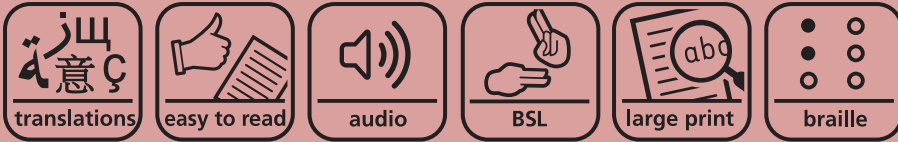




# Employee voice and mental wellbeing: A rapid evidence review

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# Summary

- This report presents a rapid review of the evidence on the relationships between collective formal employee voice mechanisms\* and mental wellbeing and common mental health problems.
- Seven studies were identified for which the evidence was considered to be good quality. Of these, three were UK-specific and included, but did not separately report on, data collected from Scotland. No Scotland-specific studies were identified.
- The data from the seven studies suggest that while, at country level, a higher ratio of people in paid work who are in trade unions impacts positively on population life satisfaction, the impact of union membership on employee wellbeing at the workplace level is not as strong. The evidence does, however, suggest that participation in workplace decision-making, such as giving people a say over the way work is planned and carried out, has a positive impact on employee wellbeing.
- The review suggests that there is scope for further research and evaluation in this area.

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\* We use the term collective formal employee voice mechanisms to describe organisational interventions intended to increase employees' opportunities to directly or indirectly influence or participate in decision-making about work. They are formal in the sense that they have a degree of agreed structure, and collective in the sense that they apply to groups of employees (even if, as in relation to 'individual task discretion', it is the individual who applies it to their own work). They include trade unions, but also, for example, joint partnerships or consultative committees.

# Background

The Fair Work agenda<sup>1</sup> is a fundamental part of the Scottish Government's Labour Market Strategy.<sup>2</sup> It is seen as key to promoting the mutually supportive goals of increasing competitiveness and tackling inequalities, as set out in Scotland's Economic Strategy.<sup>3</sup> One way in which fair work can make a contribution to inclusive growth is through improving workers' health.

Fair work is good for health.<sup>4,5</sup> Giving employees the chance to have a say in work activities and decision-making issues within the organisation in which they work<sup>6</sup> (termed effective employee voice) and ensuring workers' rights can be important contributors to achieving fair work and for addressing health inequalities.<sup>1,7</sup>

Effective employee voice can have an impact at various levels.

- **At an individual level** it is seen as contributing to job satisfaction and psychological wellbeing.
- **At an organisational level** it is suggested that it can support communication between employers and workers, leading to improved decision-making, implementation and adherence.
- **At a structural level** it is argued that it can 'support wider social priorities in terms of equality of opportunity, pay equality, learning and skills acquisition and occupational health and safety'.<sup>1</sup>

There is an existing literature on the dimensions of fair work, the role of employee voice mechanisms on these dimensions, and the relationship between employment quality and health. There is also a body of research on workplace health and workplace health programmes,<sup>8,9,10</sup> and mental wellbeing at work.<sup>11</sup> There appears, however, to have been less research focused on the associations between employee voice and health and health inequalities outcomes.

Against this background, a rapid evidence review<sup>†</sup> was proposed. The aim of the review was to add to our understanding of whether, and in what ways, different employee voice mechanisms may impact on health. This review focused specifically on the relationships between collective formal employee voice mechanisms and mental wellbeing and common mental health problems.

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<sup>†</sup> A rapid evidence review draws on a range of evidence. This may include primary as well as secondary (review) level evidence. The type of evidence used is clearly defined and is informed by the review questions and scope. The evidence is then critically appraised using appropriate appraisal tools.

# Purpose

This report presents a rapid evidence review of a broad range of UK and international sources to map out the nature and scope of the field. Drawing on a range of social science-focused bibliographic databases, the evidence included has been screened for relevance and quality.<sup>‡</sup> Of the seven studies included in the review,<sup>12,13,14,15,16,17,18</sup> only one was a systematic review;<sup>12</sup> the remainder were quantitative studies.

This paper is intended as a working document to support understanding of the potential contribution of collective formal employee voice mechanisms to mental wellbeing outcomes.

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<sup>‡</sup> The search strategy and a summary of the appraisal process are available on request.

# Evidence summary

## Whole population mental wellbeing

At a whole-population level, two cross-national studies<sup>13,14</sup> concluded that mean levels of life satisfaction vary directly with union density and membership.<sup>§</sup> This is still the case when controlling for other potential influences such as economic conditions, unemployment rate and level of welfare state expenditures.<sup>13,14</sup> By analysing data from the World Values Survey and Organisation for Economic Co-operation and Development (OECD), the authors found that the life satisfaction of both union and non-union members was positively associated with higher country-level union density. Furthermore, income had a moderating effect; people on lower incomes were the most positively affected by union membership and the influence of organised labour.

## Workplace/employee mental wellbeing

Four of the quantitative studies focused on employee/workplace-level interventions and outcomes.<sup>12,15-17</sup> Drawing on Karasek's demand-control-support model,<sup>19</sup> Egan et al.'s systematic review<sup>12</sup> of international evidence explored the impacts on health and psychosocial health of employee participation and control through workplace reorganisation. From their review the authors found that while some studies reported health improvements, others reported little change, and, one, in a context of downsizing, reported worsening health. Overall, the authors of the review concluded that more robust evidence is required, but that health benefits, including improved mental health, may result from interventions aimed at increasing employee participation in workplace decision-making.

