

Stressforsknings – Conference

Copenhagen, 27 October 2016

The model of effort-reward imbalance

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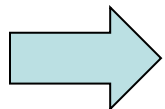
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University of Duesseldorf. Germany**

1. Background:

Importance of work for health and wellbeing

Work can...

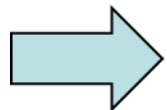
- provide a source of regular income and contribute to social security
- provide social status, social identity, and prestige
- structure people's motivation, energy and time use
- provide a source of personal growth and training of capabilities/competencies
- offer opportunities to experience autonomy and recognition (basic psychological needs)



Features with positive effects on health and wellbeing

Work can...

- be unavailable, leading to job loss and long-term unemployment
- dangerous, increasing occupational injuries and occupational diseases (e.g. asbestos)
- precarious, often combined with heavy physical work, low security and low control
- be of poor quality (e.g. high work pressure, harassment, monotony, job instability: ‚stressful work‘)



Features with negative effects on health and wellbeing

Significant changes in the nature of work and employment

- Increase of **service sector, administrative and IT jobs**, including human service professions with high **psychomental/emotional workload**
- Many jobs require high **flexibility, mobility, and adaption** to new tasks/technologies, products etc.
- Increase of **work pressure**, due to competitive labor market, shortage of employment and/or downsizing of personnel
- Fragmentation of occupational careers, de-standardized or atypical work, and growing **job instability/insecurity**
- Segmentation of labor market; **social inequalities** in quality of work and employment

Effects of economic globalisation: Labour market consequences in developed countries

Increased pressure of rationalisation
(mainly due to wage competition)

Downsizing, Merging, Outsourcing



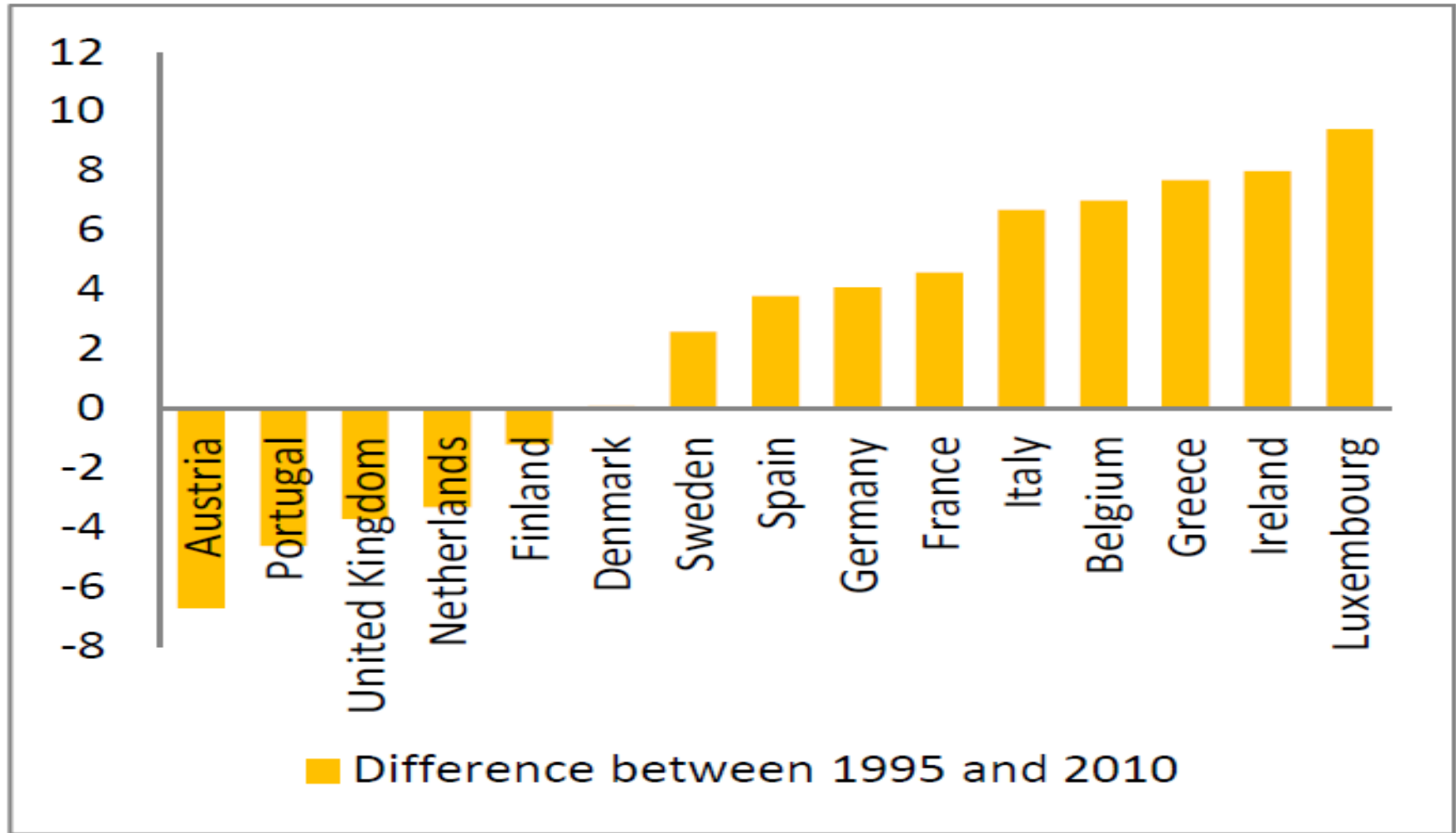
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graph TD; A[Increased pressure of rationalisation  
(mainly due to wage competition)] --> B[Downsizing, Merging, Outsourcing]; B --> C[Work intensification]; B --> D[Job insecurity]; B --> E[Low wage / salary];
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Work
intensification

Job
insecurity

Low wage /
salary

Change in Work Intensity by Country in the EU15, 1995-2010 (5th EWCS)

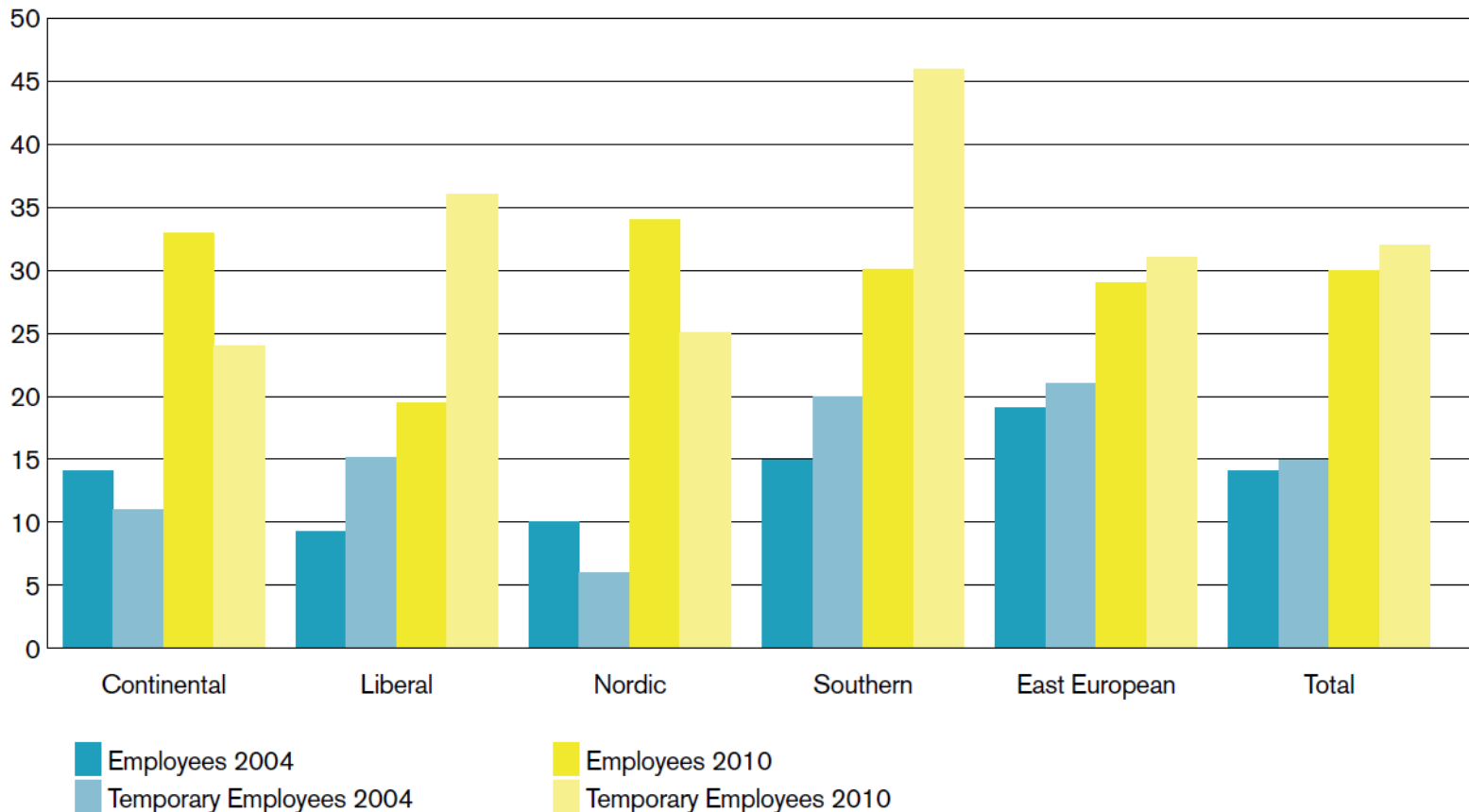


Source: F. Green, T. Mostafa (2013). Job quality indices for Europe.
A report based on the 5th EWCS. London

Job insecurity 2004-2010

European Social Survey, 19 EU countries

Figure 4 Job Insecurity among All Employees and Temporary Workers 2004-2010



Source: Gallie D (Ed.) (2013) ESS Topline Results Series 3, European Social Survey

High work pressure (e.g. overtime work) and job instability (e.g. downsizing) are unhealthy!

Examples of recent epidemiological evidence :

Overtime work (>11 hrs/day):

Risk of severe depression: HR 2.4

Risk of incident CHD: HR 1.7

Risk of stroke: HR 1.3

(Virtanen M et al. PLoS One 2012, Eur Heart J 2010; Kivimäki M et al. Lancet 2015)

,Surviving' severe downsizing:

Risk of all-cause mortality: HR 1.4

Risk of CHD mortality: HR 2.0

(Vahtera J et al. BMJ 2004)

Stressful work: Definition and effect on health

Stress occurs if a person is exposed to a **threatening demand** (stressor) that taxes or **exceeds** her/his capacity of successful response → **risk of loss of control/desiderata**

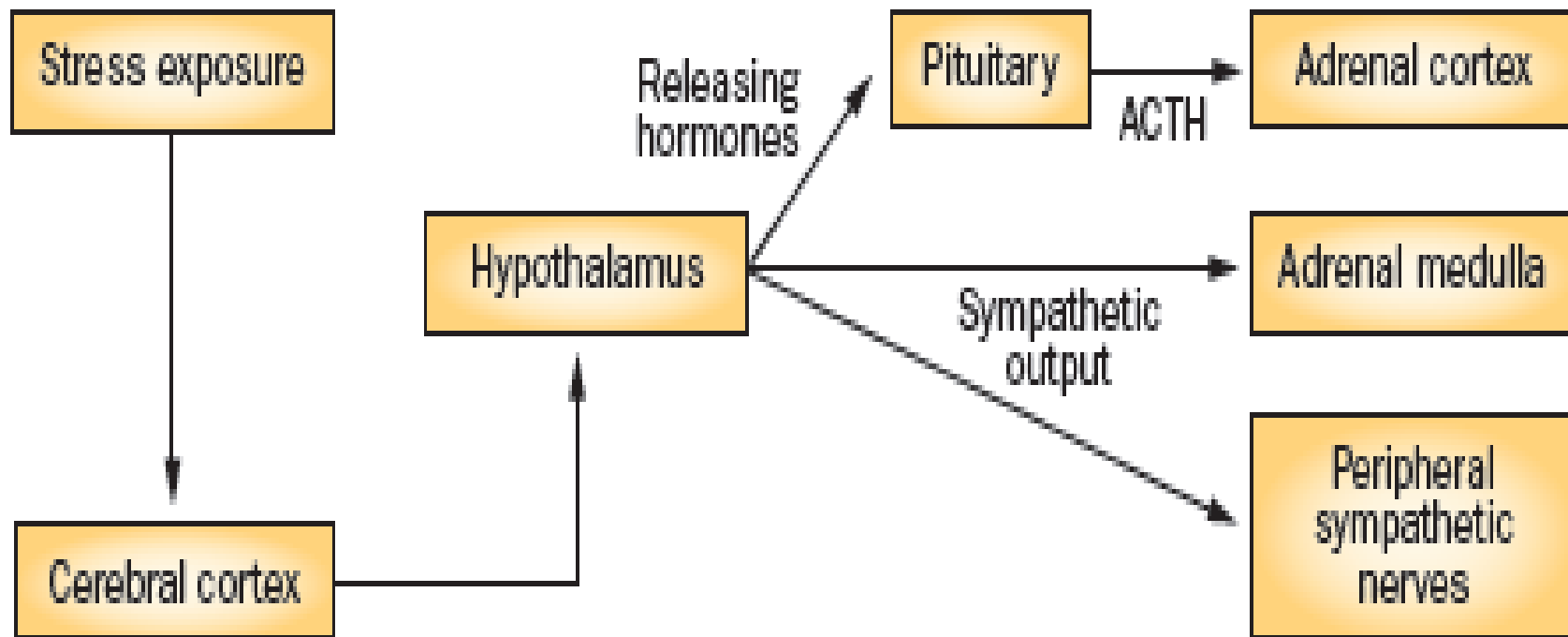
Main dimensions of **stress reactions**:

- Cognitive **evaluation** of threat
- **Negative emotions** (anxiety, anger)
- Activation of **stress axes** in organism (SAM, HPA)

Critical for health:

- **Chronic stressors** requiring active coping → risk of **stress-related disorders** (depression, CHD)
- **Adverse work** is a major chronic stressor in adult life: to be defined by a **theoretical model**

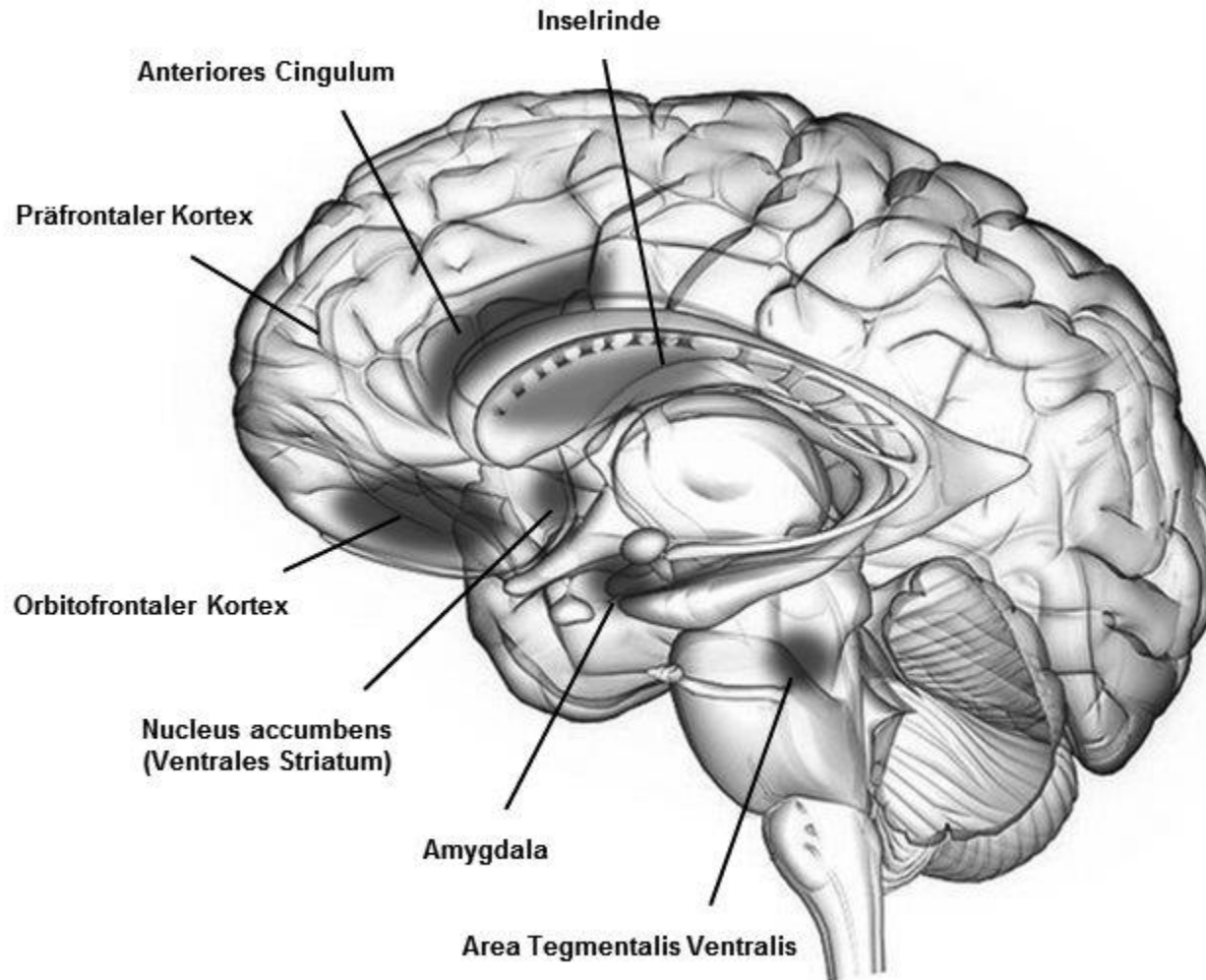
Psychosocial stress and physiological pathways to stress-related disorders



Source: Steptoe A, Kivimäki M (2012) Stress and cardiovascular disease. Nature Reviews Cardiology 9, 360-370

The brain reward circuits

(Source: T. Perrin et al. Wellbeing in dementia.2008)



How to identify and assess stressful psychosocial work environments?

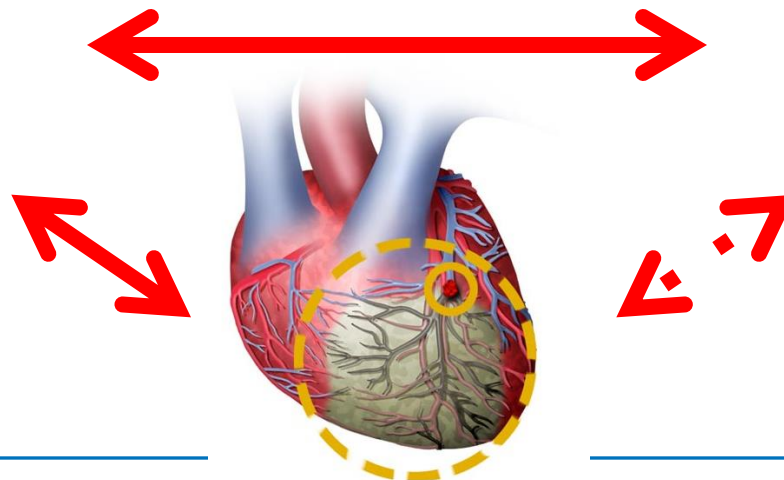
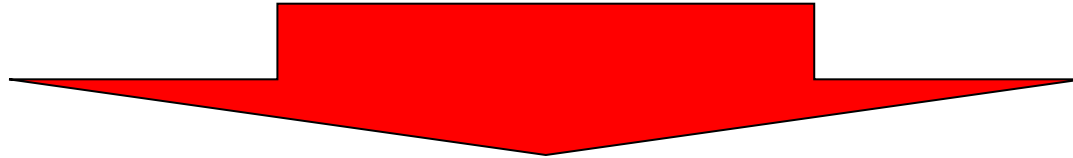
- Multiplicity of different jobs, different ways of division of work (e.g. blue-collar jobs in automation)
- Rapid change of job content due to technological progress and economic constraints (impact of ICT; short production cycles)
- Newly emerging professions and occupations (e.g. service, entertainment)
- Dissolution of established organizational structures of working life (tele-work; home work, self-employment)
- Need for a theory to structure/ reduce complexity and to identify critical dimensions of work environments

2. The model of effort-reward imbalance

Four functions of a theoretical model

- To reduce complexity through identification of 'meaningful, critical dimensions' (*heuristic function*)
- To define and measure these dimensions at a level of abstraction that allows for generalization of knowledge (*comparative function*)
- To link these dimensions to an explanatory model of work-related health ('stress theory') (*explanatory function*)
- To feed back explanatory knowledge to practice (*pragmatic function*)

Three complementary theoretical models



Chronic psychosocial stress at work: Complementary stress-theoretical models

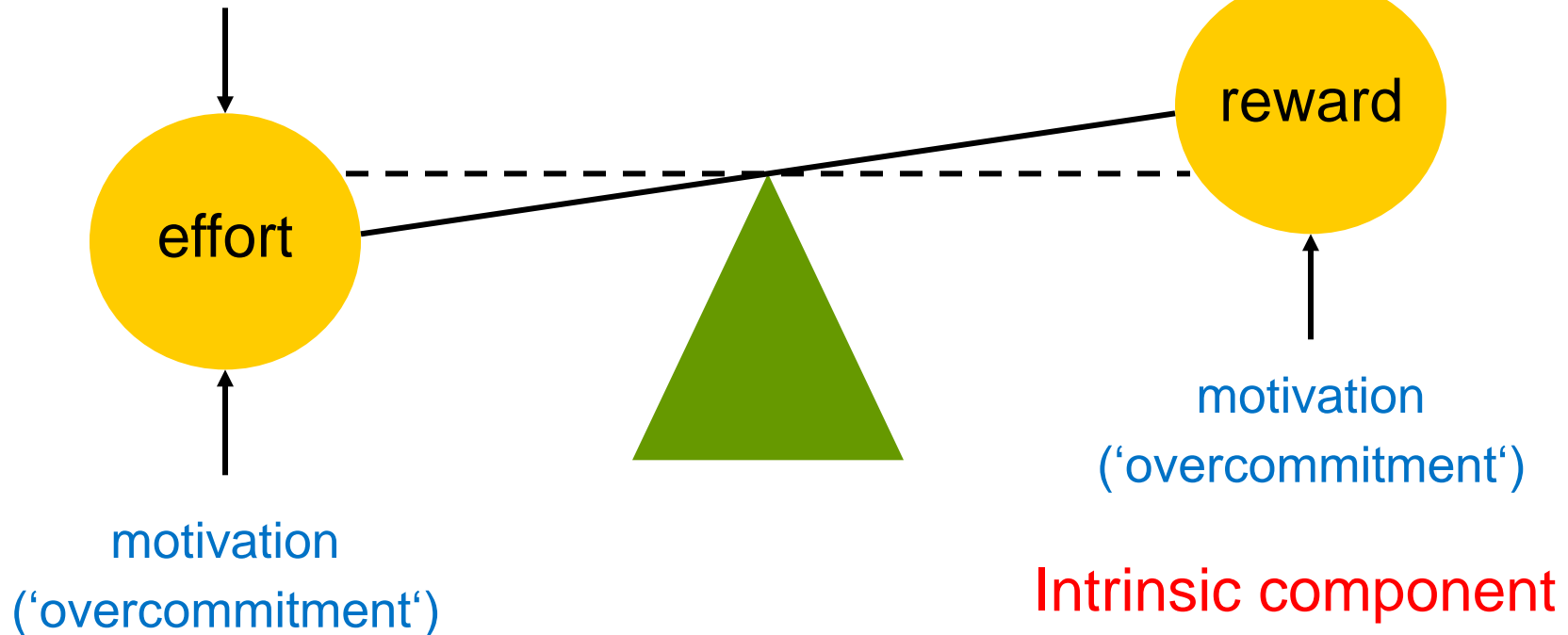
- **Demand-control model**
(R. Karasek, 1979;
R. Karasek & T. Theorell,
1990)
 - Focus on
job task profile: high
demand/low control
- **Effort-reward imbalance model**
(J. Siegrist, 1996;
J. Siegrist et al., 2004)
 - Focus on work
contract: high
effort/low reward
- **Organizational injustice model**
(J. Greenberg et al., 1982;
M. Elovainio et al., 2002)
 - Focus on unfair
procedures and
interactions

The model of effort-reward imbalance (J. Siegrist 1996)

Extrinsic components

- labor income
- career mobility / job security
- esteem, respect

demands / obligations



Source: Based on Siegrist, J (1996): J Occup Health Psychol, 1: 27-41.

Why do people continue to work in 'high cost – low gain' conditions?

➤ Dependency

The working person has **no alternative choice** in the labour market: accepting contractual unfairness is preferred to job loss.

➤ Strategic choice

The working person accepts imbalance in order to **improve future career development** (anticipatory investment).

➤ Over-commitment

The working person exhibits a **motivational pattern** of excessive work-related commitment where investments often exceed gains. Overcommitment is either due to **personality** or due to **pressure at work**.

Innovative features of the effort-reward imbalance model

- It captures **main features of modern work** due to economic globalisation (competitive wages, high work pressure, low job security, lack of esteem).
- It is based on an **evolutionary old principle** of human exchange (**social reciprocity** between give and take; i.e. **justice of exchange**)
- It identifies **three core dimensions of reward** (separate and combined effects): money, social status, esteem, and **links sociology to neuroscience** (brain reward system)
- It combines features of the **work situation** and of the **working person** (over-commitment) (**3 hypotheses**).

How did the ERI model evolve?

Origin:

- The model of Effort-Reward Imbalance (ERI) is an original conceptualization of work stress that gradually evolved from a **mixture of 'intuition' during field work** of our research team in the late 1970s/ - early 1980s with cardiac patients **and from own theoretical reasoning.**

Relevant theoretical notions:

- sociology and social psychology of **'self' and 'social roles'** (G.H. Mead, G. Simmel, R.K. Merton)
- **norm of reciprocity** in social exchange (A. Gouldner 1960)
- social psychological analysis of **equity/inequity** (J.S. Adams 1965)

Theoretical focus:

- **Failed reciprocity in costly transactions** ('high cost/low gain') in core social roles (occupation) violates basic norm of fair exchange and social recognition/reward (**'justice of exchange'**).

