

Organizational social capital and health

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Organizational social capital (OSC)

- “collaborative capabilities of the company based on trust and justice” (*TSK, 2010*)
- “overall binding factor acting as a connecting matrix between the different people and their jobs”
- measured by 3 dimensions
 - vertical trust
 - justice
 - social community

- vertical trust

1. *does the management trust the employees to do their work well ?*
2. *can you trust the information that comes from the management ?*

- justice

3. *are conflicts resolved in a fair way ?*
4. *is the work distributed fairly ?*

- social community

5. *is there good co-operation between the colleagues at work ?*
6. *do you feel part of a community at your place of work ?*
(is there a good atmosphere between you and your colleagues ?)

- scale: 0-100 (0-24)

- individual level
 - “classical” approach
 - individual perception of OSC
 - risk estimates (OR, RR, cross-sectional, longitudinal, ...)
- group level
 - organization
 - work units

OSC and health

Individual level

- self rated health (*Oksanen et al., 2008; Suzuki et al., 2010*)
- well-being and health in staff (*Kouvonen et al., 2008*)
- emotional exhaustion in clinicians (*Driller et al., 2010*)
and hospital nurses (*Kowalski et al., 2010*)
- hypertension (*Oksanen et al 2012*)
- depressive symptoms (*Jung et al 2012*)
- depression (*Kim et al 2012*)

OSC in nursing homes

- 239 (81% participation) nurses, geriatric helpers in nursing homes
- relation between OSC (0-100)
 - ‘gossip and slander’ (12-m exposure)
 - ‘quarrels and conflicts’ (12-m exposure)
 - sick leave (in last 12 months)
 - **poor** work ability (WAI < 37)

- multivariate logistic regression analysis
- corrected for
 - age
 - gender
 - physical work load
 - emotional work demands
 - job insecurity
 - full/part time work
 - shift work
 - job task

OSC (0-100) in nursing homes

considered outcome	n	OR	(95%CI)
gossip and slander	235	0.96	(0.94-0.98) ^{***}
quarrels and conflicts	235	0.98	(0.96-1.00) [*]
sick leave	236	0.98	(0.96-1.00) [*]
poor work ability	236	0.98	(0.95-1.00) [*]

