

# **Illness, Injury and Recovery: the Fairness Connection**

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Research on workplace stress over the last 25 years has confirmed in broad terms that conditions of work characterized by high demand/high effort and low control/low reward generate a high level of threat to employee health and safety.

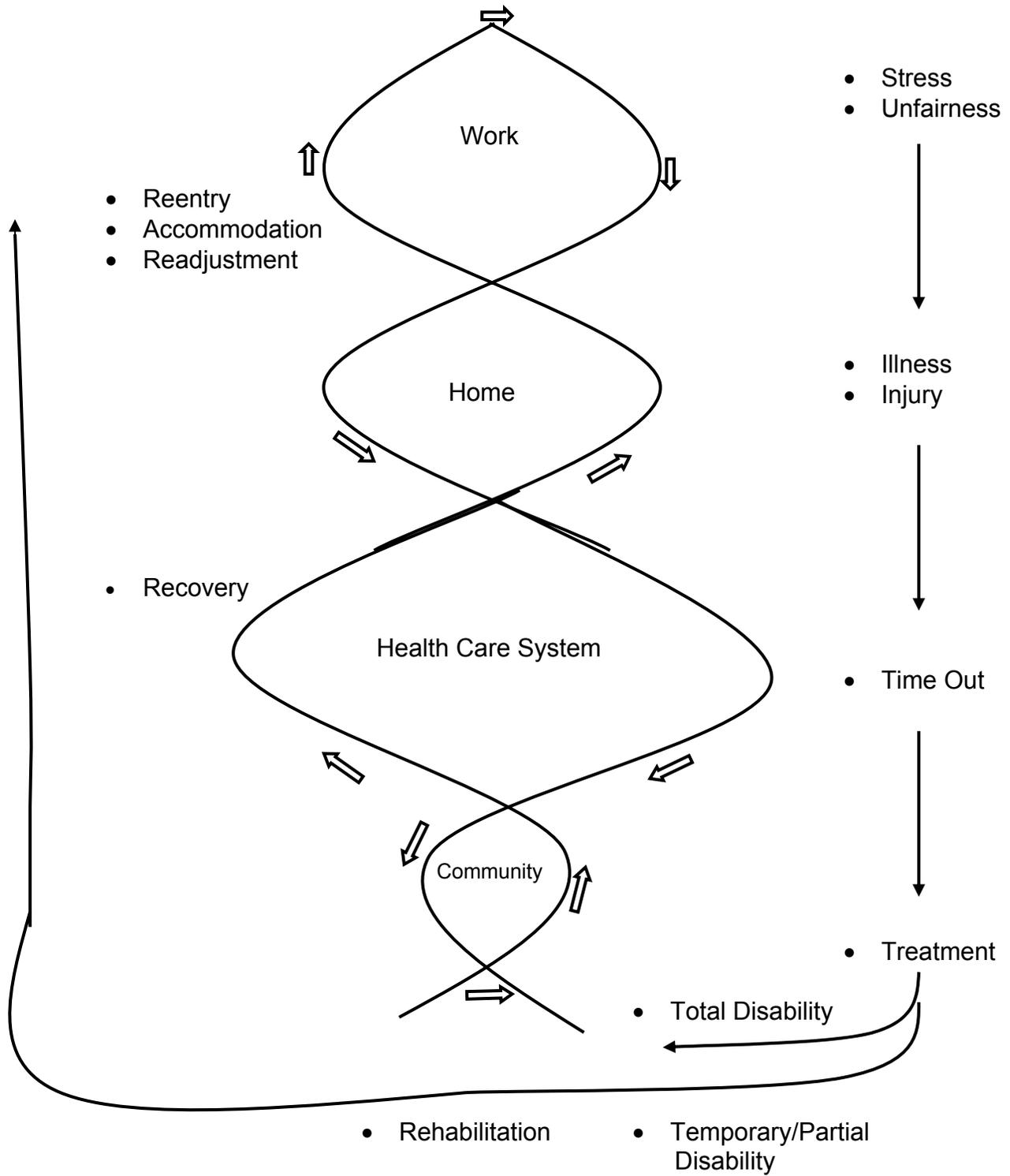
Recently, it has been proposed that one of the key factors linking these conditions of work to harm is the common perception and feeling among employees that such conditions are unfair. This “sense” is thought to arise from a predisposing belief that such conditions of work come about not by chance but by choice - the choice of managers and supervisors in particular. Employees believe that alternative choices could be made that reduce demand and effort and increase control and reward without economic loss to the employer. (Shain 1999)

Just as these psychotoxic conditions of work are associated with a higher chance of getting ill or injured, so too are they associated with a lower chance of making a full and speedy recovery, returning to work and readjusting successfully.

The purpose of this article is to address the question: how can workplace dynamics - fairness in particular - affect the recovery of an employee who is outside the workplace - be it at home or in the health care system?

To begin answering this question we need to see the workplace as part of a web of interdependent influences on employee health that incorporates the home, health care system and community.

**Illness, Injury and Recovery: the role of fairness**



In terms of the individual employee's consciousness or subjective experience, the workplace is an elastic and a very invasive place - in fact, it is an idea as well as a place, so it comes home with us and is, in a sense, with us all the time. Therefore, the quality of worklife clearly influences how people feel even when they are not at work as many studies have shown. This is often called the "Spillover Effect".

