Working conditions and sickness absence: a complex relation

EDITORS,—A recent article in this journal has commented on the part played by working conditions, especially psychosocial risk factors, in causing sickness absence, and two editorials have encouraged the need for research calling for action to improve the work environment and to assess its impact upon sickness absence.1

While we entirely agree with these views, the paths through which working conditions will lead to sickness absence are not clear. Sickness absence episodes are often medically certified as attributable to “common diseases”; that is, not work related diseases. In Spain, for example, we found that approximately three of four sickness absence episodes found in a number of studies between working conditions and sickness absence: the need for action oriented research.7 Castejón J, Jarque S, Benach J, et al. Sickness absence and working conditions in the Centre Hospitalari Parc Taulí de Sabadell, Bellaterra (Barcelona): University Autonoma de Barcelona, Grup d’Estudis Sociològics sobre la Vida Quotidiana and el Treball, Working Papers 3, 1993.

Authors’ reply

EDITORS,—Benavides et al note an interesting potential explanation for the association between psychosocial work environment and sickness absence. They suggest that this association reflects a large extent the relation between common diseases and sickness absence that is dependent on working conditions. We believe that this may be a partial explanation but that there are also potential pathways through which working conditions may be linked with risk of health problems. Poor working conditions are a source of allostatic load and cumulated stress, which can lead to pathophysiological consequences. These include suppressed cellular immunity found to increase vulnerability to infections and common cold, increased likelihood of chronic musculoskeletal tension, a risk factor of musculoskeletal problems, and behaviours involving risk to health.7 Through such mechanisms, poor psychosocial work environment may be hypothesised to contribute to infections, musculoskeletal disorders and injuries that have been found to account for 60% to 80% of all spells of sickness absence in men and women.8 Continued exposure to poor psychosocial work environment has also been found to predict other stress related problems, such as increased ambulatory blood pressure and increased progression of atherosclerosis.9

Taken together, the evidence available is compatible with the hypothesis that improvement of working conditions may not only reduce the consequences of morbidity (for example, sickness absence) but also the risk of morbidity.

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LETTERS TO THE EDITOR

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