

Empowerment in future worklife

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Empowerment and health

Is power related to health? A large number of epidemiologic studies has demonstrated that health may indeed be strongly related to power differentials — those in the upper class have the best health profile, while those in the working class and those who are marginally employed have the worst health. Marmot and others (1—4) have reported a marked health gradient across the class structure in Great Britain, which, they report, is not due to traditional biomedical risk factors, access to medical care, or artifactual reasons. Indeed, although mortality rates for chronic diseases, such as cardiovascular disease, appear to be falling throughout Western Europe and North America, we find that the discrepancy between those in the managerial and professional classes and those employed in working-class and service occupations actually seems to be increasing. As housing, nutrition, education, access to medical care, basic sanitation, and the like improves for society as a whole, the importance of the class-based social environments within a given society may prove to be a critically important set of interlocking risk factors — ones that we have tended to ignore until fairly recently in public health (5).

Evidence is increasing that the differences in health status across social class groups may be explained with reference to the relative inequality in access to social resources, such as power and control over critical aspects of daily life (6—8). It is in this context that understanding the role of the workplace becomes essential. Epidemiologic and psychobiological research on the work environment has shown that low levels of empowerment in daily worklife, measured in relation to few possibilities to control work content and process, is strongly related to neurohormonal arousal, drug and alcohol use, mental distress, excess chronic disease, and even risk of early

death (9—15). Efforts to increase levels of power and control at the rank-and-file level of modern industrial organizations have resulted in improved health behavior, greater activation, participation in occupational health and safety activities, and reduced levels of self-reported stress. The strong and consistent findings across societies, using different designs and focusing on various outcomes, provides powerful evidence that powerlessness may indeed be causally related to chronic illness (16—19).

The concept of control — both individual and collective control — is essential in order to understand the structural and historical determinants of empowerment at the workplace. It links historical, sociological, psychological, and epidemiologic research into a common research program. Increasing control and power for rank-and-file workers has also been an important goal of the labor and occupational health movements that have focused on the adverse psychological, physical, and spiritual effects of the degrading and alienated work processes that emerged with the rise of industrialization and became consolidated under the rubric of “scientific management”.

The Swedish-Hopkins Collaborative Group (20—23) has examined empowerment at work along the following two dimensions of control: possibilities for control over the work process and possibilities for collective social or group action. In a recent study performed in Sweden, we were able to measure the combined exposure to both low levels of work control and low levels of work-related social support over the course of 25 years of occupational history (24). The workers that were exposed to both low levels of control and low levels of social support had a 170% excess risk of dying of cardiovascular disease during the 14-year follow-up period — even after adjustment for age, smoking, exercise, social class, physical

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job demands, and hazardous exposures (24). The work environment exposures that are close approximations to the concept of "empowerment", as presented by recent theorists, was the most predictive of mortality risk in our study (24). Issues of power and control, as manifested in worklife and in the broader social environment, are important not only because they direct "exposure variables", but also because, by determining the nature of human experience, they often expand or contract the possibilities of people taking action to transform their circumstances. The legacy of powerlessness, when accompanied by anomie and resignation, is perhaps the greatest obstacle to the process of the democratization of health (25–28).

Empowerment for whom?

Power has been of central scientific concern in modern social theory, in management theory, and in community health promotion theory for many years (29–31). More recently the term "empowerment" has been introduced to refer to a change process that nominally increases the power of a local group to influence some aspect of their existence — whether it be in the community, in the workplace, or in the broader society. But let me examine the use of the term "empowerment" more critically by addressing the question: "empowerment for whom?" I would like to begin with several recent definitions of empowerment from a public health perspective. Wallerstein & Bernstein suggest that (32):

Empowerment is a social action process that promotes the participation of people, organizations, and communities in gaining control over their lives in their community and larger society [p 141].

Israel and her colleagues essentially concur with the active, democratizing character of this definition and go on even further to emphasize the political dimension (33):

Empowerment, in its most general sense, refers to the ability of people to gain understanding and control over personal, social, economic, and political forces in order to take action to improve their life situation.... We argue that for empowerment to be a meaningful concept, distinct from others such as self-esteem and self-efficacy, the cultural, historical, social, economic, and political context within which the individual exists must be recognized [p 152].

