kan du selv velge hvilken framgangsmåte du skal bruke?***
- ✓ ***Kan du påvirke mengden av arbeid som blir tildelt deg?***
- ✓ ***Kan du påvirke avgjørelser om hvilke personer som du skal samarbeide med?***
- ✓ ***Kan du påvirke beslutninger som er viktige for ditt arbeid?***

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FAGFELLEVURDERT ARTIKKEL

Arbeidsplassen og sykefravær

Arbeidsforhold av betydning for sykefravær

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Dagens *take-home-message*

- Psykososialt arbeidsmiljø handler om opplevelser av arbeidets innhold som krav, forventninger og påvirkningsmuligheter, samt det mellommenneskelige samspillet knyttet til arbeidets utførelse

- Det har vært gjennomført god forskning på sammenhenger mellom psykososialt arbeidsmiljø og helse siden 1980-tallet

- I dag har vi solid vitenskapelig dokumentasjon på at psykososialt arbeidsmiljø har stor betydning for helse, fravær og frafall

- Det finnes solid vitenskapelig dokumentasjon til grunn for valgene av arbeidsmiljøfaktorene som er listet i forslaget til presiseringer i arbeidsmiljølovgivningen

STAMI
STATENS ARBEIDSMILJØINSTITUTT

Takk for oppmerksomheten!

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