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### IMPACTS OF WORK INTENSITY ON EMPLOYEES' QUALITY OF WORK, LIFE AND HEALTH

**Abstract.** *In Slovenia, work intensity (i.e. temporal, emotional and work-related demands) is increasing and already exceeds the EU average. In this paper, a public opinion poll about work, family and health conducted on a representative sample of 1,082 citizens of Slovenia reveals the negative impacts of work intensity on the quality of work, life and health. The key finding is that employees who experience a higher level of work intensity suffer a deterioration of health and are simultaneously less likely to be able to afford the time needed for health care due to their work obligations.*

**Keywords:** *work intensity, health, quality of life, quality of work*

#### Introduction

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Work is an important economic, social and psychological ingredient of human life. It provides income for employees and their families; it can help them socially with group identification, and can provide satisfaction and a sense of accomplishment, achievement and success (Burke et al., 2010). Due to the current prevailing focus on its economic effects, further underlined with the recent social and economic crisis, work is becoming ever more intensive. This can result in negative effects, like ill-health and dissatisfaction. Therefore, it is relevant to analyse the impacts of work intensity on workers' health and the quality of their life and work.

The aim of this research is to examine the impacts of work intensity on workers' health and quality of life and work. First, we want to determine if there is any difference in the level of work intensity among workers with different types of employment contract (occasional, part-time and full-time employees). Second, we are interested in work intensity impacts on employees' health. Third, we also want to find out if the level of work intensity differs among groups of workers that practise presenteeism and continue to work despite being sick. In the final part of our analysis, we are interested in whether and how work intensity is correlated with the quality of life, working conditions and reasons for continued employment.

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In order to understand the practical implications of this research, it needs to be said that managers may find the study useful in assessing the effects of work intensity in organisations and in leadership activities on one hand, and on the other health policy-makers may use the results to better understand the causes of broader aspects of occupational diseases.

## **Literature review**

Previous research conducted in Slovenia has shown an increase in work intensity (Svetlik, 2006: 22; Stanojević, 2006: 157–182; Kanjuro-Mrčela and Ignjatović, 2013). Employees in Slovenia today work much more than they used to. Comparatively large groups of permanently employed Slovenian workers are overburdened with work, and the load is more heavily transferred to fixed-term workers than in other countries, especially marginal groups of younger workers (Stanojević, 2006: 174–176). Compared to the EU-27 average, Slovenia has higher work intensity, higher presenteeism and a higher rate of work despite being sick (Kanjuro-Mrčela and Ignjatović, 2013). Moreover, the latest Eurofound (2015) research shows that in Slovenia more workers work under tight deadlines and at very high speed, more of them work in excess of 40 hours per week in their main jobs, and often work more than 10 hours a day. It is evident that Slovenian management still relies on workers who ‘work hard rather than smart’ and, according to Svetlik (2006: 22), this cannot be the basis for success.

According to Kalleberg (2013), work intensity, i.e. control over the pace and scheduling of work, is one of the dimensions of job quality. A lot of research has been done on work intensity in the context of work quality (Boxall and Macky, 2014; Kalleberg, 2013; Svetlik, 1996: 163). Hence, work intensity is a construct which is not yet well developed, defined and researched from the perspective of its probable consequences (Fiksenbaum et al., 2010: 81, Fairris, 2004; Burke et al., 2010). Authors of various studies suggest that work intensity is made up of different dimensions: pace, effort and affect (Green, 2004), time demands (longer work hours), emotional demands (levels of job stress) and job demands (greater workloads) (Burke et al., 2010), high working speeds, tight deadlines or insufficient time to complete a job (Boisard et al., 2003: 18, Ozutku and Altindis, 2013), role overload, time demands, and hours worked (Boxal and Macky, 2014).