This community health empowerment perspective (34) can be summarized in the following 3 points:

1. Empowerment is a social action process involving people acting collectively.
2. Empowerment involves persons taking control over critical aspects of their daily lives in the context in

which they live those lives — the workplace — the family — their community.

3. Empowerment also involves recognizing societal and global processes and gaining control over the forces that shape them either through organizational or political means.

The underlying philosophy behind this definition is one of human liberation (34). By coming to an understanding of one's objective situation, specifically the nature of one's oppression, as a person and as a group, it then becomes possible to act to transform this reality. This cycle of rising consciousness leading to social action and change was first introduced into the health discourse by Paulo Freire, who suggested specific ways in which professional educators could help facilitate this process (36). Yet these elements of "consciousness-action-change" are the fundamental building blocks of the major social movements of the past two centuries: the labor movement, the women's movement, the civil rights movement, and the anticolonial movement.

Yet the term empowerment is now being used in a diametrically opposite way. One perspective that is popular in some managerial circles owes much to Japanese production methods and it is becoming associated with the term "lean production" (37). This approach to empowerment focuses on increasing the degree of participation on the part of the rank and file in task level decision making, supervision, and job changes; yet it is often accompanied by downsizing and results in work intensification within the surviving work force. This type of empowerment has been criticized by some in the labor movement as a form of "management by stress" (38). Yet, as an "idea" of how things "should" be organized, it has tremendous force. Take, for example, a quotation from the recent book *The Machine That Changed the World* published by MIT researchers James Womack, Daniel Jones & Daniel Roos (39):

Lean production is a superior way for humans to make things . . . It provides more challenging and fulfilling work for employees at every level, from the factory to headquarters. It follows that the whole world should adopt lean production, and as quickly as possible.

In lean production thinking, workers are empowered when they take on new responsibilities, such as monitoring quality, maintaining machinery, and trouble-shooting. These activities are often performed in teams, the "heart" of the lean factory. This is fundamentally a managerial, as opposed to a technological, revolution. In other words, it is a socially constructed, as opposed to a technologically driven, innovation. Lean production does not modify production technology to the extent that was anticipated in the early 1980s. Rather its focus is to eliminate all indirect labor, anything that does not add

direct economic value to the production process. In order to accomplish this lean production, systems are constructed so that any deviation in the process — any “failure” by either a worker or other element in the system — is exposed and magnified. This process involves constantly “stressing” the system and removing any and all buffers or flex points. This “just in time” approach means that any reserves of parts, products, time, production capacity, or the like are intentionally removed, or never allowed to accumulate. The system is constantly pushed beyond equilibrium to become ever “leaner and meaner”. This is the recipe for not mere slimness, but for organizational anorexia.

The flexibility of the system, the true buffer, is the worker, who must intensify his or her efforts to maintain normal production despite the inevitable problems. The following processes often occur in lean production “empowerment”: (i) a demand for output is made through appeals to institutional loyalty, group pride, and threat of job loss; (ii) authority and *real power* move upward but accountability is forced to lower levels, and (iii) management reduces resources and staffing.

It is important to recognize that “lean production”, like “scientific management” or “Taylorism” in the early part of this century, is essentially a management ideology, designed to get more out of workers as a group, while giving them less. It is a form of social manipulation that utilizes group techniques to build loyalty to the firm, but often does not reward the employees who have made sacrifices to enhance the productivity of the firm. Although employees are asked to take more responsibility for the quality of the production process, they are not inherently given more control over either the nature of the work process or the decision making at the level of the organization as a whole.

This new form of managerial ideology does not recognize the fact that workers have different objective interests than management and therefore have the right to protect those interests through union and shop-floor organizations. There is only one interest, that of maximizing the productivity and competitiveness of the firm. Total quality management, team concept, lean production, all of these concepts involve reducing or eliminating the right of workers to organize in their own behalf, separate from the requirements of management. By stipulating that there is no longer any basis for conflict between workers and management, lean production management encourages a false consciousness that the firm is a kind of family, where everyone will be provided for, where everyone’s sacrifice counts. In the most privileged core of international Japanese corporations, where job security has existed until fairly recently, for many, if by no means all employees, there might be some basis for what is essentially a feudal concept of mutual obligation. But in the large corporations in the

United States and much of Western Europe — where lean production is frequently accompanied by “reductions in force” — there is much less reason to assume that management and the work force really have so very much in common.

