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Contributions of occupational health and safety to the quality of working life: An analytical reflection

Contribuciones de la salud y la seguridad en el trabajo a la calidad de la vida laboral: una reflexión analítica


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ABSTRACT

The purpose of Quality of Working Life (QWL) and Occupational Safety and Health (OSH) is welfare, productivity and worker protection in the workplace. For this reason, the aim of this study is to understand the relationship between these two concepts and thus deduce their significance. The study was performed under a qualitative and descriptive approach due to its interpretative-inductive nature and hermeneutic design. This methodology is used to allow the understanding, explaining and interpreting of the theories proposed for QWL and its relationships with occupational health and safety as a decisive factor thereof. A literature search and content analysis was performed. The results of this analysis the evolution of concepts, their interrelationships and three approaches from OSH are presented. QWL has a comprehensive and multidimensional character, so intervention to issues affecting welfare of workers in their work and family environment is complemented by actions of OSH.

Keywords: Quality of life, occupational health, working environment, working conditions

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RESUMEN

La finalidad de la Calidad de Vida Laboral (CVL) y la Seguridad y Salud en el Trabajo (SST) es el bienestar, la productividad y la protección del trabajador en su medio laboral. Por tal razón, el objetivo del presente trabajo es comprender la relación entre estos dos conceptos y, por ende, deducir la significancia de tal nexo. El estudio se realiza bajo un enfoque cualitativo-descriptivo, por su carácter interpretativo-inductivo, y con diseño hermenéutico mediante, cual pretende comprender, explicar e interpretar las teorías propuestas para CVL y sus relaciones con la SST como factor determinante de esta. Resultado de dicho análisis se presenta la evolución de los conceptos, sus interrelaciones y tres aproximaciones desde la SST. La CVL tiene un carácter integral y multidimensional; por lo tanto, la intervención a problemáticas que afecten el bienestar de los trabajadores en su entorno laboral y familiar se complementa con acciones de SST.

Palabras clave: calidad de vida, salud laboral, ambiente de trabajo, condiciones de trabajo.

INTRODUCTION

The health of the workers incorporates the principles of health promotion and the prevention of illness and occupational accidents in the strategy of healthy working environments. As a strategy, its ultimate goal is not only the treatment of disease, but the wellbeing of workers. Therefore, health and work have complex and dynamic relationships leading to their holistic and interdisciplinary analysis, and it is valid to address the effects of workplace conditions on the health of people, not only under the pretext of studying the cause-effect (health-illness) relationship, but also to include the precept and valuation of workers in terms of motivation, protection and well-being. The Quality of Working Life (QWL) and the Occupational Safety and Health (OSH) have overlaps from their conception as organizational strategies. In turn, variables associated with collective and individual health, an aspect of great relevance, converge in the workplace, to such an extent that the Pan American Health Organization (PAHO) considers that a healthy work environment is essential for political, economic and social development (1).

In order to understand the relationship between the two concepts, it is necessary to elaborate a construct that shows that there is a common goal in the evolution of QWL and OSH, such as welfare, productivity, and protection in the workplace. For this reason, the objective of this article is to study

the relationships between the determinants of quality of work life, associated with occupational safety and health.

The evolution of the concept of *quality of working life* is addressed from two approaches: the Scandinavian and the American (2). In the first place, the Scandinavians formulated the background of QWL in the 1950s, with the theory of sociotechnical movements, which involves two dimensions: the social one and the technological one (3,4). The main characteristic is conceiving workers as generators of products or services through technology, but at the same time, considering the latter as a factor that brings changes in people and, therefore, how they are able to pursue their wellbeing through controlling and directing the determinants of their resources (economic and social) toward the improvement of their living conditions (2,3). One of its characteristics is the fact that it is based on the theory of systems and it aims to increase work performance by applying job reorganization as an organizational strategy, where workers use their skills to do their job and develop personal skills (3,4). In its evolution, there are several stages and various influences according to the approach. Such perspectives are the result of work carried out at the Tavistock Institute of Human Relations (London), the Work Research Institute (Oslo) and the Institute for Industrial Social Research (Trondheim), and authors such as Trist, Herbst, Davis, Cherris, and Emery, among others (3).