Moreover, there are many similar concepts in the literature that describe work intensity. Some scholars use the term “working hard” to determine work intensity as comprising a time component (hours worked) and an intensity perspective (intensity of the effort at work) (Ozutku and Altindis, 2013; Burke et al., 2010; Stanojević, 2006). Work intensity is also often perceived as an effort-related activity, “the rate of physical and/or mental input

to work tasks performed during the working day” (Green, 2001: 56) or the “speed of work” (Burchell and Fagan, 2004).

Scholars from various backgrounds and disciplines have used different theories to capture aspects of this phenomenon (Burke et al., 2010). In the neoclassical tradition, the conflict is resolved through market forces – the worker is a seller of effort, and the employer is a buyer (Fairis, 2010). In a Marxian tradition, market forces play no role. Instead, the domination of labour by bosses resolves the conflict of interest between capital and labour over the level of work intensity (Fairis, 2010).

When managing human resources and the quality of the work process, two perspectives stand out: One is the technical aspect, which focuses on productivity. The other is the individual, the human aspect that focuses on the person and ensures that they are positively affected. Historically, work intensity has been crucial in ensuring that production goals are met. However, the 1950s saw the arrival of theories that emphasise the humanisation of work and the happiness of employees. Three theories should be emphasised – theory Y, theory X and theory Z. McGregor’s theory Y (1960) refutes Taylor’s Scientific Management according to which what matters are primarily the work’s result, productivity and performance (theory X). Moreover, he emphasises the importance of the person as well as the result. Ouchi (1981) builds on these findings in Theory Z, adding the importance of employees’ quality of work life, interpersonal relations and employees who are capable of making decisions.

Boxal and Macky (2014) compare the effects of work intensity on employee well-being, and emphasise the importance of including work intensification in the assessment of employee well-being. Work intensity has emerged as a considerably more powerful and consistent predictor of work and health outcomes than hours worked (Burke et al., 2009). Based on the literature reviewed, at the individual level, work intensity has mainly negative outcomes for employees – poorer well-being in terms of fatigue, job-induced stress and work-life balance (Boxal and Macky, 2014; Aleksić et al., in press), insomnia, irritability, burnout, turnover and sickness (Burke et al., 2010), physical exhaustion and mental stress (Green and McIntosh, 2001), and in terms of lower job satisfaction (Burke et al., 2009), especially in a coercive, non-rewarding work environment (Burke et al., 2010).

Positive outcomes for both the employee and the employer (e.g. increased satisfaction and work engagement) are possible with intrinsic employee factors, such as a strong psychological desire to work intensely, in a work environment that is conducive to personal effort and aligned with individual needs (Burke et al., 2010). Consequences of work intensity not only affect an individual’s well-being but also their families, organisation, co-workers and society (Burke et al., 2009; Burke et al., 2010; Boxal

and Macky, 2014). Work intensity factors are significant predictors of work-to-family conflict factors (Ozutku and Altindis, 2013) and the work-life balance (Boxal and Macky, 2014; Aleksić et al., in press). A more recent study by Aleksić and co-authors (in press) revealed a three-way interaction: when perceived time pressure (one of the key dimensions of work intensity) and leader-member exchange on creativity are high, satisfaction with work-life balance is high, positive outcomes of high creativity may be the result. However, work intensity is positively related to work outcomes (op. the question is, whether in the long run as well?) and negatively related to psychological well-being (Burke et al., 2009). Beside lower levels of psychological well-being (job stress, exhaustion, work-family conflict, and psychosomatic symptoms), respondents reporting greater work intensity also indicated higher levels of potentially problematic job behaviour, such as perfectionism and non-delegation (Burke et al., 2009).

At the organisational level, two contrasting sets of outcomes are possible. First, these negative psychological and physiological effects threaten the smooth and efficient functioning of the organisation and, eventually, its financial viability. Much of the research regarding long working hours has called for organisations to take note and deal with negative outcomes such as stress, burnout and turnover (Burke et al., 2010). Second, given the appropriate context, hard work can be satisfying for employees who are motivated by such pressure, and there may be associated organisational rewards for the individual and productivity gains for the organisation (Burke et al., 2010).

