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Relevance of psychosocial factors at work for workers' health

At the end of the 1970s, the World Health Organization (WHO) held an interdisciplinary forum in Stockholm, with the aims of discussing the influence of psychosocial factors on health, formulating measurements and proposing inclusive healthcare policies based on these factors (WHO^a 1976). In 1980, the International Labour Organisation and WHO published a document in which they drew attention to the adverse effects of work-related psychosocial factors (International Labour Organisation⁵ 1986). According to this document, both of these international organizations agreed that "growth and economic progress do not depend only on production, but also on the living and working conditions, health and wellbeing of workers and members of their families". The document stated that not only the physical, chemical and biological risks present at work but also various psychosocial factors were important in relation to workers' health.

Psychosocial factors at work refer to the interactions between the environment and working conditions, organizational conditions, functions and content of the work, effort, workers' individual characteristics and those of members of their families.⁵ Therefore, the nature of the psychosocial factors is complex, covering issues relating to the workers, general environment and work. Between that time and the present day, there have been significant advances in scientific knowledge relating to the influence of the interactions between these elements and the effects on health. Psychological demands and their associations with control at work are variables of psychosocial nature and have been intensively investigated (Karasek^{6,7} 1979; Theorell & Karasek¹³ 1996; Bourbonnais et al² 1999; Araújo et al¹ 2003; Fernandes et al³ 2009).

More recently, in the 1990s, a variable known as "effort-reward imbalance" (ERI), which expresses workers' perceptions regarding the relationship between the efforts made in their work and the rewards obtained from it, was recognized as another psychosocial factor presenting an important association with workers' health (Siegrist¹⁰ 1996). Examples of published papers that have included this variable include: Peter et al⁹ 2002; Niedhammer et al⁸ 2004; Gillen et al⁴ 2007).

A search in the PubMed database in March 2012 located 610 published papers relating to the key words that identify the variables mentioned above: "*job demand control model*" and "*effort-reward imbalance*". Since the start of the 2000s, articles reporting on psychosocial factors and their effects on workers' health have been published in the Revista de Saúde Pública (RSP). Some of these articles describe associations of these variables acting separately or together in the effects observed. However, the studies published have had cross-sectional designs, and this has made it impossible to establish cause-effect relationships.

In this issue of the RSP, an article containing data from a survey on bank employees conducted by Silva & Barreto¹² is published. This analyzes the

^a World Health Organization. Report of the first WHO interdisciplinary workshop on psychosocial factors and health. Stockholm, 11-15 October 1976. Geneva; 1976.

effects of psychosocial factors at work (demand-control, social support, ERI and high levels of commitment at work) on self-assessed health. Nine percent of the 2054 participants in the study, who were employees of a major Brazilian bank, reported that their health was “poor”. This article shows that, in addition to unhealthy practices and lifestyles, psychosocial factors at work were associated with poor perceptions of health among this occupational category.

The bank employee category has regularly demonstrated in public, not only in relation to salary matters, but also against poor working conditions with important repercussions on health. The financial sector has a history of modifications to the “banking” profession, with radical changes to processes and work activities. A study by Silva et al¹¹ (2007) revealed that restructuring of production in the banking sector was associated with negative repercussions on health. It is important to bear in mind that, until the 1990s, the biomechanical characteristics of the tasks (repetitive work, for example) were considered to be the main factors responsible for development of musculoskeletal injuries among bank employees.

Although the majority of Brazilian studies in this field have covered working conditions among bank employees and their effects on health, they have not provided information on the results from any interventions that might have been made. This is still a gap in the literature: not limited just to the bank employee category, but also in relation to other studies that have investigated factors of psychosocial nature and their repercussions on health.

In the European Union, given the high prevalence of health problems (especially mental health problems) relating to working conditions such as high stress, violence at work and bullying, among others, directives were established through the study *Psychosocial Risk Management – European Framework (PRIMA-EF)*. The aim of this framework was to furnish a model for promoting policies and practices for risk management, in which the aims would be to identify risks and interventions and assess these interventions (WHO¹⁴ 2008).

It is hoped that through publication of this and other studies, further studies reporting not only the importance of psychosocial factors for health, but also the interventions made, will be added.

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