At first, the elimination of worker autonomy as a principle of the sociotechnical theory results in social effects and low productivity by not considering the subjective aspects of workers (2); therefore, guidelines were developed to strengthen worker involvement in decision-making (1960s), which is known as the “Scandinavian intervention programs”. These programs promote supervision and self-management tasks in work groups, reflected at the level of state policy, in countries such as Norway, Switzerland, Holland, England, and the United States, which at different times developed legislative frameworks for the benefit of humanization at work and individual and collective participation (unions) through a more flexible organizational structure that takes into account the workers’ personal needs (4).

For its part, the United States began the movement of organizational development, whose purpose is worker wellbeing, along with organizational efficiency and effectiveness (4). This movement was the result of the difficulties at the time associated with absenteeism, low productivity and labor dissatisfaction during the 1970s, presenting joint work between management and unions as one of its goals (3). As the first exponent of the concept of *quality of working life*, Louis Davis (1970), incorporates both the aspect of wellbeing and the aspect of health (4). However, Mills (1978), quoted by Navajas Adán (3), made a clear distinction between the concepts of industrial democracy and quality of working life. The first focuses on worker involvement in decision-making, either as a participant on steering committees or in the improvement of labor conditions, financial matters and collective bargaining; while quality of working life, to Mills, presents a global vision framed in the exercise of human rights, such as human dignity, personal development and the capacity to enjoy personal time, which is reflected as a commitment throughout the organizational structure (managers and workers) in the search for common achievements associated with the improvement of the quality of working life (personal satisfaction, interpersonal relations, relations with supervisors,

etc.) (3,4), which implies a perspective based on the workers’ subjective wellbeing or condition (2). The social recognition of this perspective strengthens the movement of quality of working life, in such a way that the Ontario Quality of Working life Center in Canada, among others, was devoted to investigating the concept of quality of working life from the perspective of workers and employers with the aim of recommending organizational strategies to address the problem identified (3).

RELATIONSHIP BETWEEN WORK AND HEALTH IN THE WORKING ENVIRONMENT

Workers’ health has been a subject of study by the World Health Organization (WHO) due to the effects that the working conditions under which people work can cause thereon. In this regard, the WHO proposes the concept of healthy work environments, which incorporates principles such as the promotion of wellbeing (physical, mental and social) and safety, prevention of diseases, lifestyles, organizational conditions (organizational culture, organization of work), relationship with the community (family, society), the environment and, in general, all those factors that may cause impacts on worker health and safety (5). Based on this context, the Pan American Health Organization (PAHO) has suggested Healthy Environments as a strategy for Colombia with the implementation of actions related to the management of health risks on both the individual and the collective level, in which one of those spaces is the workplace (1,6). In addition, as a result of this practice, indicators associated with company growth and efficiency are obtained (1,5). Also, the WHO highlighted the importance of healthy work environments as a strategy to promote inclusion (disability, gender, etc.), equity, equality, and decent work, so that it is related to the organization’s development and projection objectives (5). That is to say that, in this health perspective, the ultimate purpose is not the treatment of diseases, but wellbeing (7).

For its part, work, based on an overall definition, implies the relationship between performing the tasks of a job and the income earned by workers for such performance, which is intended to cover their basic needs (8). However, there are associated factors that influence work internally and externally. State policies regarding the generation of employment, decent work, occupational health (individual and collective), and the prevention of occupational accidents and diseases can be considered among external determinants, while internal factors may include organizational management, wellbeing, conditions of the work environment, occupational health and safety, and job stability.

Considering the above, decent work as a policy promoted by the International Labor Organization (ILO), promotes the importance of work and employment under conditions of human dignity, personal and labor development, fair income, non-discrimination, gender equality, social protection and occupational health and safety, social dialog and tripartism (8). As such, the opportunity to access employment under said conditions is promoted so as to contribute to economic, inclusive and sustainable growth, in alignment with the Millennium Development Goals proposed by the United Nations (9).

It can be identified that healthy work environments include a multiplicity of labor activities and spaces, roles, knowledge, skills and varying capacities of workers that, along with the factors mentioned above, the health determinants and the general principles of decent work, become factors immersed in the notion of QWL.