Measuring the work stress models: mainstream approach

Standardized self-administered questionnaires, available in main languages across EU

➤ Psychometrically validated scales and scales structure (CFA) of ERI

- > reliability, sensitivity to change
- > discriminant validity
- > criterion validity
- > specificity and sensitivity of thresholds

➤ Partial validation by observational / administrative data

➤ More information on measurement:

- www.uniklinik-duesseldorf.de/med-soziologie

Reference: Chapter 2 in Siegrist J, Wahrendorf M (eds) Work stress and health in a globalized economy. The model of effort-reward imbalance. Springer International Publications 2016

Measurement of the effort-reward imbalance model

- Scale *,effort'* (6 Likert-scaled items) = perceived demands
 - Scale *,reward'* (11 Likert-scaled items) = experienced or promised gratifications
 - 3 subscales: (a) salary and promotion, (b) esteem, (c) job security
 - *,ratio effort/reward'* =
$$\text{sum score ,effort' / (sum score ,reward' } \times 6/11)$$
 - Scale *,over-commitment'* (6 Likert-scaled items) = pattern of coping with demands and rewards
- >In addition to the original questionnaire (16+6 items):
Validated short questionnaire (10+6 items)

Sensitivity and specificity of scales: ROC-curve; depressed vs. healthy people

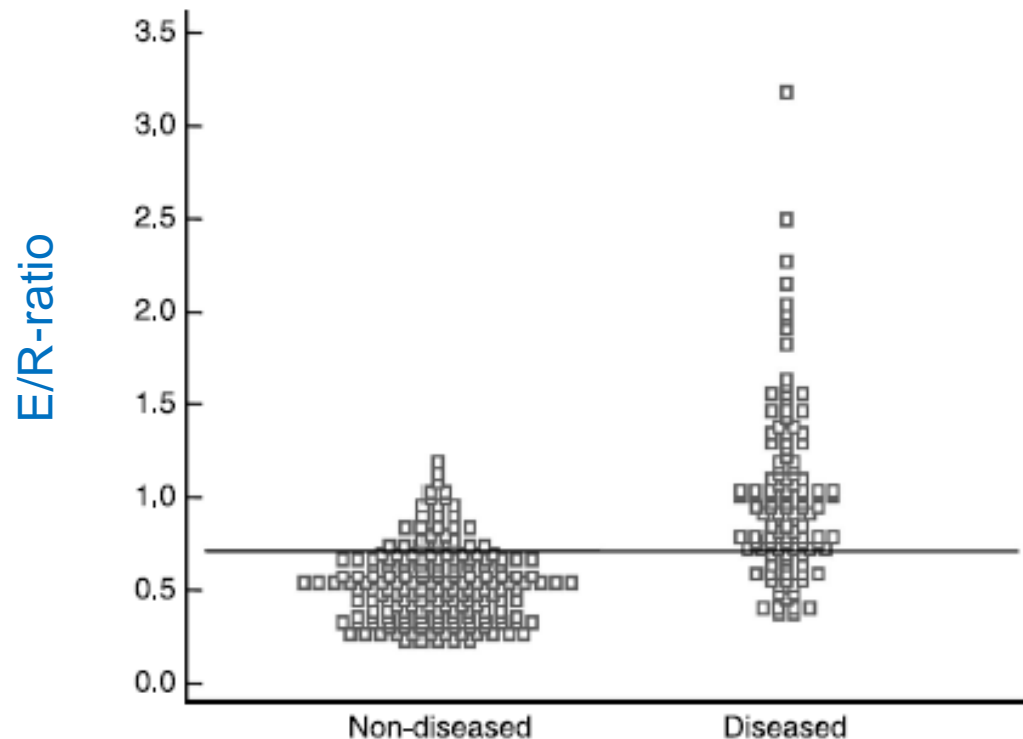
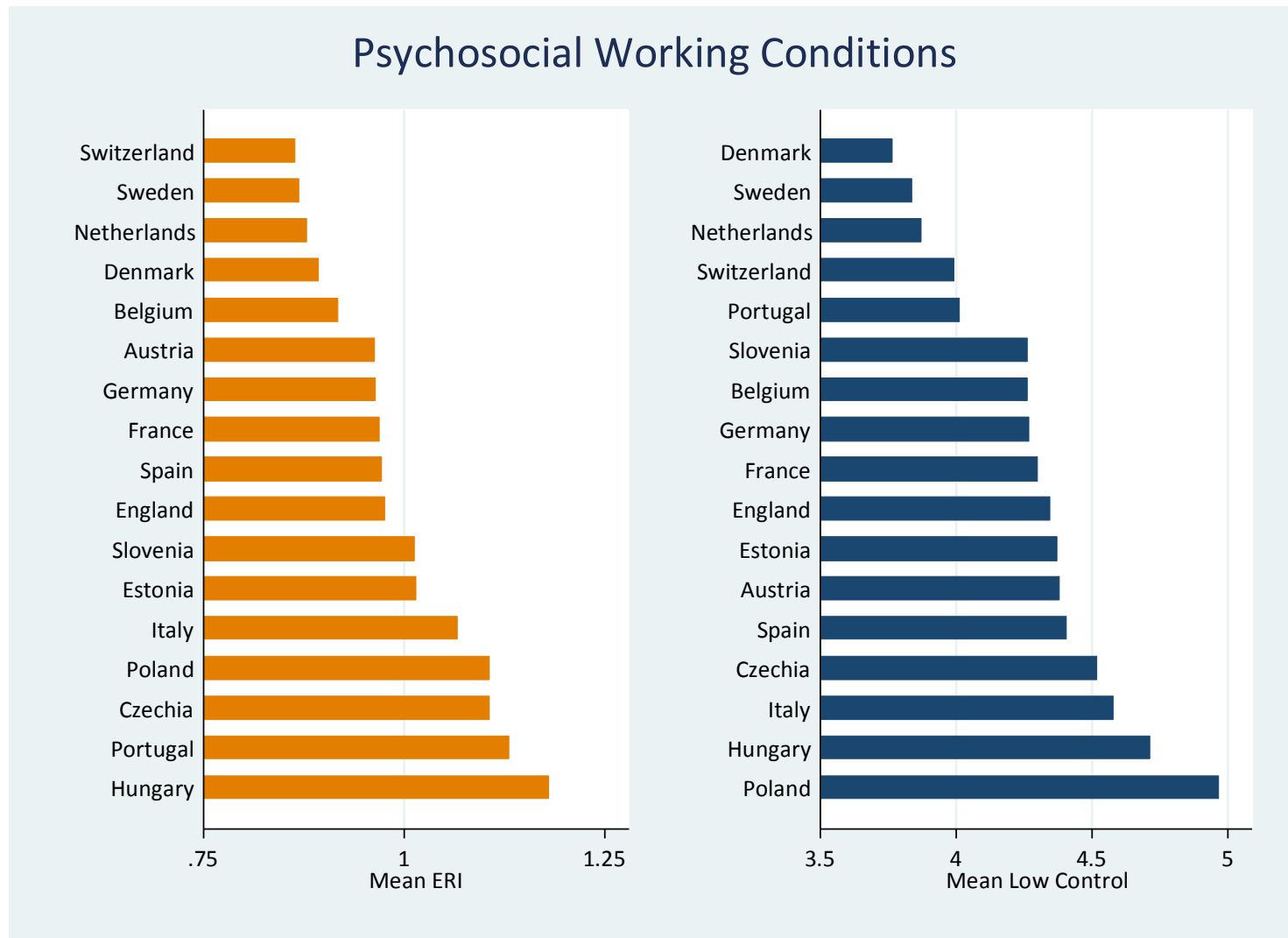


Figure 1. Distribution of ERI ratio in the diseased and non-diseased group ($N = 115$ vs. $N = 187$). The horizontal line indicates the cut-off point $ERI > 0.751$. It can easily be seen from the figure that a higher cut-off point would lead to a higher rate of misclassifications of diseased subjects, meaning a loss in sensitivity.

Source: D. Lehr et al. (2010) *J Occup Organizat Psychol* 83: 251-261

Mean level of work stress in 17 European countries (SHARE, ELSA, n = 14 254, aged 50-64)

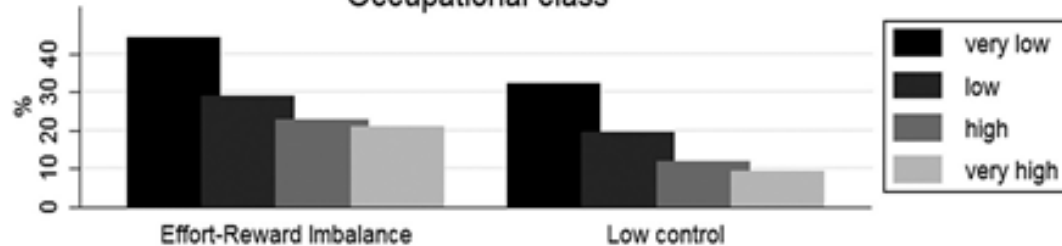


Source: Based on T. Lunau et al. (2015): PLoS One 10 (2) e0421573

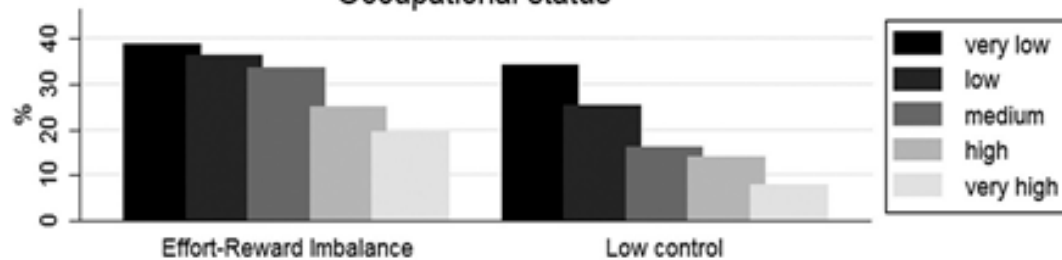
The social gradient of effort-reward imbalance and low control at work in the European workforce

Social position and psychosocial work stress

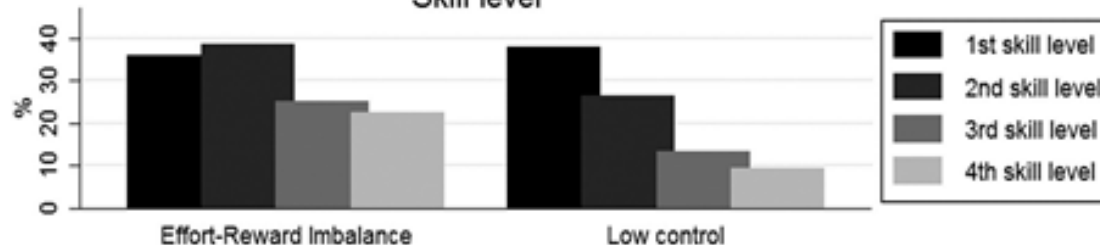
Occupational class



Occupational status



Skill level



Prevalence of stressful work according to three occupational classifications; N = 6398 employed men and women (50-64 yr.) from 11 countries (SHARE based on weighted data)

Source:
Wahrendorf M et al. (2013)
European Sociological Review 29:
792-802

3. Scientific evidence on associations with health (Bradford Hill criteria!)

- **Prospective** Study (exposition → incident disease; statistical control of confounders)
- **Strength** of association
- **Dose – response** relationship
- Evidence on **biological pathways** from exposure to disease
- **Consistency** of results across contexts/cultures and study designs
- **Risk reduction** through exposure reduction (experimental evidence, e.g. RCT)

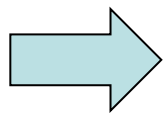
Cave:

- **Specificity** of association of exposure with disease (**often not applicable** due to multiple health effects of exposure)

3.1. *Effort-reward imbalance and depression*

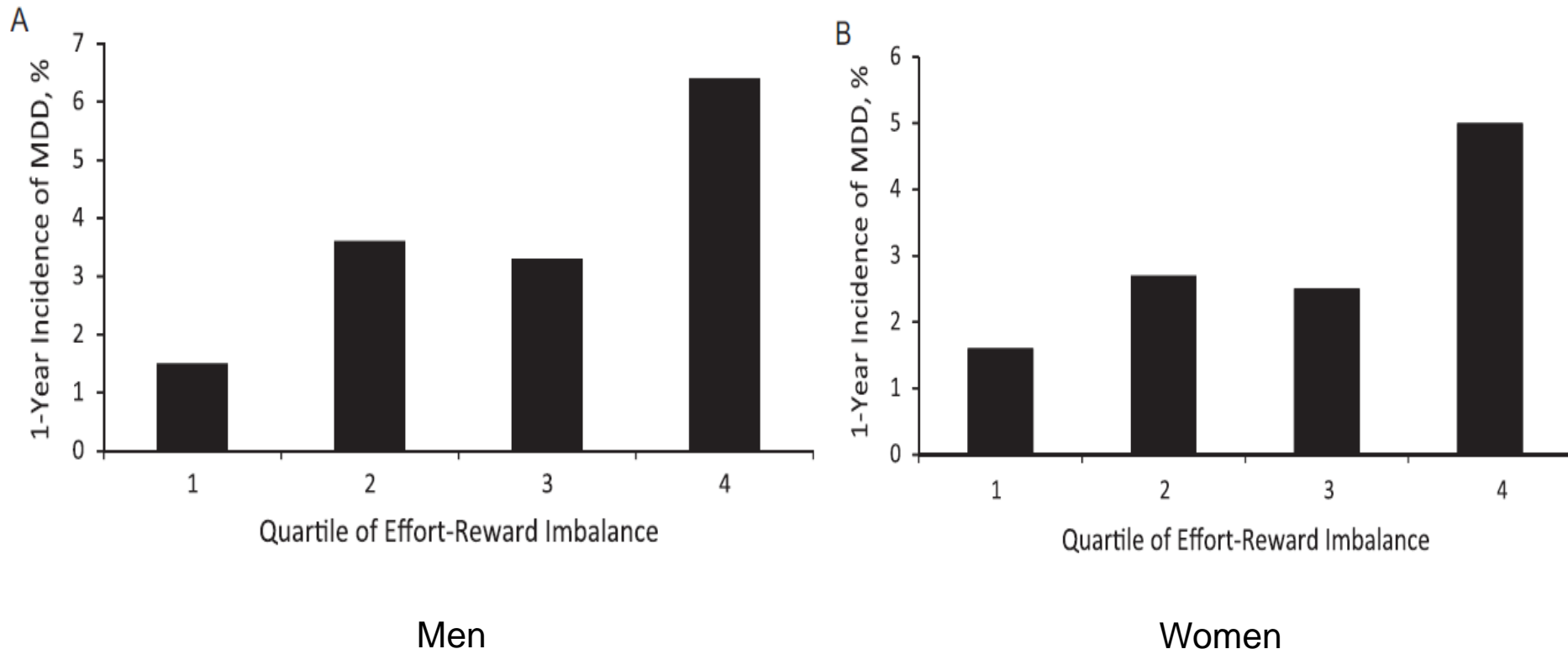
Prospective studies, consistency, effect size

- **Systematic review** R. Rugulies et al.: Chapter 6 in J. Siegrist & M. Wahrendorf (eds.) Work stress and health in a globalized economy. Springer 2016 (pp. 103-143):
- 9 studies: >80.000 participants from 15 countries (EU, US, CA); follow-up 1,0-8,9 yrs.; outcome based on quest. (e.g. CES-D) or clinical diagnosis



„Effect estimates were relatively similar ranging from 1.49 to 2.32 in the highest exposure group“ (p. 124)

Role of gender: 1-year incidence on major depression and work stress quartiles (Effort-Reward Imbalance) Canada (n = 2752, men and women)



Source: Wang, J (2012): Am J Epidemiol 176: 52-59, (p. 55).

