

ACCEPTED VERSION

J Stanhope, P Weinstein

Organisational injustice from the COVID-19 pandemic: a hidden burden of disease
Perspectives in Public Health, 2021; 141(1):13-14

© 2021, SAGE Publications

Published version available via DOI: <http://dx.doi.org/10.1177/1757913920959113>

PERMISSIONS

<https://au.sagepub.com/en-gb/oce/posting-to-an-institutional-repository-green-open-access>

Posting to an Institutional Repository (Green Open Access)

Institutional Repositories: Information for SAGE Authors and Users

Green Open Access: subscription journal articles deposited in institutional repositories

Information for Authors

Authors of articles published in subscription journals may share and reuse their article as outlined on the [Guidelines for SAGE Authors](#) page and stated in their signed Contributor Agreements.

Under SAGE's Green Open Access policy, the **Accepted Version** of the article may be posted in the author's institutional repository and reuse is restricted to non-commercial and no derivative uses.

For information about funding agency Open Access policies and ensuring compliance of agency-funded articles, see our [Funding bodies, policies and compliance](#) page.

Information for Users of the Institutional Repository

Users who receive access to an article through a repository are reminded that the article is **protected by copyright and reuse is restricted to non-commercial and no derivative uses**. Users may also download and save a local copy of an article accessed in an institutional repository for the user's personal reference. For permission to reuse an article, please follow our [Process for Requesting Permission](#).

3 August 2022

<http://hdl.handle.net/2440/135876>

Organisational injustice from the COVID-19 pandemic: a hidden burden of disease

The health focus of 2020 has certainly been the direct and indirect effects of coronavirus disease 2019 (COVID-19). The immediate threat in most countries has been the direct effect, and as our understanding of COVID-19 grows, the potential longer-term impacts of the disease are becoming increasingly apparent.¹⁻⁴ Many of the indirect effects of COVID-19 relate to the lockdowns imposed in most countries (e.g. loss of income and social contact, and limited access to healthcare). These are important, complex and enduring health issues that require significant attention. Undoubtedly, there are additional, hidden, health outcomes that are bound to emerge with time and research, and one such issue that we anticipate is the indirect disease burden of COVID-19-related organisational injustice, for those who have *remained* at work.

People who have remained working are in many respects very fortunate. The economic fallout from COVID-19 has been extensive, leading to significant job losses internationally, but this is not to say that those who have remained in work (and avoided contracting COVID-19) are free from the indirect health impacts of COVID-19. For many workers, their actual and/or perceived effort required at work has increased due to COVID-19: The significant job losses across many industries has meant that remaining staff often do more work to make up the shortfall, and/or are taking on higher duties and responsibilities due to superiors losing their jobs. For some people, working from home has also brought with it increased real and/or perceived effort, particularly when balancing childcare/ home-schooling duties. At the same time, rewards for work have typically decreased. Such rewards include esteem, pay, promotion opportunities, and job security. Job security has decreased for many during COVID-19, pay is being cut, workers are being forced to take leave, and may have reduced promotion opportunities because of employer financial stress and instability. The chances of workers experiencing effort-reward imbalance (ERI) - a form of organisational injustice - during COVID-19 are therefore likely increased.

Effort-reward imbalance occurs when perceived efforts exceed perceived rewards.⁵ This situation is maintained when individuals are overcommitted to their work, are being strategic, and/or do not feel they have alternative work opportunities.⁵ Effort-reward imbalance is likely to continue for many workers, so long as the effects of the pandemic are being felt and solutions like alternative employment opportunities remain limited. When ERI occurs, the stress axes in the brain are activated, including the hypothalamic-pituitary-adrenal axis; the result is a cascade of events that may ultimately cause or exacerbate a range of stress-related diseases.⁵ These diseases include depression,⁶

cardiovascular diseases,⁷ diabetes,⁸ and musculoskeletal disorders;⁹ which are some of our leading causes of morbidity¹⁰ and mortality¹¹ globally. Thus, ERI at work, and the disease burden resulting therefrom, are likely to increase as a result of the COVID-19 pandemic, contributing to the already high burden of non-work-related stress as a public health problem at the population level. We are on the path to a post-COVID-19 public health crisis, and it is likely that ERI at work will contribute thereto.

To reduce the indirect impact of COVID-19-related ERI on workers' health, several strategies may be employed. While significant changes are likely to be required for businesses to stay viable, the impact of such changes on employees may be reduced by working *with* employees directly to establish the most acceptable solutions. To further address ERI, strategies may focus on addressing individual elements of effort and/or reward. For instance, there may be inexpensive strategies to improve reward, such as deliberately communicating the value of the staff to the organisation (addressing esteem), or reducing effort by discussing which elements of the job may not be required or could be minimised (e.g. meetings). Another strategy may be working with individuals to provide them with opportunities to influence the selection of any tasks they are required to perform. This approach could allow staff to select tasks they find easy or enjoyable (and therefore of little additional perceived effort), and/or tasks that may be strategic, thus improving future work opportunities. If administered effectively, these strategies would likely reduce the negative health impacts of ERI at work because of COVID-19.