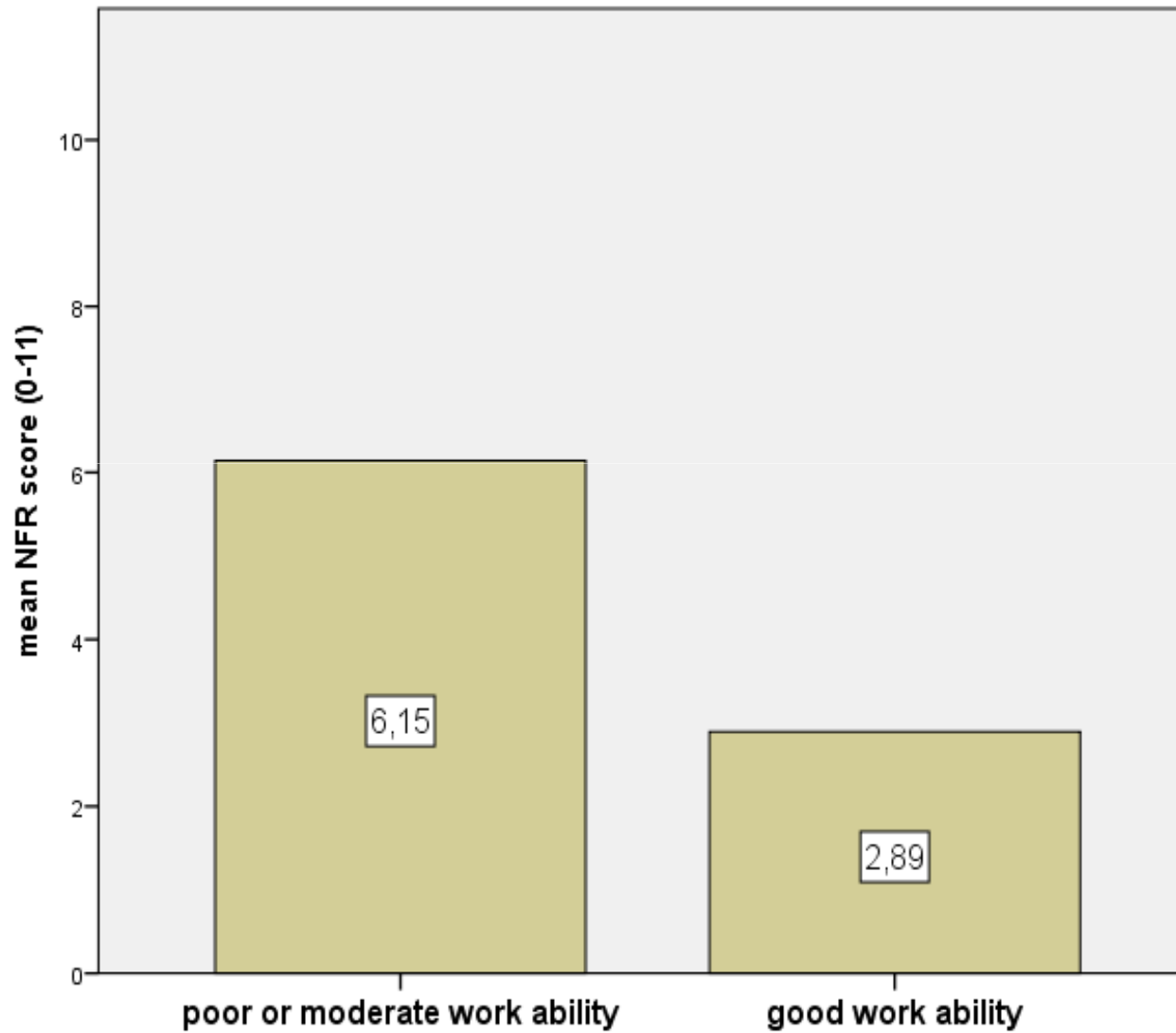
OSC in public sector

- 1238 employees (81% participation)
- OSC (0-100) and **good** work ability ($WAI \geq 37$)
- multivariate logistic regression analysis
- corrected for age, gender, job task and need for recovery