Relative contribution of ERI (reward) compared to other occupational factors

I. Niedhammer et al. (2015) BMC Public Health 15:200

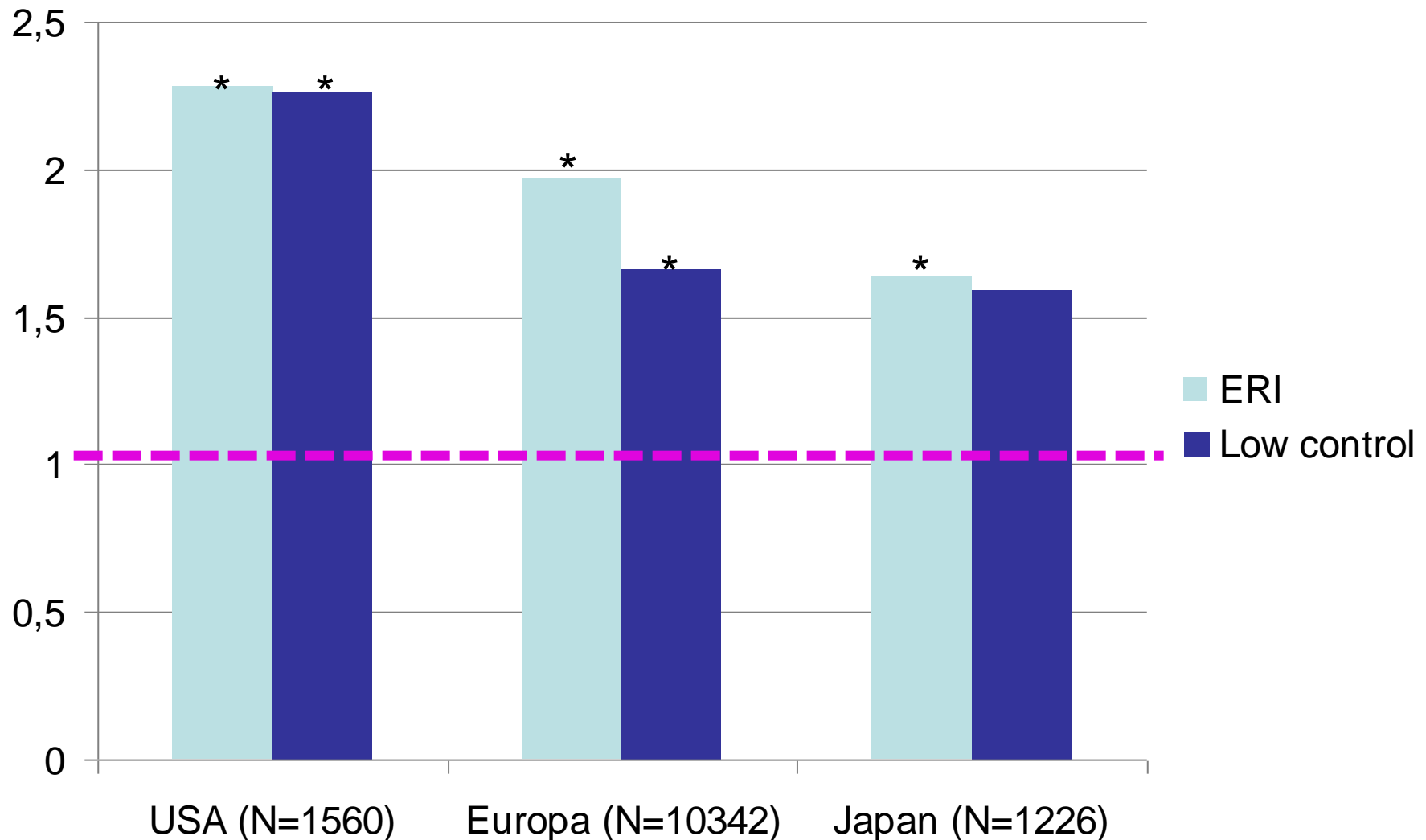
Prospective French national SIP study:

- 4717 workers in France; 2006 and 2010
- Outcome: Incident major depressive disorder (MINI)
- Exposure: 10 psychosocial work factors; 4 working time factors; 3 physical work factors

Main result:

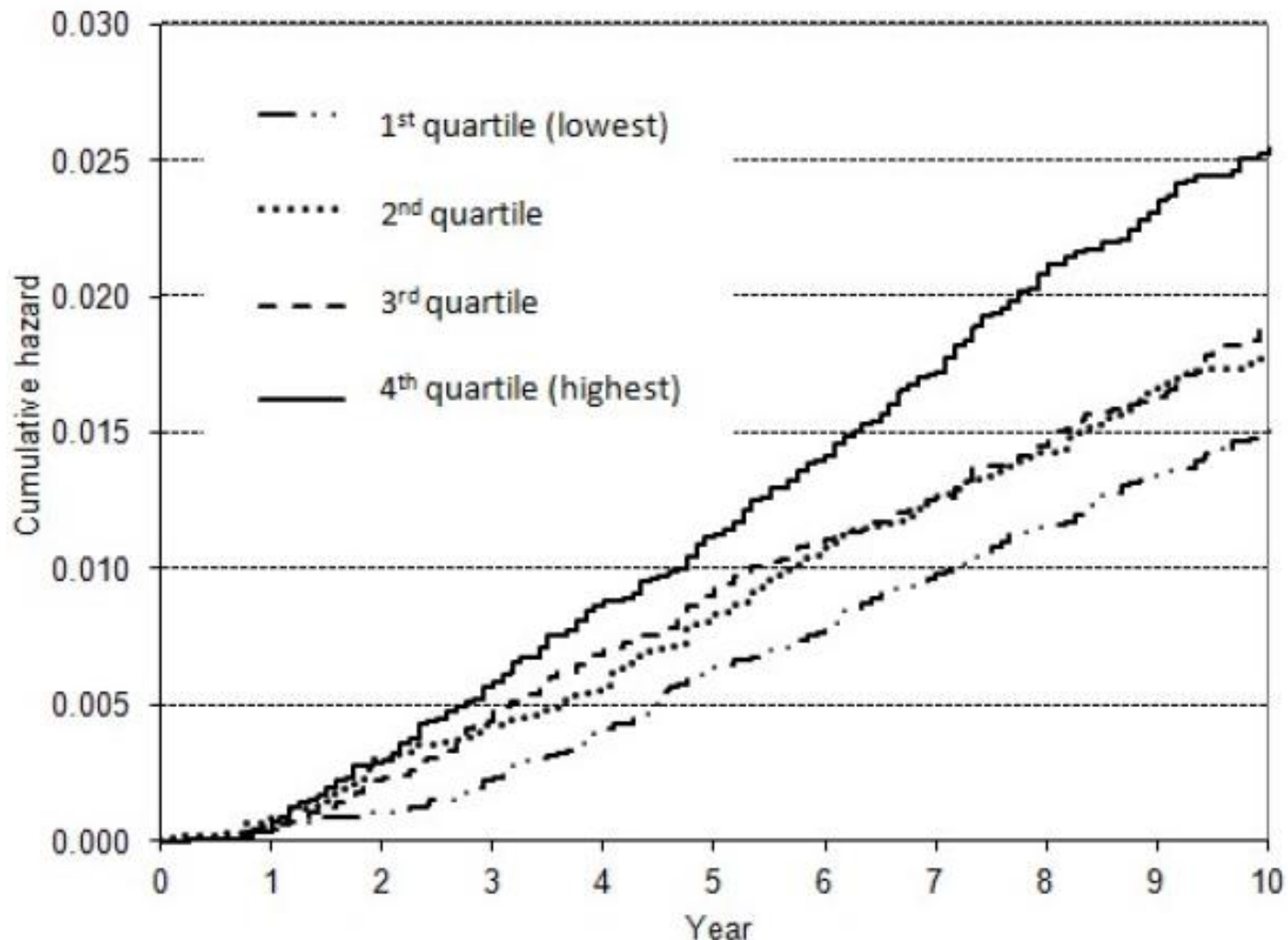
- Taking all occupational factors into account simultaneously and adjusting for covariates: 2 significant effects:
 - Low reward OR 1.60 (1.08-2.39)
 - Job insecurity OR 1.63 (1.08-2.48)

Cross-cultural consistency: ERI/ Low control and depressive symptoms: 17 countries in three continents (SHARE, ELSA, HRS, JSTAR)



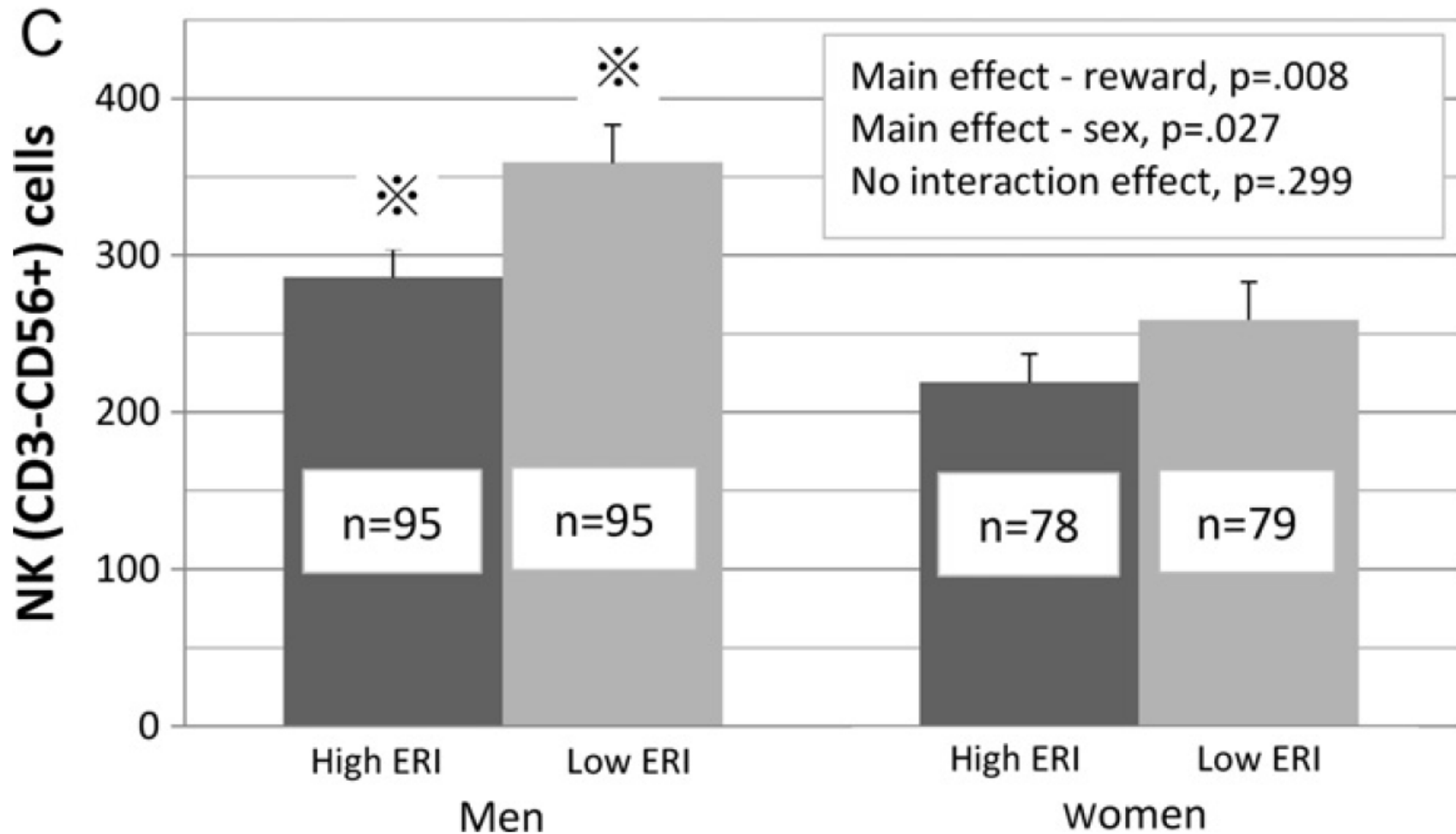
Source: J. Siegrist et al (2012) Globalization and Health 8:27.

