ABSTRACT

Background: In ‘workplace health promotion’ (WHP), empowerment is assumed to promote health. Nevertheless, few studies have examined the relationship between empowerment in working life, and health. Along with empowerment, social support at the workplace is emphasised as promoting health and preventing disease. However, few studies have focused on health-promoting effects of social support in working life among healthy employees; and despite the plausible impact of social support on empowerment, no studies have examined this possible connection in the context of working life. The lack of empirical support for assumptions that are fundamental in WHP investigated the study of the association between empowerment and health in working life.

Aim: To study the impact of empowerment in working life on health, with special focus on gender differences.

Material and methods: Five separate studies were performed using different investigative designs, data, and data analysis. Paper I is a review of the scientific literature, examining instruments intended to measure empowerment in working life. The second study (paper II) was a cross-sectional survey, assessing the relationship between psychological empowerment, and self-rated health and burnout among employees. Papers III and IV encompass a two-year longitudinal survey study of the gender-specific relationships between baseline levels of psychological empowerment, and the combination of psychological support and social support, and self-rated health and burnout two years later among employees. Study five (paper V) is a qualitative study, using focus-group interviews and phenomenography to evaluate a theory-based intervention method, problem-based learning, for workplace health promotion with regard to possible facilitation of empowerment processes.

Results: In paper I, nine questionnaires were found and analysed. Most of the questionnaires focused on intra-individual issues, while a smaller number dealt with the interaction between individual and organisation. Control and competence were frequently used dimensions. No comparisons with outcome of health were reported. The Psychological Empowerment Instrument (PEI) had undergone the most comprehensive investigation, showing satisfactory validity and reliability.

In paper II, men reported a greater degree of empowerment than women in terms of self-determination and impact. Significant associations (p<0.05) were found between psychological empowerment, and self-rated health and burnout. Men and women with higher levels of empowerment reported significantly
better health, compared with those who had lower levels of empowerment. In multivariate analyses, all four sub-scales of empowerment were associated with burnout among both men and women.

**Papers III and IV** show that for women, increasing levels of psychological empowerment at work at baseline were associated with better self-rated health in the multivariate analysis as measured by the SF-36 scales: physical role function (p=0.006), bodily pain (p=0.011), mental health (p=0.009). Also for women, a combination of high psychological empowerment and high social support at the workplace was significantly associated (p<0.05) with better self-rated health (bodily pain, general health, vitality, social functioning, emotional role, mental health, EQ-5D VAS, and EQ-5D index) and lower levels of work-related burnout at the 2-year follow-up. For men, psychological empowerment at baseline was significantly associated with self-rated health at follow-up as measured by the EQ-5D VAS in the multivariate analysis (p=0.043). For men, a combination of psychological empowerment and social support at the workplace was associated with self-rated health as measured by the EQ-5D VAS (p=0.046) at the two-year follow-up. Associations with burnout diminished after adjustments in the multivariate analyses for psychological empowerment. Combinations of psychological empowerment and social support were associated with work-related burnout at the two-year follow-up for women only, in the multivariate analysis (p=0.002). The differences between men and women were confirmed in the gender×empowerment and social support interaction analysis for the measures: bodily pain (p=0.011) social function (p=0.014), and work-related burnout (p=0.041).

The phenomenographic analysis in **paper V** resulted in six descriptive categories: reflection, awareness and insight, self-direction and self-management, group coherence, social support and action. The results correspond to established theories on components of empowerment processes. The method of problem-based learning initiated processes of change at organisational, workplace and individual levels. Social support and group coherence were expressed as essential in order to transform challenging strategies into action and goal realisation.

**Conclusions:** This thesis demonstrates that psychological empowerment is associated with SRH and burnout. Psychological empowerment also impacts mental and somatic health after two years. The impact on health becomes more extensive when psychological empowerment is combined with social support at the workplace. Empowerment and social support are crucial core characteristics in WHP, but effects may differ for men and women. Empowerment processes can be facilitated by implementation of the participative intervention method known as “problem-based learning”. Practitioners and researchers who are active in health enhancement in working life should gain from implementing these findings, whether the focus is on health promotion, disease prevention, or rehabilitation back to work.