Therefore, health and work have complex and dynamic relationships that lead to their holistic and interdisciplinary analysis, in which the objective and subjective aspects of said connection are taken into consideration. To this effect, it is valid to address the effects of workplace conditions on people's health, not just with the pretext of studying

the cause-effect relationship (health-disease), but also to include workers' perception and valuation in terms of motivation, protection and wellbeing regarding the circumstances under which they work. Therefore, in order to promote health at work, the participation of workers and employers, multisectoral and interdisciplinary cooperation, social justice, sustainability and the comprehensive nature of the programs is required (1).

To understand the relationship between the two concepts and thus deduce the significance of such a link, a construct must be developed to demonstrate the evolution of both the significance of QWL and OSH, whose common goal is wellbeing, productivity and protection in the work environment.

MATERIAL AND METHODS

The study has been conducted based on a qualitative-descriptive approach due to its interpretative-inductive nature and hermeneutic design that aims to understand, explain and interpret the theories proposed for quality of working life and its relationships with occupational health and safety as a decisive factor thereof. Research was carried out in two phases. In the first, a literature search was performed in databases, such as SciELO and Proquest, using the following descriptors: quality of life; occupational health; work environment (DeCs). Forty-five articles were collected. The inclusion criteria for the analysis of the articles were the level of contribution to the definition of the concept of quality of working life and the incorporation of elements of safety and health and working conditions. Once the articles directly related to the research topic were reviewed, summary cards were made containing the following information: study objective, methodology, main results, and most relevant conclusions. In the second phase, theoretical relationship matrices were made for the coexistence of elements and content analysis.

As described, the notion of quality of working life presents three (3) historical perspectives, explained through the theories of Walton (1975), Herrick and Maccoby (1975) and Westley (1979) (3). Their respective principles (3,10) and relationships are consolidated in Figure 1.

Figure 1 shows the main coincidences in the topics related to salary, compensation or remuneration mechanisms, forms of procurement, participation, cooperation and self-management, and the application of principles, such as equality, non-discrimination and job training. However, they do not all consider the occupational health and safety factors nor do they recognize the need to maintain the balance between a personal life and a working life. Therefore, you might think that in the principles of QWL, the model presented by Walton includes the largest number of conditions

to facilitate the understanding of the concept of quality of working life from a broad spectrum.

In this evolutionary process, the theories put forward are complemented by thoughts that nourish the perspective of the notion of quality of working life as the origin of several explanatory models of the concept, such as Walton (1973); Hackman and Oldhan (1975); Nadler and Lawler (1983); González, Peiró and Bravo (1996) (4,10,11). In such models, factors of satisfaction (understood as the improvement of labor conditions) converge but, at the same time, they establish the relationship between satisfaction and productivity (efficiency and competitiveness) (4). The end result will be the understanding of the quality of working life as a strategy for organizational intervention to facilitate the measurement of labor productivity (3) and in some cases, authors define it as a “set of principles” of the organization, which substantiate the importance of people as a resource and as such,