Dose-response relation: Cumulative hazard curves of disability pension due to depression by quartiles of work stress (ERI) (n =51.874)



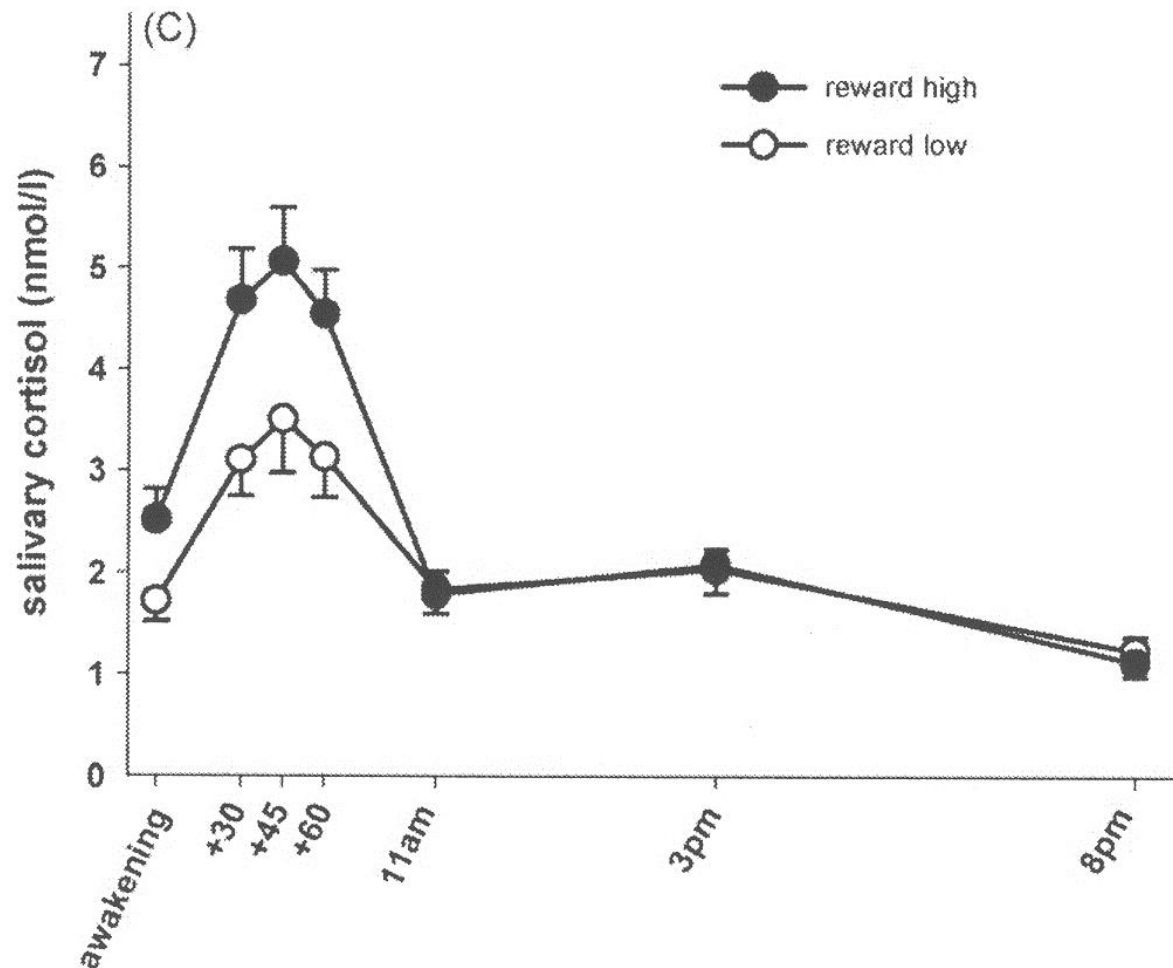
Source: Juvani A et al. (2014): Scand J Work Environ Health, 40: 266-277.

Biological pathways: ERI and natural killer cells in 347 Japanese employees



Source: Nakata A et al (2011), *Biol Psychol* 88:270-279, (p. 277).

Biological pathways: Cortisol awakening response after dexamethasone-test in teachers (N=135)



Source: Bellingrath S et al (2008) Biol Psychol 78: 104-113

Risk reduction: Organizational intervention in a Canadian hospital vs. control hospital*

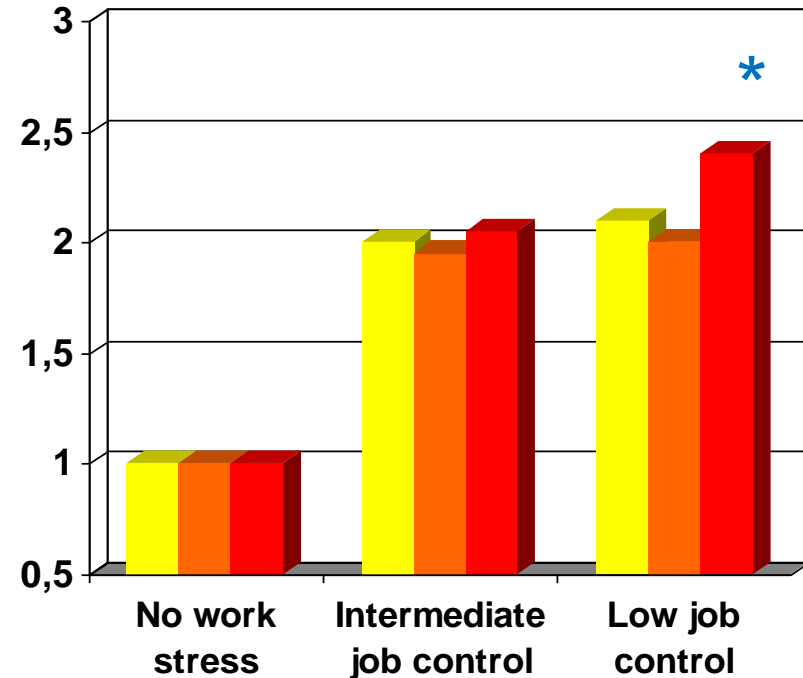
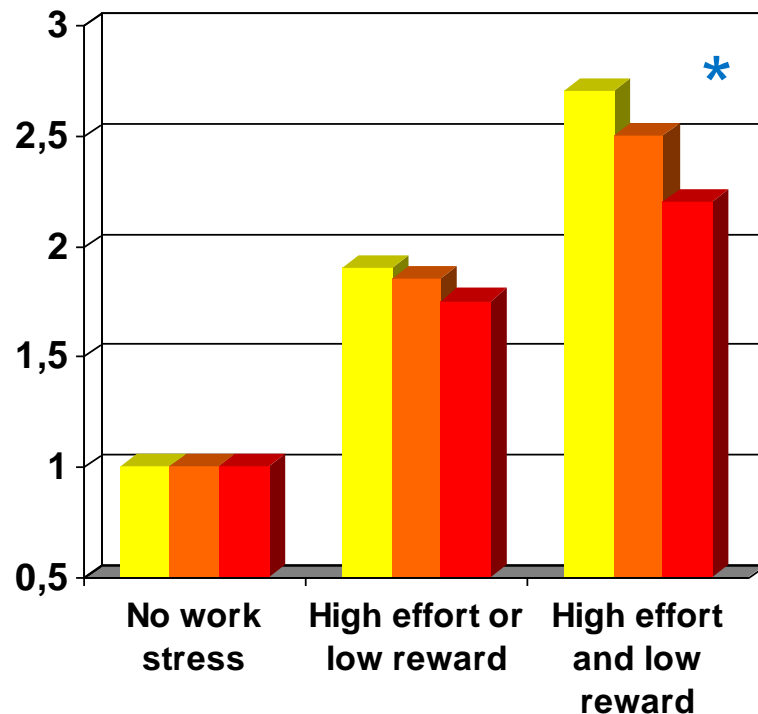
Variable	Means at t2 adj. for t0		p
	experimental	- control hospital	
Demand	11.9	12.6	.008
Control	70.0	68.7	.051
Social support	23.7	23.0	.011
Reward	31.2	30.2	.003
Effort-reward imbal.	1.0	1.1	.001
Work-rel. burnout	43.2	48.3	.003

*36 month-follow-up, two Canadian hospitals, N=248 (intervention) vs. 240 (control hospital) (ANCOVA, adj. for baseline values)

Source: R. Bourbonnais et al. (2011), Occup Environ Med, 68: 479-486.

3.2. Effort-reward imbalance and coronary heart disease

The Whitehall II-Study: 4393 male and female civil servants

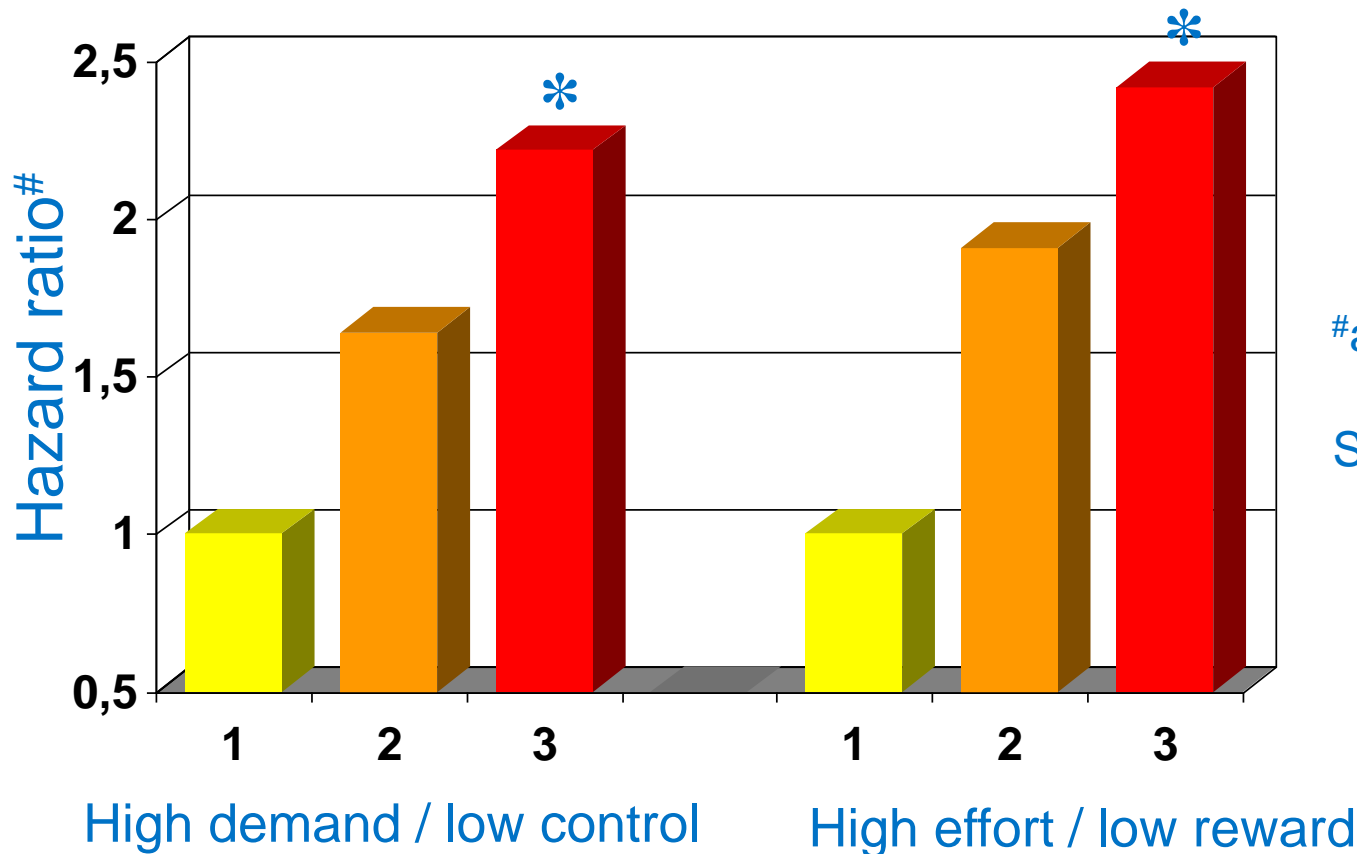


- adjusted for age, sex, length of follow-up
- + alternative work stress model
- + grade, coronary risk factors, negative affect

* $p < .05$

Source: H. Bosma et al. (1998), Amer J Publ Health, 88: 68-74

Work stress and cardiovascular mortality: Finnish Cohort Study, n = 812 employees



Tertile (work stress):

