The Interplay of Workplace Redesign and Public Policy in the 21st Century

Leslie B. Hammer, PhD

ABOUT THE AUTHOR

Leslie B. Hammer is with the Oregon Institute of Occupational Health Sciences, Oregon Health & Science University, Portland.

Workplace redesign in the 21st Century is eloquently addressed by Lovejoy et al. in this issue of *AJPH* (p. 1787). The authors discuss the interplay of workplace redesign and public policy and the health and well-being of workers and their families. For example, the trend toward precarious work, where people of color are overrepresented, offers little job security or benefits, discourages organized labor, and continues the proliferation of low wages. At the same time, the US workforce is increasingly diverse, some workplaces are more flexible as a result of the pandemic, the importance of paid leave is being recognized, labor efforts supporting the PRO Act (HR 842; Protecting the Right to Organize Act of 2021) are expanding, and there is more emphasis on "green jobs"; all of these provide a potentially optimistic forecast for worker health and well-being. Rapidly developing workplace redesign efforts resulting from the movement toward robotics and artificial intelligence, COVID-19 (e.g., increased hybrid work), and novel public policies on such issues as family and medical leave, safety and health, scheduling notification and work hours,

and unionization should be studied to determine their impacts on worker well-being.

As Lovejoy et al. and others describe, an expanded view of traditional occupational safety and health is needed, which has demonstrated that in addition to physical hazards at work, many workers face psychosocial hazards.[1] These include aggression from co-workers and supervisors, work–family stress, heightened job demands resulting from workplace intensification, high stress associated with perceived lack of control, low workplace (e.g., supervisor) support, and less meaningful work. The increase in artificial intelligence and robotics, albeit an important tool for reducing occupational injuries, can contribute to workers' psychological stress and job insecurity.[2] Job insecurity leads to economic insecurity, food insecurity, and negative psychological and physical outcomes. Therefore, we need national policies to provide basic health care, family care, shelter, and food assistance to mitigate the impact of these stressors on workers and their families. Nonwork activities and responsibilities and quality of life must be considered in the redesign of work, as the

importance of personal relationships and connections to the natural environment to health are becoming increasingly acknowledged.

Public health policies inadequately address work and its impact on well-being. For example, only 21% of the US workforce has access to paid family and medical leave through their employer, and currently no national program is in place to support workers needing leave.[3] At this time, nine states, the District of Columbia, and more than 30 cities and municipalities have instituted paid leave laws to support workers. Another example is the Seattle, Washington, Secure Scheduling Ordinance, which is one of the nation's first laws mandating schedule predictability covering hourly workers at large retail and food service establishments. Schedule predictability is important for all workers, but critical for those with multiple caregiving demands or multiple jobs.

WORK AS A SOCIAL DETERMINANT OF HEALTH

Lovejoy et al. highlight work as a key social determinant of health and well-being. It is in the interest of public health policy to address workplace redesign strategies as an approach to improving population well-being. Although these ideas are not new, we continue to see the ideological struggle between worker well-being and the financial interests of organizations (e.g., productivity) dating back to the early 20th century.[4] Consistent with the argument that poor working conditions are a root cause of poor health,[5] Lovejoy et al. offer a new framework for worker well-being. Their "work design for health framework" expands on the job

demand–control–support model,[6] offering an approach to workplace redesign that requires interdisciplinary systems thinking, including the interplay with public policy. As an example, the authors note problems associated with wellness programs that focus on individual behavior change as the primary way to improve employee health and well-being and suggest refocusing on the workplace environment. Thus, targeting working conditions and identifying redesign strategies for reducing workplace stress are suggested and effective approaches for addressing social determinants of health.

As noted by Lovejoy et al., an important movement in the redesign of work in the 21st century is Total Worker Health, which was launched by the National Institute for Occupational Safety and Health in 2011.[7] This strategy is defined as policies, programs, and practices that integrate protection from work-related safety and health hazards with the promotion of injury and illness prevention efforts to advance worker well-being. Total Worker Health goes beyond traditional occupational safety and health by addressing the interaction of personal, work-related, and broader societal and economic risk factors in understanding the key issues that affect worker safety, health, and well-being. Thus, it expands beyond physical safety hazards to incorporate psychosocial hazards, such as work–life stress,[8] that directly affect worker well-being.

WORKPLACE STRATEGIES

Lovejoy et al. offer an expanded view of three work redesign strategies that use tailored interventions aimed at improving worker and family health and well-being. Strategies include increasing job control (e.g., increased schedule control and worker voice), decreasing job demands (e.g., increased staffing and resources and streamlined work), and enhancing workplace social relations (e.g., supervisor support training). As Sauter et al. and others argue, addressing psychosocial stress and worker well-being from a primary prevention approach must include job design strategies such as reducing workload and work pace, offering flexible work schedules, providing opportunities for positive social interactions at work, and creating jobs that are meaningful.[9] Furthermore, for actual changes to take place, it is critical to implement workplace redesign strategies that improve worker well-being. Despite documentation showing that workplace stress costs up to $190 billion in annual US health care costs,[10] little attention has been given to organizational uptake of existing evidence-based strategies.

Workplace redesign should be a continual process of improvement, placing priority on worker safety, health, and well-being. Over the past 30 years, we have accumulated evidence of the significant impact of work organizational changes on workers and their families and on organizational effectiveness.[11] Working conditions and workplace social relationships that contribute to the social determinants of health include, but are not limited to, work scheduling, co-worker and supervisor support, and workloads with consequences beyond the health, safety, and well-being of workers, their families, and their communities. Furthermore, as women make up a majority of workers in low-wage jobs, many of whom have caregiving responsibilities, greater attention is needed to both public policy and workplace redesign strategies targeting these most vulnerable workers. Given the many changes related to the workforce and the sociopolitical climate, public health is challenged with bringing worker well-being and work redesign front and center in the 21st century. AJPH
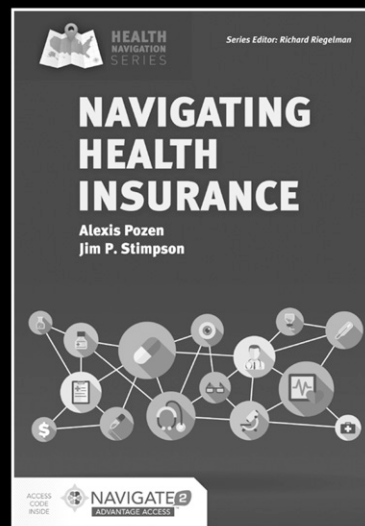
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