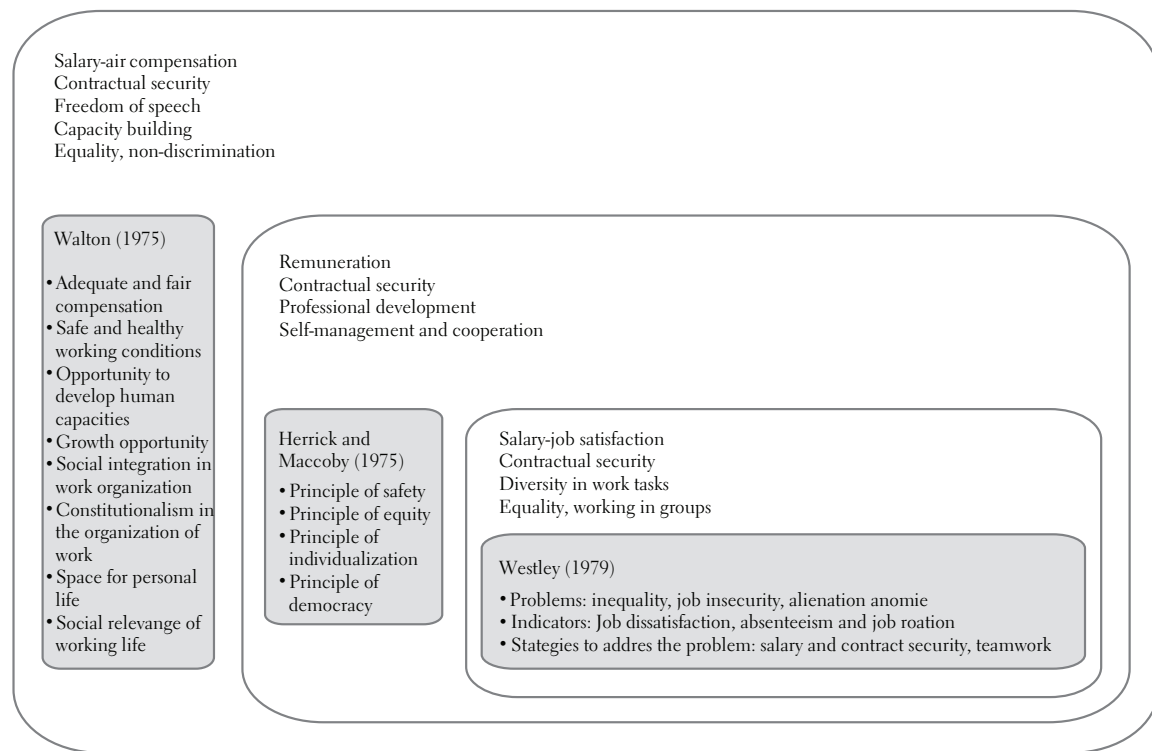


FIGURE 1. Quality of working life: Principles and relationships between the theories of Walton, Herrick and Maccoby, and Westley

Source: Prepared by the authors.

their treatment should be based on conditions of respect, dignity and trust (12).

As a strategy for organizational change, QWL can be defined from a generic spectrum or according to the disciplinary approach based on which one wants to carry out the intervention. For example, for the social economy, it is represented in terms of income, employment and productivity, while social sciences explore areas of satisfaction, wellbeing, balance of roles, and personal and professional development, among others (2,12).

OCCUPATIONAL HEALTH AND SAFETY

The ILO has established the principles that must guide public policy in the national context regarding occupational health and safety in the framework of decent work and, at the same time, how they must be diffused in organizations. As a result, in 2003, national occupational health and safety plans arose in Colombia. Together with other regulations and documents, they make up the set of public policies on topics of prevention of occupational accidents and diseases and promotion of occupational health and safety. Currently, the 2013–2021 plan is coordinated with the “health and workplace” dimension of the Ten-Year Public Health Plan, in an effort to take comprehensive action to address work-related risks in formal, as well as informal jobs (13-15).

The relationship between health and work demonstrates the need to manage occupational hazards in working environments. Such management involves the decision-making process at the organizational level, which aims to assess the actions, programs or strategies applicable to preventing occupational accidents and diseases, controlling risks and hazards and continuously improving the activities aimed at generating safe and healthy work environments (16).

The WHO describes the physical and mental effects of work on people’s wellbeing, especially in the areas of physical health, workplace violence,

personal health habits, mental health, wellbeing, work-family conflict, labor culture and its impact on the organization, reflected in the costs due to decline in productivity, in the selection, recruitment and training of new staff, and damage to infrastructure, among others (5). In this context, the Ten-Year Public Health Plan focuses its actions on the working population (individual and collective), through management of work environments (formal and informal), in order to promote healthy environments, in addition to actions aimed at identifying, assessing and monitoring occupational health and safety risks (15). The Ministry of Labor in Colombia shares such purposes by regulating the Occupational Health and Safety Management System (17), as the regulatory framework that regulates the actions to prevent and control occupational hazards as part of employers’ obligations regarding the protection of the working population.

That is to say that, in Colombia, the implementation of ILO, WHO/PAHO guidelines regarding workplace hazards is reflected in the internal policies with common cores, such as wellbeing, protection of the vulnerable working population, education (promotion and prevention on health and safety), risk management: health and work, social participation, multisectoral cooperation and the promotion of actions aimed at preventing accidents and diseases (controlling accident rates).