1 = no

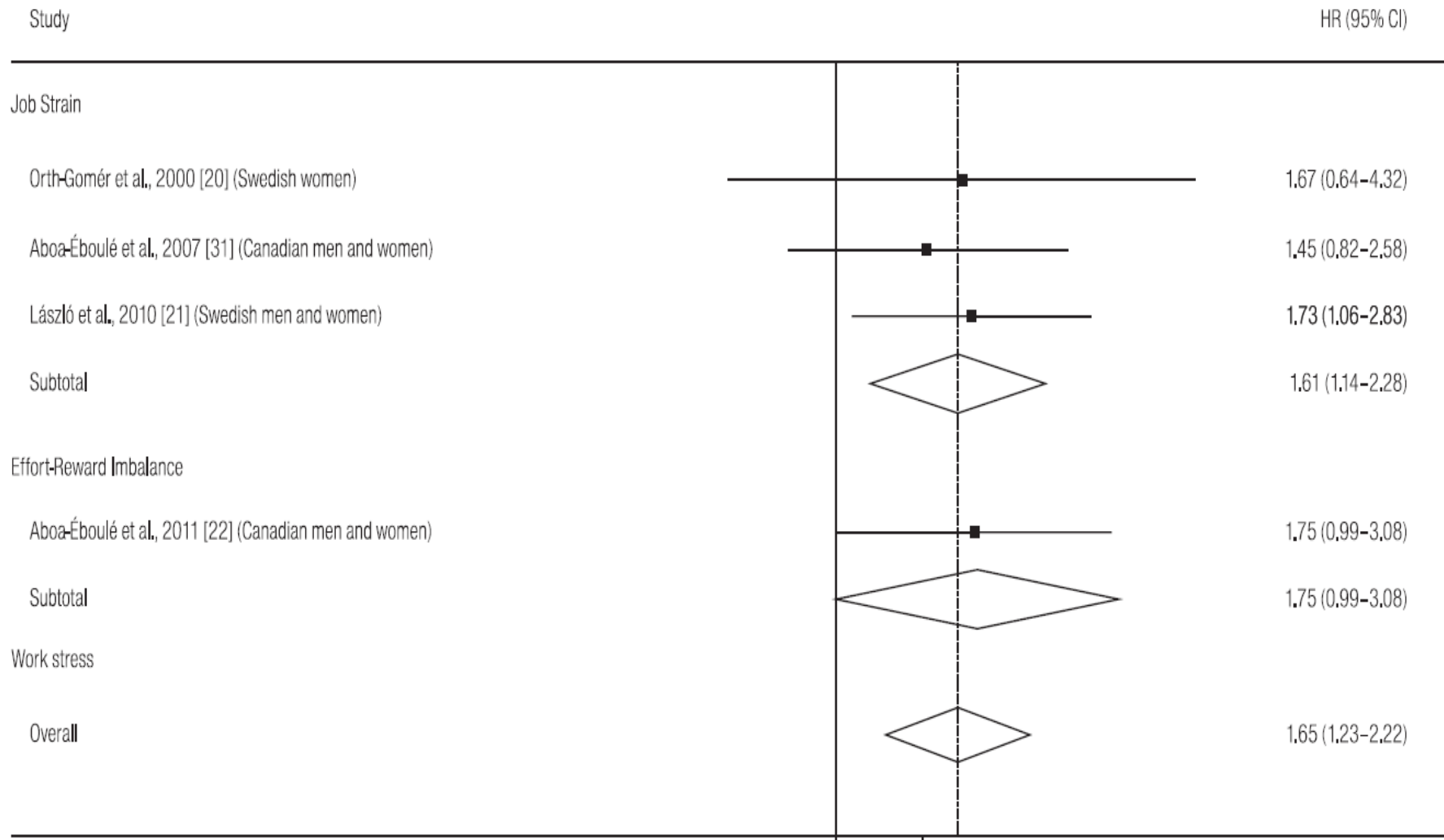
2 = low

3 = high

#adj. for age, sex, SEP,
smoking, phys. act.,
SBP, cholest., and BMI

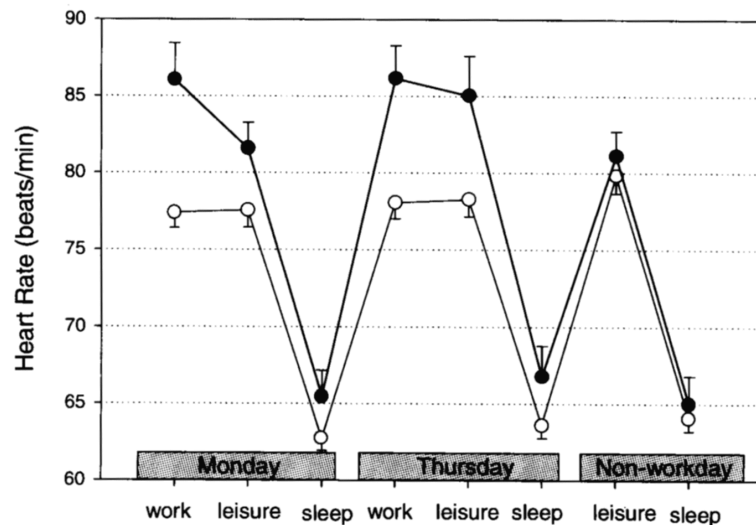
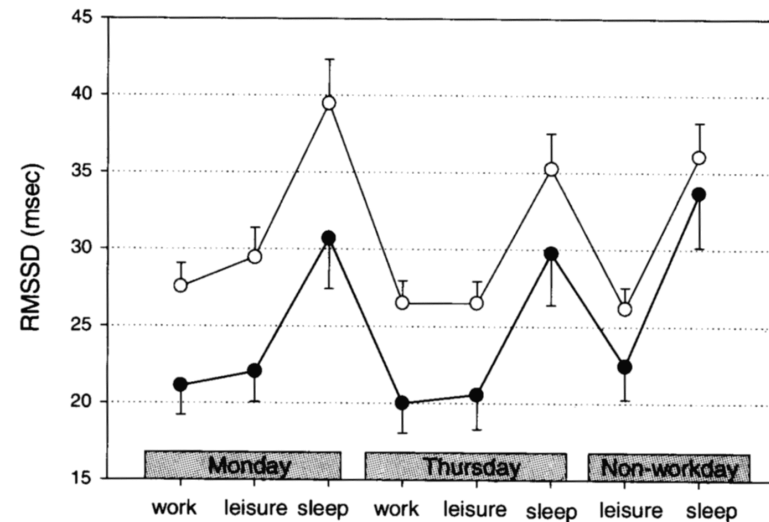
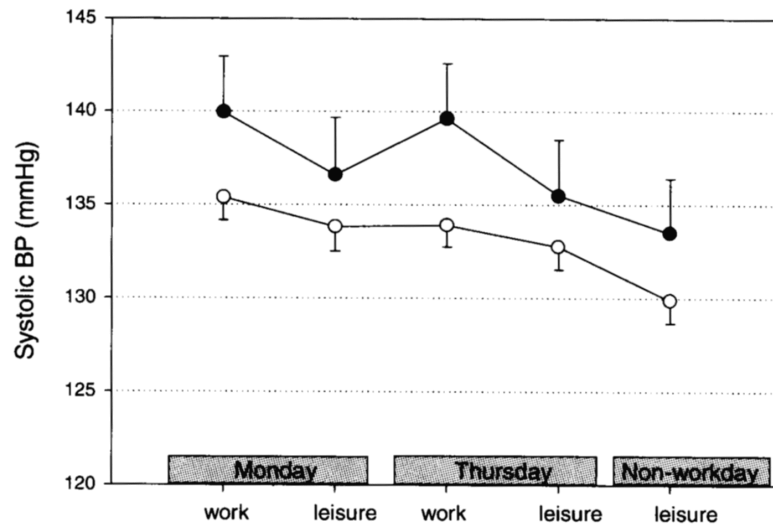
Source: Based on Kivimäki, M, et al. (2002), BMJ, 325: 857

Work stress (Job Strain; ERI) and recurrent coronary heart disease: meta-analysis



Source: Li J et al (2015) Int J Occup Med Environ Health, 28(1):8-19.

Cardiovascular monitoring over 3 days in healthy male computer employees and work stress

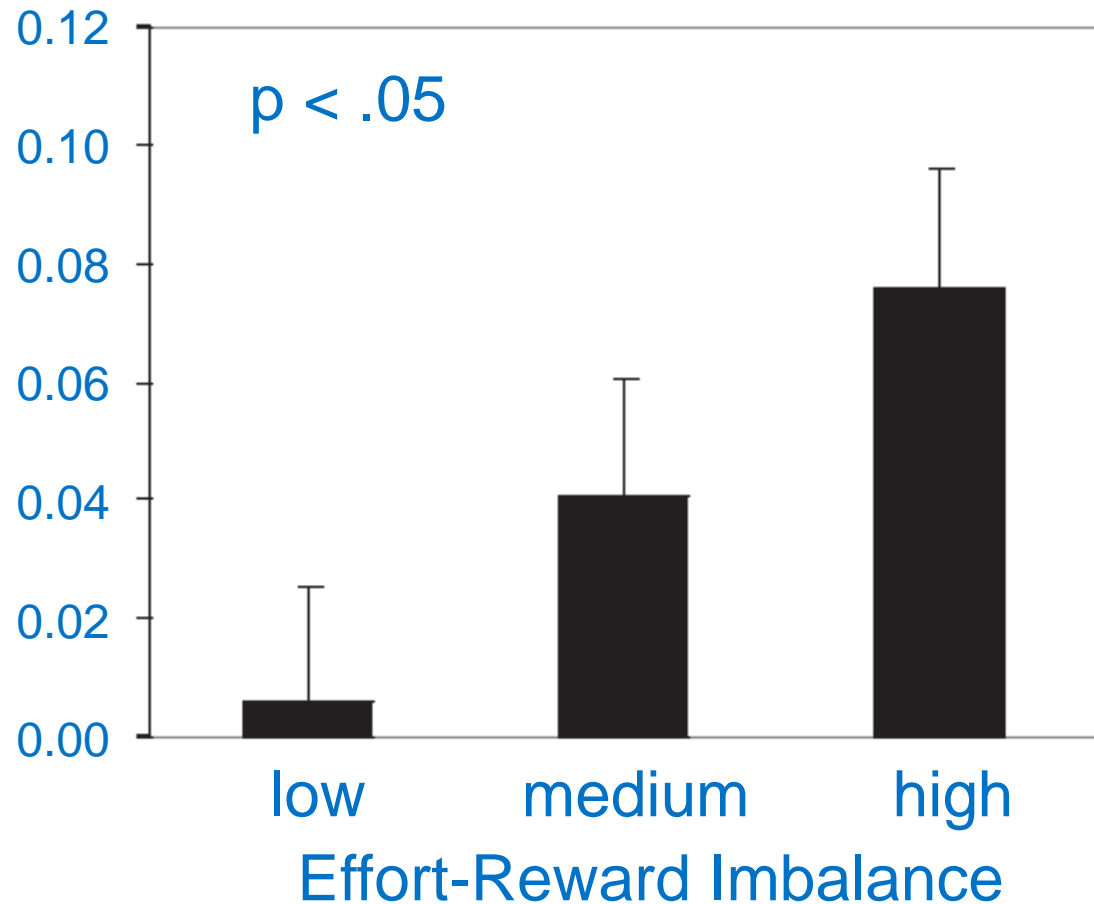


Source: Vrijkotte et al. (2000), Hypertension, 35: 880.

Inflammatory response (CRP) during experimentally induced mental stress according to level of effort-reward imbalance (N=92)

CRP change[#]
($\mu\text{g/ml}$) as
function of effort-
reward imbalance

[#] adjusted for age,
BMI, baseline levels



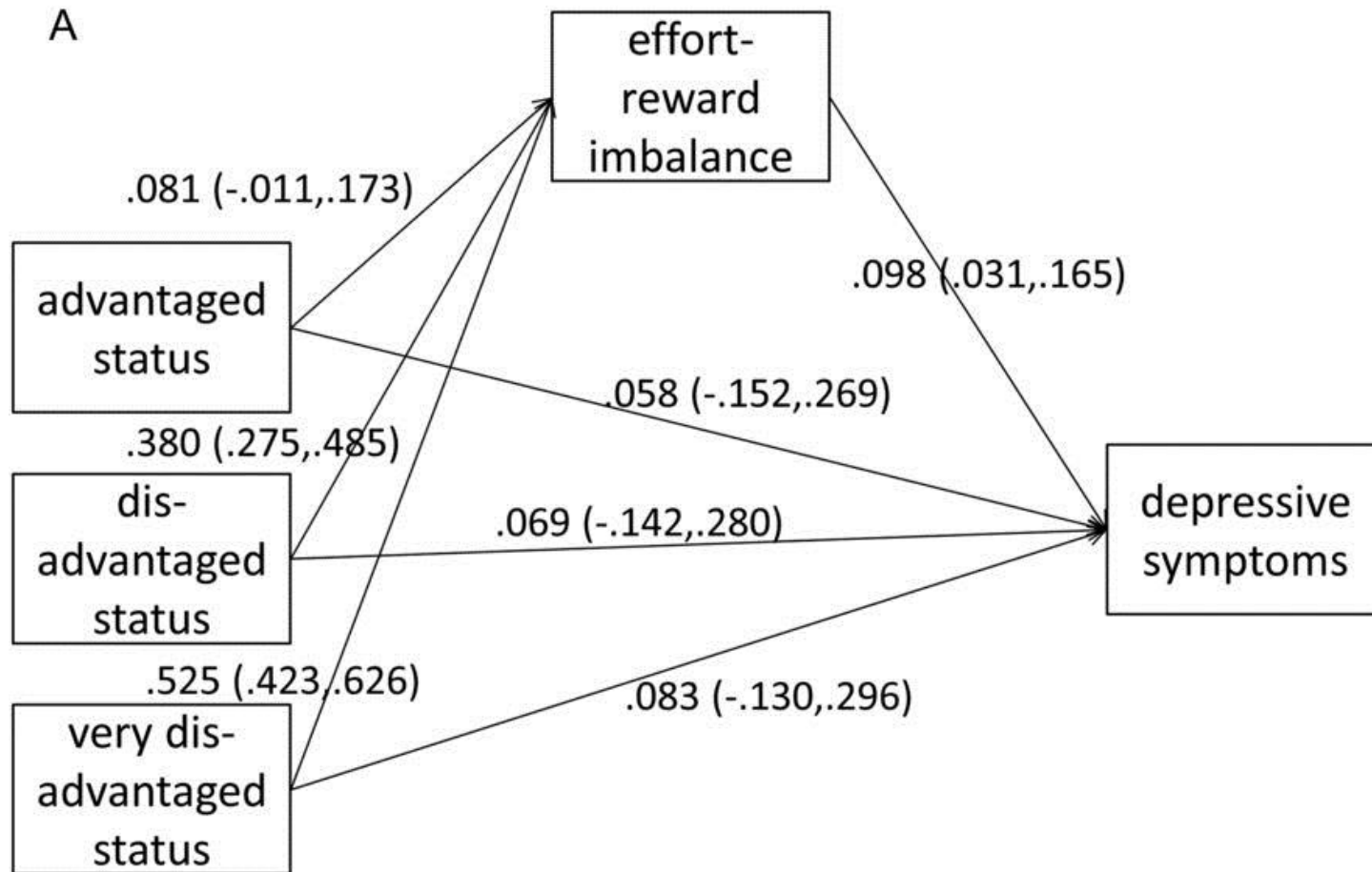
3.3 *Effort-reward imbalance and other outcomes (prospective studies)*

- Type 2 diabetes: Kumari MHJ 2004 Ann Intern Med
 - Metabolic syndrome: Loerbroks A 2015 Int J Cardiol
 - Hypertension: Gilbert-Ouimet M 2012 J Psychosom Res
 - Sleep disturbances: Rugulies R 2009 J Psychosom Res
 - Alcohol dependence: Head J. 2004 OEM
 - Musculoskeletal disorders: Krause N 2010 Scand JWEH
 - Sick leave (short and long spell) : Head J 2007 J Psychosom Res
-
- Intention to leave the profession: Derycke H 2010 J Occup Org Psychol; Li J 2013 Int J Health Serv; Soderberg M 2014 BMC Publ Health

4. Future directions of analysis

- Explore **additive/cumulative effects** of ERI with DC and other occupational factors, including work-life balance
- Analyse the role of ERI in **mediation** and **moderation** of social inequalities in work-related health
- Design **experimental studies** of ERI and analyse effects on psychobiologic parameters; include fMRI neuroscience data
- Study ERI and health outcomes in a **life course perspective**, including impact on **active aging**
- Apply **multi-level analysis** in cross-country studies examining effects of national **labour and social policies** on ERI and health

Mediation: SEP, work stress (ERI) and depressive symptoms: Adj for country, sex and age, N=2798.