Overall, Burke et al. (2010) theorise that work intensity is influenced by two interrelated sets of determinants: those internal and those external to the employee. An employee can be intrinsically motivated to work 'hard' because of personal factors, such as being a workaholic. The external or environmental variables that determine the work context, such as organisational values, may affect work intensity. The most extreme consequence of work intensity is "karoshi". This Japanese term is used to describe death resulting from work overload (Burke et al., 2010). In a European context, 'burnout' is used to describe long-term exhaustion and reduced interest in work as a psychological sickness of very productive individuals with higher goals, who are willing to work more due to intrinsic factors and not the influences of others. Burnout is the final state where the adaptive processes have failed, and individuals change their attitudes and behaviour towards co-workers, work and the organisation. While every person deals with stress, burnouts are common among those who start their career with enthusiasm and have higher goals and expectations (Brill, 1984).

## Methods

This study analyses data from the latest Slovenian research about the work environment and health, the Slovenian public opinion SJM 2011/1 (Hafner-Fink et al., 2011) which was carried out on a random representative sample (N = 1082) of adult Slovenian inhabitants between March and June 2011. For the analysis, only the subsample of employed respondents was used.

Work intensity was measured with the following indicators about work on a 5-point Likert scale, with 1 meaning I completely disagree, and 5 meaning totally agree: a) Today I work far more than I did a decade ago; b) I do not have time for work outside my primary job to improve my living standard; c) I am overburdened by the amount of work I have to do at my job – work overload; d) I am constantly under time pressure at work; e) I work in unsafe and/or unhealthy working conditions; f) I do physically demanding tasks at work; and g) My work is stressful. The indicators had an approximately normal distribution (skewness and kurtosis coefficients between -1 and +1).

A principal component analysis (PCA) was conducted on seven items with an oblique rotation (direct oblimin). The Kaiser-Meyer-Olkin measure confirmed the good (according to Field, 2009) sampling adequacy for the analysis (KMO = 0.74). All KMO values for individual items were above the acceptable limit of 0.5. Bartlett's test of sphericity ( $\chi^2(28) = 833.24$ ,  $p < 0.001$ ) indicated that correlations between items were sufficiently large for PCA. An initial analysis was run to obtain the eigenvalues for each component in the data. Two components had eigenvalues exceeding Kaiser's criterion of 1 and in combination explained 51.8% of the variance. The first component explains 35.8% of the variance. It consists of indicators that measure a bigger amount of work tasks than a decade ago, time shortage for additional work after the primary job, work overload, constant time pressure and stressful work. The common feature of these indicators is a psychical perception of work intensity. The second component explains 16.0% of the variance. It consists of two indicators that measure physical, unsafe and unhealthy work intensity – unsafe and/or unhealthy working conditions and physically challenging tasks at work.

The results showed moderately positive correlations among those two components (Pearson  $r = 0.205$ ,  $p \leq 0.001$ ). Respondents with higher physical unsafe and unhealthy pressures feel more psychical intensity and vice versa. Those with lower work intensity on the physical level have lower physical, unsafe and unhealthy work intensity. These results suggest that we can also speak of a one-dimensional structure of work intensity. Based on this and due to the relatively high reliability of all seven indicators (Cronbach

$x = 0.392 = 0.743$ ,  $N = 7$ ), principal axis factoring (PAF) was used to form one common factor that consists of all seven of the above-mentioned indicators.

The main part of this study relies on the results of the Pearson correlation test between work intensity and individuals' health, quality of life, working conditions and reasons for staying in their organisations. To reveal the differences in work intensity between occasional, part-time and full-time employees, we used a one-way ANOVA. To reveal the differences between levels of work intensity among groups of workers that practise presenteeism and could or could not receive health care because they could not afford to be absent from work due to work obligations, we used a t-test for independent samples.