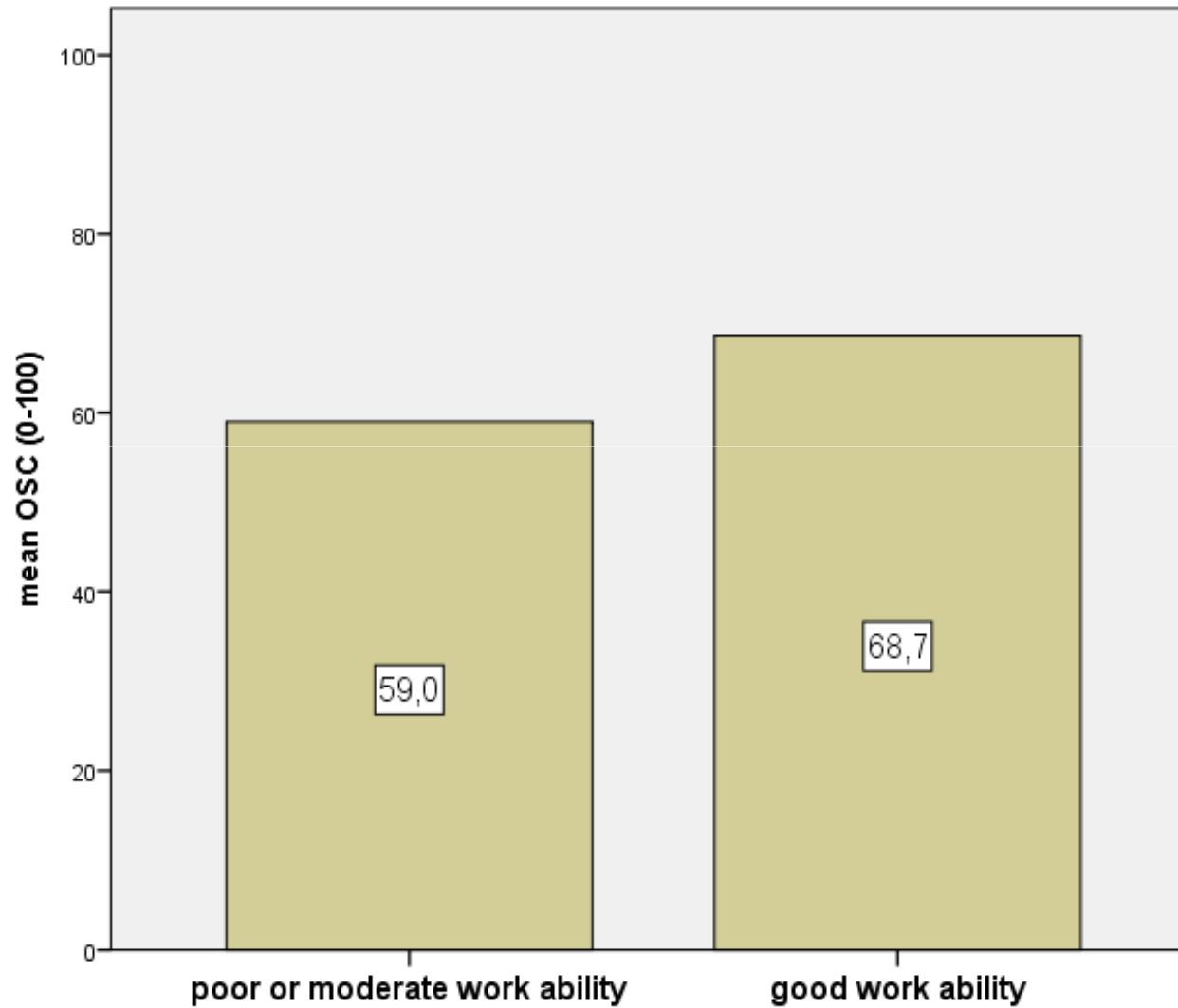
OR for good WAI in public sector (*n*=1223)

	OR	(95% CI)	<i>p</i>
OSC (0-100)	1.02	(1.01-1.04)	<0.000
NFR score (0-11)	0.75	(0.71-0.79)	<0.000
age	0.98	(0.96-1.00)	0.022

WAI and NFR



WAI and OSC



Threshold ?

	OR	(95% CI)	<i>p</i>
OSC 0-49 (n=147)			
OSC 50-59 (n=252)	1.55	(0.90-2.67)	<i>0.116</i>
OSC 60-69 (n=215)	3.08	(1.60-5.93)	<i>0.001</i>
OSC 70-79 (n=367)	2.44	(1.40-4.25)	<i>0.002</i>
OSC 80-89 (n=151)	2.14	(1.06-4.30)	<i>0.034</i>
OSC 90-100 (n=100)	4.92	(1.63-14.85)	<i>0.005</i>
NFR score (0-11)	0.75	(0.71-0.79)	<i><0.000</i>
age (yrs.)	0.98	(0.96-1.00)	<i>0.013</i>

OSC and musculoskeletal complaints

- car-assembly company
- 2287 employees
- OSC (**0-24**) and 12-month prevalence musculoskeletal complaints
- multivariate logistic regression analysis
- corrected for age, gender, quantitative work demands, tempo, social support from superior, shift schedule, department