DETERMINING FACTORS OF QWL FROM THE OCCUPATIONAL HEALTH AND SAFETY PERSPECTIVE

The process of studying the relationship between the determinants of quality of working life associated with occupational health and safety resulted in the grouping of items from a worker and employer perspective. From the worker’s standpoint, these factors include: ergonomics, commitment to safety, sense of belonging to the organization, participation in prevention, responsibility toward work, autonomy, job satisfaction, good interpersonal relations, growth and promotion, decision-making,

wellbeing, worker needs and obligations, working hours and salaries, type and duration of contract, rewards, benefits, recognition, work environment, social integration, cultural diversity, performance, work overload, occupational diseases, chronic stress, job insecurity, culture, industrial hygiene, and environmental protection (18).

From the employer’s perspective, the determinants are: autonomy and decision-making, job satisfaction, commitment and sense of belonging to the organization, skills development, freedom of association, interpersonal relations, physical environment, communication, occupational risks, technology, organization of work, remuneration, workload, job stability, role ambiguity and conflict, incentive, opportunity for progress, performance evaluation, working hours, stress, freedom of expression, work-family-social life balance (18).

DISCUSSION

QWL has various concepts according to the perspective of study. Therefore, its construction is multidimensional and it evolves in line with the organizational, social and economic dynamics.

At first, the theories of Walton (1975), Herrick and Maccoby (1975), and Westley (1979) (3) propose principles that combine administrative and wellbeing components. The coexistence of factors between these theories leads to the conclusion that the development of skills/learning and contractual security, are the most relevant components in terms of intervention in the organization, followed by fair compensation/salary, safe and healthy working conditions/physical security, social integration/wellbeing, labor rights (expression, equality)/autonomy/equity, and absentee rate and job turnover/productivity (Figure 2). Finally, as issues reconsidered by each author based on their specificity, there is the space of personal life, corporate social responsibility, and worker participation (Figure 2).

Based on the individual-oriented theories that provides a review regarding the new elements that contribute to the characterization of the concept and, at the same time, facilitates the understanding from a health/working conditions, administrative and social/psychosocial approach and based on the standpoint of the objective and subjective assessment thereof (10,19). Table 1 was created based on the new approaches, listing both the constitu-

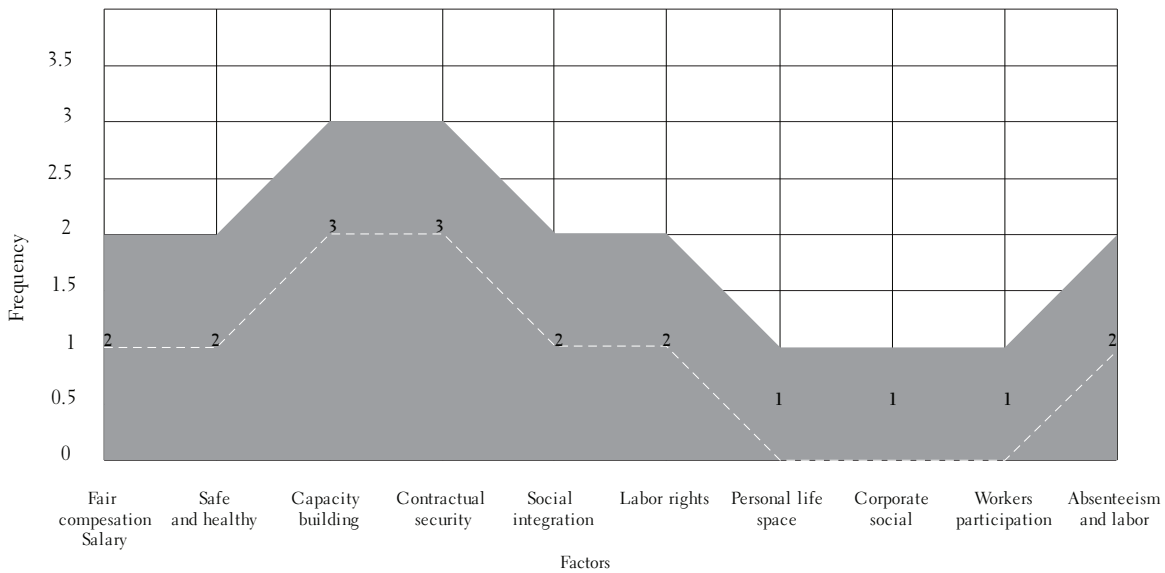


FIGURE 2. Coexistence of QWL determinants in the theories of Walton (1975), Herrick and Maccoby (1975) and Westley (1979)