## Results

### *Work intensity and type of employment contract*

First, we wanted to know which workers, depending on their type of employment contract, had the highest work intensity. We focused on the differences in work intensity among occasional, part-time and full-time employees. The results of the one-way ANOVA show that occasional workers work significantly more intensely than part-time workers ( $p = 0.003$ ) and even more than full-time employees ( $p < 0.001$ ). On the other hand, there is no significant difference in work intensity between part-time and full-time employees. On a scale from 0 (the lowest work intensity) to 1 (the highest work intensity), part-time and full-time employees work at an average level of intensity of 0.1, while occasional workers work at a much higher intensity level, at the level of 0.7.

### *Work intensity and health*

The next part mainly focuses on the correlations between work intensity and health, quality of life, working conditions and reasons for continued employment. If we look at the correlation between work intensity and health, Pearson's test showed that lower work intensity results in better health, whereas higher levels of work intensity contribute to ill health. Respondents with a higher work intensity have, in the previous four weeks, more frequently experienced health-related issues at work or when doing household chores and felt physical pain. They statistically significantly consider their health as poorer and are unsatisfied with it.

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Table 1: CORRELATION BETWEEN WORK INTENSITY AND HEALTH

	Work intensity		
	Pearson r	p	N
Having trouble working at job or doing chores at home due to health problems in the last 4 weeks	0.275**	0.000	497
Experiencing physical pain in the last 4 weeks	0.213**	0.000	496
Self-evaluation of personal general health	0.138**	0.002	497
Satisfaction with personal health	-0.121**	0.007	498

Source: Hafner-Fink et al. (2011).

### *Presenteeism and absence of health care and level of work intensity*

Further, we examined the differences in work intensity among workers who have not sought medical care due to their work obligations. The results of the t-test for independent samples showed that respondents who have not received healthcare because they could not afford to be absent from work ( $t=2.295$ ;  $p=0.026$ ) had a statistically higher work intensity ( $x=0.392$ ) than those who did not have problems due to receiving healthcare because of work obligations ( $x=0.001$ ). Work intensity was measured on a scale from 0 - the lowest to 1 - the highest work intensity.

### *Work intensity and quality of life*

An examination of the correlation between work intensity and quality of life showed that a higher work intensity also significantly influences the amount of free time, satisfaction with the material welfare of one's family, and work satisfaction. Individuals with a higher work intensity have much less free time, and are less satisfied with their jobs and the material welfare of their families. Individuals with a higher level of work intensity are less happy in their lives in general, they feel more depressed, they are unsatisfied with how they spend their free time and they are not going to work cheerfully. They also feel they cannot overcome their problems and they are losing their self-confidence.

Table 2: CORRELATION BETWEEN WORK INTENSITY AND QUALITY OF LIFE

	Work intensity		
	Pearson r	p	N
Quantity of free time in the last year?	-0.309**	0.000	494
Happiness with family's material status	-0.232**	0.000	498
Happiness with the job	-0.227**	0.000	498
Feeling unhappy or depressed in the last 4 weeks	0.210**	0.000	497
Being happy to go to work at current job every day	-0.208**	0.000	495
Being happy with the way of spending free time	-0.197**	0.000	498
Rating of general level of happiness in life	0.180**	0.000	495
Feeling of not being able to overcome personal problems in the last 4 weeks	0.157**	0.000	497
Deterioration of self-confidence in the last 4 weeks	0.089*	0.047	496

Source: Hafner-Fink et al. (2011).

### *Work intensity and working conditions*

The correlation between work intensity and working conditions shows that individuals with a higher level of work intensity are also significantly more often overburdened by their work obligations, they appraise that they give to their organisations more than they receive in return, and that their organisations expect more knowledge than they can possess. All of these correlations are strong. Individuals with a higher level of work intensity work more hours per week, and are willing to work even more only for higher payment. On the other hand, organisations that appreciate their employees' needs, take measures and actions to balance their work and family lives, and consider employees' suggestions for improvements have lower work intensity.