It is difficult to anticipate the shape of the future with respect to empowerment. There are currently very strong forces in the global economy that may result in a net decrease in power for workers, both within the workplace, and as a class. Downsizing, concerted attacks on the labor movement, combined with the increasing concentration and internationalization of ownership at a higher level — often impervious to local action — threatens earlier forms of genuine worker empowerment. Although individual workers may have increasing horizontal control over task content in some firms, this control is often at the expense of little or even decreasing vertical control over the decision-making process of the firm as a whole. The disintegration of the workplace community in many firms with the advent of downsizing also mitigates against the formation of social community in the workplace — an important source of empowerment. Table 1 summarizes the potentially hazardous developments of “lean production” on two psychosocial work environment factors, control and social support.

Much of the global corporate strategy is dependent on the uneven development in economic and political resources between the northern and southern hemispheres. It is questionable whether corporations will continue to have such a range of freedom indefinitely. We see indications of rising militancy within the labor force of newly industrialized countries, such as Korea, and a growing questioning of the “inevitability” of the hegemony of corporate capitalism at a global level. Much of this questioning is currently coming from the environmental movement and involves thousands of nongovernmental organizations organizing and focusing on issues of environmental and economic justice.

Nowhere is it yet “written” that lean production will prevail. Knowing what we already know about the adverse effects of Taylorism allows us to anticipate the health impact of this new management ideology. Over the last century, worklife science has critiqued the effects of capital on the health and well-being of the work force. Critics of the labor process have pointed out that, since the 19th century, the evolution of the labor process, particularly in manufacturing, but also in the service sector, had consisted of a radical separation of conception from execution. Work was increasingly organized hierarchically with those at the top of the hierarchy exercising power over the majority of employees. A “democratization” perspective challenged this historic relationship by stipulating that the grass roots or the base of any human organization should exercise decision making authority and occupational self-determination. Since World

Table 1. Potential health effects of future work organization.

Work organization characteristic	Potential health effect	
	Work control	Social support
Unstable labor markets	Less life course control as careers are no longer the norm	Fewer opportunities to create meaningful communities at work due to instability of worksites
Centralization of ownership	Less opportunity to influence decision making at the firm level	Break down of the historic relationship between local firms and geographic cities or regions; unions become less powerful
"Lean and mean"	Remaining workers have more horizontal control over decision making at the micro level	Social collectives engineered or constructed by management, used as control mechanism over individual persons, net loss of collective identity and control
"Downsizing"	Represents a net loss in control for many, who often move to nonunion, lower paid jobs	Break up of long-term work relationships resulting in breakdown of collective forms
"Computerization"	May increase individual control for some	Distance work → prevents the formation of face-to-face communities

War II, throughout Europe, and in parts of the United States, this perspective emphasized the mobilization and organization of social collectives, acting in their own interests, either formally or informally. It is also important to recall that the development of the work environment reform movement, of which the psychosocial field is a part, was strongly influenced by the large-scale labor unrest of the 1960s and early 1970s throughout Europe and North America.

Currently the workplace democratization perspective is being attacked as "unrealistic" or "not productive enough" by many researchers in management schools, and even some sociologists of the work process who now advocate lean production as the inevitable wave of the future. The current differences in interpretation concerning empowerment are largely reflections of a conflict between paradigms, or world views of what constitute the social universe of modern society. Yet the future will be socially constructed and will not be shaped merely by economic forces. The individual and collective actions of people struggling to become or remain empowered is a powerful historical force that will continue to shape the workplace of the future (41).

Occupational and environmental health scientists, in their professional activities, need to ask themselves continually the questions "Who do my actions serve? Empowerment for whom?" What is our role as professionals in the empowerment process? First, and most importantly, we must *do no harm*. We must not allow our scientific knowledge to assist in making human beings powerless in their daily life contexts. We need to ask the question "Who is being empowered by this reform, change, or innovation?" Second, we should acknowledge the nature of our own oppression and understand how our liberation is connected with the empowerment of those we intend to help. Finally, we might consider that the creation of scientific knowledge may help tell the deeper story of the effects of society on health. We can hope that this process contributes to genuine empowerment, if we consider, as McNeil (42) has suggested, that:

Organizing for empowerment is the active unearthing of peoples individual stories, the collective examination of the meaning of those stories in light of our shared story, and the opportunity to write new endings to both our individual and collective stories [p 19].

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