Source: Prepared by the authors.

ent elements of each approach and the possibility of being assessed objectively and/or subjectively. Although for purposes of organizational assessment, Quality of Working Life and Occupational Health and Safety are considered independent organizational management models and, based on their particular purpose, interventions are formulated for issues associated with the wellbeing-productivity and job satisfaction relationship, and also to control the risks and hazards generating of safe and healthy work environments, you can see that

Table 1. Approaches for understanding the concept of QWL and their assessment

	ASSESSMENT	OBJECTIVE	SUBJECTIVE
	Administrative/organizational		
	Organizational management and change management	X	
	Organizational effectiveness	X	
	Efficiency and productivity	X	
	Working hours	X	
	Salary	X	
	Job promotion	X	
	Labor relations	X	X
	Communication channels	X	X
	Participation and decision-making in structural and strategic issues	X	X
	Social / Psychosocial		
	Social freedom		X
	Personal and professional development	X	X
	Wellness and Job Satisfaction	X	X
	Motivation		X
	dignity and respect towards the worker		X
	Cultural changes		X
	Happiness		X
	Work environment (working environment)	X	X
	Teamwork		X
	Employment policies, stability and job security	X	X
	Personal, family and social relationships		X

	ASSESSMENT	OBJECTIVE	SUBJECTIVE
	Values, beliefs, attitudes, behaviors (individual and collective)		X
	Health/Conditions of Work		
	Physical conditions of work	X	X
	Occupational hygiene	X	X
	Ergonomics	X	X
	New technologies used at work	X	X
	Organization of work	X	X
	Job content and job analysis	X	X
	Schedules	X	X
	Health and safety at work (health promotion, accident prevention and occupational disease)	X	X
	Pace of work	X	X
	Effects on physical and mental health	X	X

Source: Prepared by the authors.

the health/working conditions perspective allows both objective and subjective assessment, and in turn, the components they consider are closely related to factors involved in the other positions, thus determining complex dynamics susceptible to intervention on the part of the organization for the promotion of healthy and safe work environments whose benefits are extended to the workers' family and social environment. Its comprehensive and multidimensional nature is inferred therefrom, as it is considered an integral and determining factor of QWL, facilitating the understanding of the concept and completing its scope.

Based on these relationships, there are three approaches that, from the occupational health and safety standpoint, warrant further study: (a) worker responsibility and commitment, (b) worker participation and cooperation, and (c) the work-family-social balance. These aspects promote workers' knowledge regarding the exercise of their rights and duties in the work environment, based on formal work relations and supported by decent work. It also facilitates the understanding of worker participation and cooperation as a collective and

collaborative process, whose purpose is the intervention of issues associated with occupational risks and their impact on the quality of working life (health/working conditions/safety) resulting in proposing, accompanying and monitoring the decisions suggested jointly (employer-workers), as part of their commitment to generating safe working conditions and thus, contribute not only to their wellbeing and job satisfaction, but also to counteract the effects of occupational accidents and diseases.

Last but not least, the harmony between work-family-society, inasmuch as individuals' routines, habits and roles may be altered by the impacts of occupational accidents and diseases, seeing their capabilities, skills, interests and motivations diminished and, at the same time, having to make adjustments to facilitate the performance of their occupational activities in a temporary or permanent manner.

Consequently, the classic theories of QWL make special emphasis on factors such as capacity development/learning and contractual security, all of them elements of greater relevance in terms of intervention in the organization. On the other hand, based on the analysis of current theories, new factors are extracted that enrich the concept of QWL, possible to gather for their understanding in three approaches: health/working conditions; administrative and social/psychosocial. Finally, integral and multidimensional character of the QWL is the result of the inclusion of several elements, among which the health and working conditions perspective is highlighted, being an important part of the organizational management.

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