H Hoven et al. J Epidemiol Community Health 2015;69:447-452

Moderation: Stronger effects of ERI on depression among
workers with low socioeconomic positions (SEP)
(Denmark; N=1729)

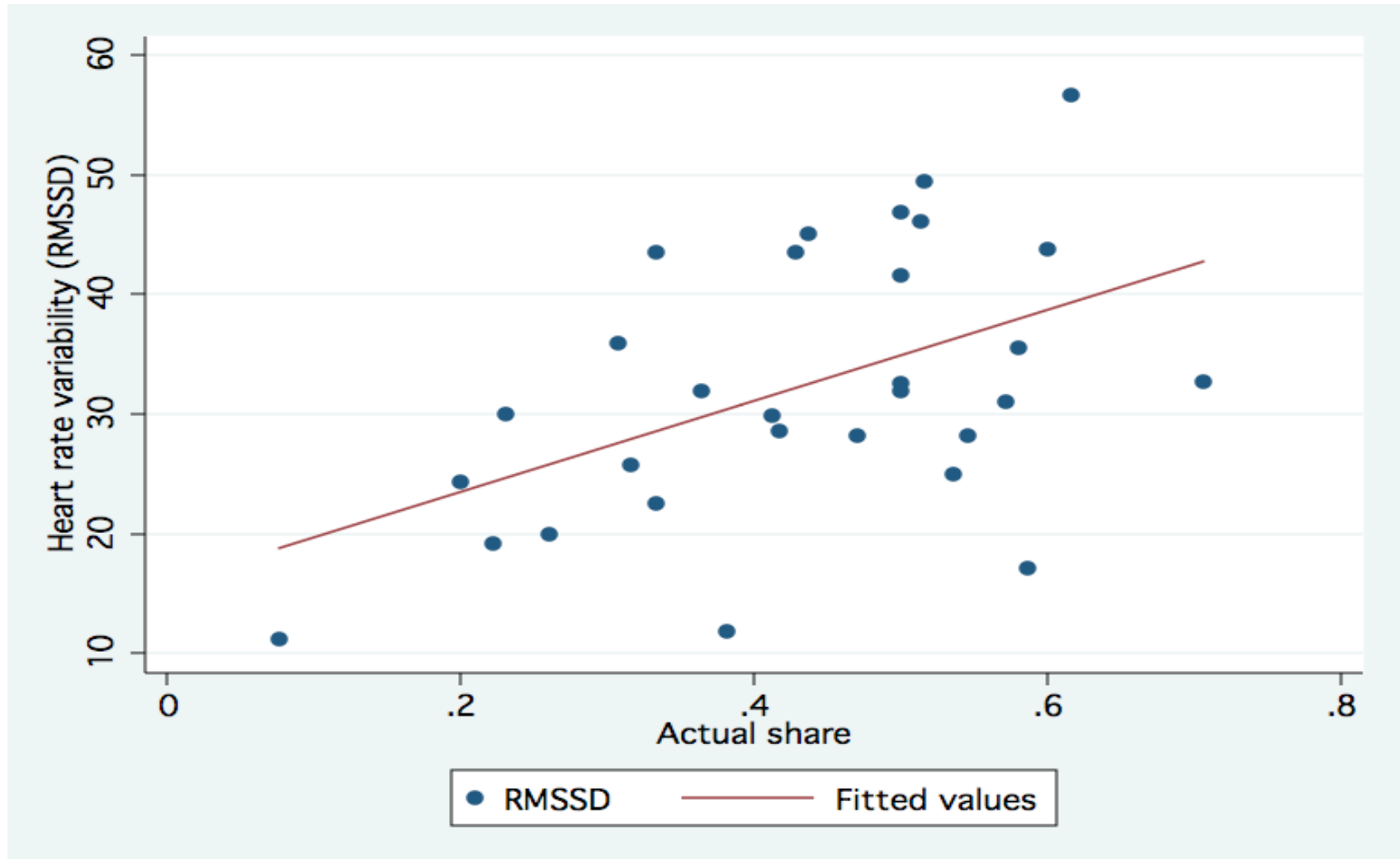
	n	OR (%95 CI)
ERI low / SEP high	652	1 (Reference)
ERI low / SEP low	611	1,45 (0,72 -2,92)
ERI high / SEP high	313	1,26 (0,59 - 2,70)
ERI high / SEP low	153	2,43 (1,07 - 5,53)

Logistic regression analysis. Adjusted for age, sex, family status, health behavior, sleep disturbance, subjective health and depression at baseline

Source: R Rugulies et al. (2013) Eur J Public Health 23: 415-420

Experimental design of ERI and heart rate variability

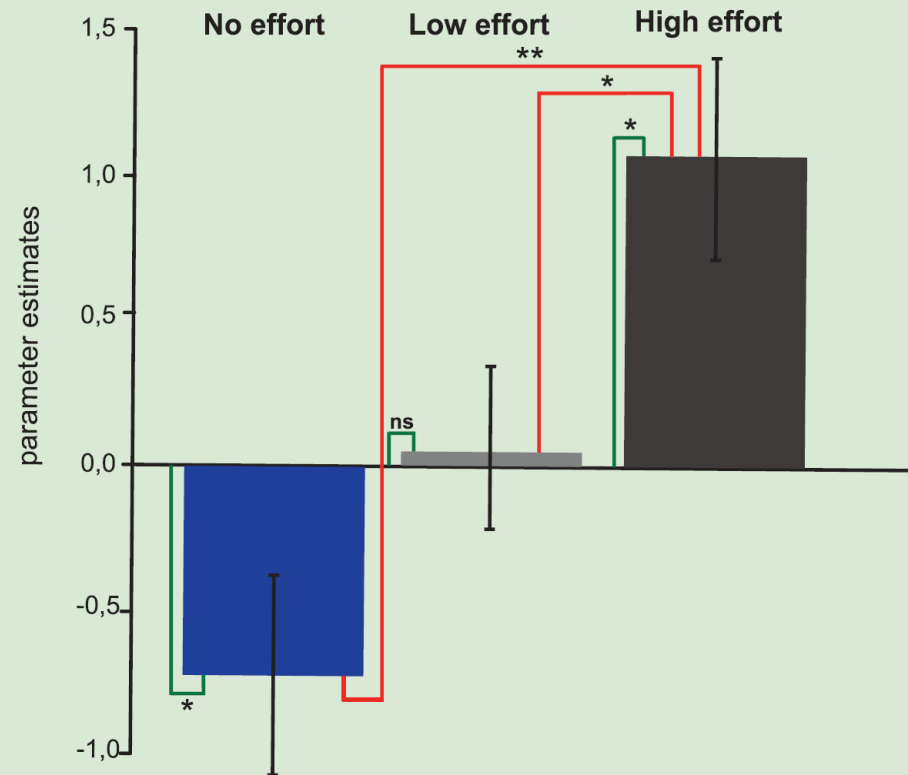
30 agents and 30 principals (students)



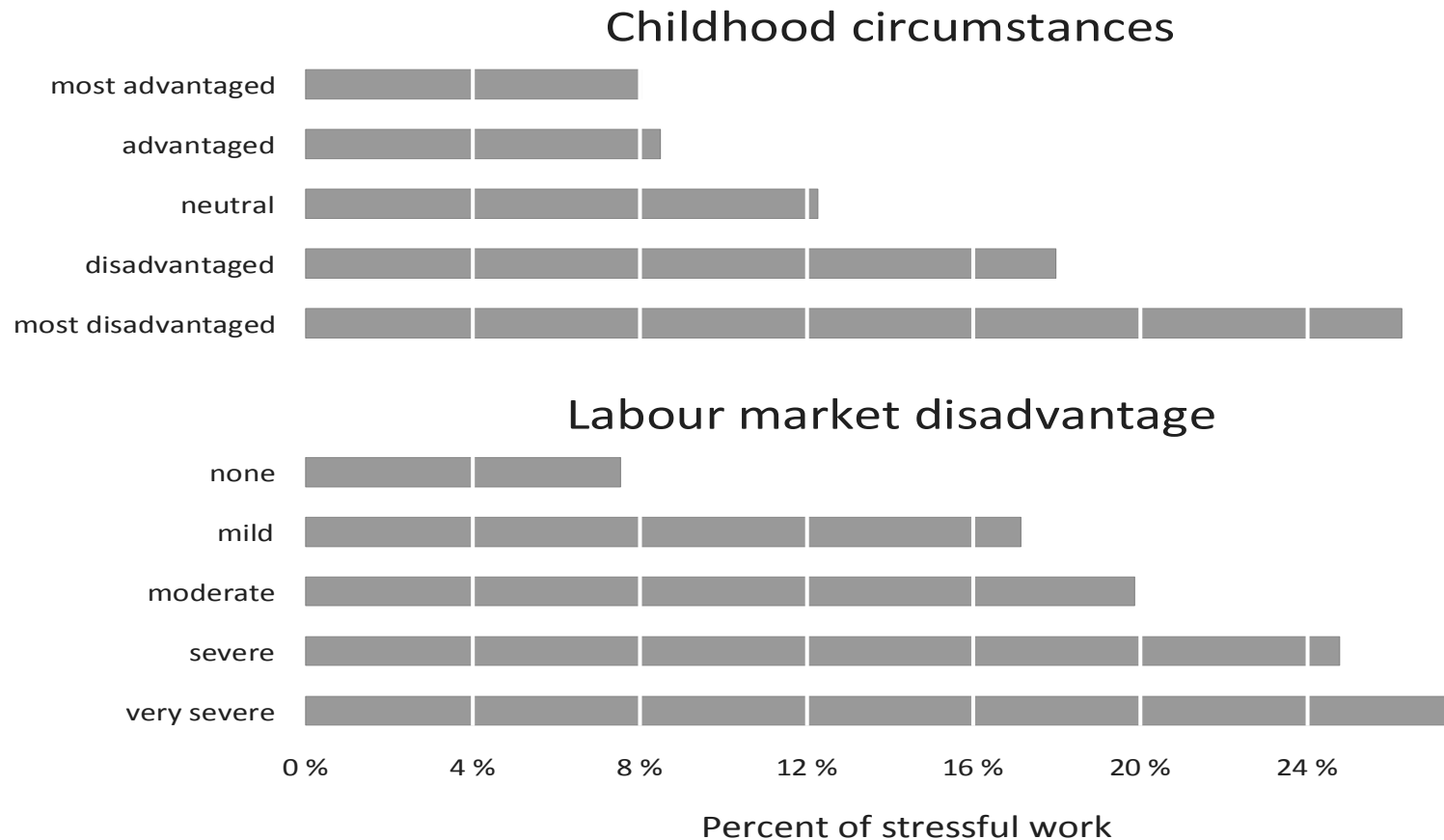
Source: A, Falk et al. (2011) IZA Discussion Paper 5

Experience of **loss** activates **reward-sensitive brain area** (anterior insula) **only** following **high effort**

(c) Right anterior insula

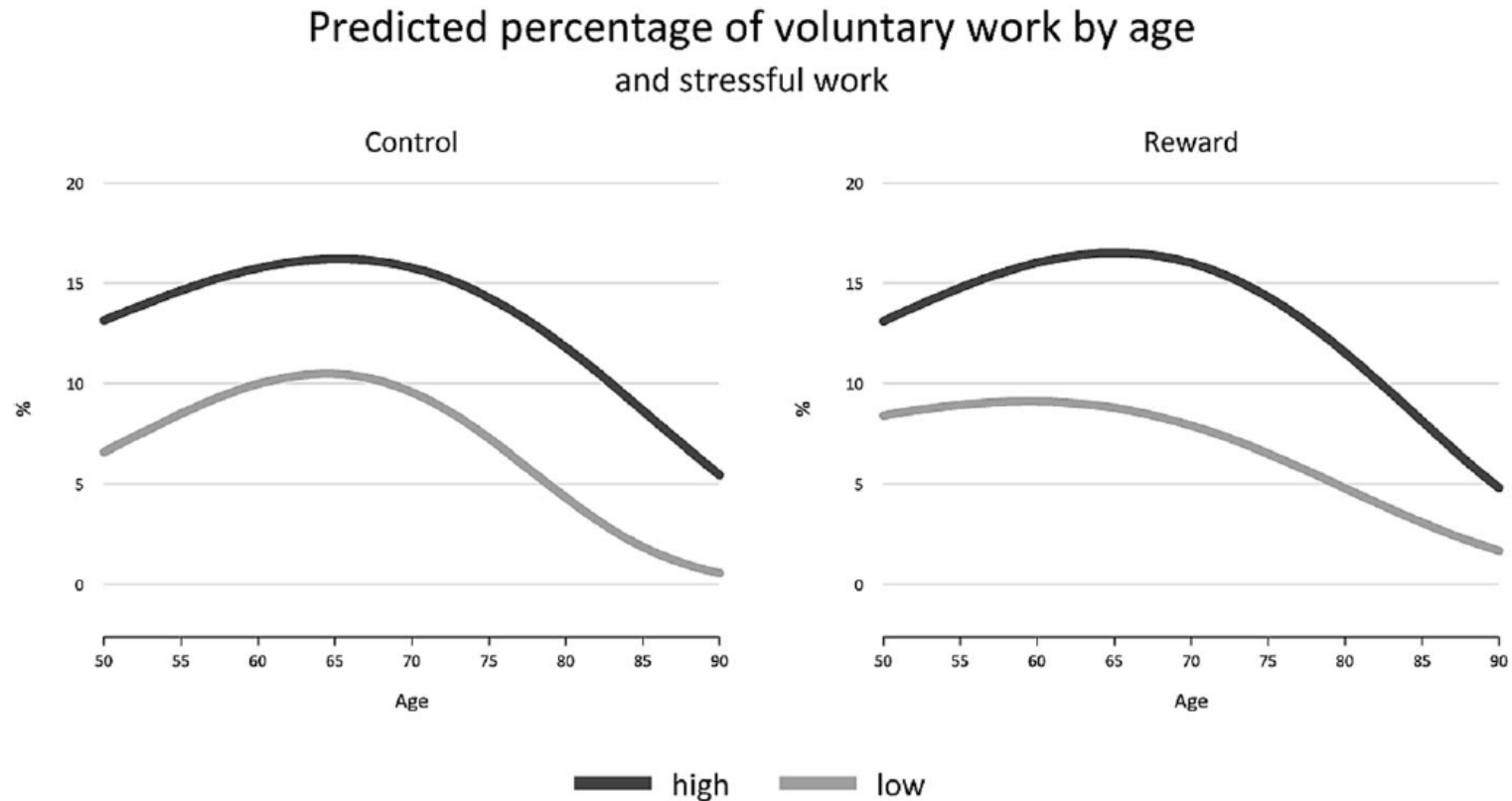


Associations of childhood and early adulthood disadvantage with stressful work in early old age



% stressful work by childhood deprivation (upper part) and labour market disadvantage (lower part). N = 11,181 older men and women (SHARE).
Source: M. Wahrendorf, J. Siegrist (2014) BMC Public Health 14: 849.

