

Not what we bargained for

THE CHANGING WORKPLACE: HOW 21ST CENTURY JOBS CAN MAKE YOU SAD, MAD AND BAD



The economy is buoyant, but we work harder for less pay. We know more about hazards and their control, but work-related stress, strains, depression and violence are soaring. We have never been more productive, and we are rewarded with temporary contracts, long hours and back breaking workloads. What on earth is going on?

Alan Greenspan, chairman of the Federal Reserve and the person with his hand on the tiller of the US economy, calls it "constructive destruction". At work this merger mania, takeovers, economic restructuring, globalisation and lean and mean production has put you through the economic blender.

Dangerous developments

New problems are supplementing traditional hazards in the modern British workplace.

- ◆ Stress and mental ill-health: A TUC safety reps' survey identified workloads, staffing levels, new management techniques and long hours as the top causes (*Hazards* 64).
- ◆ Musculoskeletal disorders: Jobs are increasingly boring, repetitive, monotonous, highly paced and tiring (*Hazards* 68).
- ◆ Violence and bullying: Bad management, re-organisation and downsizing are edging workers to breaking point (*Hazards* 65).
- ◆ Overwork: UK workers endure the longest hours in the European Union, and do more work for less pay. Japan recognises overwork-related deaths from *karoshi* and *karojisatsu* - the UK government may have to soon.
- ◆ Sickness absence and presenteeism: Punitive sickness absence policies combine with unhealthy work practices to make us too sick to work and too scared to take sick leave (*Hazards* 66).

Trade and Industry secretary Stephen Byers, speaking at the launch of the UK Competitor Indicators 1999 in December last year, concluded that the UK needs to work smarter, not harder, adding "that on average we work more hours than most of our competitors to achieve results, but national income per head is still almost one fifth lower than the average of the top industrial nations."

Escalating work stress, strains and violence indicate the UK's prevention strategy hasn't been wholly successful. The Health and Safety Executive has tried to appeal to enlightened self-interest from employers, through initiatives such as "Good health is good business" that highlight the economic benefits of avoiding work-related ill-health.

Professor Robert Karasek, commenting on this type of approach¹, says: "The gist of these new initiatives is to emphasise the advantages of preventive work, and market (in particular financial) incentives are used to promote compliant behaviour. These initiatives, however, are biased because of their emphasis on costs, rather than benefits, of production."

He adds that a more healthy definition of productivity might help: "Our way of recognising productivity is designed for dead objects and not for living people."

In fact, latest management theories create a much more unhealthy workplace environment, where perks and share options substitute for job security and satisfying work.

Dallas Baptist University professor Dave Arnott, author of *Corporate cults: The insidious lure of the all-consuming organisation*², warns that companies use the same nefarious means as cults to establish physical, emotional and psychological control over employees.

"Work is a contract and a relationship," says Arnott, warning that if the employee comes to treat the employer like a trusted friend "the relationship becomes imbalanced because the organisation makes a smaller commitment to the worker than vice versa."

Losing control over your work is linked to a range of work-related health problems from heart disease, to strain injuries, to accidents (*Hazards* 58).

Workers' pay

The workplace reality is simple; we work sicker, and harder (*Hazards* 66).

A January 2000 report from the Association of Insurance and Risk Managers (AIRMIC) confirmed trade union research showing that stress is the number one emerging risk of the 21st century. AIRMIC identified overload, job insecurity and mergers and acquisitions as major reasons behind insurance industry concerns about a costly stress explosion.

The New York-based Labor Institute³ says damaging changes in the modern workplace can be traced to "the four horsemen of the workplace": downsizing; globalisation; automation; and an increasing use of temporary workers.

Few jobs have escaped the changes. Many workplaces now have more temporary workers than permanent ones, leading to the new phenomenon of the "permatemp", the perfectly flexible, compliant, long-term alternative to a proper employee with rights, union protection and job security.

Commenting on European Foundation studies, Lennart Levi of Sweden's Karolinska Institute⁴ said: "The report calls attention to the pronounced transformation of European working life from the industrialised to the service sector, with a consequent change in job profile: introduction of new technology (one-third of the workforce uses computers) and more client oriented jobs (49 per cent indicate permanent and direct contact with clients or patients).

"Work organisation has also changed, with the new management models, teamwork, just-in-time, and total quality management (TQM). In addition, European workers are getting older; they are working more often on fixed-term or temporary contracts; the proportion of female workers is growing rapidly; the traditional employee-employer relationship is slowly disappearing..."

Health suffers

Workers are now more likely to have soul destroying, monotonous, repetitive, high speed jobs.

According to a 1999 paper in the *Journal of Occupational Health Psychology*⁵, this is an unhealthy development.

