CORRESPONDENCE

Validity of self reported workload

EDITOR—Recently, Houtman *et al*¹ published the results of an interesting study on workstress and physical work load which was based on self reported data gathered from employers and from a sample of their employees. It was found that the employers recognised risk factors for both physical load and stress, but that they reported considerably fewer problems than their employees did. This contrast raised the question whether the employers underestimated the problems or whether the employees tended to exaggerate them. Houtman *et al* concluded that the self reports of employees seem to be the more valid estimations of work related risks, arguing that there is a substantial body of empirical evidence that such data have considerable prognostic value in predicting adverse health effects.

It is not surprising that employers and employees give different opinions of the same situation. The employer's estimation of the workload in a specific function is based on his judgement of the load a capable worker will experience on an average workday. Even when this is a valid and objective estimation of workload, several workers will perceive a higher load as a result of their personal style of working, for instance, due to perfectionism, uncertainty, or inexperience. Prevalent health complaints may also increase the perceived workload and the reporting of hindrance: subjective physical load will be higher when a person has low back pain. Besides, there seems to be a "spillover" between the domains of work and non-work.² The conditions and demands outside work affect the perceived physical load and pressure on time: when starting a shift feeling fatigued by activities in leisure time, workload will be perceived as higher. An employer is unable (and probably unwilling) to take the effects of such subjective and personal influences into account; for the individual employee, however, it is (almost) impossible to appreciate them as such.

Bearing in mind the spillover effect and the additional sources of bias in self reported physical load and workstress it is strongly recommended that both risk factors at work and during leisure time are measured in future research based on self reports. Studies in which this has been done—very rare so far—show that this is a promising approach.^{2,3}

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1 Houtman ILD, Goudswaard A, Dhondt S, *et al*.
Dutch monitor on stress and physical load: risk

factors, consequences, and preventive action.
Occup Environ Med 1998;55:73–83.

2 Klitzman S, House JS, Israel BA. Work stress, non-work stress, and health. *J Behav Med* 1990;13:211–43.

3 Bildt Thorbjörnsson CO, Alfredsson L, Fredriksson K, *et al*. Psychosocial and physical risk factors associated with low back pain: a 24 year follow up among women and men in a broad range of occupations. *Occup Environ Med* 1988;55:84–90.

Author's reply—We reported on the perception of employers and employees on risks for work stress and physical load, the health consequences of these risks, and preventive measures directed at managing these risks, and negative health outcomes.¹ In his comment, Van der Gulden states that in our paper, the self reports of employees are considered as more valid estimations of work related risks than the employer's appreciation of these risks. Moreover, in his perception employers and employees are likely to differ in their appreciation of risks of work stress, and spillover effects should have been considered to better explain the effects reported.

Although we did not conclude that employee information is superior to employer information, we do conclude that the employee questionnaires on work stress and physical load are much better validated in longitudinal, prospective research than the employer interview. Indeed, information on these issues from employer and employee is found to disagree, and more recent data even suggest that they diverge in time,² particularly with respect to risk perception and the perception on the work relatedness of health problems.

By contrast with the organisational focus of our paper, the comments by Van der Gulden pertain to the individual level, both conceptually and analytically. His focus on spillover implies that not only different employees but employers as well give different assessments of the same situation. Spillover then, might be a confounder in the analyses between (opinions about) risks and health outcomes. Although our main focus was not to explain health differences, but differences in preventive action, our perspective is an organisational one. Individual differences in spillover would probably not hold as an important predictor of preventive action (or even psychological health) on the aggregated company level: they would have been averaged out across organisations in the aggregating process. Although we do not deny an explanatory potential of non-work factors and spillover in the study of health outcomes, the study of these issues requires a different design and level of analysis than the one used in our study.

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1 Houtman ILD, Goudswaard A, Dhondt S, *et al*.
Dutch monitor on stress and physical load: risks, consequences, and preventive action.
Occup Environ Med 1998;55:73–83.

2 Houtman ILD, Zuidhof AJ, Heuvel SG van den.
Trends in preventive policies at the organizational level: work pressure and RSI the main problems.
The Hague: Vuga, 1998. (In Dutch.)

NOTICES

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26th International Congress on Occupational Health (ICOH2000)— healthy worker, healthy workplace: a new millennium. 27 August–1 September 2000. Singapore.

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