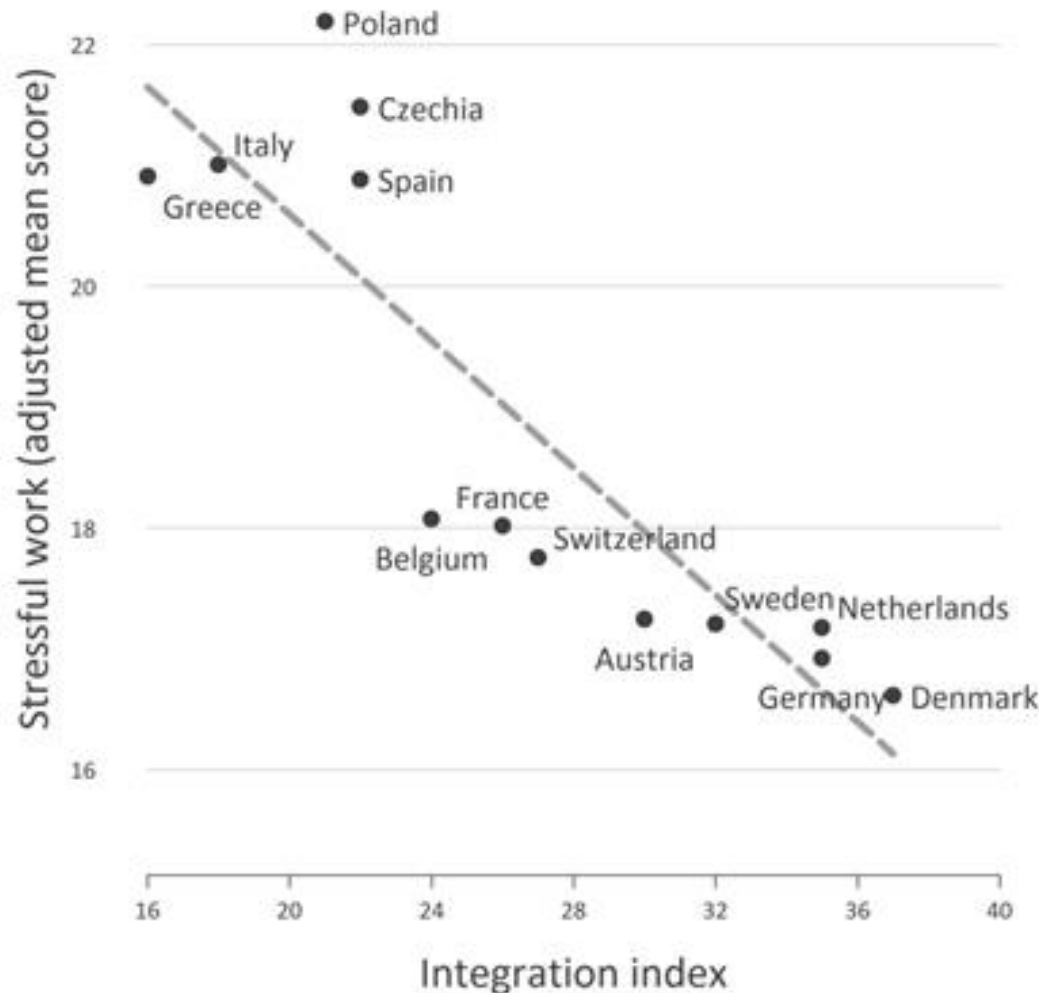
Quality of work in midlife and volunteering after labor market exit (SHARE; n=11.751 retired men and women; 13 countries)



Fitted lines are based on fractional polynomials of age (two-degree).
All models are adjusted for sex, occupational position, disability, age of retirement and country.

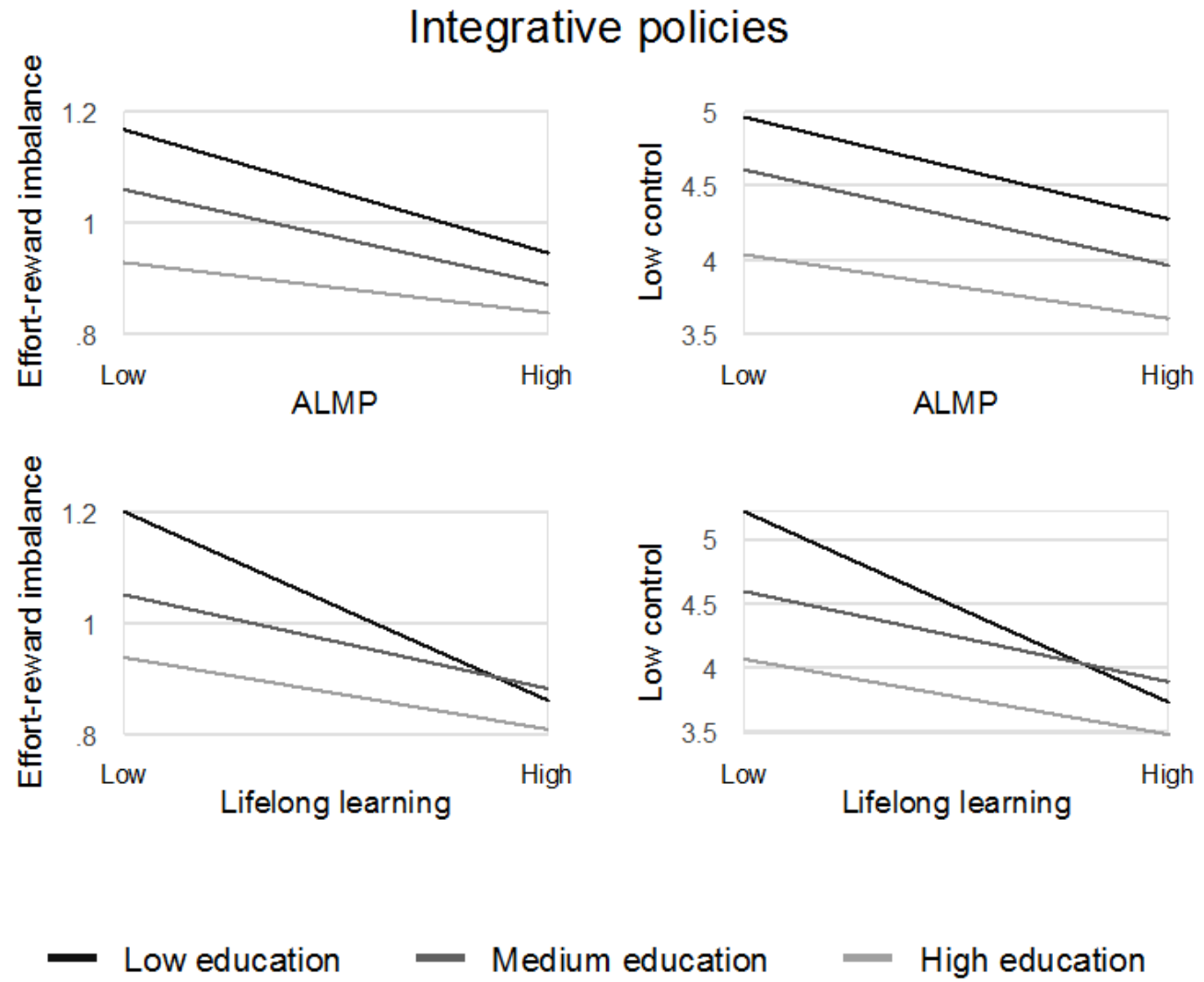
Wahrendorf et al. (2016) Journal of Population Ageing Volume 9,
Issue 1, pp 113–130

Multi-level cross-country analysis with SHARE data: Country-level work stress and labour market integration policies



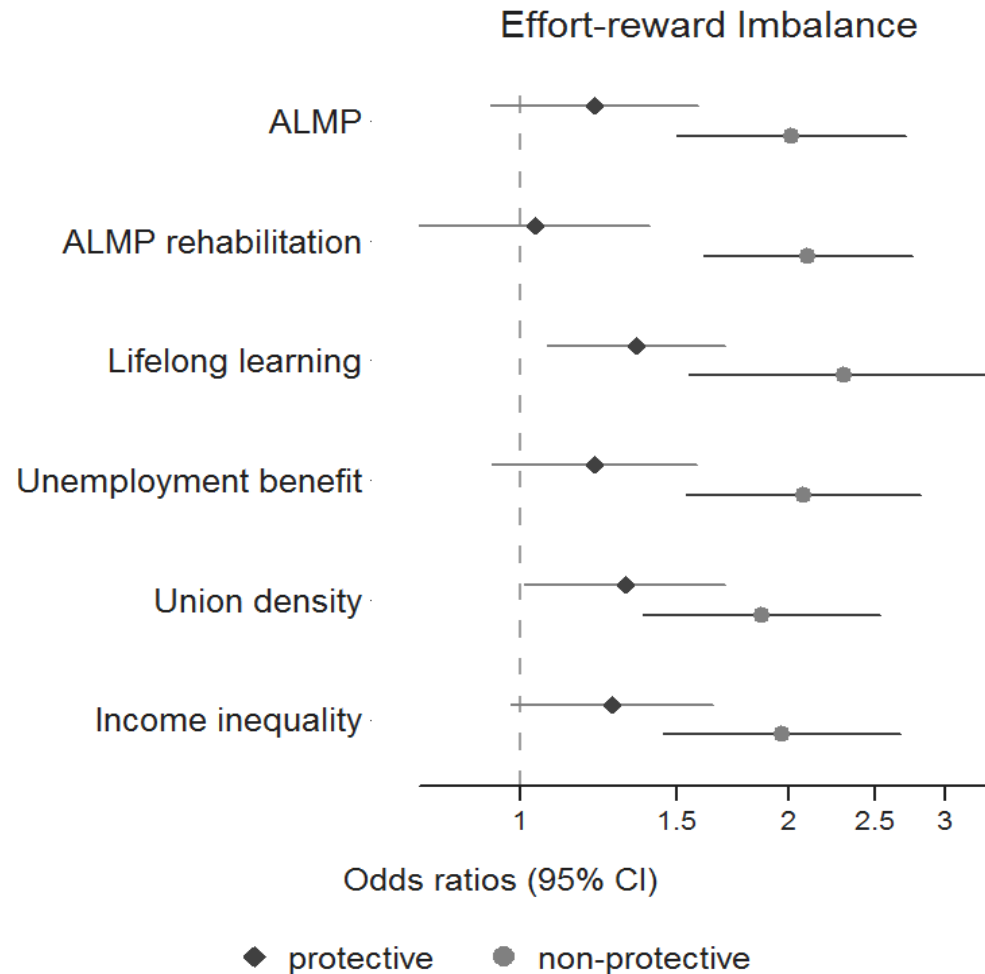
Source: Wahrendorf M, Siegrist J. (2014) BMC Public Health 14: 849

Social gradient of stressful work according to extent of implementation of distinct labour market policies (SHARE)



Odds ratios of depressive symptoms by work stress: mitigation of effect by distinct labour policies?

Based on
SHARE, HRS,
ELSA; n =
5650, m/w
aged 50-64.
13 countries

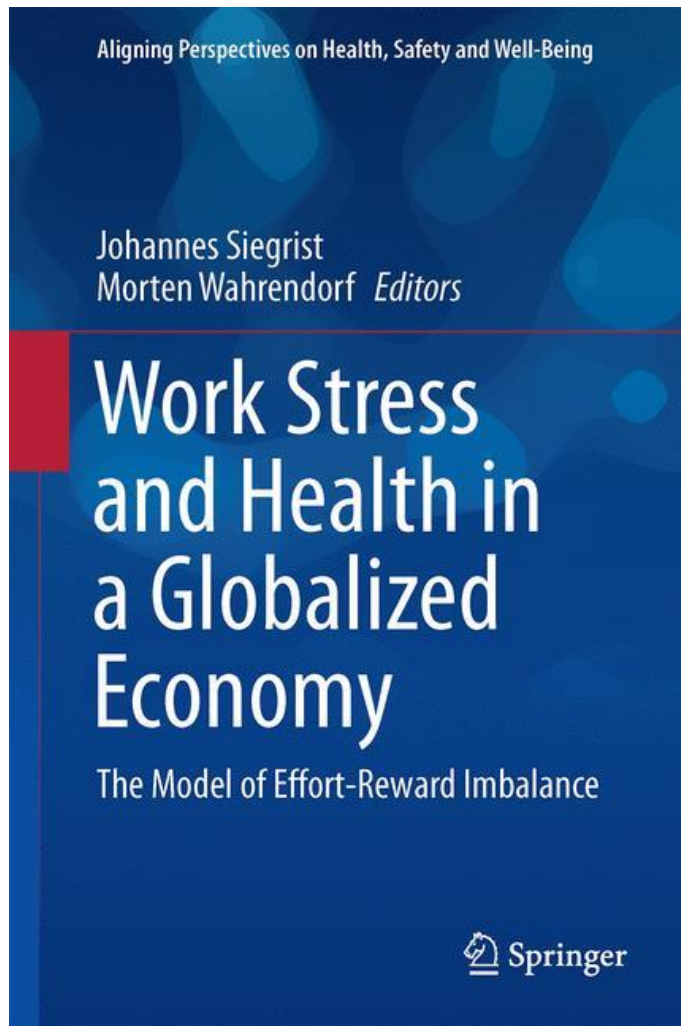


Source: Lunau T. et al. (2013), BMC Public Health, doi:10.1186/1471-2458-13-1086

Summary:

The model of effort-reward imbalance

- During the past three decades
 - a large amount of **new scientific knowledge** has been produced
 - based on different **study designs**, including a variety of **working populations** from different **countries** and covering a spectrum of **physical and mental disorders**
- This knowledge
 - has proven to be useful for **practice and policy**
 - has stimulated further **scientific developments**
- Yet, a substantial **gap between science and policy** persists!
“Do something, do more, do better!”



Thank you !