Foreword

There is ample scientific evidence that working (and other organizational) life and its conditions are powerful determinants of health, for better or for worse. The relationship works both ways. Work affects health but health, more often than not, also affects a person’s productivity and earning capacity as well as his or her social and family relationships. Needless to say, this holds true for all aspects of health, both physical and mental (Levi, 2002).

The many causes and consequences of work-related and other organizational exposures are widespread in the 15 European Union member states. Over half of the EU’s 160 million workers report working at very high speeds (56 per cent), and to tight deadlines (60 per cent). More than a third have no influence on task order. Forty per cent report having monotonous tasks. Such work-related ‘stressors’ are likely to have contributed to the present spectrum of ill health: 15 per cent of the workforce complain of headaches, 23 per cent of neck and shoulder pains, 23 per cent of fatigue, 28 per cent of ‘stress’, and 33 per cent of backache (European Foundation, 2001), plus a host of other illnesses, including life-threatening ones, such as depressive disorders. Such disorders are the fourth biggest cause of the global disease burden.

It is further likely that sustained work-related stress is an important determinant of metabolic syndrome (Folkow, 2001; Björntorp, 2001), probably contributing to ischaemic heart disease and Diabetes Type 2 morbidity.

In these ways, virtually every aspect of work-related health and disease can be affected. Such influences can also be mediated through emotional, and/or cognitive misinterpretation of work conditions as threatening, even when they are not, and/or trivial symptoms and signs occurring in one’s own body as manifestations of serious illness. All this can lead to a wide variety of disorders, diseases, loss of well-being – and loss of productivity.

According to the European Union’s Framework Directive, employers have a ‘duty to ensure the safety and health of workers in every aspect related to the work’. The Directive’s principles of prevention include ‘avoiding risks’, ‘combating the risks at source’, and ‘adaptting the work to the individual’. In addition, the Directive indicates the employers’ duty to develop ‘a coherent overall prevention policy’.

The short- and long-term outcomes of such interventions then need to be evaluated, in terms of (a) stressor exposures, (b) stress reactions, (c) incidence and prevalence of ill health, (d) indicators of wellbeing, and (e) productivity with regard to the quality and quantity of goods or services. Also to be considered are (f) the costs and benefits in economic terms. If the interventions have no effects, or negative ones in one or more respects, the stakeholders may wish to rethink what should be done, how, when, by whom and for whom. If, on the other hand, outcomes are generally positive, they may wish to continue or expand their efforts along similar lines. It simply means systematic learning from experience. If they do so over a longer perspective, the workplace becomes an example of organizational learning (Levi and Levi, 2000).

To be cost-effective, such learning should be based both on a conceptual framework
and on empirical evidence. In addition, its possible impact should be evaluated across societal sectors and scientific disciplines. This is why this volume has an important role to play, as a basis for research but also for implementation and evaluation of the results of such research.

This volume’s 42 theoretical and empirical chapters are grouped into six parts covering conceptualization, theoretical framework, stress management, stress in specific groups, stress as related to health and well-being, professional burnout and emotional intelligence.

The 72 distinguished contributors from over 50 different institutions provide a multi-faceted picture of an important area mainly to an academic and post-graduate student audience of Psychology and Medicine. I am pleased to recommend it for perusal, implementation and evaluation.

Lennart Levi, M.D., Ph.D.
November 2003
Emeritus Professor of Psychosocial Medicine
Karolinska Institutet
Stockholm, Sweden

References