So, a period of work-related injury or illness is a period of much-increased workplace influence. Even though the ill or injured employee is absent from work physically he or she is very much there emotionally and spiritually.

The period of debilitation, however long, can represent a very real intrusion of workplace into home - it is the uninvited guest at the employee's bedside, the unwelcome companion at every meal. If the employee has negative feelings about the workplace to begin with the normal psychosocial factors that influence employee wellbeing at work are multiplied in their effect away from work. Conversely, if the employee has positive feelings these can facilitate the recovery process. (Kenny 1998, Linton 1991, Tate 1992, Theorell and Karasek 1995, Dyck 2000)

So, disablement (temporary or otherwise) is a very volatile period for mental health and the direction it takes, and that recovery takes, depend a great deal on how the employer was perceived pre-injury or illness.

In order to understand how fairness at work affects both the chances of getting sick or injured and recovery, we need to look more closely at what is coming to be called the "Sociobiological Translation". (Tarlov 1996) This has been defined as a mechanism by which human beings receive messages about the social environment and convert these messages into biological signals that trigger the processes of disease development or health promotion. Key to the Sociobiological Translation is the biochemistry of emotions. In recent years much has been learned about emotions and their effect on the body. (McEwan 1998) For present purposes, our interest lies in what we might call the "Biochemistry of Fairness". Fairness is a term we encounter or use just about every day, but it is nonetheless invested with many different meanings. Here, I want to focus on fairness as keeping promises and on unfairness as breaking promises. In particular, I want to characterize the employment contract as a set of promises. (Tyler et al. 1997)

When employees perceive that one or more of these express or implied promises have been broken, they are likely to experience a range of negative emotions. If it is correct, as it appears to be, that conditions of work characterized by high demand/high effort and low control/low reward are seen by many employees as breaches of the employment contract (“I didn’t sign on for this: this is unfair”) then a cascade of emotions can be predicted to flow from this perception that include feeling to one degree or another:

- excluded
- tricked
- rejected/abandoned
- disliked
- unworthy/worthless
- diminished/humiliated
- shamed
- anxious/agitated/insecure
- depressed
- angry/enraged
- suspicious
- helpless

These mental states are unpleasant and undesirable in themselves and beyond a certain point they can turn into mental disorders that keep people from functioning properly. Even worse, if sustained over a lengthy period, or if there are one or more acute episodes of unfairness, these feelings, among some people, can lead to a sense that

- nothing and no one can be trusted
- there is no order, purpose or meaning in life
- things don’t make sense
- all is not right with the world

A simpler way of saying all this is that when people feel they have been treated in a seriously unfair way they no longer feel quite whole and crave some kind of remedy that will make them feel whole again. This is the heart of the fairness health connection.

It is also the heart of the connection between fairness and return to work because when employees feel they have become sick or got injured as a result of working conditions that were unfair they are likely to associate the employer with their sense of incompleteness and hold him or her responsible.

This is more than mere symbolism. When employees identify the workplace as the source of their incompleteness they will crave remedies that go far beyond anything money can pay for. But on the other hand, when money is the only remedy at hand, every problem becomes financial just as when the only tool available is a hammer, every problem becomes a nail.

Standing back from the specifics of the research that has been done in and around fairness and health, it appears to me that the real story is one of how broken promises get translated into diseases and injuries. And more than that, it is a story of how crossovers from the exercise of legitimate authority by employers to the exercise of raw power represent transitions from a fair and respectful workplace to an unfair and disrespectful workplace.

If power is the ability to get things done through coercion or the threat of it (be it physical, psychological, financial or legal) then the unilateral imposition of conditions of work characterized by high demand/high effort and low control/low reward is an example of its exercise. As such, this imposition is likely to be seen as unfair because it lacks consent by definition.

Power, according to the definition just given, is always taken, never given and so in a very visceral sense the crossover from authority to power relations in the workplace is likely to be seen and felt as a breach of promise or breach of trust, a violation of implicit but fundamental terms of the employment relationship that call for a safe system of work. There is nothing safe about a system that strips employees of the information and influence that they need to protect their own mental and physical wellbeing, particularly where the employer is seen as having a choice in the matter.

But what actually happens in the brain and body when people feel unfairly treated? To answer this question, we need to look at the research that explores the health impact of power relations on subordinates. In this body of research, subordinacy in power

relations is seen as a type of stress the effect of which is potentiated by the sense that it is unfair. (e.g. Brunner 1996; McEwan 1998)

Different people respond in different ways to this stress (depression, anxiety, anger) and the effects can be potentiated or mitigated by the personal resources available to the individual involved. e.g. social support can play a significant role both in defining or not defining an event as stressful and in coping with the strain if it is so defined.

When depression and anxiety do result from exposure to perceived stressful and unfair conditions, however, the impact of these mental states on physical health can be serious. The pathways from mental to physical health vary according to whether anxiety or depression is the trigger, but between them these states have been found to cascade into the following outcomes:

- Reduced Adaptability
- Reduced Ability to Cope with Change
- Impaired Learning
- Impaired Memory
- Increased Helplessness
- Increased Passivity, OR,
- Increased Aggression/Conflict

Increased rates of:

- Heart/Circulatory Diseases
- Immune function disorders
- Some cancers
- Mental disorders
- Substance abuse

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