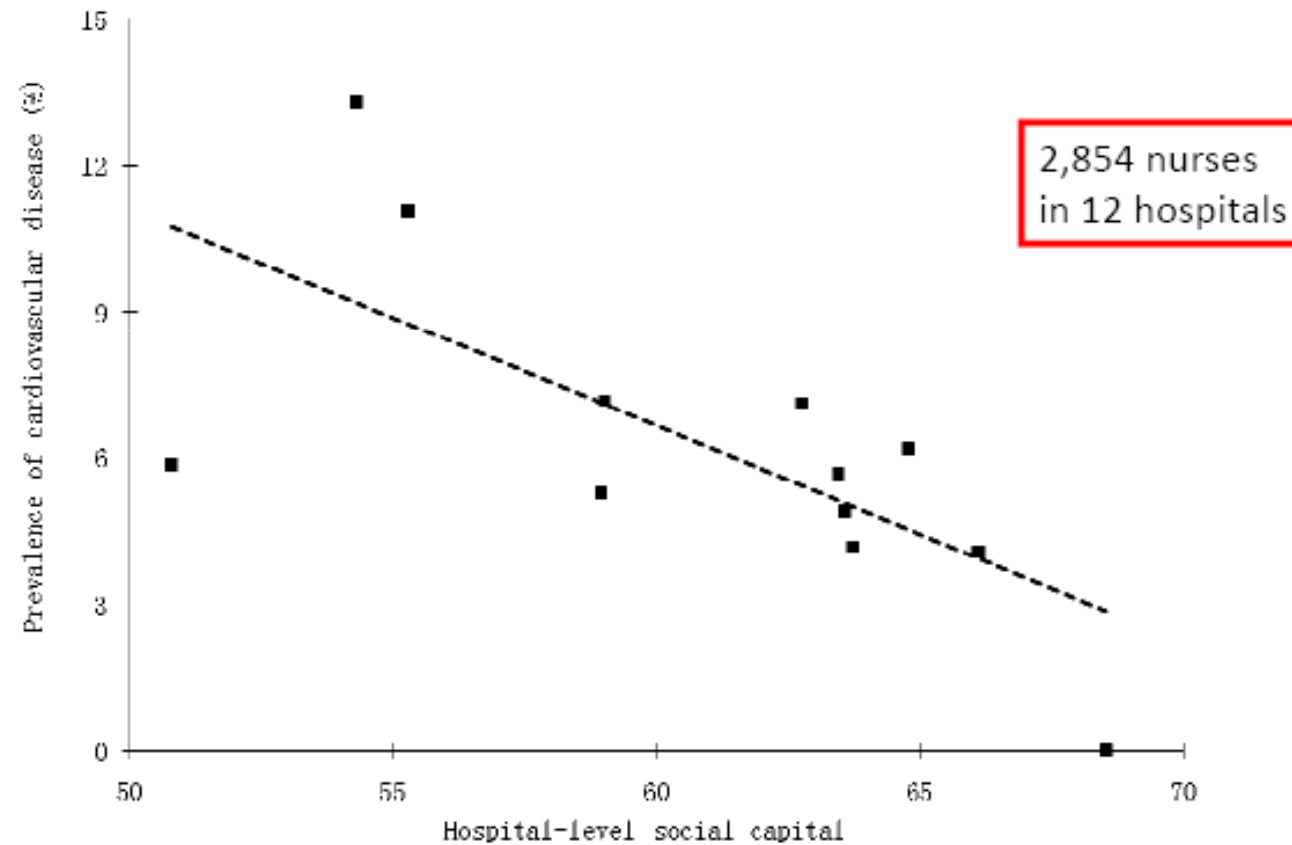
OSC (0-24) and MSC

	OR	(95% CI)	<i>p</i>
neck	0.92	(0.89-0.95)	<0.000
shoulder	0.90	(0.87-0.93)	<0.000
elbow	0.91	(0.87-0.95)	<0.000
pols	0.92	(0.88-0.96)	<0.000
upper back	0.93	(0.89-0.97)	<0.000
lower back	0.93	(0.90-0.95)	<0.000
hip	0.92	(0.87-0.96)	0.001
knee	0.94	(0.91-0.97)	<0.000
foot	0.93	(0.88-0.97)	0.002

OSC and health Group level

- OSC = by definition group aspect

Social capital and the prevalence of cardiovascular disease among nurses in Chinese hospitals



Jian Li & TS Kristensen, 2011.