Table 3: CORRELATION BETWEEN WORK INTENSITY AND WORKING CONDITIONS

	Work intensity		
	Pearson r	p	N
Having difficulties by coping with the many different assignments at a job.	0.510**	0.000	496
Giving more to the organisation than organisation gives to me.	0.404**	0.000	487
Higher expectations of employer than personal abilities.	0.368**	0.000	497

	Work intensity		
	Pearson r	p	N
The organisation's management appreciates the employees' needs.	-0.256**	0.000	484
The organisation has taken measures to balance work and family life.	-0.253**	0.000	468
Average working hours per week?	0.216**	0.000	475
The organisation adequately responds to its employees' improvement suggestions.	-0.136**	0.003	473
Being only prepared to work more for higher pay.	0.134**	0.003	493

Source: Hafner-Fink et al. (2011).

### *Work intensity and reasons for continued employment*

Regardless of the working conditions, all of the surveyed employees remain in their organisations. The survey does not include the ones who could not cope with their working conditions and left their organisations. This is because the survey's questions only focus on the workers' current place of employment.

*Table 4: CORRELATION BETWEEN WORK INTENSITY AND REASONS FOR CONTINUED EMPLOYMENT*

	Work intensity		
	Pearson r	p	N
Primarily working at the organisation out of necessity.	0.259 <sup>^</sup>	0.000	493
One of the main reasons for staying in the organisation is a feeling of moral obligation.	0.254**	0.000	490
Not having enough alternative options to leave the current organisation.	0.235**	0.000	490
Feeling that leaving the current organisation would be too stressful.	0.218**	0.000	487

Source: Hafner-Fink et al. (2011).

Another aspect this study aims to discover is the correlation between work intensity and reasons for staying in the organisation. Employees with a higher level of work intensity are most likely to stay in their current organisation out of necessity, a sense of moral obligation, a lack of opportunities to leave, or because they find it too stressful to leave their current organisations. All of these correlations are statistically significant and moderately strong.

## Discussion

On an individual level, work intensity has a strong negative impact on workers' quality of work, life and especially health. In fact, it appears to be inversely proportional to workers' health. This is of particular concern given the results showing that work intensity also affects one's ability to access health services. This is especially true for the most intense workers who cannot afford to leave work to visit their doctor and can potentially face serious health problems as a result. Presenteeism, therefore, negatively affects one's access to health services and can in turn lead to a deterioration in health.

While many authors (Aronsson and Gustafsson, 2005; Drew et al., 2005; Schultz and Edington, 2007; Bergstrom, 2009; Schaufeli et al., 2009; Bockerman et al., 2010; Škerjanc and Fikfak Dodič, 2015) highlight a negative correlation between presenteeism and poorer health, much fewer studies have addressed the lack of access to health services as a result of presenteeism (Hargrave et al., 2008; Mandiracioglu et al., 2015). We would emphasise that this is an aspect that tends to be overlooked, but it is certainly not insignificant as it contributes to workers' poorer health. In the future, the subject should be further considered and possible ways to improve the situation should be explored.

Further, our research shows that work intensity is also affected by the availability of free time. Workers who work longer hours tend to be less satisfied with their own material status. Therefore, more work does not contribute to an improvement in one's material status. High work intensity and dissatisfaction with material status also increase general dissatisfaction with life and raise feelings of depression; they reduce self-confidence and individual ability to solve everyday problems. The results confirm previous findings (Bonde, 2008; Burke et al., 2009; Fiksenbaum et al., 2010, Ozutku and Altindis, 2013) and are consistent with the current results of the Europe-wide Eurobarometer survey on working conditions (Eurobarometer, 2014) showing that, among mental health problems associated with work, stress, depression and anxiety are the most important.