Obviously, in some instances, it might not be possible to effectively address ERI during the COVID-19 pandemic, and in the years that follow. Additional approaches are therefore also required to counteract the negative impact of COVID-19 on work health and safety. These approaches may include addressing other risk factor for adverse health outcomes for workers, including both physical and psychosocial factors. Consistent with this approach, workers need opportunities to openly discuss their work challenges, without being dismissed as just lucky to remain in employment. In fact, some workers may require additional encouragement to discuss their work challenges, as they themselves may be more reluctant to open up as a result of their own awareness of being fortunate to remain in employment. Employers can encourage supportive communication by providing, and encouraging, free counselling sessions for their staff – a service that could also be perceived as a reward. Supporting workers during COVID-19 is important, despite their relatively fortunate position.

Effort-reward imbalance, and other forms of organisational injustice, are common, but are likely exacerbated by the COVID-19 pandemic. The financial impact of COVID-19

will extend long past the pandemic itself, and ERI is therefore likely to continue to cause and/or exacerbate a disease burden for some time to come. The indirect health implications of COVID-19 on workers should therefore be monitored, and the impact of interventions to address ERI studied. The findings of such studies will be invaluable to inform work practices following any disaster situation, including recession, natural disasters, terrorism, wars, and future pandemics. Ongoing monitoring/surveillance and adaptive management are key to any serious attempt at long-term recovery and resilience of both people and environment following any disaster.¹² By learning from the health effects of ERI during the COVID-19 pandemic, we will be better placed to prepare for and respond to disasters generally, thereby reducing their indirect, but widespread, impacts on public health.

References

1. Pereira A. Long-term neurological threats of COVID-19: a call to update the thinking about the outcomes of the coronavirus pandemic. *Frontiers in Neurology* 2020; 11: 308. DOI: 10.3389/fneur.2020.00308.
2. Kemp HI, Corner E and Colvin LA. Chronic pain after COVID-19: implications for rehabilitation. *British Journal of Anaesthesia* 2020; Epub ahead of print. DOI: 10.1016/j.bja.2020.05.021.
3. Zheng Y-Y, Ma Y-T, Zhang J-Y, et al. COVID-19 and the cardiovascular system. *Nature Reviews Cardiology* 2020; 17: 259-260. DOI: 10.1038/s41569-020-0360-5.
4. Mantovani A, Beatrice G and Dalbeni A. Coronavirus disease 2019 and prevalence of chronic liver disease: a meta-analysis. *Liver International* 2020; 40. DOI: 10.1111/liv.14465.
5. Siegrist J. Effort-reward imbalance model. In: Fink G (ed) *Stress: concepts, cognition, emotion, and behavior*. San Diego: Elsevier Science Publishing Co Inc, 2016, pp.81-86.
6. de Araújo TM, Siegrist J, Moreno AB, et al. Effort-reward imbalance, over-commitment and depressive episodes at work: evidence from the ELSA-Brasil cohort study. *International Journal of Environmental Research and Public Health* 2019; 16: 3025. DOI: 10.3390/ijerph16173025.
7. Dragano N, Siegrist J, Nyberg ST, et al. Effort-reward imbalance at work and incident coronary heart disease. A multicohort study of 90,164 individuals. *Epidemiology* 2017; 28: 619-626. DOI: 10.1097/EDE.0000000000000666.
8. Nordentoft M, Rod NH, Bonde JP, et al. Effort-reward imbalance at work and risk of type 2 diabetes in a national sample of 50,552 workers in Denmark: a prospective study

linking survey and register data. *Journal of Psychosomatic Research* 2020; 128: 109867. DOI: 10.1016/j.jpsychores.2019.109867.

9. Koch P, Schablon A, Latza U, et al. Musculoskeletal pain and effort-reward imbalance - a systematic review. *BMC Public Health* 2014; 14: 37. DOI: 10.1186/1471-2458-14-37.

10. GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet* 2018; 392: 1789-1858. DOI: 10.1016/S0140-6736(18)32279-7.

11. GBD 2017 Causes of Death Collaborators. Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet* 2018; 392: 1736-1788. DOI: 10.1016/S0140-6736(18)32203-7.

12. Cook A, Watson J, van Buynder P, et al. 10th anniversary review: natural disasters and their long-term impacts on the health of communities. *Journal of Environmental Monitoring* 2008; 10: 167-175. DOI: 10.1039/b713256p.