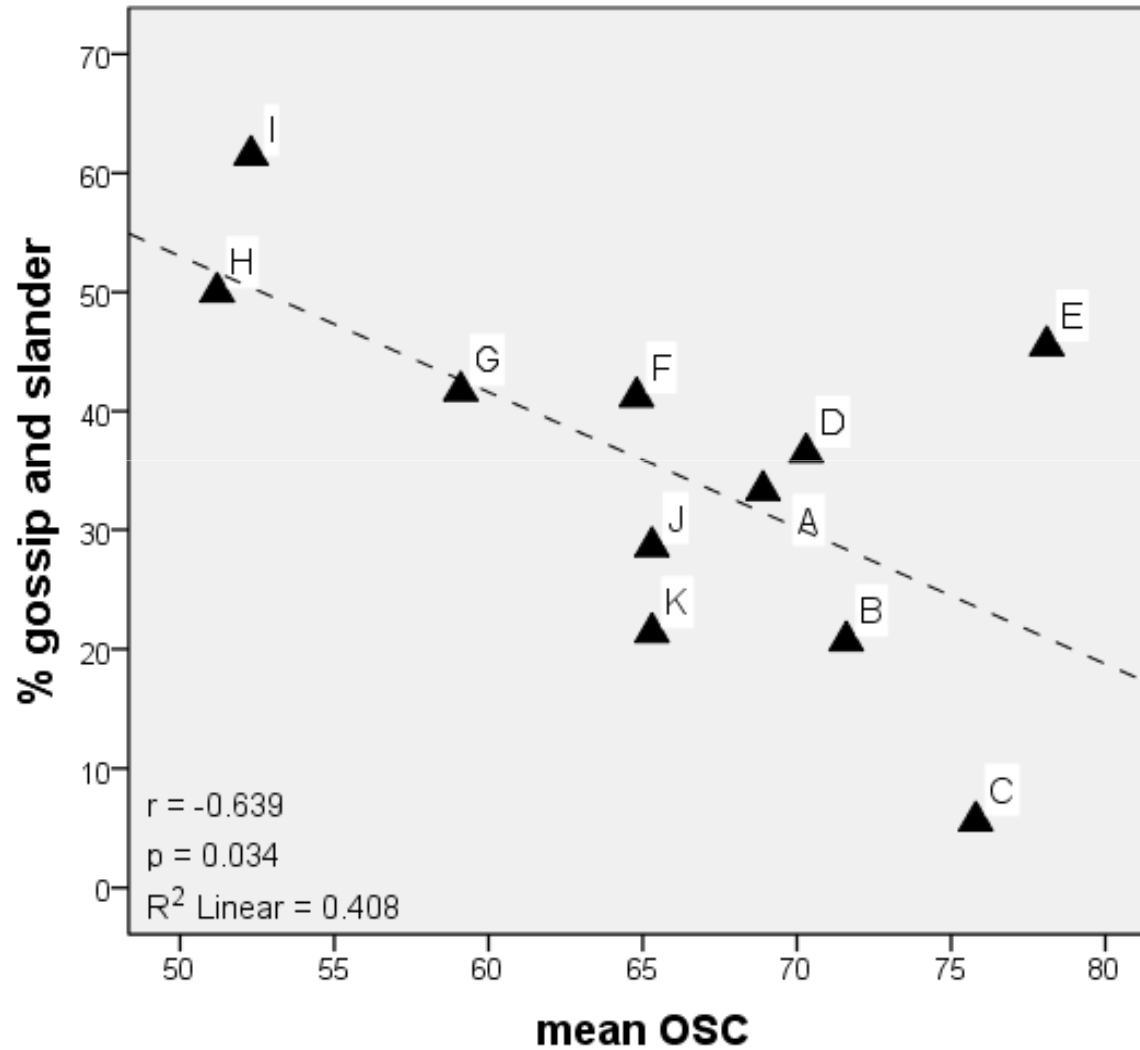
OSC in nursing homes

Group level