In an organisational context, the results suggest that employees who work intensively are often lost in their work tasks, feel they contribute more than they receive, work more hours a week and are prepared to do even more hours for higher pay to improve their material status. This is a vicious circle in which people work more and more in order to earn a little more, while their health deteriorates due to the higher work intensity, as demonstrated in some previous research (Arlinghaus and Nacreiner, 2013). If we connect the above with the previously mentioned lack of access to health services, it may be concluded that workers who work more tend to place

a low additional income above their health, forego visiting the doctor, and allow their health to deteriorate.

By increasing the intensity of work, organisations negatively affect their workers' health. Our research results are consistent with previous findings (Paediker et al., 2006; Arlinghaus and Nachreiner, 2013; Burke et al., 2009, 2010; Boxal and Macky, 2014). Although workers persist in working for these organisations, that is mainly because their options to find other work are limited or they remain in the organisation because of a sense of moral obligation. The exacerbated economic situation has reduced employment opportunities in the labour market and paralysed workers. Occasional workers are specially burdened by work within these frameworks.

On the other hand, there is also positive side. Organisations that have a lower intensity of work respect the needs of their employees, take measures to reconcile work and family life, and take employee suggestions for improvements into account. Similar findings were highlighted by several studies (see Boxall and Macky, 2014; Dollard et al., 2014; Boisard, 2003; Ozutku and Altindis, 2013).

This study also has some limitations. It is difficult to measure effort or work intensity objectively; it can only be determined through self-reports, or extraordinarily well-controlled laboratory experiments (Burke et al., 2010). The extent of the relationship between work intensity and health can only be established by using longitudinal data relating to the changing states of health and work (Boisard et al., 2003). The study was limited to the available secondary data of the cross-sectional study and the methodology is focused only on the direct influences of work intensity on the health, quality of life and work of employees. As we were using secondary research, we were limited by the scope of the data available. Further, health deterioration, quality of life and work may all have several occupational and non-occupational causes (Boisard et al., 2003). Therefore, this study is only a superficial reflection of the effects of work intensity and further studies in this field should include more in-depth and longitudinal analyses.

## **Conclusion**

The present study holds important implications for health promotion in the workplace. It should encourage managers and human resource (HR) professionals to pay more attention to health promotion and workers' health, and to place it above work intensity. If they were working smarter, by taking the health status and needs of workers into account and reducing the negative effects of intensive work, their organisations' long-term results would definitely improve. Changes in the direction of greater humanisation of work are certainly not possible without changes to the organisational

culture. This culture of well-being must be based on management bodies' active involvement in programmes that contribute to reduced work intensity and enhance workers' health on a daily basis, which requires the coordinated work of HR professionals and managers. Detecting stressors and eliminating them, monitoring presenteeism and its causes, improving labour relations, particularly the close monitoring of workloads and better reconciliation of work and family life are only a few of the measures that can help improve the situation. They must be substantiated by the adoption of action programmes that involve the participation of managers, HR managers, workers and workers' representatives.

For the field of public health and preventive reduction of occupational and other work-related disease states, our results showing that workers do not access health services due to labour intensity and presenteeism are the most alarming. In this way, workers are deteriorating their own health. To improve the situation, more prevention programmes focusing on employees' health are needed. It is vital that they are implemented by the workers' representatives and employers/HR professionals who would motivate workers to attend regular check-ups. The measures to improve health in the workplace currently applied in Slovenia in collaboration between employers, trade unions and health professionals are recording good results. The situation might be further improved by creating systematic preventive examinations of employees, which would be carried out at predetermined intervals. These measures would benefit all stakeholders – employers, workers' representatives, employees, state representatives and health representatives.

For further research, besides fluctuation and absenteeism, the evaluation and monitoring of presenteeism and its consequences for health are needed. Especially important are the links between presenteeism and accessibility to health services. Presenteeism should be carefully considered during occupational health and safety applications. Namely, it is an aspect that is often overlooked, but certainly not insignificant and can be further examined and reflected on to improve the situation in this area. Consequently, occupational health service providers should be actively involved in this issue.

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