"If increased work pace and limited autonomy (job strain) are common effects of lean production, then the expansion of lean work principles (eg. an understaffed, flexible labour force; little job security; and overtime) throughout the workforce could produce dramatic increases in hypertension and cardiovascular disease. If increased rates of work-related musculoskeletal disorders, with a shorter latency period than hypertension and CVD, may be considered the 'canary in the mine' - a warning of future increased chronic illness."

The introduction of new management techniques frequently leads to an

erosion of health and safety standards (*Hazards*' 52,58). Job insecurity leads to greater levels of sickness absence, stress and heart disease (*Hazards* 63). And understaffing and downsizing leave fewer workers doing more, again jeopardising standards.

A report in the January-March 2000 issue of *Occupational Medicine: State of the Art Reviews*⁴ notes: "Downsizing and excessive overtime can have dramatic negative effects on employee health. These trends, which result in increased job strain and effort-reward imbalance [ERI - a work stress model], contribute to cardiovascular disease (CVD) risk differences between upper and low socio-economic status groups and to the minimal or no recent decline in CVD incidence, especially among lower socio-economic status groups."

The UK Competitor Indicators show that UK workers are now more productive than their Japanese counterparts. This may be good news for the boardroom, but it is likely to be a dangerous development for the lower ranks.

Japanese workers paid for their frantic work rate with an epidemic of *karoshi*, death from heart disease or stroke caused by overwork (see page 10).

A deadly companion to *karoshi*, also caused by overwork, has recently been recognised in Japan - *karojisatsu*, work-related depression leading to suicide. Both private and public sector cases have been formally recognised.

Workers in the UK have already been

HSE blocks downsizing!

In January 2000, the Health and Safety Executive took action to stop dangerous downsizing and overwork.

An HSE report required nuclear industry companies British Energy Ltd and British Energy Generation (UK) Ltd to stop planned staff reductions in the interest of safety and to take steps to prevent excessive working hours in staffing in nuclear safety-related jobs.

Safety management audit of British Energy Generation Ltd and British Energy (UK) Limited - 1999. Free from HSE Nuclear Safety Directorate Information Centre, 0151 951 4103. <http://www.hse.gov.uk/ns/beaudit.htm>

compensated for work-related breakdowns and depression. And in March 1998, the widow of mental health nurse Richard Pocock was awarded £25,000 in compensation after he "was driven to suicide through stress at work," the first settlement of its kind in the UK (*Hazards* 62).

References

1. Karasek R. *The new work organisation and conducive value.* Sociologische Gids [Dutch Sociological Journal], vol.5, 1999.
2. *Corporate cults: The insidious lure of all-consuming organization.* Dave Arnott. October 1999. ISBN 0814404936.
3. *Corporate power and the American dream: Toward an economic agenda for working people.* Labor Institute, 853 Broadway, Room 2014, New York 10003, USA. email: laborinst@aol.com
4. *The workplace and cardiovascular disease.* Occupational medicine: State of the Art Reviews, vol.15, no.1, January-March 2000.
5. Landsbergis P, Cahill J and Schnall P. *The impact of lean production and related new systems or work organisation on worker health.* Journal of Occupational Health Psychology, vol.4, no.2, pages 108-130, 1999.

20 questions on workplace change

Poorly motivated or ill-thought out change can mean more than potential new hazards in the workplace, it can mean a union's bargaining position is undermined. US union adviser Charley Richardson warns that changes in work organisation or technology can affect many different issues and conditions. When evaluating any proposed changes at work, even when management say they are motivated by a concern for safety, union reps should consider all the implications.

- ◆ Will there be more or fewer jobs?
- ◆ What will the effect be on working conditions, on the day-to-day lives of the members?
- ◆ What will the effect be on the strength of the union in its dealings with management?
- ◆ Will new duties be added to existing jobs?
- ◆ Will the pace of work change?
- ◆ What will be the effect on wages and pay scales?
- ◆ How will advancement opportunities (career paths) be affected?
- ◆ Will jobs have increased or decreased skills and decision-making responsibility?
- ◆ Will performance evaluation criteria (how your work is judged) change?
- ◆ Will the new technology be used to monitor work performance?
- ◆ Will current skills and abilities still be needed?
- ◆ What kind of training will be provided?
- ◆ Who will decide what training is necessary?
- ◆ How will training providers be chosen?
- ◆ Who will have access to the training?
- ◆ Will the variety of tasks performed by particular workers be affected?
- ◆ Will social interaction (the ability of people to see and talk with each other in the normal course of work) be affected?
- ◆ What will the health and safety impacts be (repetitive motions, stress, hazardous chemicals, awkward postures, electromagnetic fields, etc.)?
- ◆ Will there be subcontracting of work for any reason and will the technology make subcontracting more efficient or convenient?
- ◆ Will the change make it easier for management to keep the operation going without you?

Workplace change factsheet, Charley Richardson, Technology and Work Program, University of Massachusetts, Lowell, MA 01854, USA.