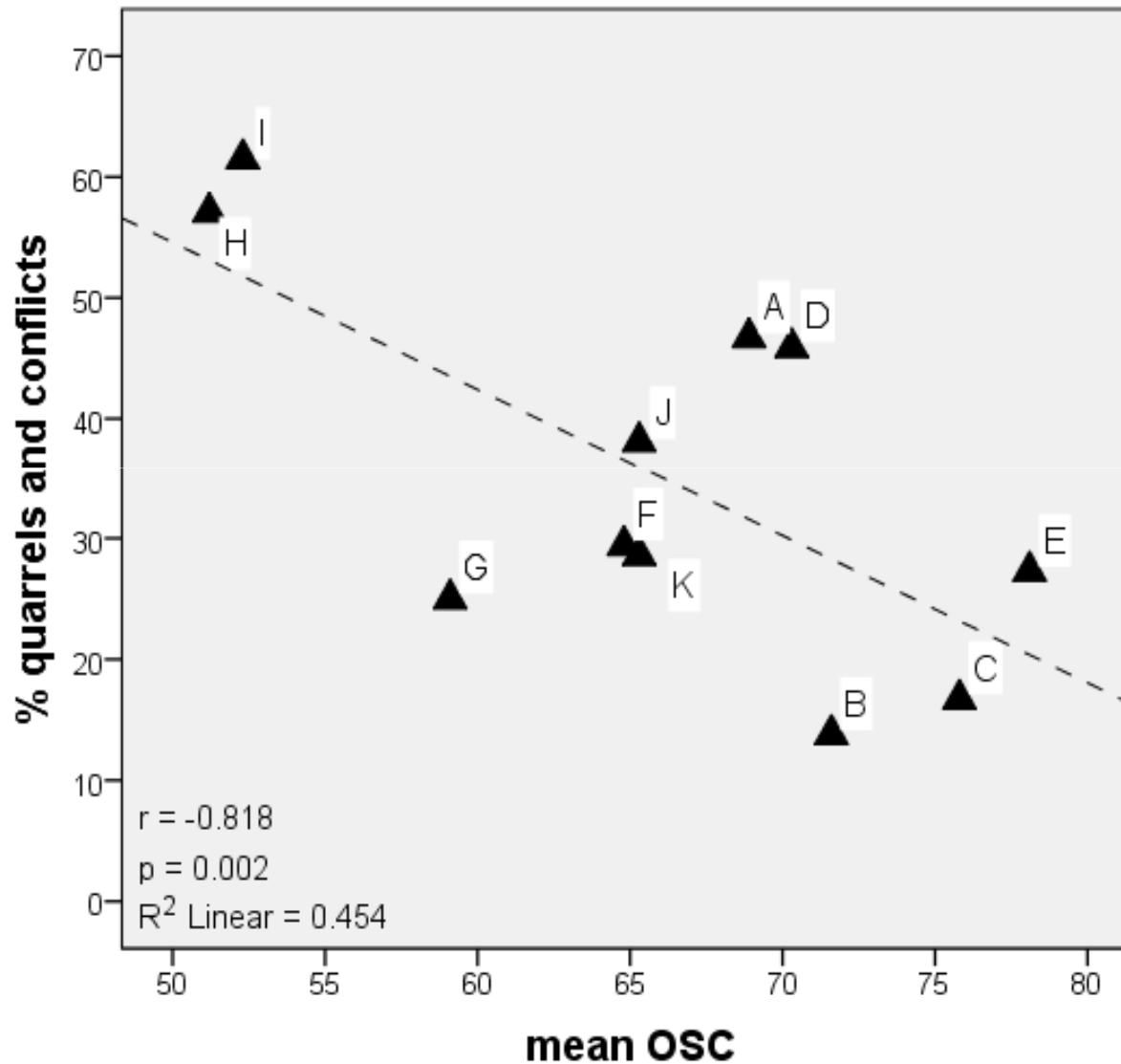
- 239 nurses; geriatric helpers
- 11 nursing homes / work units