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<sup>§</sup> Following the OECD, union density is defined as the number of wage and salary earners who are trade union members divided by the total number of wage and salary earners, multiplied by 100.

Drawing on data from the 2006 UK-wide British Skills Survey, Gallie<sup>15</sup> looked at the relationship between 'direct participation' (as opposed to indirect, representational participation, such as through trade unions) and quality of work. As one of his indicators of quality of work, Gallie assessed the implications for employees' psychological wellbeing\*\* of three different forms of direct participation: individual task discretion, semi-autonomous teamwork and consultative participation. Gallie concluded that all three forms of direct participation positively affect wellbeing. The strongest effect was for task discretion. Consultative participation also had a clear positive effect. The impact of semi-autonomous teamwork was also positive, but less so. Perceived trade union strength within the workplace made no consistent difference to the effects of direct participation for psychological wellbeing.

Wood<sup>16</sup> and Wood and de Menezes<sup>17</sup> drew on the UK Workplace Employee Relations Survey 2004 (WERS) to explore the relationships between job characteristics (drawing from Karasek's demand-control-support model<sup>19</sup>), wellbeing (as measured by job satisfaction and anxiety-contentment) and employee voice (measured in terms of employees' perceptions of the extent of consultative management in the workplace and union membership). The analysis suggested that job characteristics, and the extent to which management is supportive, informative and consultative, are all associated with wellbeing, as measured along the anxiety-contentment scale and indicators of job satisfaction. Union membership was found to be unrelated to these measures of wellbeing.

In their study of high-involvement management, high-performance work systems and wellbeing, Wood and de Menezes<sup>17</sup> focused on four types of involvement:

1. role involvement (the individual's level of responsibility for undertaking and managing their own tasks)

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\*\* Other findings are reported by Gallie<sup>15</sup> but in the context of the rapid evidence review, the focus here is specifically on the relationships found between direct participation and psychological wellbeing.



2. high-involvement management (team work, quality circles, 'idea-capturing schemes')
3. voice (union-based collective bargaining, works councils, non-union representative systems and grievance procedures)
4. economic involvement (financial incentives).

The analysis suggested that 'enriched jobs' (role involvement) and informative management were positively associated with each of the two measures of wellbeing – job satisfaction and anxiety–contentment, but trade union membership and motivational supports were not.

## **Differential impacts**

A number of these studies drew attention to the potential for the impacts of collective formal voice mechanisms to vary between different social groups. Egan et al.<sup>12</sup> identify the potential benefits of participatory interventions for both lower-paid workers and employees belonging to ethnic minorities. Gallie<sup>15</sup> found that although those in lower-class positions experienced fewer psychological benefits from task discretion or consultative participation, the relationships were still positive.

Gender differences were also assessed in a number of these studies. Gallie,<sup>15</sup> for example, found that there were no differences between men and women in the effects of the three different types of direct participation studied and psychological wellbeing. In Wood's<sup>16</sup> study of job characteristics, employee voice and wellbeing, job satisfaction was higher in women, but men were more content. Consultative management was also seen as having a greater effect on job satisfaction in men than women.

## **Workforce structure**

One Norwegian study<sup>18</sup> analysed the possible influence of patterns of temporary and permanent employment within the workforce in terms of the impact of different contractual arrangements on mental wellbeing and on

involvement in collective voice structures. This study found that permanent employees perceived the highest levels of demands, control and stress. For temporary employees, both demand and control were lower, explaining the lower stress level. Involvement in collective activities was more common among permanent employees, as was knowledge of the occupational safety and health system in the workplace. From this, the authors suggest that if the number of temporary employees increases, this could result in a reduced commitment or involvement in collective activities. This could have implications for an organisation's competence or motivation to take preventative actions, resulting in worsening working conditions.

# Conclusions

The aim of the rapid evidence review was to examine whether, and in what ways, collective formal voice mechanisms including, but not limited to, trade unions, impact on mental wellbeing or common mental health problems.

Seven studies were identified for which the evidence was considered to be good quality. Of these, three were UK-specific and included, but did not separately report on, data collected from Scotland. No Scotland-specific studies were identified. This may limit the transferability of the findings to contexts where trade unions have different roles, or where different collective formal voice mechanisms are available. Furthermore, the review and appraisal process drew attention to the highly variable quality of studies in this field. There is also a lot of variation between studies in terms of the interventions studied, the target populations, the definitions of wellbeing and the measures used to capture mental health or wellbeing outcomes.

On the basis of the seven studies, the data suggest that while higher country-level union density has a positive impact on population life satisfaction, the impact of union membership on employee wellbeing at the workplace level is less strong. The evidence does, however, suggest that participation in workplace decision-making, such as giving people a say over the way work is planned and carried out, has a contribution to make to employee wellbeing.

What the studies reviewed are less able to empirically demonstrate are the mechanisms linking employee voice and mental wellbeing outcomes. A number of studies cite other data sources to suggest the individual and collective, direct and indirect, routes to impact. This, however, is not based on a systematic appraisal of the evidence, nor their own primary research. Several authors in fact comment on the dearth of empirical research exploring the relationship between employee voice and subjective wellbeing.<sup>15,17,18</sup>

The rapid evidence review identified studies which suggest the potential contribution of collective formal employee voice mechanisms to positive employee mental wellbeing. While an as yet under-developed field, the review suggests there is scope for further research and evaluation to help generate a more substantive and robust evidence base, particularly in a Scottish/UK context.

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