- gossip and slander
- quarrels and conflicts
- sick leave
- poor Work Ability

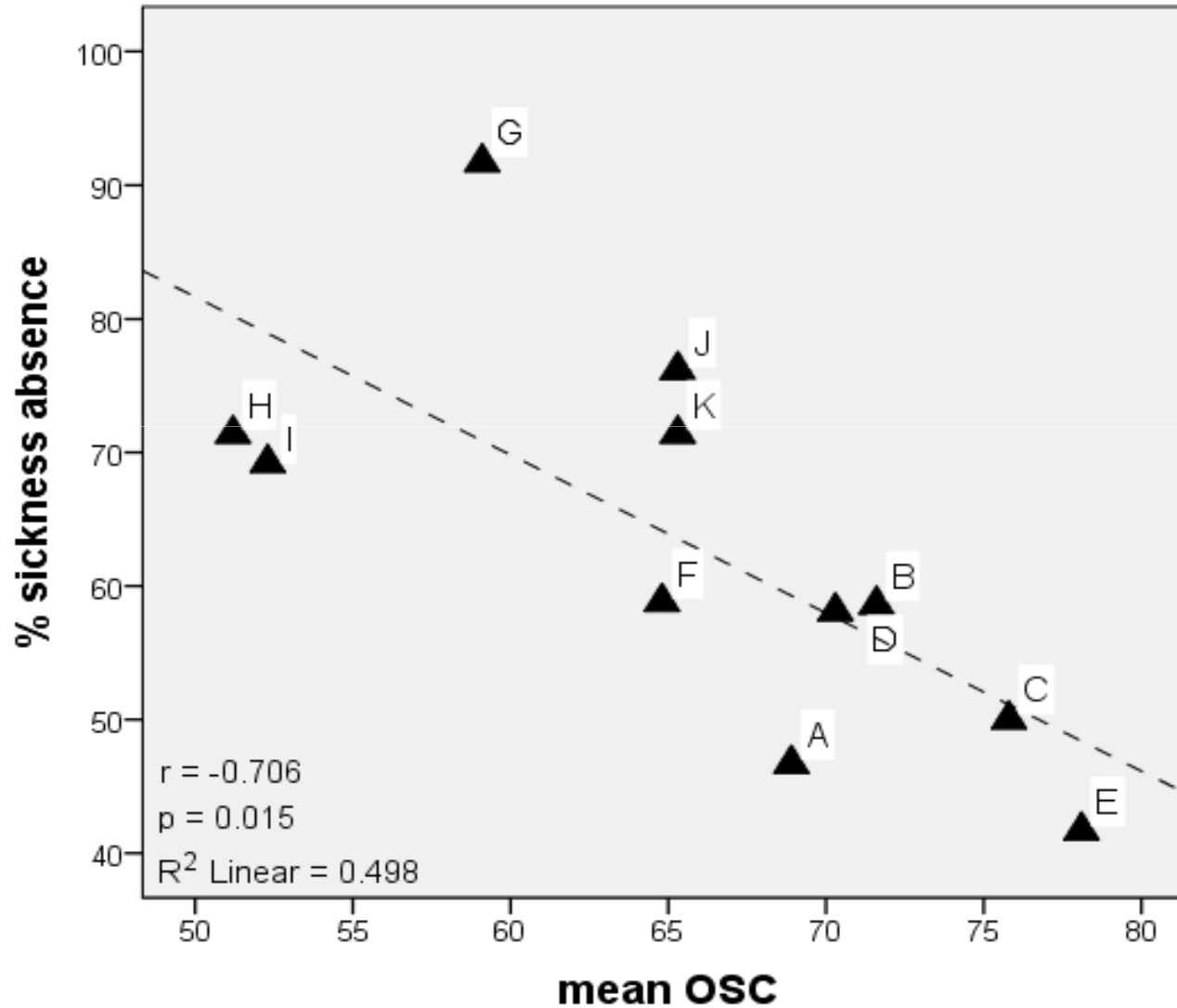
Gossip and slander



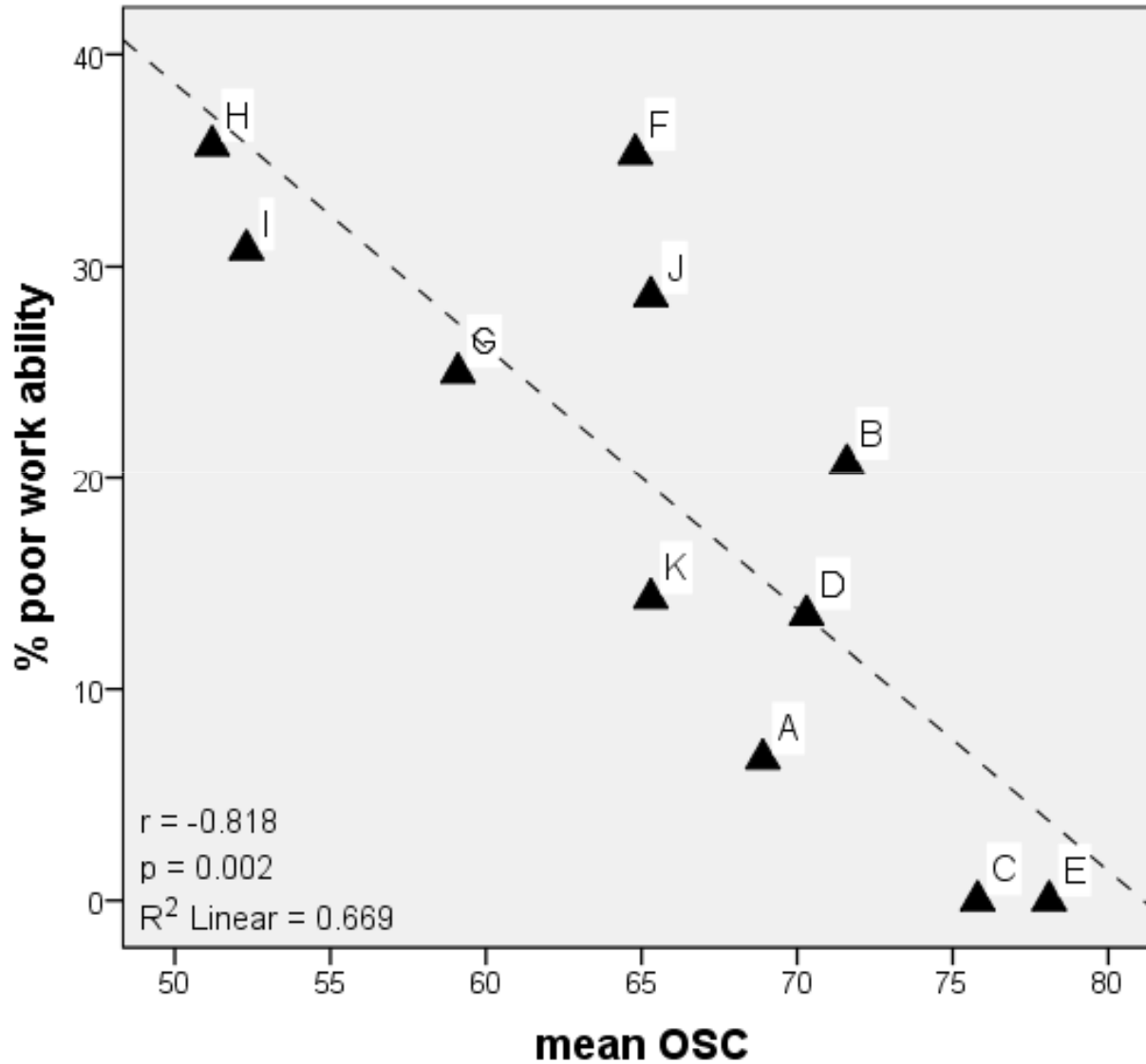
Quarrels and conflicts



Sick leave prevalence



Poor work ability



Conclusions

- OSC important aspect for health and well-being at work
- further (follow-up) studies necessary
- group level studies
- challenge: key for improvement with management (quality of leadership)
- asset: OSC important for production, quality and turnover